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Champa, Heidi

From: Williams, Julie <jwilliams@pennfoundation.org>
Sent: Tuesday, August 29, 2017 3:37 PM
To: PW, OPCRegs
Cc: Gilson, Marianne; Squillaro, Christopher
Subject: Outpatient Regulations Comment Response-Penn Foundation Inc provider

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Hello:

Penn Foundation Inc has the following comments for consideration on the proposed outpatient regulations.

The proposed language is updated and in line with current recovery practice. Strengths identified include lengthening the treatment plan time frames, expanding to mobile capabilities, increasing group size, allowing some bachelor level services, and adding the ability for tele psychiatry.

A few areas for consideration that best aligns with practice standards today:

Section 5200.31 Treatment planning

- a. Consideration into the intentions of having a psychiatrist sign medication only treatment plans should be considered. The intent of a treatment plan is to include the person in care and assure attainable goals in the course of treatment. In terms of psychiatric services, prescribers have been successfully relegated to a prescriber status, which is around one goal of medication management. Requiring an individual and psychiatrist to take up time from the limited amount allotted to review what is essentially implied in the nature of the relationship seems redundant and non-efficient use of a psychiatrists time. It is requested that the review body reconsider the need for a treatment plan to be signed by a prescriber when the individual is receiving medication management only services.
- b. It is requested that an individual seeking therapy only services at an agency, no longer require a prescribers signature. If the intent of these regulation reviews are to create access, how is this accomplished when psychiatrists/CRNP/PA are required to become educated about persons they are not directly serving? The mental health professional providing therapy services is licensed and regulated by their own licensing body and subject to their rules as well as their own practice standards. Requiring psychiatrist co-signature of a treatment plan when the psychiatrist will have no role in the treatment seems to be designed to broaden the sense of responsibility and place undue burden on the psychiatrist. There is no benefit to the individual and realistically no impact on the treatment as a result of this signature.
- c. The only area where it makes sense to have the signature of a psychiatrist/CRNP/PA on a treatment plan is when there is input from multiple mental health professionals in a team setting, or assure that there has been coordination of care proposed. The language of the rule indicates that the psychiatrist is responsible for reviewing and approving the treatment plan in conjunction with the mental health professional and individual receiving services. This does not realistically occur in an outpatient setting since mental health professionals are functioning individually. I would question whether it makes sense that a psychiatrist signature be required at all in an outpatient setting.
- d. If it is decided that there is some unknown importance to the psychiatrist signature on a treatment plan and initial than language needs to be changed to include in addition to psychiatrist, permit

"advanced practice professionals (defined as CRNP's and Pa's) to review and approve the treatment plan for within one year. This is consistent with the recognition that CRNP/PA are licensed practitioners of the healing arts and can practice to the full scope of their license in the Commonwealth. It is also consistent with the state requirements that CRNPs must have a collaborative agreement with a MD/DO in order to practice, so the safeguard of oversight by an MD/DO is already in place.

Section 1153.2 Psychiatric Evaluations

- a. CRNPs and PA's should be permitted to perform psychiatric evaluations. Physician oversight of these advanced practitioners is maintained by the required collaborative agreement with their attending physician. These advanced practitioners should be permitted to practice to the full extent of the licensure by performing all evaluation and management (E&M)services. The added language around CRNPs and PA's should be added to this area too. Elsewhere in the regulations it is noted the recognition of CRNP's and PA's to complete mobile evaluations, clozaril, and medication management. Psychiatric evaluations should be added to this.

Should the committee assessing and reviewing this process have any further questions in regards to these comments, please contact us.

Thank you,
Julie

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