THE PHILADELPHIA COALITION

The Philadelphia Coalition of Community Mental Health/Mental Retardation Centers, Inc.

Executive Director
Paula P. Schaller
e-mail: pschaller@philacoalition.org

1218 Chestnut Street, Suite 705
Philadelphia, Pennsylvania 19107
Phone: 215-238-6092 Fax: 215-238-9294
www.philacoalition.org

2879

November 22, 2010

Lisa McMullen
Department of Public Welfare
OMHSAS, BPPD
P.O. Box 2675, DGS Complex
Harrisburg, PA 17105-2675

Re: Regulation # 14-521; IRRC #2879

Dear Ms. Mullen:

I am writing on behalf of the Philadelphia Coalition of Community MH/MR Centers to provide comment on the proposed Psychiatric Rehabilitation Regulations, 55 PA. CODE Ch. 5230. The Coalition represents the eleven Comprehensive Community MH/MR centers in Philadelphia, who collectively serve over 85,000 individuals/families per year. We were fortunate to have representation on the work group that drafted these proposed regulations and have appreciated the opportunities to provide comment throughout the drafting process. Overall this is a thorough document that clarifies many issues; however, there are a few areas where we still have some concerns. They are as follows:

5230.4(d) and 5230.14(2) Physical Site Requirements

We would note some inconsistency between these two sections, in that the first indicates that "a facility may provide PRS concurrently with clinical treatment," while the second requires "space for the PRS distinct from other services offered simultaneously." In Philadelphia, as part of our transformation from Partial Hospitalization programs to Community Integrated Recovery Centers, we have purposefully integrated licensed outpatient services with licensed psychiatric rehabilitation services, in the same facility, to support a consumer driven, recovery oriented approach. Typically these integrated programs have rooms dedicated to site based PRS activities, with offices for outpatient therapy and psychiatry on an adjacent corridor, but both are recognized as part of the same comprehensive program. **We recommend that the physical site requirements be clarified or modified to include this model.**

5230.31 Admission Requirements

Language, from a previous draft of these regulations, permitted providers to request exceptions for individuals who do not have one of the five major mental illnesses listed, but have more severe functional impairment, or other extenuating circumstances, and could benefit from PRS services. This exception process has been omitted here. We note that there is a "Waiver of

Standards" process outlined at 5230.91, but that appears to be more of a facility waiver than an exception to individual admission criteria. **We recommend that a process be included in this section to allow providers to request, with justification based on individual needs, exceptions to Section (2).**

5230.54 (a)(2) Group Services

It appears that the ratio (2:5) included in this section is incorrect and should be changed. The word ratio should also be placed differently so that the text reads as follows : *When a service is delivered in the community, one staff may serve a group of two to five (ratio of 1:2 up to 1:5) individuals.* **We recommend that DPW make this change to improve the clarity of this section. (An alternative is to omit the ratios as the rest of the text speaks for itself.)**

5230.55(c) & (d) Supervision

We agree that supervision is an important aspect of PRS services (and all services). Effective supervision involves monitoring work activities as well as providing training for further development of staff members. As PRS employ staff of varying levels of experience and expertise, we believe there should be more flexibility in the methods and frequency of supervision used. We agree that supervision twice a month is a reasonable minimum standard but any of the listed methods could be used depending on the needs of the individual staff person and the quality of their work. **We recommend combining sections (c) and (d) and including individual supervision as one of the approaches, along with monitoring active PRS delivery, individual case discussions and staff meetings.**

5230.61 (b) (7) Assessment

This proposed section indicates that the assessment should be updated when (i) the individual requests an update (ii) the individual completes a goal or objective (iii) the individual is not progressing on stated goals. Typically the annual update of an assessment requires that a whole new assessment be written. Please clarify whether a whole new assessment is needed under the three noted circumstances or if these updates can be included in an addendum to the assessment or a progress note. **We recommend that these updates should be included as an addendum to the assessment or in a progress note rather than re-doing the whole assessment. This recommendation will reduce paperwork requirements for staff and allow more time for direct work with individuals in the program.**

5230.63 Daily Entry

In a DPW discussion of these proposed regulations, dated November 4, 2010, it is stated that "The regulations include requirements for providers to document their interaction with individuals on a daily basis to validate daily attendance and/or services to participants. This....is intended to ensure accountability while balancing the concern of providers that frequent documentation reduces the amount of staff time needed to provide quality and effective care to individuals." This statement indicates that DPW understands the frequent documentation issue that providers have raised repeatedly. Although DPW has stated in a recent webinar that a "check list" would be an acceptable form of daily entry, we still view this as problematic in the model we use in Philadelphia. Services are both site based and community based, and sometimes the individual does not return to the site after community based activities. Therefore,

it is not always possible to do a daily "entry" which requires signatures of both staff and the person. We have discussed this issue at great length among our members, and our providers believe that the current practice of doing a comprehensive monthly note provides a realistic picture of the individual's progress toward their goals while not requiring staff to take significant time away from their work with individuals to complete paperwork. **We recommend that DPW revisit this issue and change this requirement from a daily "entry" to a monthly comprehensive progress note.**

Fiscal Impact

On page 3 of the proposed regulations, it is stated that the implementation of PRS will not have 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. We agree with this and the following comments about the efficacy of PRS; however, implementation of these services does have cost implications for providers as they include several "unfunded mandates,"

- CPRP Certification for the Director and 25% of the staff
- 26 hours of training for new employees
- 18 hours of training annually for all staff
- Additional staffing to cover absences, so that required ratios are maintained
- availability of trained staff or other accommodations to address language needs, including ASL and Braille.

These mandates are costly both in time lost from work by staff and actual costs of obtaining training and certification. As we have before, we strongly urge DPW to consider these costs when setting rates for this complement of services.

Thank you very much for the opportunity to provide comment on these proposed regulations. Should you have additional questions on our comments, please contact me at 215-238-6092 or pschaller@philacoalition.org.

Sincerely,

Paula P. Schaller, LSW
Executive Director

Cc: Michaele A. Totino, Esq., Regulatory Analyst, IRRC
Betty Simmonds, PCPA
Michael J. Covone, Philadelphia Department of Behavioral Health