

<h2 style="margin: 0;">Regulatory Analysis Form</h2> <p style="margin: 0;">(Completed by Promulgating Agency)</p> <p style="margin: 0; font-size: small;">(All Comments submitted on this regulation will appear on IRRC's website)</p>		<p style="margin: 0;">INDEPENDENT REGULATORY REVIEW COMMISSION</p> <p style="margin: 0; font-size: large;">RECEIVED</p> <p style="margin: 0; font-size: large;">JUN 23 2022</p> <p style="margin: 0; font-weight: bold;">Independent Regulatory Review Commission</p> <p style="margin: 0; font-size: large;">IRRC Number: 3347</p>
<p>(1) Agency Department of Human Services</p>		
<p>(2) Agency Number: 14 Identification Number: 548</p>		
<p>(3) PA Code Cite: 55 Pa. Code Chapter 5230</p>		
<p>(4) Short Title: Psychiatric Rehabilitation Services</p>		
<p>(5) Agency Contacts (List Telephone Number and Email Address): Primary Contact: Laurie Madera (717) 772-7975 lmadera@pa.gov Secondary Contact: Barry Decker (717) 772-7640 bdecker@pa.gov</p>		
<p>(6) Type of Rulemaking (check applicable box):</p> <p><input checked="" type="checkbox"/> Proposed Regulation</p> <p><input type="checkbox"/> Final Regulation</p> <p><input type="checkbox"/> Final Omitted Regulation</p>		<p><input type="checkbox"/> Emergency Certification Regulation;</p> <p><input type="checkbox"/> Certification by the Governor</p> <p><input type="checkbox"/> Certification by the Attorney General</p>
<p>(7) Briefly explain the regulation in clear and nontechnical language. (100 words or less)</p> <p>The purpose of this proposed regulation is to amend Chapter 5230 to allow psychiatric rehabilitation services (PRS) to be provided to individuals who are diagnosed with posttraumatic stress disorder, attention deficit hyperactivity disorder, bipolar disorder, major depressive disorder or anxiety disorders without going through the exception process and individuals who are 14 years of age or older but under 18 years of age. Additionally, the proposed regulation adds definitions of "serious mental illness" and "serious emotional disturbance" that align with the definitions currently used by the Federal Substance Abuse and Mental Health Services Administration (SAMHSA) and updates outdated language in the regulation. The proposed regulation also clarifies that PRS can be delivered in an individual's home and removes barriers to providing PRS through telehealth.</p>		
<p>(8) State the statutory authority for the regulation. Include <u>specific</u> statutory citation.</p> <p>The Department of Human Services (Department) has the authority under sections 911 and 1021 and Articles IX and X of the Human Services Code (62 P.S. §§ 911, 1021, 901—922 and 1001—1088).</p>		
<p>(9) Is the regulation mandated by any federal or state law or court order, or federal regulation? Are there any relevant state or federal court decisions? If yes, cite the specific law, case or regulation as well as, any deadlines for action.</p>		

No Federal or State law, court order, Federal regulation or relevant Federal or State court decisions mandate the proposed regulation.

(10) State why the regulation is needed. Explain the compelling public interest that justifies the regulation. Describe who will benefit from the regulation. Quantify the benefits as completely as possible and approximate the number of people who will benefit.

The proposed amendments to Chapter 5230 are needed to allow the 115 community-based PRS agencies and their 33 satellite sites to provide PRS to individuals 14 years of age or older but under 18 years of age and to allow the PRS agencies and their satellites to provide PRS through telehealth. The proposed amendments are also needed to enable individuals who are diagnosed with posttraumatic stress disorder, attention deficit hyperactivity disorder, bipolar disorder, major depressive disorder or anxiety disorders to obtain PRS without having to go through the exception process.

PRS is an evidence-based service that uses an integrated therapeutic approach to assist individuals with serious mental illness or serious emotional disturbance to develop the skills needed to live, learn, socialize and work in the community and improve or maintain their physical or mental health. It is a cost-effective alternative to residential and inpatient treatment. PRS helps individuals reach age-appropriate functioning that has been either lost or never achieved because development was interrupted by mental illness or emotional disturbance.

PRS focuses on helping individuals develop skills and improve functioning needed to increase their capacity to be successful in the living, learning, working and social environments of their choice and to develop skills to improve or maintain their physical or mental health. Traditional mental health treatment programs do not focus on these skills; instead, they focus on symptom management. As youth transition to adulthood, the skills that they can obtain from PRS will help them maintain independence in the community. If youth with serious emotional disturbances can access services that address the development of skills needed to be successful in the community, they will be less likely to discontinue services during the transition to adulthood. The proposed amendments to Chapter 5230 ensure that staff who provide PRS to individuals 14 years of age or older but under 18 years of age are qualified and trained to provide PRS and that the PRS agency has completed criminal history checks and child abuse certifications for staff.

The proposed amendments will also allow individuals diagnosed with posttraumatic stress disorder, attention deficit hyperactivity disorder, major depressive disorder, bipolar disorder, and anxiety disorders to receive PRS without going through the exception process for PRS. PRS will help these individuals develop necessary skills needed to live, learn, socialize and work in the community and improve or maintain their physical or mental health. Making PRS easier for these individuals to access will also allow them to participate in a service that is likely to decrease the need for or shorten the length of an individual's inpatient stay, partial hospitalization or outpatient treatment.

By removing barriers to providing PRS through telehealth, the proposed amendments will also allow more individuals to access PRS in person and through telehealth and may allow PRS agency staff to spend more time serving individuals since they will not need to travel to the individual's location to provide services.

The 115 providers of PRS and 33 satellite facilities will benefit from the proposed regulation because they will be able to provide services to more individuals. Current providers of children's services may also benefit because they could expand their service array to include PRS. In addition, individuals 14 years of age or older but under 18 years of age receiving services from agencies that provide PRS will benefit because they will be able to transition to PRS within the same provider agency, which will result in less disruption and decrease the likelihood that they will disengage from needed services.

(11) Are there any provisions that are more stringent than federal standards? If yes, identify the specific provisions and the compelling Pennsylvania interest that demands stronger regulations.

