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**From:** GARY SCHOENBERG [gschoenberg@comhar.org]  
**Sent:** Monday, November 22, 2010 1:40 PM  
**To:** Psych Rehab  
**Subject:** Comments from Gary Schoenberg - COMHAR

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Attached are my comments regarding the Proposed PRS Regulations.

**BUREAU OF POLICY AND  
PROGRAM DEVELOPEMENT**

Sincerely,

Gary Schoenberg  
Continuing Care Director  
COMHAR, Inc.  
100 W. Lehigh Ave.  
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**OMHSAS Draft PRS Regulations**  
**DBH Comments from Gary Schoenberg, Continuing Care Director – COMHAR,**  
**November 22, 2010**

**1. Admission Requirements (5230.30.a.) The allowance for diagnostic eligibility exceptions has been eliminated.**

Issue: Current PRS Standards allow for diagnostic exceptions. Specifically, they state that, "Any other mental health diagnosis\* must be reviewed and approved by the BHMCO on an exception basis. Such requests must include appropriate documentation of factors such as the scope of the treatment history and severity of the illness." This provision allows much needed local flexibility to respond to individualized need and, as such, it should be reinstated.

\* Allowable diagnoses include schizophrenia, major mood disorder, psychotic disorder NOS, schizoaffective disorder or borderline personality disorder.

**2. General Staffing Patterns (5230.51.d.) and Staff Qualifications (5230.50). "When a service is delivered, a PRS facility shall schedule a Specialist or Worker to be present."**

Issue: Clarity is requested regarding this requirement related to the fact that many Certified Peer Specialists (CPSs) will not qualify as Workers until they have gained a full year of experience working in a PRS program ("1 year of mental health direct service"). This is problematic because program participants frequently feel more comfortable relating directly to Peer Specialists on a 1:1 basis, than to other staff. A strict interpretation of the aforementioned regulation could be understood to prohibit this 1:1 service provision until CPSs have gained sufficient experience to achieve "Worker" status. This requirement would also seem to prevent many CPSs from providing services in community settings for up to a year after their hire date, unless another staff person is present (Worker or Specialist). To avoid these impediments, it is recommended that certification as a Peer Specialist be considered sufficient to qualify these personnel as "Workers."

**3. General Staffing Pattern (5230.51.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."**

Issue: Staffing based on average daily attendance is preferable to ratios based upon licensed capacity. However, it would be better to allow staffing ratios to correspond to average, "shift-based" attendance rather than average daily attendance. Philadelphia County has been granted this exception with regard to the current PRS Standards and it has proven especially beneficial for programs with extended hours of operation that include evenings and weekends. I.e., agencies do not have to have a full complement of personnel on duty, based on daily attendance, whenever the program is operational. Rather, staff can be deployed efficiently in complements sufficient to serve the average number of people who attend during particular periods. E.g., morning, afternoon, evening, or weekend hours.

**4. Daily Entry (5230.62). "A PRS facility shall include an entry for the day service that was provided in the record of an individual as follows:**

- a. Indicates the date, time, duration, location, and type of interaction.

- b. Documents the service provided in context of the goal.
- c. Documents the individual response to the service.”

Issue: The daily documentation requirement appears excessive and likely to detract from the time program personnel have available to render service. Current regulations allow for a monthly note for services rendered in site-based settings. Philadelphia County has been granted the ability to provide community-based as well as site-based services using the site-based standards. This arrangement has encouraged the provision of off-site services while requiring only a monthly note. With this in mind, it is recommended that the monthly note requirement be retained.

Furthermore, the integrated approach that is utilized in Philadelphia incorporates outpatient services and CPS services with the psychiatric rehabilitation. The documentation that is provided in the outpatient services after every outpatient contact, e.g., psychiatrist, individual and group therapy and CPS contact should be sufficient. A daily entry in addition to those other means of documentation is not necessary to capture all of the activities that occur each day.

**5. Physical Site Requirements (5230.13.b). “Space for the PRS distinct from other services offered simultaneously.”**

Issue: Transformed, recovery focused day programs in Philadelphia County operate as blended Outpatient and PRS services. This approach was taken to ensure that treatment and rehabilitation services were merged to most effectively address participants’ needs and promote their recovery. These blended service components comprise a single program that necessarily occupies the same facility space. Consequently, it is recommended that physical site allowances be made to accommodate service configurations such as those implemented in Philadelphia.

The following language is recommended:

Integrated services may be provided within the same space when the PRS service description defines how multiple services will be offered within the PRS.

**6. Supervision (5230.54) (c) “A PRS director or PRS specialist shall meet with staff individually, face- to face, no less than two times per calendar month.”**

Issue: The time involved in providing individual supervision can become time consuming and other methods of supervision may be adequate given the various levels of skill of each staff person. It is recommended that the following language from PRS draft regs dated 5-4-10 be adopted with the caveat that the skill level and training of each individual staff is taken into consideration:

- (a) Supervision must occur no less than two times per calendar month, utilizing the following methods:
  - 1. Monitoring active PRS delivery.
  - 2. Individual case reviews.
  - 3. Staff meetings.
  - 4. Individual face to face staff supervisory sessions (*when deemed necessary based upon the skill level and training of the individual staff*).