

3174

14-538-26

Champa, Heidi

RECEIVED
IRRC

2017 SEP 13 A II: 31

From: Mia Woods <MiaW@pccyfs.org>
Sent: Monday, September 11, 2017 3:21 PM
To: PW, OPCRegs
Subject: PA Council of Children Youth and Families comments on amendments to 55 PA. Code Chapters 1153 and 5200 r

The PA Council of Children, Youth and families is a statewide organization of private agencies whose mission is to improve the quality of life for Pennsylvania's children, youth, and families who are at risk by supporting and promoting an accessible service delivery system within our communities. On behalf of our provider network we would like to offer the following comments on the proposed changes to 55 Pa. Code Chapters 1153 and 5200 relating to outpatient behavioral health services and psychiatric outpatient services.

Comments on newly proposed changes:

§ 1153.2 (relating to definitions)

The definition of "group psychotherapy" is proposed to be amended by increasing the allowable maximum group size from 10 to 12 individuals

Great change for both the scheduling and group therapy processes. This change will also help keep group numbers at a good average should individuals discontinue treatment, for instance

The definition of "LPHA—licensed practitioner of the healing arts" is proposed to be added to define who may order MMHT.

We agree with this inclusion

The definition of "family psychotherapy" is proposed to be amended by replacing "mental disorder" with "mental illness or emotional disturbance" to be congruent with the current Federal language.

The change in wording will be very nice and align with recovery practices.

The definition of "MMHT—Mobile Mental Health Treatment" is proposed to be added.
Will the definition offer inclusionary criteria for admission into MMHT?

The definition of "home visit" is proposed to be deleted due to the addition of MMHT services to this chapter. Services provided by psychiatric outpatient clinics outside the clinic setting are provided as MMHT rehabilitation services

Would it be possible to provide services via tele-psychiatry to homes?

The definition of "psychiatric evaluation" is proposed to be amended to include the provision of real-time, two-way interactive audio-video transmission in licensed psychiatric outpatient clinics.

Will the regulations reference the requirements for HIPAA/Security standards for two-way interactive audio-video transmission for psychiatry outpatient clinics?

The definition of "LPHA—licensed practitioner of the healing arts" is proposed to be added to define who may order MMHT. MMHT is in the Commonwealth's Medical Assistance State Plan as a rehabilitation service and under 42 CFR 440.130(d) (relating to diagnostic, screening, preventive, and rehabilitative services) rehabilitation services shall be "recommended by a physician or other licensed practitioner of the healing arts, within the scope of his practice under State law." This proposed definition allows a broad array of licensed professionals to order this service within their scope of practice under State law.

What is the definition of a licensed practitioner? A doctor or a master's level licensed individual? What are the criteria?

The definition of "MMHT—Mobile Mental Health Treatment" is proposed to be added. MMHT services can be provided in the individual's residence or approved community site and include assessment, individual, group, family therapy and medication visits. They are intended to reduce the disabling effects of mental or physical illness for individuals who have encountered barriers to or have been unsuccessful in receiving services at a psychiatric outpatient clinic. The purpose of this service is to provide therapeutic treatment to reduce the need for more intensive levels of service, including crisis intervention or inpatient hospitalization by offering services in the community or home setting. These rehabilitation services may only be provided by a licensed outpatient clinic with an approved service description for MMHT.

Will the Department of Human Services (DHS) define criteria for MMHT or will providers define these in their service descriptions?

Will there be rate differentials to cover the increased administrative time needed for MMHT services?

How would the medication visits work in MMHT? Will psychiatric evaluations be done via MMHT? Will these be able to be performed by CRNP's/PA's?

The definition of "psychiatric evaluation" is proposed to be amended to include the provision of real-time, two-way interactive audio-video transmission in licensed psychiatric outpatient clinics. This proposed amendment will increase access to this service, especially in rural areas of this Commonwealth.

Would providers be able to use two-way audio-video with other practitioners who work at other sites within the same agency? If so, what will the regulatory standards be for this?

Can other services, such as medication visits and therapy appointments be provided via the two-way interactive audio-video transmission?

§ 1153.12. Outpatient services

This proposed rulemaking adds MMHT as a type of covered service that can be provided under this chapter.

This is a great idea for those at risk or have significant barriers to clinic-based treatment and will increase access to care if managed appropriately

§ 1153.14. Noncovered services

The time frame for the psychiatrist's review of assessments and treatment plans is proposed to be amended to up to 30 calendar days following intake.

We agree and believe that the expanded timeframe will be helpful to practitioners. This will be a great change and really allow for more accurate assessments to occur.

§ 1153.41. Participation requirements

The proposed amendments will allow CRNPs and PAs, within their scope of practice and applicable law, to prescribe medication in psychiatric outpatient clinics

This is a great way to increase care access with the psychiatric shortage.

Will CRNP's and PA's fall under the same rates/fee schedules, or will they differ?