There are no provisions that are more stringent than Federal standards.

(12) How does this regulation compare with those of the other states? How will this affect Pennsylvania's ability to compete with other states?

The Department reviewed PRS regulations from Maryland, Idaho, Oklahoma and Louisiana because those states regulate PRS provided to youth. The proposed amendments to the PRS regulation are congruent with the other states' requirements for this service when provided to individuals 14 years of age or older but under 18 years of age.

The Commonwealth does not compete with other states for the provision of PRS. In addition, the regulations positively affect the Commonwealth's ability to serve individuals who are diagnosed with posttraumatic stress disorder, attention deficit hyperactivity disorder, major depressive disorder, bipolar disorder or anxiety disorders and individuals who are 14 years of age or older but under 18 years of age.

(13) Will the regulation affect any other regulations of the promulgating agency or other state agencies? If yes, explain and provide specific citations.

The proposed regulation will not affect existing or proposed regulations of the Department or another state agency.

(14) Describe the communications with and solicitation of input from the public, any advisory council/group, small businesses and groups representing small businesses in the development and drafting of the regulation. List the specific persons and/or groups who were involved. ("Small business" is defined in Section 3 of the Regulatory Review Act, Act 76 of 2012.)

The Department convened a workgroup that included stakeholders to review and provide input on the proposed rulemaking. The workgroup held face-to-face meetings on November 4, 2015, December 8, 2015, and January 28, 2016, to review the current regulation and provide recommendations for the proposed changes. The workgroup included family members, staff from the Department's Office of Mental Health and Substance Abuse Services (OMHSAS) and representatives from the following:

Pennsylvania Healthy Transitions Partnership; Pennsylvania Council of Children, Youth and Family Services; Drexel University/Behavioral Healthcare Education; Dickinson Center, Inc.; Holcomb Behavioral Health Systems Berks County; Community Services Group; Commerce

Park Clubhouse; Philadelphia Department of Behavioral Health; Threshold Rehabilitation Services, Inc.; Family Services of Western Pennsylvania; Child and Family Focus, Inc.; Allied Services; Aurora Social Rehabilitation Services; Office of Vocational Rehabilitation; Transition Age Advisory Group; Rehabilitation and Community Providers Association; Pennsylvania Association of Psychiatric Rehabilitation Services; Mental Health Association in Pennsylvania; and the mental health service system in Beaver, Berks, Allegheny, Montgomery and Bucks Counties.

The Transition Age Advisory Group is an advisory group. Rehabilitation and Community Providers Association and Pennsylvania Council of Children, Youth and Family Services are organizations that represent providers and may represent PRS agencies. There are PRS agencies that are considered small businesses.

(15) Identify the types and number of persons, businesses, small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012) and organizations which will be affected by the regulation. How are they affected?

The proposed regulation will affect all licensed PRS agencies. There are currently 115 licensed PRS agencies and 33 satellite programs. Of the 115 licensed PRS agencies, 8 are for-profit businesses and receive Medical Assistance reimbursement from the Department for services rendered.

Section 3 of the Regulatory Review Act (71 P.S. § 745.3) includes the following definition of "small business:" "As defined in accordance with the size standards described by the United States Small Business Administration's Small Business Size Regulations under 13 CFR Ch. 1 Part 121 (relating to Small Business Size Regulations) or its successor regulation."

Based upon review of the Department's paid claims data for State fiscal year 2018-2019, 7 of the 8 for-profit PRS agencies received less than \$16.5 million in Department funds, which would meet the definition of "small business" found in 13 CFR § 121.201. The federal regulations reference the North American Industry Classification System (NAICS) standards. The NAICS small business size standard for outpatient mental health centers is \$16.5 million in annual receipts reported on the small business's Internal Revenue Service tax return form. The Department does not have access to information on the total revenue generated by each for-profit PRS agency that is reported on its Internal Revenue Service tax return form. Therefore, based only upon the Department's paid claims data, the Department estimates that 7 of the 8 for-profit PRS agencies may be considered small businesses under Federal regulation.

The proposed regulation will benefit PRS agencies by creating an opportunity for additional revenue because it will allow PRS agencies to serve additional individuals who are 14 years of age or older but under 18 years of age. The proposed regulation will affect all providers of PRS, including small businesses, equally.

The proposed regulation will affect individuals who are 14 years of age or older but under 18 years of age because they will be able to access PRS. It will also affect individuals who want to receive PRS through telehealth. In addition, the proposed regulation will affect individuals who previously could not receive PRS without going through the exception process because they will be eligible to receive PRS under the expanded list of diagnoses that do not require use of the exception process. The proposed regulation also addresses the health and safety of the

youth population receiving PRS, supports engagement of youth and families in the recovery process to promote better outcomes for individuals receiving services and helps to bridge the gap between the child and adult serving mental health systems.

The proposed regulation will benefit PRS agencies because it removes the requirement that individuals sign their record every time services are provided. The Department has determined that it is not necessary for the individual to sign the individual's record every time services are provided because the individual must be allowed access to the individual's record and can provide written comments on the individual's record.

(16) List the persons, groups or entities, including small businesses that will be required to comply with the regulation. Approximate the number that will be required to comply.

The proposed regulation will affect all licensed PRS agencies, including small businesses. There are 115 licensed PRS agencies in the Commonwealth and 33 satellite programs. All PRS agencies must comply with the regulation to maintain their license to provide PRS in the Commonwealth.

Although the regulation includes what is required for a PRS agency to provide PRS, individuals who receive PRS do not need to comply with the regulation.

There are no groups that must comply with the regulation.

(17) Identify the financial, economic and social impact of the regulation on individuals, small businesses, businesses and labor communities and other public and private organizations. Evaluate the benefits expected as a result of the regulation.

