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Pennsylvania Community Providers Association

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Memo

To: Lisa McMullen, Department of Public Welfare
Michaele A. Totino, Esq., Independent Regulatory Review Commission
From: Betty Simmonds, Policy Specialist, PCPA
Date: November 22, 2010
Re: PCPA Comments Regarding Proposed Rulemaking, Department of Public Welfare, Psychiatric Rehabilitation Services, IRRC No. 2879, Regulation No. 14-521

Thank you for this opportunity to provide comment on the Department of Public Welfare (DPW) proposed Psychiatric Rehabilitation Services regulations that were published in the October 23 edition of the *Pennsylvania Bulletin*. The Pennsylvania Community Providers Association (PCPA) is a membership association representing over 225 community-based agencies that provide mental health, intellectual disability, substance abuse, children's, and other human services. Members cover all 67 counties in the Commonwealth and serve over 1 million Pennsylvanians each year. PCPA is the largest statewide behavioral health trade association in the United States.

PCPA is pleased to offer comment on the proposed regulations and was involved in the work group that drafted much of the proposed rule. Although the process was very inclusive and there was much discussion, there were points of agreement and disagreement among stakeholders. PCPA membership includes providers of psychiatric rehabilitation services. The association recognizes the importance of psychiatric rehabilitation services to the recovery of many, many individuals and welcomes the development of clear and concise rules to guide the provision of services. Psychiatric rehabilitation services must be flexible as they are grounded in the needs and preferences of the individuals served. The Department of Public Welfare was mindful of this as exemplified by the effort made to minimize the existing restrictions on services that were site-based vs. provided in the community.

Following are PCPA comments identified by relevant section:

Fiscal Impact.
Para. 1. It is true that there will be cost saving to the commonwealth through reduction of more costly levels of service. However, the regulations require significant amounts of ongoing training that providers must support. The DPW Office of Mental Health and Substance Abuse Services has indicated that some of the training will be provided online at no charge to providers, but providers must cover the costs of staff absences for training and certifications. Maintaining CPRP status for the director and 25 percent of staff will also be costly for providers. Ensuring that trained staff or other accommodations are available to address language needs, including the need for American Sign Language or Braille will also be costly for providers. Payment to providers must be sufficient to enable them to meet the regulations and provide quality services. Demanding compliance without sufficient funding to support compliance is unreasonable, unfair, and will result in poor outcomes.

S. 5230.3 Definitions
PRS – Psychiatric rehabilitation service – Beginning with language in this definition and periodically throughout the regulations, "Nationally" is capitalized, but should be written in lower case.

PRS facility – Although facility was chosen as a neutral term that would not identify provision of service on-site or off-site in the community, it is confusing. Facility is a familiar term for many that signifies a building. It may be better to use a term such as organization or agency, rather than facility in order to minimize confusion.

S. 5230.11. Organizational structure.
(1) Develop a PRS advisory board... - Must this be a separate advisory board? Or could an existing board that includes "individuals and families who utilize mental health services" address PRS functions?

S. 5230.14. Physical site requirements.
(2) Space for the PRS distinct from other services offered simultaneously. – There was a great deal of discussion during the stakeholder meetings regarding the efficacy of existing programs that are co-located with outpatient services and that the distinction in the regulations should be a programmatic distinction, not a physical location distinction. The language found in section 2 will effectively end many successful co-located programs. Language should be clarified to allow such comprehensive programs to exist.

(6) Infection control procedures that document compliance with Occupational Safety and Health. – It would be helpful to have a citation or broader explanation of specific requirements in OSHA that must be met.

S. 5230.21. Content of individual record.
(3) ...recommendation by a licensed practitioner of the healing arts. – While PCPA realizes that Medical Assistance rules require the recommendation of a licensed practitioner in order for payment to be made, it must be understood that this requirement is a barrier to access for many who would otherwise use, and benefit significantly from, psychiatric rehabilitation services.

S. 5230.22. Record security, retention and disposal.
(3) Entries shall be signed and dated by the responsible licensed provider. – Providers of services who make entries in the individual record may not all be licensed. Does this requirement refer to the licensed entity, or to the individual staff members who provide services?

S. 5230.31. Admission requirements.
(2) ...serious mental illness...one of the following diagnoses by a psychiatrist... - The list of diagnoses that make one eligible for admission is very limited. Current practice permits review of other diagnoses, treatment history and severity of illness to determine whether an individual may benefit from PRS. An exception process that specifically permits this review for other diagnoses should be included. This is in addition to the general requirement for an exception process for regulations.

S. 5230.51. Staff qualifications.
Staff qualifications for CPRP designation may make recruitment and retention difficult, particularly in rural areas.

S. 5230.52. General staffing patterns.
(c) When a service is delivered *in a facility*, should be on-site.

(d) ...a PRS facility shall schedule a specialist or worker to be present. – This may be problematic for certified peer specialists who do not yet have the required additional year of experience in mental health direct service to qualify as a PRS worker. Individuals may be more receptive to a peer, but feel constrained by the presence of another person if a "worker or specialist" must also be present.

(2) Deployment of staff *for community service.* – This language is awkward and may be interpreted as something other than intended. Perhaps *for service provided in the community* might be clearer.