§1153.52. Payment conditions for various services

This section is proposed to be amended to allow a psychiatric clinic medication visit to be provided by an advanced practice professional licensed by the Commonwealth, recognizing the scope of practice for CRNPs and PAs. Additionally, the Department proposes to allow a psychiatric evaluation to be performed by real-time, two-way interactive audio-video transmission.

Will the regulations reference the requirements for HIPPA/Security standards for two-way interactive audio-video transmission for psychiatry outpatient clinics?

The Department also proposes to require initial treatment plans to be developed within 30 days of intake, with updates of the treatment plans being required at least every 180 days, or more frequently based upon clinical need

We agree and believe that the proposed revised timeframes will provide clinicians with more time to assess individuals during the initial stages of treatment and ongoing.

The psychiatrist shall review and approve the updated treatment plans within 1 year of the previous psychiatric review and approval

This change will free psychiatrists to participate in more direct treatment activities.

This proposed rulemaking establishes the conditions and limitations for the provision of MMHT services in the home or community

§ 5200.22. Staffing pattern

The current requirement is a clinic have four full-time equivalent mental health professionals. Proposed amendments require 50% of the psychiatric clinic treatment staff be mental health professionals

This will alleviate having to get waivers for start-up programs while also ensuring staffing ratios are adequate.

Additionally, the 16-hour psychiatric time requirement is proposed to be amended to 2 hours of psychiatric time per week for each full-time equivalent treatment staff. The psychiatrist shall provide 50% of this psychiatric time per week in-person, while the other 50% of the psychiatric time can be provided either by advanced practice professionals licensed to prescribe medication who specialize in behavioral health or using telepsychiatry with prior written approval of the Department, or a combination of both, to meet the time requirement.

Does "psychiatric time" include CRNP's and PA's, or only licensed psychiatrists?

Will there be clarification about acceptable experience/education to meet the requirement of specializing in behavioral health?

§ 5200.31. Treatment planning

Proposed amendments to this section increase the time frame for the development of the initial treatment plan from 15 days to 30 days. The initial treatment plan shall be signed by the mental health professional, the psychiatrist and the individual receiving services.

Allows for time to provide a more accurate, comprehensive assessment – great!

The frequency of treatment plan updates is proposed to be amended from every 120 days or 15 visits to every 180 days.

Some individuals receiving care aren't in need of updates this often and this change would allow for all individuals who receive this service to have treatment updates developed based on their needs rather than doing it because it's a requirement.

The updated treatment plan shall be reviewed and signed by the mental health professional and the individual receiving treatment.

Does this mean that the psychiatrist does not have to sign the treatment plan updates, only the initial treatment plan?

This proposed rulemaking requires the psychiatrist to review and approve the treatment plan within 1 year of the previous review and approval

Great change. It still ensures psychiatrist oversight of treatment yet lessens the paperwork burden.

We would like to acknowledge and indicate agreement with the following notable proposed changes and clarifications:

All service durations are proposed to be deleted from the definitions since the required unit of service for each service is specified in the procedure code, technically known as the Current Procedural Terminology (CPT) code, for the service and therefore does not need to be included in the definition of the service, which could become outdated as CPT codes are revised.

§ 5200.7. Program standards

Based upon stakeholder input, the requirement that for-profit facilities seeking licensure or approval shall have Joint Commission on Accreditation of Hospitals accreditation is proposed to be deleted. This requirement is cost-prohibitive for small psychiatric outpatient clinics, resulting in the Department issuing numerous waivers of this standard.

§ 5200.7. Program standards

Based upon stakeholder input, the requirement that for-profit facilities seeking licensure or approval shall have Joint Commission on Accreditation of Hospitals accreditation is proposed to be deleted. This requirement is cost-prohibitive for small psychiatric outpatient clinics, resulting in the Department issuing numerous waivers of this standard.

§ 5200.43. Fee schedule

The requirement that fee schedules be submitted to the Department for informational purposes is proposed to be deleted to reduce paperwork requirements for providers

§ 5200.48. Waiver of standards

This section is proposed to be amended to allow greater flexibility for the duration and renewal of waivers to be granted when the development of specialty psychiatric clinic services would be severely limited by the standards. The waivers would continue to be subject to approval by the Department.

Clarifications

This proposed rulemaking clarifies the requirement for written documentation describing the accessibility and availability of services provided by other parts of the mental health service system

§ 5200.42. Medications

Proposed amendments to this section recognize advanced practice professionals licensed to prescribe medication in this Commonwealth. Proposed amendments clarify "written" to include prescriptions that are handwritten or recorded and transmitted by electronic means and the requirements for transmitting electronic prescriptions. Proposed amendments will require documentation of any medications prescribed in the individual medical record.

Mia Woods, MHS, MJ
Pennsylvania Council of Children, Youth & Family Services
2040 Linglestown Road, Suite 109
Harrisburg, PA 17110
Phone: 717-651-1725
Mobile: 717-979-6503
Fax: 717-651-1729
E-mail: miaw@pccyfs.org
www.pccyfs.org