There may be a small increase in costs for PRS agencies because the director, psychiatric rehabilitation specialist and 25% of the full-time equivalent staff complement will need to obtain Child and Family Resiliency Practitioner (CFRP) certification and the PRS agency will need to obtain a criminal history check from the Federal Bureau of Investigation (FBI) and child abuse certifications if the PRS agency will be serving individuals 14 years of age or older but under 18 years of age. However, the Department expects the costs to be offset by the additional revenue the PRS agency will receive by serving individuals who are 14 years of age or older but under 18 years of age. PRS agencies may experience an increase in revenue because staff would be able to spend more time serving individuals since they will no longer need to travel to the individual's location to provide services.

Providers of other children's services may also benefit because they will be able to expand their service array to include PRS. Youth receiving PRS may also benefit because they may have the opportunity to begin receiving PRS from an agency where they are already receiving services, which will decrease the likelihood of their dropping out of needed services.

Individuals seeking to receive PRS will benefit from the proposed regulation. Under the proposed regulation, individuals who are 14 years of age or older but under 18 years of age, and individuals with additional qualifying diagnoses will be able to access PRS without going through the exception process. In addition, individuals who want to receive PRS through telehealth will be able to access PRS. The proposed regulation also ensures the health and safety of youth receiving PRS, supports engagement of youth and families in the recovery

process to promote better outcomes for individuals receiving services and helps to bridge the gap between the child and adult serving mental health systems.

There is no social impact of the regulation on small businesses, businesses and labor communities and other public and private organizations.

(18) Explain how the benefits of the regulation outweigh any cost and adverse effects.

Although some PRS agencies might have increased costs, these costs are expected to be minimal and offset by increased revenue as explained in the answer to Question 17, and the benefits of the proposed regulation outweigh any increased costs. The proposed amendments to the PRS regulation allow individuals 14 years of age or older but under 18 years of age to receive PRS. Youth drop out of services at a high rate as they transition out of children's services into adult services, in part due to the lack of services that effectively engage them and specifically address their developmental stage. Expanding evidence-based PRS to youth diagnosed with serious emotional disturbances will help ensure the availability of targeted, appropriate and high-quality services for this population as they transition into adulthood and avoid the need for more costly and longer term services.

This proposed regulation will also benefit individuals 14 years of age or older but under 18 years of age, individuals with additional qualifying diagnoses by allowing them to receive PRS without going through the exception process, and individuals who want to receive PRS through telehealth, which will assist them with developing the skills needed to live, learn and work in the community and improve or maintain their physical or mental health. PRS promotes resiliency and recovery, full community integration and improved quality of life for individuals who have been diagnosed with serious mental illness or serious emotional disturbance. Additionally, because PRS is an evidence-based intervention, individuals who receive PRS are likely to have a positive outcome.

All 115 PRS agencies and 33 satellite facilities will benefit from the amendment to the PRS regulation because they will be able to provide services to additional individuals. Providers of other children's services may also benefit because they will be able to expand their service array to include PRS. Youth receiving PRS may benefit because they may have the opportunity to begin receiving PRS from an agency where they are already receiving services, which will decrease the likelihood of their disengaging from needed services.

(19) Provide a specific estimate of the costs and/or savings to the **regulated community** associated with compliance, including any legal, accounting or consulting procedures which may be required. Explain how the dollar estimates were derived.

The regulated community consists of approximately 115 licensed psychiatric rehabilitation agencies and 33 satellite programs. Although programs that serve individuals 14 years of age or older but under 18 years of age may have some costs as a result of compliance with the new certification requirements and obtaining the required FBI criminal history background check and child abuse certifications for staff, these expenses are likely to be offset by increased revenue associated with being able to serve additional individuals. The current cost for obtaining a child abuse clearance is \$13 per person and the cost for obtaining an FBI criminal history report is \$22.60 per person. The cost to obtain the CFRP certification is approximately \$395 (registration and examination fee) per person.

The Department is unable to determine the fiscal impact of a PRS agency's decision to provide PRS through telehealth because of the individualized nature of the cost for each agency to provide PRS through telehealth and the potential for a PRS agency to decrease costs as a result of the use of telehealth. The cost for each PRS agency that chooses to provide PRS through telehealth will depend on the PRS agency's technical capabilities, including access to telehealth equipment, and the cost of the telehealth equipment the PRS agency chooses to use. In addition, the cost to provide PRS through telehealth will fluctuate based on the number of individuals served through telehealth. A PRS agency may also potentially save money with the use of telehealth due to decreased staff travel time, decreased need for staff reimbursement for travel expenses, and the ability to use telehealth as an option to provide groups services.

The amendments to the PRS regulation do not require any legal, accounting or consulting procedures.

(20) Provide a specific estimate of the costs and/or savings to the **local governments** associated with compliance, including any legal, accounting or consulting procedures which may be required. Explain how the dollar estimates were derived.

The Department does not anticipate any fiscal impact on local governments. In addition, the proposed regulation does not require any new legal, accounting or consulting procedures by local governments.

(21) Provide a specific estimate of the costs and/or savings to the **state government** associated with the implementation of the regulation, including any legal, accounting, or consulting procedures which may be required. Explain how the dollar estimates were derived.

It is impossible to accurately quantify the costs to the Department as a result of the proposed amendments to the regulation. While more individuals will be eligible for PRS, the Department expects to realize savings from the implementation of the proposed regulation. Allowing individuals 14 years of age or older but under 18 years of age to receive PRS allows more individuals access to an evidence-based practice. National research indicates that evidence-based practices and programs result in shorter periods of treatment, reduced need for more expensive higher levels of care, decreased juvenile justice system involvement, improved school attendance and performance and better overall outcomes for children and their families. No new legal, accounting or consulting procedures will be required as a result of the regulation.

(22) For each of the groups and entities identified in items (19)-(21) above, submit a statement of legal, accounting or consulting procedures and additional reporting, recordkeeping or other paperwork, including copies of forms or reports, which will be required for implementation of the regulation and an explanation of measures which have been taken to minimize these requirements.