(h) – (i) A minimum of 25% of the FTE staff complement... - In order to meet these requirements an excess of 25% of staff must be trained or otherwise earn credentials such as CPRP to maintain ratios. This will be costly for providers and may result in non-compliance if staff turnover is high.

S. 5230.54. Group services.
(a)(1) When a group service is provided *in a facility* should be *on-site.*

(a)(2) ...serve a group of two to five (2:5) ratio individuals. – This language is confusing. The numeric ratio must be corrected or deleted.

(f) ...shall design group community services as experiential rather than verbal, to protect confidentiality in a public location. – This provision will be subject to a variety of interpretations. There must be sufficient communication so that everyone in the group can understand, participate in, and benefit from the experience.

S. 5230.55. Supervision.
(c)...meet with staff individually, face-to-face, no less than two times per calendar month. – More flexibility should be allowed, using the additional methods identified in (d). Some staff will need more direct, individual, face-to-face supervision, while others may need less of this type of supervision and would benefit more from group meetings or discussions, or other forms of supervision.

(d) A PRS director shall provide additional supervision utilizing the following methods... - This should also state "or PRS specialist" as in section (c).

S. 5230.56. Staff training requirements.
Training requirements will be costly for providers – 12-hour psychiatric orientation course, 18 hours of training per year with 12 hours focused on psychiatric rehabilitation or recovery practices, or both, and 8 hours of training in the PRS model used in the "facility" for new staff before working independently. Even though DPW has indicated that some of the training will be available free of charge through webinars provided by DPW, providers must ensure coverage while other staff attend training. Staff turnover may require frequent training. Sufficient coursework related to PRS and recovery must be available to meet training needs statewide.

S. 5320.61. Assessment.
(b)(7) Be updated annually and when one of the following occurs: the individual requests an update, the individual completes a goal or objective, the individual is not progressing on stated

goals. – Please clarify whether an entire new assessment must be completed in each circumstance? Or whether an addendum or progress notes can be utilized to update pertinent areas. Completing an entire assessment as each goal is achieved or a new goal is requested is very time consuming and costly. It would be much more effective to make an addendum or progress note indicating any status change.

S. 5230.62. Individual rehabilitation plan.
(a)(7) Dated signatures of the individual, the staff working with the individual and the PRS director. – Must the signature of the director appear on every IRP? Or could this function be delegated to a PRS specialist as a supervisory responsibility?

(c) A PRS facility and an individual shall review and revise the IRP at least every 90 days and when: the overall rehabilitation goal is completed, an objective is completed, no significant progress is made, an individual requests a change. Please clarify whether a complete plan is needed under each circumstance, or whether an addendum or progress notation could be used. As with the assessment, it is costly to complete an entire IRP every time an objective is completed, or an individual requests a change. Time that could be spent working on new goals is instead used in rewriting plans.

S. 5230.63. Daily entry.
DPW has stated that a daily notation is needed to validate services provided for individuals. They have further indicated an understanding of the need for simple, quick means to achieve "daily entry," such as checklists. A daily entry is disruptive as staff take time away from service to write a daily notation that is then signed by both the staff member and the individual. It is difficult to write an entry that is signed by both parties when service is provided in the community and record security must be maintained. Providers recommend that instead of a daily entry, a monthly, comprehensive progress note be used.

S. 5230.71. Discharge.
(e) and (f) When an individual voluntarily terminates from the PRS, a PRS facility shall plan and document next steps with the individual, including recommended service and referral. – This is good, if a planful disengagement is made. However, in many instances an individual terminates participation by not returning to the program. It is difficult for a provider to plan and document next steps when the individual is no longer available. The provider must document attempts to reengage and circumstance related to the discharge, but must the provider still develop a discharge plan when the individual chooses not to attend?

S. 5230.72. Discharge summary.
(b)(3) Offered to the individual for review, signature and the opportunity to comment. – See comment above on Discharge. It is difficult to offer a summary to an individual who chooses not to participate or be available.

Again, thank you for the opportunity to comment. Please address any questions regarding these comments to Betty Simmonds (betty@paproviders.org or 717-364-3280).

Cooper, Kathy 2879

From:	Totino, Michaele
Sent:	Tuesday, November 23, 2010 9:11 AM
To:	IRRC
Subject:	FW: Regulation No. 14-521 Psychiatric Rehabilitation Services
Attachments:	bms_cmnt_112210_psych_rehab_svc_propreg_comment_fnl.doc

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From: Betty Simmonds [mailto:betty@paproviders.org]
Sent: Monday, November 22, 2010 7:32 PM
To: 'PsychRehab@state.pa.us'; Totino, Michaele
Cc: William Boyer; 'Townley, Kathy L.'
Subject: Regulation No. 14-521 Psychiatric Rehabilitation Services

To: Lisa McMullen and Michaele A. Totino, Esq.

Attached are comments on Regulation No. 14-521, Psychiatric Rehabilitation Services from the Pennsylvania Community Providers Association. Please contact me with any questions you may have regarding these comments. Please keep me apprised of future developments regarding the Psychiatric Rehabilitation Services rulemaking.

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