3176 14-538-25

Champa, Heidi

From:	Chris Tabakin <CTabakin@accessservices.org>
Sent:	Monday, September 11, 2017 3:07 PM
To:	PW, OPCRegs
Cc:	Rob Reid; Sue Steege; Jessica Fenchel; 'Diane Conway'
Subject:	Proposed rulemaking DHS Chapters 1153 and 5200- Comments
Attachments:	OP Regs Chs 1153 and 5200 Comments- Access Services.pdf

Good afternoon,

Please find comments attached on behalf of Access Services for the proposed rulemaking of DHS Chapters 1153 and 5200. We appreciate the opportunity to provide comments.

Best,

M. Christopher Tabakin
Access Services

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ACCESS SERVICES
Creating better ways to serve people with special needs

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9/6/2017

Attention: Michelle Rosenberger

Bureau of Policy, Planning and Program Development
Department of Human Services
Office of Mental Health and Substance Abuse Programs
Commonwealth Towers, 11th Floor
303 Walnut Street, P.O. Box 2675
Harrisburg, PA 17105-2675

Via electronic mail submission at: RA-PWOPCRegs@pa.gov

RE: Regulation No. 14-538

Dear Ms. Rosenberger:

Access Services, Inc. appreciates the opportunity to comment on the proposed rulemaking for the Department of Human Services Chapters 1153 and 5200.

For over 30 years, Access Services has been developing innovative ways to provide support services for individuals with special needs, including those with behavioral and mental health needs, in Southeastern Pennsylvania. Today, we are a large non-profit organization of about $34 million in annual revenue, with close to 700 staff members operating in eleven counties within Pennsylvania. We provide services for close to 5,000 people with intellectual and developmental disabilities, and/or mental health needs. Our mission is to empower and serve people in need of specialized supports by providing innovative services that improve their ability to live fulfilling lives in the community.

As you know the community-based treatment, and the access to telehealth and telepsychiatry are increasingly important to provide access to care. It is very encouraging to see several aspects being proposed that have the potential to expand access to much needed treatment options, including those in rural parts of the state. Several aspects being proposed have the potential also to enhance best practices within the field, maintaining clinical integrity while providing some aspects of increased flexibility for providers of service. This flexibility, while maintaining the core integrity will allow providers to focus more of their time and attention to the provision of services, and less on administrative burden and activities. In essence opening the opportunity to provide more supports and services, which is our common goal.

Areas of proposed improvement to system supported:

The following areas of proposed changes we feel are excellent improvements to the operation of the system and will promote the enhancement of clinical practices and treatment opportunities. As the field evolves and new best practices emerge, the following areas identified in the recommendation section immediately below we support and encourage their adoption as proposed in the final regulations. This includes recognition and defining of telepsychiatry, addition of flexibility around individual plan completion, and when clinically appropriate the timing of treatment plans being renewed.

Recommendation: *Final rulemaking should maintain the following currently proposed changes:*

1. *Definitions addition of telepsychiatry (5200.3. Definitions)*
2. *Initial treatment plans moving from completion within 15 days to 30 following intake (1153.52. Payment conditions for various services and 5200.31. Treatment planning)*
3. *Treatment plans permitted to be renewed whenever clinically appropriate, up to 180 days (1153.52. Payment conditions for various services and 5200.31. Treatment planning)*
4. *Required psych time = 2 hours/FTE For example, if we have 4 FTE, we need 8 hrs. of psych*
    a. *50% of required psych time can be provided by a nurse practitioner and/or a PA and/or telepsych*

<u>Areas of proposed changes with recommended changes:</u>

In the regulations, the treatment plans are required to be signed by a Psychiatrist. Based on the factors such as this level of supports and services (Outpatient) being the lowest intensity, and the frequency and availability of Psychiatrists often being cost prohibitive, it is recommended that a Certified Registered Nurse Practitioner (CRNP) also be added to the professionals able to sign plans for approval. Though the plans are overseen by the Psychiatrist, the majority of the functional planning and development is done by the therapist and CRNP. This approach for CRNP sign off option is supported by other already existing guidelines and regulations within the field including:

References:

Blended Case Management Guidelines

C. Written Service Plan. The plan shall: 1. Be developed within 1 month of registration with input from the consumer and reviewed at least every 6 months; 2. Reflect documented assessment of the consumer's strengths and needs; 3. **<u>Be signed by the consumer, the family if the consumer is a child, the blended case manager, the blended case management supervisor and others as determined appropriate by the consumer and the blended case manager.</u>** If the signatures cannot be obtained, attempts to obtain them should be documented; 4. Identify specific measurable goals, outcomes, and objectives. The service plan shall also identify responsible persons, time frames for completion and the Blended Case Manager's role in relation to the consumer and others involved.

Chapter 5230. Psychiatric Rehabilitation Services

§ 5230.62. Individual rehabilitation plan. (a) A PRS staff and an individual shall jointly develop an IRP that is consistent with the assessment and includes the following: ... **<u>(7) The dated signature of the PRS staff working with the individual and the dated signature of the PRS director.</u>**

Recommendation: Add the ability of the Certified Registered Nurse practitioner to 1153.52. Payment conditions for various services and 5200.31. Treatment planning for ability to approve and sign off on plans.

If this approach is not supported to add the CRNP to those authorized to sign off on plans; we recommend that it be considered that following an initial sign off by a Psychiatrist at intake within 30 days, that any subsequent plan be permitted to be signed off then by the CRNP. This at least would add a level of compromise and flexibility necessary to expand access to care and supports.

Recommendation: Add the ability of the Certified Registered Nurse practitioner to sign off on annual plans after initial sign off by Psychiatrist to 1153.52. Payment conditions for various services and 5200.31. Treatment planning for ability to approve and sign off on plans.

Conclusion

Access Services, along with our dedicated staff of over 700, as well as the close to 5000 individuals we support, appreciates your consideration of our comments to these proposed changes. Thank you.

Sincerely,

M. Christopher Tabakin, M.S. on behalf of Access Services Executive Management Team

Director of Quality and Compliance