The changes to paperwork and the need for additional certifications required by the proposed regulation will result in only minimal changes to current practice. PRS agencies that wish to provide services to individuals 14 years of age or older but under 18 years of age will need to update their service descriptions to include information on service delivery and staff who provide PRS to this population. PRS agencies that wish to provide services to individuals 14

years of age or older but under 18 years of age must ensure that staff comply with requirements in the Child Protective Services Law (CPSL) (23 Pa.C.S. §§ 6301—6388) for criminal history background checks, child abuse certifications and mandated reporter trainings. All PRS agencies must update their service descriptions because of the additions made to the service description requirements. Additionally, PRS agencies that do not already have a written agreement in place with a peer support services agency will have to obtain one.

The regulation does not require individuals who receive PRS to complete additional reporting, recordkeeping or other paperwork.

(22a) Are forms required for implementation of the regulation?

There are no new forms for the proposed regulation.

(22b) If forms are required for implementation of the regulation, **attach copies of the forms here**. If your agency uses electronic forms, provide links to each form or a detailed description of the information required to be reported. **Failure to attach forms, provide links, or provide a detailed description of the information to be reported will constitute a faulty delivery of the regulation.**

N/A

Dev Bookmills
2/24/2020

(23) In the table below, provide an estimate of the fiscal savings and costs associated with implementation and compliance for the regulated community, local government, and state government for the current year and five subsequent years.

	Current FY Year 2019-2020	FY +1 Year 2020-2021	FY +2 Year 2021-2022	FY +3 Year 2022-2023	FY +4 Year 2023-2024	FY +5 Year 2024-2025
SAVINGS:						
Regulated Community	0	0	0	0	0	0
Local Government	0	0	0	0	0	0
State Government	0	0	0	0	0	0
Total Savings	0	0	0	0	0	0
COSTS:						
Regulated Community	0	0	0	0	0	0
Local Government	0	0	0	0	0	0
State Government	0	0	0	0	0	0
Total Costs	0	0	0	0	0	0
REVENUE LOSSES:						
Regulated Community	0	0	0	0	0	0
Local Government	0	0	0	0	0	0
State Government	0	0	0	0	0	0
Total Revenue Losses	0	0	0	0	0	0

(23a) Provide the past three year expenditure history for programs affected by the regulation.

Program	FY -3 2016-2017	FY -2 2017-2018	FY -1 2018-2019	Current FY 2019-2020
Mental Health Services	\$789,027,000	\$761,807,000	\$776,853,000	\$803,169,000
MA Capitation	\$3,657,539,000	\$3,106,676,000	\$3,303,613,000	\$2,362,871,000
MA Fee-for-Service	\$450,970,000	\$477,690,000	\$342,544,000	\$435,335,000

(24) For any regulation that may have an adverse impact on small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012), provide an economic impact statement that includes the following:

- (a) An identification and estimate of the number of small businesses subject to the regulation.
- (b) The projected reporting, recordkeeping and other administrative costs required for compliance with the proposed regulation, including the type of professional skills necessary for preparation of the report or record.
- (c) A statement of probable effect on impacted small businesses.
- (d) A description of any less intrusive or less costly alternative methods of achieving the purpose of the proposed regulation.

(a) Of the 115 licensed agencies that provide PRS, eight are for-profit businesses and receive Medical Assistance reimbursement from the Department for services rendered. These eight for-profit businesses may also receive payments from private insurance companies or directly from individuals who receive PRS. Based upon a review of the Department's paid claims data for PRS for fiscal year 2018-2019, seven for-profit PRS agencies received less than \$16.5 million in Department funds, meeting the definition of "small business" in 13 CFR § 121.201. The Department does not have access to information on the total revenue generated by each for-profit provider of PRS and can only base its estimate on the Department's paid claims data. (See the Department's answer to Question 15 for more details.)

(b) The proposed regulation requires PRS agencies that wish to provide services to individuals 14 years of age or older but under 18 years of age to ensure that staff meet the requirements in the CPSL for criminal history background checks, child abuse certifications and mandated reporter training. The cost for obtaining a child abuse clearance is \$13 per person, and the cost of obtaining an FBI criminal history report is \$22.60 per person. Two other new requirements in the proposed regulation may also have a fiscal impact on the regulated community. PRS directors and psychiatric rehabilitation specialists of PRS agencies serving individuals 14 years of age or older but under 18 years of age will have to obtain CFRP certification. Additionally, for PRS agencies serving individuals 14 years of age or older but under 18 years of age, 25% of staff must have CFRP certification. The cost to obtain the CFRP certification is approximately \$395 (registration and examination fee) per person.

(c) The proposed regulation affects all businesses equally, including the seven PRS agencies that are small businesses. Although there may be some cost associated with complying with the proposed regulation's new certification, criminal history background checks and child abuse certification requirements for staff working in programs serving individuals 14 years of age or older but under 18 years of age, these expenses are likely to be minimal and offset by increased revenue associated with being able to serve additional individuals.

(d) There are no less intrusive or less costly alternative methods of achieving the purpose of the proposed regulation.

(25) List any special provisions which have been developed to meet the particular needs of affected groups or persons including, but not limited to, minorities, the elderly, small businesses, and farmers.

There are no provisions specifically developed for minorities, elderly, small businesses or farmers.

(26) Include a description of any alternative regulatory provisions which have been considered and rejected and a statement that the least burdensome acceptable alternative has been selected.

The proposed regulation helps to ensure the health and safety of individuals receiving PRS who are 14 years of age or older but under 18 years of age by requiring that services be provided by staff who are qualified and adequately trained to serve individuals 14 years of age or older but under 18 years of age and by requiring that PRS agencies that serve individuals 14 years of age or older but under 18 years of age comply with the CPSL. The proposed amendments are the least burdensome alternative that will ensure health and safety.

(27) In conducting a regulatory flexibility analysis, explain whether regulatory methods were considered that will minimize any adverse impact on small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012), including:

- a) The establishment of less stringent compliance or reporting requirements for small businesses;

The proposed regulation includes the minimum requirements to ensure safety and quality of services provided to individuals 14 years of age or older but under 18 years of age. Because these requirements are needed to ensure safety and quality of services provided, the Department cannot establish less stringent compliance or reporting requirements for small businesses.

