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**Champa, Heidi**

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**From:** Sarah Eyster <seyster@paproviders.org>  
**Sent:** Monday, September 11, 2017 8:13 AM  
**To:** PW, OPCRegs  
**Subject:** Psychiatric Outpatient Regulation support/comments  
**Attachments:** RCPA Comments on the Proposed Rulemaking 091117.pdf

Thank you for the opportunity to review and offer comments and support of the proposed outpatient regulatory changes.

Best-  
Sarah

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## **RCPA Comments on the Proposed Rulemaking Department of Human Services Outpatient Psychiatric Services and Psychiatric Outpatient Clinics**

RCPA and its members appreciate the effort of the Department to amend 55 PA Code Chapters 1153 and 5200 relating to outpatient behavioral health services and psychiatric outpatient clinics. You will find the collective comments below:

1. Non-covered Services – 1153.14
  - a. Number 1 indicates that services from a covered psychiatric outpatient clinic, Mobile Mental Health Treatment (MMHT), or partial hospitalization cannot be conducted over the phone.
    - i. RCPA recommends that telepsychiatry is not included in that statement; please clarify that telepsychiatry is not included.
  - b. Number 5 states that services will not be paid for if delivered to residents of treatment institutions where the individuals are being provided with room or board or both, and services on a 24-hour per day basis by the same facility or distinct part of a facility or program.
    - i. RCPA recommends that services should be covered for 24 hour CRS and nursing homes. Please clarify that is the case.
2. Definition, Licensed Practitioner of the Healing Arts – 1153.2, 5200.3, 5200.22 Staffing Pattern
  - a. RCPA recommends allowing advanced practice practitioners (CRNP and PAs) to practice at the highest scope of their license. However, this suggests that a practitioner is permitted to practice within the scope of the license, yet in 5200.31 it states that only a psychiatrist can sign the initial treatment plan as well as the annual treatment plan review. For example, a CRNP or PA who meets the state's definition should be able to provide a psychiatric evaluation, as that is within the scope of their license. Currently, and in this document noted above, Pennsylvania does not allow this.
  - b. Licensed Practitioners of the Healing Arts is a very narrow definition.
    - i. RCPA recommends adding Licensed Clinical Social Workers to this list.
3. Definition, Mobile Mental Health Treatment (MMHT) – 1153.2
  - a. RCPA recommends that the Commonwealth provide clear requirements for accessing this service. Please clarify the use of this service, particularly in relation to the children and families, in terms of where, when, and length of service? Does this service require prior authorization?

- b. RCPA recommends that the Commonwealth provide clear guidance regarding the elements for the newly required service description described in this section and set forth a plan for rapid review and approval of this existing service.
4. CPT Codes – 5200.3
  - a. Service duration is proposed to be deleted from the definitions since the required unit of service for each service is specified in the procedure codes, known as the CPT codes.

RCPA is recommending that the state define the unit of service by CPT code. Currently the Behavioral Health Managed Care Organizations set their own time expectations for billing CPT codes. For example, one MCO requires it to be a 50 minute billable unit while another requires it to be 60 minutes for the same CPT code.
5. Staffing Patterns – 5200.22
  - a. The amendment requires that 50% of the psychiatric clinic staff be mental health professionals. RCPA recommends that the Commonwealth works with rural providers unable to meet this requirement by allowing adjusted ratios or via a waiver process.
  - b. The requirement to have 2 hours per full time equivalent (FTE) treatment staff person per week of supervision. The requirement of supervision of two hours per FTE per week, that requires 50% of psychiatric supervision in person and the other 50% being provided by either an advanced practice professional licensed to prescribe medication or one who specializes in behavioral health — or using telepsychiatry with prior written approval of the Department or a combination of both to meet the time requirements — brings up several questions.
    - i. RCPA recommends allowing advance practitioners, CRNPs, and PAs to do the supervision work so that the ever-so-hard to recruit and hire psychiatrist can practice to the highest level of their license?
    - ii. RCPA recommends that the Commonwealth define the positions counted as treatment staff for the FTE supervision ratio. Does it include master's, bachelor's, and interns?
  - c. In the same paragraph, it again states that Pennsylvania will recognize the scope of other licensed professional to allow clinics to maximize psychiatric time. RCPA recommends allowing CRNPs and PAs who meet the Commonwealth's definition be allowed to conduct psychiatric evaluations.
6. Treatment Plan Signing – 5200.31
  - a. It currently states that the mental health professional and the individual receiving treatment sign the treatment plan. RCPA recommends that family be added in the case of children receiving services.
  - b. Please clarify that the state's intent is to have a psychiatrist (or, as recommended above, an advanced practice professional) sign off on a treatment plan for a person receiving only medication and that the mental health professional is signing off on a talk therapy only service, with an annual review by the psychiatrist or advanced practice professional as recommended above.

RCPA supports the regulations but offers the above questions, comments, and recommendations to be considered when finalizing the regulations .

In addition, RCPA asks that the state immediately form a work group to review outpatient psychiatric services in Pennsylvania. The support for these proposed regulations comes from knowing that it has taken several years to address the work of the stakeholder group but it has been decades in coming.

Since the time that the work group provided the Commonwealth with the requests addressed in the proposed regulations, the psychiatric recruitment crisis has grown exponentially and the limitations placed on advanced practice licensed practitioners of not allowing them to practice to the highest scope of their license is additionally devastating, especially in rural areas. In addition, School-Based Behavioral Health Program (SBBH) programming has expanded across the Commonwealth and is hindered in being governed by these outpatient regulations. For example, 2 hours of psychiatric time per week for each FTE in SBBH programs is excessive and unmanageable. SBBH providers need additional relief from this hourly requirement due to the number of FTEs needed to operate the service in schools.

These are just two examples of work that needs to be addressed at the state level since the time of the original workgroup. These are also examples that were outlined in the RCPA Outpatient Redesign Position Paper sent to the Secretary of the Department of Human Services (DHS), the Deputy Chief of Staff of DHS, and the Acting Deputy Secretary of OMHSAS. RCPA has also formed a work group to address the outpatient crisis in Pennsylvania and this group stands ready to work with the DHS to help redesign outpatient services in Pennsylvania.

In sum, these proposed regulations help, but in the time that has gone by so much more is now needed.

