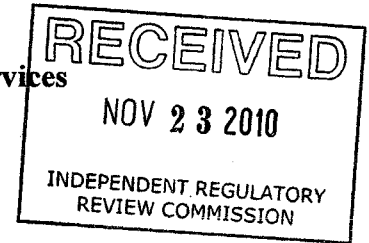


**PATH (People Acting to Help) Inc.**  
**Comments re: Chapter 5230, Psychiatric Rehabilitation Services**  
**No. 14 - 521**



**5230.31 Admission Requirements**

The proposed regulations differ from the existing standards as they exclude all other diagnoses outside of schizophrenia, major mood disorder, psychotic disorder NOS, schizoaffective disorder or borderline personality disorder. The previous standards allowed for review of the diagnoses, treatment history and severity of the illness by the BHMCO to determine if an exception would be made. Individuals who are diagnosed with a mental illness other than those listed above can experience severe functional impairments. The interventions associated with psychiatric rehabilitation can result in individuals achieving goals, better managing psychiatric symptoms and feeling an increased satisfaction with the quality of their lives.

**5230.62 Individual Rehabilitation Plan**

The proposed regulation indicates that the Individual Rehabilitation Plan (IRP) shall be reviewed and revised at least every 90 days and when an objective is completed. The IRP is a comprehensive and often times sequential document, listing multiple steps in meeting a component of the Overall Rehabilitation Goal (ORG). Therefore when the objective is achieved, there are several more objectives listed for the PRS staff and individual to address collaboratively. To spend time addressing revisions would interrupt the flow of the psychiatric rehabilitation process as the next steps have previously been listed. Review and revision is indicated when no significant progress is made or when an individual is requesting a change related to their goal.

**5230.61 Assessment**

The proposed regulations mandate that an assessment be updated annually and when the individual completes a goal or objective. The discussion above that detailed why revising a plan after the completion of each objective (i.e. sequential step) is not feasible, applies to this mandate as well.

**5230.62 Daily Entry**

The proposed regulation is mandating a daily entry of psychiatric rehabilitation services. This frequency of documentation is a timely task that would severely impact on service delivery. By regulation, Partial Hospital Programs must provide daily documentation which usurped staff's time and energy and resulted in notes reflecting very little in terms of a comprehensive and meaningful assessment. Daily notes written in a responsible manner took a minimum of 2 hours per day; this was clearly a reduction of resources available to service recipients. We recommend continuation of a comprehensive monthly note providing the consumer and staff with a clear assessment and direction.

**5230.51 General Staffing Patterns and 5230.50 Staffing Qualifications**

The recommendation is that the Certified Peer Specialist (CPS) qualifies as psychiatric rehabilitation worker based on certification as well as lived experience. The current classification of psychiatric rehabilitation assistant would prohibit CPS staff to work independently in the community. The CPS often times is able to inspire individuals as well as garner trust due to shared experiences. Limiting this relationship by introducing a third person into the dyad most likely would result in a compromised intervention. The CPS staff at PATH, Inc. work closely with individuals on their psychiatric rehabilitation plan utilizing the Boston University Approach which requires one to one contact in a community setting.

**5230.51 General Staffing Patterns**

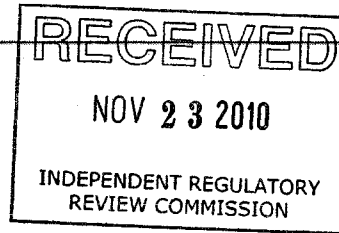
The proposed regulations indicate that the PRS facility shall have an overall complement of one FTE staff for every 10 individuals based upon average daily attendance. Actualizing this would limit community based psychiatric rehabilitation endeavors as staff would need to remain on-site serving limited numbers of individuals. Psychiatric rehabilitation interventions are typically time consuming, e.g., interviewing potential co-workers to determine explicit expectations of a work place. Our recommendation is to require 1:10 ratio of coverage based on "shifts". There is a strong trend for individuals to leave the site in the early afternoon. Once staffing site needs decrease, PRS site deploy and work in the community typically providing 1:1 intervention.

2879

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Campanella, Noraliz

**From:** Dottie Lynch [dlynch@pathcenter.org]  
**Sent:** Monday, November 22, 2010 11:18 AM  
**To:** Psych Rehab  
**Subject:** No.14-521



NOV 22 2010

BUREAU OF POLICY AND  
PROGRAM DEVELOPEMENT

Attached please find PATH comments re: proposed psychiatric rehabilitation regulations. Thank you for the opportunity to respond.

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**From:** Linda Cucinotta  
**Sent:** Monday, November 22, 2010 11:10 AM  
**To:** Dottie Lynch  
**Subject:**

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