- b) The establishment of less stringent schedules or deadlines for compliance or reporting requirements for small businesses;

The proposed regulation requires that 25% of the PRS agency's staff have CFRP certification within either two years of initial licensing or within two years of the date the PRS agency received approval of its service description that identifies that it will be serving individuals 14 years of age or older but under 18 years of age, whichever is later. In addition, the proposed regulation requires that directors of PRS agencies and psychiatric rehabilitation specialists have CFRP certification within either two years of the date of hire or within two years of the date the PRS agency received approval of its service description that identifies that it will be serving individuals 14 years of age or older but under 18 years of age, whichever is later. Because this rulemaking imposes the minimum necessary requirements to ensure safety and quality of services provided, the Department cannot establish less stringent compliance or reporting requirements for small businesses.

- c) The consolidation or simplification of compliance or reporting requirements for small businesses;

The proposed regulation includes the minimum requirements to ensure safety and quality of services provided to individuals 14 years of age or older but under 18 years of age. Because these requirements are needed to ensure safety and quality of services provided, the Department cannot consolidate or simplify compliance or reporting requirements for small businesses.

- d) The establishment of performance standards for small businesses to replace design or operational standards required in the regulation; and

The proposed regulation includes the minimum requirements to ensure safety and quality of services provided to individuals 14 years of age or older but under 18 years of age. Because these requirements are needed to ensure safety and quality of services provided, the Department cannot establish performance standards for small businesses to replace design or operational standards required in the regulation.

- e) The exemption of small businesses from all or any part of the requirements contained in the regulation.

The proposed regulation will equally affect all PRS agencies and will not have any adverse impact. The proposed regulation includes the minimum standards required to ensure safety and quality of services provided to individuals 14 years of age or older but under 18 years of age. Current PRS agencies that wish to serve individuals 14 years of age or older but under 18 years of age will be affected equally by the requirement that PRS directors and psychiatric rehabilitation specialists obtain CFRP certification and 25% of staff have CFRP certification and the requirement that the agencies obtain criminal history background checks and child abuse certifications for staff. Because these are the minimum safety and quality of service requirements, the Department did not exempt small businesses from the specific requirements proposed in the regulation.

(28) If data is the basis for this regulation, please provide a description of the data, explain in detail how the data was obtained, and how it meets the acceptability standard for empirical, replicable and testable data that is supported by documentation, statistics, reports, studies or research. Please submit data or supporting materials with the regulatory package. If the material exceeds 50 pages, please provide it in a searchable electronic format or provide a list of citations and internet links that, where possible, can be accessed in a searchable format in lieu of the actual material. If other data was considered but not used, please explain why that data was determined not to be acceptable.

Prior to revising Chapter 5230, the Department reviewed PRS regulations for children and adolescents published by Maryland, Idaho, Oklahoma and Louisiana to determine requirements for assessment, service planning, staffing and family engagement. The other states' regulations can be accessed at:

- <http://mdrules.elaws.us/comar/10.21.29>
- <http://adminrules.idaho.gov/rules/2012/16/0310.pdf>
- <https://ok.gov/odmhsas/documents/Chapter%2017%2C%20Coach.pdf>
- <http://www.lamedicaid.com/provweb1/providermanuals/manuals/BHS/BHS.pdf>

In addition, the Department gathered research data to determine best practice models, evidence-based practices, prevalence of childhood behavioral health issues and efficacy of various in-home and community-based services. The Department gathered research data

from National government entity reports, accredited academic research institutions, National professional associations and peer-reviewed research journals. The data can be accessed at:

Psychiatric Rehabilitation Journal:

- http://escholarship.umassmed.edu/psych_cmhsr/499/
- <https://www.researchgate.net/publication/8977259> The passage to adulthood Psychiatric rehabilitation service and transition-related needs of young adult women with emotional and psychiatric disorders
- http://escholarship.umassmed.edu/psych_cmhsr/450/

Journal of Behavioral Health Services & Research:

- <https://www.ncbi.nlm.nih.gov/pubmed/25342546>
- <https://www.pathwaysrtc.pdx.edu/pdf/pbJBHSR-Walker-2015-Intro-author-manuscript.pdf>
- <https://www.pathwaysrtc.pdx.edu/pdf/pbJBHSR-Walker-Intro-2016.pdf>
- <https://www.pathwaysrtc.pdx.edu/pdf/pbJBHSR-Walker-Theory-Of-Change.pdf>

Psychiatric Services:

- <http://ps.psychiatryonline.org/doi/pdf/10.1176/appi.ps.201100226>

Boston University Center for Psychiatric Rehabilitation:

- <http://www.psychodyssey.net/wp-content/uploads/2011/10/Primer-on-the-Psych-Rehab-Process.pdf>

SAMHSA's Behavioral Health Barometer – Pennsylvania:

- http://www.samhsa.gov/data/sites/default/files/2015_Pennsylvania_BHBarometer.pdf

SAMHSA – Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances (Children's Mental Health Initiative) Report to Congress:

- <https://store.samhsa.gov/system/files/pep16-cmhi2014.pdf>

SAMHSA – Results from National Survey on Drug Use and Health:

- (2014) <http://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf>
- (2015) [http://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2015/NSDUH-FFR1-2015.pdf](http://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2015/NSDUH-FFR1-2015/NSDUH-FFR1-2015.pdf)
- (2016) <https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2016/NSDUH-DetTabs-2016.pdf>

SAMHSA – Pennsylvania Mental Health Outcome Measures Report:

- <http://www.samhsa.gov/data/sites/default/files/Pennsylvania.pdf>

(29) Include a schedule for review of the regulation including:

A. The length of the public comment period:

30 days after publication
of the proposed regulation

B. The date or dates on which any public meetings or hearings

will be held: <u>hearing will be held.</u>	<u>No public meeting or</u>
C. The expected date of delivery of the final-form regulation:	<u>Summer 2022</u>
D. The expected effective date of the final-form regulation: <u>rulemaking</u>	<u>Upon publication as final</u>
E. The expected date by which compliance with the final-form regulation will be required:	<u>Upon publication as final rulemaking</u>
F. The expected date by which required permits, licenses or other approvals must be obtained:	<u>Not applicable</u>

(30) Describe the plan developed for evaluating the continuing effectiveness of the regulations after its implementation.

