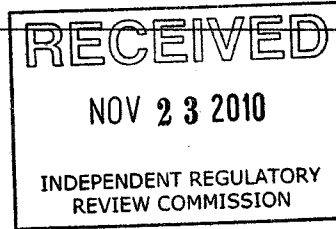


2879

Zilinski, Dolores

From: Tillman-Boyd, Sabrina  
Sent: Monday, November 22, 2010 1:26 PM  
To: Smith, Teresa M  
Cc: Zilinski, Dolores; Colasante, Carol  
Subject: FW: PRS regs comments



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BUREAU OF POLICY AND PROGRAM DEVELOPEMENT

More comments...

From: SUZAN SCHWARZ [mailto:sschwarz@comhar.org]  
Sent: Monday, November 22, 2010 1:19 PM  
To: Tillman-Boyd, Sabrina; coolansante@state.pa.us  
Subject: FW: PRS regs comments

I would like to raise a few points of concern with the PRS draft regs.

5230.13 Physical Site Requirements

- (b) Space for PRS distinct from other services offered simultaneously. It should state "based on the program description". Philadelphia has a hybrid model that incorporates therapy and PRS share the same space.

5230.21 Record security, retention and disposal

- (c) Entries shall be signed and dated by the responsible licensed provider. (signed and dated by the person (s) responsible) Not all staff is licensed.
- (d) The record shall indicate progress at each day of service, changes in service and response to service. (This should be an overview that is captured in a monthly note not daily)

5230.30 Admission Requirements

- (2) there should be room for an exception clause to the diagnosis. There are many people who can benefit from PRS that may have a secondary drug and alcohol issue. With D&A the primary diagnosis may not be clear at first until the substance is out of one's system. They may have a depression NOS as primary or someone with PTSD who can benefit from services. Please use the exception clause to allow DBH or MHCO to determine if an exception will be allowed.

5230.50 Staff Qualification

- (c) PRS worker shall be able to work independently in the community without a PRS specialist or CPRP

5230.54 Supervision

- (c) PRS director or PRS specialist shall meet with staff individually, face to face, no less than 2 times per calendar month
- The above should be added into (d) and read something like:
  - PRS Director or PRS Specialist shall provide supervision face to face, no less than 2 times per calendar month utilizing any of the following methods
    - Individual Supervision
    - Group Supervision
    - Monitoring active PRS delivery
    - Individual case discussion
    - Staff meetings

5230.60 Assessment

- (7) This section is redundant with the IRP. The assessment should be an on-going process that is reflected in the IRP & note as apposed to a separate process.
  - Assessment to be utilized when the following occurs
    - Individual is not processing on stated goals

5230.62 Daily Entry

- this should not be a requirement it should be a choice. Not all participants want to do a daily entry form and to have the staff complete the forms becomes overly taxing and stops the flow in one's recovery.
  - Propose a group sign off sheet or encounter to replace a daily individual entry form
  - Monthly notes show the process of change clearer and less taxing on both the participant and the staff
  - Daily notes in PHP became more of a focus then the individual. It took 2-3 hours to do a small caseload of notes for the day.

I hope you take these items into account and look at best care of the member. Please take a good look at the miss use of over documentation and consider streamline documentation that can be viewed in a monthly progress note that is a retrospect or review.

Sincerely,

Suzan Schwarz

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