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Champa, Heidi

From: Jennifer Garman <jgarman@disabilityrightspa.org>
Sent: Monday, September 11, 2017 12:58 PM
To: PW, OPCRegs
Subject: Outpatient Psychiatric Regulations
Attachments: DRP Comments on Outpatient Behavioral Health Services Regulations Final.pdf

Attached please find comments from Disability Rights Pennsylvania on the draft Outpatient Regulations. Thank you.

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Please note my email address has changed to jgarman@disabilityrightspa.org

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3174

VIA EMAIL

September 7, 2017

Michelle Rosenberger
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RE: Comments on Outpatient Psychiatric Regulations

Disability Rights Pennsylvania (DRP) is the federally-mandated, state-designated organization committed to protecting and advocating for the rights of people with disabilities so that they may live the lives they choose, free from abuse, neglect, discrimination, and segregation. As part of this mission, DRP advocates for the availability of and access to community-based services so that people with disabilities can remain in their homes, schools and communities. We submit the following comments for consideration.

Section 1153.2 Definitions:

- a. **Psychotherapy:** The definitions of family psychotherapy, group psychotherapy, and individual psychotherapy have all been amended by deleting the minimum time required. If the MA Fee Schedule is similarly amended, the amount of service provided could be

Protecting and advancing the rights of people with disabilities

decreased. If the MA Fee Schedule is not modified, then taking out the minimum time has no meaning. We recommend that there be a minimum amount of time required for the provision of these services to assure that effective services are provided. Individuals should be able to receive at least an hour.

b. **Mobile Mental Health Treatment:** This definition should specify that "residence" includes community homes for individuals with intellectual disabilities and community residential rehabilitation homes.

c. **Psychiatric Outpatient Clinic Services:** The definition should include the provision of Mobile Mental health treatment since Mobile Mental Health treatment services can only be provided by a licensed psychiatric outpatient clinic.

d. **Psychiatric Partial Hospitalization:** The word "protective" should be removed from the definition. It is not clear what it means and could be misconstrued to require a locked setting.

e. **Supervision by a Psychiatrist:** This definition should include Mobile Mental Health Treatment.

Section 1153.14(14), Noncovered Services: This section specifies that MMHT services that are not provided in accordance with Section 1153.52(d) will not be covered. Section 1153.52(d) effectively adds limiting criteria to the provision of Mobile Mental Health Treatment (MMHT) and should be amended to include the criteria contained in the Provider Handbook. The criteria contained in Section 1153.52(d) do not adequately reflect the conditions under which MMHT is appropriate and unduly restricts the population to whom these services can be provided.

Section 1153.52(d), Payment Conditions for Various Services: This section requires that one of the following conditions exist: (1) The client's disability requires specialized transportation which is not generally

available; (2) The client has a behavior disorder which disrupts the clinic environment; or (3) The client has a diagnosis of agoraphobia.

In contrast, the Provider Handbook Update attached to OMHSAS Bulletin 08-06-18 provides more broad criteria:

1. Meets the medical necessity review guidelines for psychiatric outpatient clinic services; and
2. Has at least one of the following:
 - a. A medical condition, as documented in the treatment plan, that impairs the ability of the individual to participate or precludes the individual from participating in psychiatric outpatient clinic services; or
 - b. A psychiatric condition, as documented in the treatment plan, that impairs the ability of the individual to participate or precludes the individual from participating in psychiatric outpatient clinic services; or
 - c. One or more significant psychosocial stressors, as documented in the treatment plan, that impair(s) the ability of the individual to participate or precludes the individual from participating in psychiatric outpatient clinic services; and
3. Agrees to participate in MMHT as prescribed.

We recommend adding the need for specialized transportation as one possible qualifier to the criteria contained in the Provider Handbook and using the new combination in the regulations.

Section 1153.14(20), Noncovered Services: This section specifies that MMHT cannot be provided on the same day as other home and community-based behavioral health services to the same individual. We recommend that there be an exception for the provision of medication monitoring/management so that such services can be

provided as needed, regardless of what other services are being provided.

Section 1153.14(21), Noncovered Services: As noted under our comments for Section 1153.14(14), the need for specialized transportation may be a reason for allowing an individual to participate in MMHT services, so this section should be modified to allow for this exception.

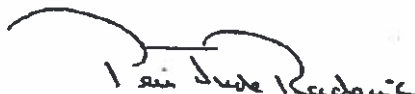
Finally, we also offer one general comment. While the regulations are in draft form we ask that OMHSAS consider adding some requirements about access to psychiatrists for medication management when either:

1. An individual is on prescribed medications and has no psychiatrist to follow up with. This happens when an individual is discharged from a psychiatric hospital on medications with only an intake appointment at an outpatient program, which then tells them they have to wait 6-8 weeks to see a psychiatrist. This could happen for other reasons, such as the doctor stopping services. OR
2. When an individual seeking medication has certain diagnoses for which lack of quick access to medication could cause serious harm (e.g., schizophrenia or other psychotic disorders, or severe depression).

Ensuring access to psychiatrists in these circumstances will ensure that people with mental illness have access to the necessary services to support their treatment and recovery.

We thank you for consideration of our comments.

Sincerely,

A handwritten signature in black ink, appearing to read "Peri Jude Radecic". The signature is fluid and cursive, with a large loop at the beginning.

Peri Jude Radecic
Chief Executive Officer