The Department will review the regulation on an ongoing basis to ensure compliance with Federal and State law and to assess the appropriateness and effectiveness of the regulation. The Department will monitor the impact of this regulation through yearly licensing audits and utilization management reviews of PRS agencies. In addition, the Department will meet with stakeholder organizations, OMHSAS Planning Council, provider organizations and individuals receiving PRS impacted by the regulation on an ongoing basis. The Department will research and address any issues identified as needed.

CDL-1

FACE SHEET
FOR FILING DOCUMENTS
WITH THE LEGISLATIVE REFERENCE BUREAU
(Pursuant to Commonwealth Documents Law)

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JUN 23 2022

Independent Regulatory
Review Commission

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<p>Copy below is hereby approved as to form and legality. Attorney General</p> <p>BY: Amy M. Elliott (DEPUTY ATTORNEY GENERAL)</p> <p><small>Digitally signed by Amy M. Elliott DN: cn=Amy M. Elliott, o=Pennsylvania Office of Attorney General, ou=Chief Deputy Attorney General, email=ae Elliott@attorneygeneral.gov, c=US Date: 2022.06.07 21:04:17 -0400</small></p> <p><u>6/7/22</u> DATE OF APPROVAL</p> <p><input type="checkbox"/> Check if applicable Copy not approved. Objections attached.</p>	<p>Copy below is here by certified to be a true and correct copy of a document issued, prescribed or promulgated by:</p> <p>DEPARTMENT OF HUMAN SERVICES (AGENCY)</p> <p>LEGAL COUNSEL: <u>Valerie Cochran</u></p> <p>DOCUMENT/FISCAL NOTE NO. <u>14-548</u></p> <p>DATE OF ADOPTION: _____</p> <p>BY: <u>Casey O'Neill</u></p> <p>TITLE <u>SECRETARY OF HUMAN SERVICES</u> (Executive Officer, Chairman or Secretary)</p>	<p>Copy below is hereby approved as to form and legality. Executive or Independent Agencies.</p> <p>BY: <u>Alanna C. Holtash</u></p> <p><u>April 4, 2022</u> DATE OF APPROVAL</p> <p>(Deputy General Counsel) (Chief Counsel, Independent Agency) (Strike Inapplicable title)</p> <p><input type="checkbox"/> Check if applicable. No Attorney General approval or objection within 30 days after submission.</p>
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NOTICE OF PROPOSED RULEMAKING

DEPARTMENT OF HUMAN SERVICES

OFFICE OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

[55 Pa. Code Chapter 5230 Psychiatric Rehabilitation Services]

Statutory Authority

Notice is hereby given that the Department of Human Services (Department), under the authority of sections 911 and 1021 and Articles IX and X of the Human Services Code (62 P.S. §§ 911, 1021, 901—922 and 1001—1088), intends to amend 55 Pa. Code Chapter 5230 (relating to psychiatric rehabilitation services) as set forth in Annex A.

Purpose of Regulation

The purpose of the proposed rulemaking is to amend Chapter 5230 to allow individuals who are 14 years of age or older but under 18 years of age who meet the admission requirements to access psychiatric rehabilitation services (PRS) and to amend the diagnoses that allow an individual to access PRS without use of the exception process. Through the exception process, individuals without one of the specified diagnoses for admission to PRS can still receive PRS if they have a serious mental illness or serious emotional disturbance with a diagnosis of a mental, behavioral or emotional disorder that results in a moderate to severe functional impairment. In addition, the amendment clarifies the documentation that will be reviewed through the exception process to determine if an individual is eligible for PRS. It also revises outdated language and adds definitions of "serious mental illness" and "serious emotional disturbance" that align with the definitions currently used by the Federal Substance Abuse and Mental Health Services Administration. The proposed rulemaking supports the principles of recovery, resiliency and self-determination by permitting additional individuals who are experiencing a serious mental illness or a serious emotional disturbance to receive PRS.

Background

In 2013, the Department promulgated a regulation that provided for the minimum standards for the issuance of licenses for PRS facilities. PRS is an evidence-based service that uses an integrated therapeutic approach to assist individuals with serious mental illness or serious emotional disturbance to develop the skills needed to live, learn, socialize, and work in their community and improve or maintain their physical and mental health. PRS promotes recovery and resiliency, full community integration and improved quality of life for individuals who have been diagnosed with a serious mental illness or serious emotional disturbance that results in a moderate to severe functional impairment that interferes with or limits the individual's performance in one or more of the following domains: living, learning, working, socializing or wellness. Additionally, PRS may decrease the need for or shorten the length of stay in inpatient, partial hospitalization or outpatient treatment. PRS helps individuals reach age appropriate functioning that has either been lost or never achieved because development was interrupted by serious mental illness or serious emotional disturbance. The proposed regulation will result in more individuals being eligible for PRS because it allows youth 14 years of age or older to receive PRS. It will also allow individuals to access PRS through telehealth by removing barriers to providing PRS through telehealth. In addition,

it identifies additional diagnoses that will enable individuals to receive PRS without requiring use of the exception process for receiving PRS.

The regulation as promulgated in 2013 limited PRS to individuals 18 years of age and older. Stakeholders have expressed that there is a need for additional supports for individuals 14 years of age and older that will engage them and will help them transition to the adult service system. Research has shown that the transition from adolescence to adulthood is especially challenging for youth diagnosed with a serious mental illness or a serious emotional disturbance. Many traditional adult mental health services do not focus on skill development to improve the individual's ability to be successful in the community, but rather focus on alleviating symptoms and psychological distress. Access to PRS, which focuses on helping individuals develop skills needed to be successful in the living, learning, working, social and wellness environments, will assist youth in transitioning to adulthood and maintaining independence in the community.

Requirements

The following is a summary of the specific provisions in the proposed regulation.

General Provisions

Definitions (§ 5230.3). The proposed regulation adds definitions of the following: "Associate's degree" and "Bachelor's degree" to ensure that staff providing PRS have obtained degrees from properly accredited educational institutions; "Child and Family Resiliency Practitioner (CFRP)" to identify the certification required for staff who provide PRS to individuals 14 years of age or older but under 18 years of age; and "Serious Emotional Disturbance" and "Serious Mental Illness" to define the conditions required for use of the exception process for admission to PRS and to align the definitions used in Chapter 5230 with the definitions currently used by the Federal Substance Abuse and Mental Health Services Administration.

In addition, the proposed regulation deletes the definition of "Axis I" to be consistent with the current version of the *Diagnostic and Statistical Manual of Psychiatric Disorders* (DSM). Prior versions of the DSM used a multi-axial documentation process for diagnosis. The current version of the DSM uses mono-axial documentation for diagnosis by combining the first three axes into one axis that includes all mental or other medical diagnoses to remove artificial distinctions among conditions. The definitions of "DSM-IV-TR" and "ICD-9" are also being removed and replaced with definitions of "DSM" and "ICD" respectively to delete the reference to outdated versions of the DSM and the *International Classification of Diseases* (ICD) and to allow for the use of successor versions of the DSM and ICD.

The proposed regulation also deletes the definition of "face-to-face" because the term is no longer used in the regulation and removes outdated names of organizations. "International Center for Clubhouse Development (ICCD)" and "The United States Psychiatric Rehabilitation Association (USPRA)" are replaced with "Clubhouse

International” and “The Psychiatric Rehabilitation Association” respectively. It also clarifies the definition of “full-time equivalent” by removing references to “calendar.” The proposed regulation changes the term “coordination of care” to “coordination of services” at the request of stakeholders to reduce the perceived stigma associated with individuals receiving PRS. It revises the definition of “functional impairment” to be more specific to the admission requirements for PRS. It also adds a definition of “wellness” to the regulation due to adding wellness as a domain at the request of the members of the workgroup that reviewed and provided input on the proposed regulation.

Finally, the proposed regulation revises the definition of “individual” to clarify that individuals 14 years of age or older may receive PRS. In addition, it deletes the term “individual” from the definition of “licensed practitioner of the healing arts (LPHA)” to clarify the definition. It revises the definition of LPHA to include licensed clinical social workers, licensed professional counselors and licensed marriage and family therapists because the Social Workers, Marriage and Family Therapists and Professional Counselors Act (63 P.S. § 1901—1922) has been amended to allow licensed clinical social workers, licensed professional counselors and licensed marriage and family therapists to diagnose and treat mental and emotional disorders as part of the scope of their practice.

Psychiatric rehabilitation processes and practices (§ 5230.4). The proposed regulation adds wellness to the list of domains in which PRS agencies must assist an individual to develop or maintain skills. This domain addition will make PRS more comprehensive and consistent with current recovery-oriented practices.

The proposed regulation also adds the individual’s home as a location where PRS can be delivered to clarify that PRS can be delivered in an individual’s place of residence.

General Requirements

Agency records (§ 5230.13). The proposed regulation adds the requirement that a PRS agency maintain records that contain copies of the criminal history background checks from both the Pennsylvania State Police and the Federal Bureau of Investigation (FBI) and child abuse certifications required by 23 Pa.C.S. §§ 6301—6388 (relating to the Child Protective Services Law) for staff working in PRS programs serving individuals 14 years of age or older but under 18 years of age and a requirement that human resources policies and procedures be consistent with a PRS agency’s service description and address child abuse certification requirements.

Agency service description (§ 5230.15). The proposed regulation adds a requirement that PRS agencies include in their service descriptions outreach and engagement strategies and how they will engage and involve family members when the individual consents to such involvement because family involvement is an important component of services for individuals 14 years of age or older but under 18 years of age. It also adds the following requirements: a requirement that PRS agencies deliver

PRS consistent with the approved service description, a requirement that PRS agencies include in the service description the age groupings and age range of the individuals the agency serves and an explanation of how the agency will maintain the separation of age groups. The Department is adding these requirements to ensure the health, safety and welfare of individuals receiving PRS. The Department also updated the name of the organization that is responsible for accreditation if the PRS facility is identified as a clubhouse and clarified that PRS agencies that are identified as a clubhouse must maintain clubhouse accreditation. Finally, an individual's home was added as a location that could be designated in the PRS agency's service description to clarify that PRS may be provided in an individual's home as well as in the PRS facility or the community.

Coordination of services (§ 5230.16). The proposed regulation changes the term "coordination of care" to "coordination of services" to reduce the perceived stigma associated with receiving PRS. Additionally, the proposed regulation changes the outdated language of "drug and alcohol programs" to "substance use disorder programs."

The proposed regulation adds peer support services agencies to the list of providers with which PRS agencies must have an agreement to coordinate services because individuals who receive PRS may also receive peer support services. The proposed regulation also adds agencies and systems that serve individuals 14 years of age or older to the list of providers with which PRS agencies may have agreements to coordinate services to ensure all appropriate services that affect the youth population are included.

Individual Record

Content of individual record (§ 5230.21). The proposed regulation provides for parental or caregiver consent to receive PRS if the individual is under 18 years of age and allows for the release of records with the individual's consent or parent's or caregiver's consent if the individual is under 18 years of age to family members and other supports, as appropriate, because their input is important when individuals under 18 years of age receive PRS. It also adds a requirement that staff documentation of coordination with other services and supports include a description of outreach and engagement efforts with natural supports, which are individuals or organizations chosen by the individual to provide assistance and resources, and a description of ongoing contacts and involvement with formal supports.

Documentation standards and record security, retention and disposal (§ 5230.22). The proposed regulation changes the word "is" to "shall be" to require that individual records are kept in a permanent, secure location.

Admission, Continued Stay and Discharge Requirements

Admission requirements (§ 5230.31). The proposed regulation revises the admission requirements for PRS. Individuals 14 years of age or older but under 18 years of age

with serious emotional disturbance or serious mental illness will now be eligible for admission to PRS. The proposed regulation also updates the names of diagnoses that have been changed as a result of revisions to the DSM and expands the diagnoses for which an individual may receive PRS without going through the exception process for receiving PRS. The new diagnoses an individual may have that do not require review through the exception process include posttraumatic stress disorder, attention deficit hyperactivity disorder, major depressive disorder, bipolar disorder and anxiety disorders.

Additionally, the proposed regulation clarifies that for an individual to be eligible for PRS without having to go through the exception process, the LPHA's written recommendation for PRS must include documentation of one of the specified diagnoses that is required to be eligible for PRS and documentation of a moderate to severe functional impairment that interferes with or limits the individual's performance in one or more of the following domains: living, learning, working, socializing or wellness.

The proposed regulation also revises the exception process. If an individual does not have one of the specified diagnoses, the individual can still receive PRS if the LPHA's written recommendation for PRS includes documentation of serious mental illness or serious emotional disturbance with a diagnosis of a mental, behavioral or emotional disorder that is listed in the current DSM or ICD and a description of the resulting moderate to severe functional impairment in at least one of the following domains: living, learning, working, socializing or wellness. The LPHA's written recommendation for PRS must also include documentation of the anticipated benefit that PRS will provide for the individual. Serious emotional disturbance has been added to the admission requirements because individuals under 18 years of age will be eligible for PRS.

The proposed regulation also clarifies that the PRS agency must complete an initial functional impairment screening to confirm the individual's moderate to severe functional impairment in at least one domain identified in the LPHA's written recommendation. Finally, the proposed regulation adds wellness as one of the domains in which an individual can have a moderate to severe functional impairment resulting from serious mental illness or serious emotional disturbance and receive PRS.

Continued stay requirements (§ 5230.32). Because individuals who are under 18 years of age will now be eligible to receive PRS, the Department is amending the continued stay requirements for PRS to add that an individual with a serious emotional disturbance that results in a functional impairment that is addressed in the Individual Rehabilitation Plan can continue to receive PRS.

Rights

Nondiscrimination (§ 5230.42). To conform with other regulations recently promulgated by the Department, the proposed regulation revises the prohibition against discrimination by a PRS agency by removing the terms "sex," "religion," "ethnic origin,"

"economic status" and "sexual orientation or gender identity or expression" and adding the terms "color," "creed," "religious affiliation," "ancestry," "gender," "gender identity or expression," "sexual orientation," and "National origin." The proposed regulation also requires PRS agencies to comply with applicable State and Federal statutes and regulations.

Staffing

Staff qualifications (§ 5230.51). The proposed regulation changes "associate of arts" degree to "associate's degree," which is the defined term. Additionally, to ensure that staff are properly qualified, the proposed regulation adds requirements for PRS agencies that serve individuals under 18 years of age. A PRS director of an agency that serves individuals under 18 years of age must meet both the requirements to be a PRS director of an agency that serves individuals 18 years of age or older and have or attain CFRP certification within the later of 2 years of the date of hire as a PRS director or within 2 years of the date the agency received approval of its service description that includes that it will be serving individuals 14 years of age or older. The proposed regulation also requires a psychiatric rehabilitation specialist that is employed by a PRS agency that serves individuals under 18 years of age to be certified as a CFRP or have a bachelor's degree and 2 years of work experience in mental health direct service, 1 year of which must be work experience in PRS. If the psychiatric rehabilitation specialist is not certified as a CFRP, he or she must obtain CFRP certification within the later of 2 years of the date of hire as a psychiatric rehabilitation specialist or within 2 years of the date the agency received approval of its service description that includes that it will be serving individuals 14 years of age or older.

General staffing requirements (§ 5230.52). The proposed regulation adds a requirement that in addition to developing a schedule that includes a plan to maintain staffing requirements during deployment of staff for PRS delivered in the community, the schedule must also include a plan to maintain staffing requirements during deployment of staff for PRS delivered in individuals' homes to ensure that sufficient staff is available at the PRS facility when staff is working with individuals in their homes or in the community. The proposed regulation also increases the time by which a minimum of 25% of the PRS agency's full-time equivalent staff must meet the qualifications of a psychiatric rehabilitation specialist that are included in subsections 5230.51(b) and 5230.51(f) (relating to staff qualifications) from 1 year to 2 years of initial licensing. It also adds the requirement that if a PRS agency serves individuals under 18 years of age, a minimum of 25% of the PRS agency's full-time equivalent staff complement must have CFRP certification within the later of 2 years of initial licensing or within 2 years of the date the agency received approval of its service description that includes that the PRS agency will be serving individuals 14 years of age or older but under 18 years of age. This requirement was added to ensure that staff providing PRS have the right type of training and qualifications to provide services to individuals under 18 years of age.

Individual services (§ 5230.53). The proposed regulation clarifies that in addition to being provided in a PRS facility or in the community, individual services can be provided in an individual's home.

Group services (§ 5230.54). The proposed regulation clarifies that group services can be provided in a PRS facility, in the community or in the home, but limits the provision of group services in the home to services provided only through telehealth. The proposed regulation also specifies that group services delivered in the community may include only individuals who receive PRS from the agency. This requirement ensures that only the individuals receiving group services from the PRS agency receive the group services and protects confidentiality. In addition, the Department revised the requirement to design group services to protect confidentiality to require that confidentiality be protected wherever group services are provided and not just if they are provided in the community.

Supervision (§ 5230.55). The requirement that the meetings between staff and a PRS director or psychiatric rehabilitation specialist designated as a supervisor be face-to-face has been removed from the proposed regulation because the meeting is no longer required to be face-to-face.

Staff training requirements (§ 5230.56). The proposed regulation adds resiliency as an optional training topic for staff serving individuals under 18 years of age because resiliency training is important for helping professionals deal with common challenges relating to skill development or retention that may impact individuals under 18 years of age. In addition, the proposed regulation requires a minimum of 6 hours of training be specifically focused on youth services. The proposed regulation also requires that staff who serve individuals under 18 years of age receive training in the child abuse mandated reporter requirements found in 23 Pa.C.S. §§ 6301—6388 (relating to Child Protective Services Law). Finally, the proposed regulation clarifies that the 6 hours of mentoring new staff must receive prior to delivering services must be completed in person.

Criminal history checks and child abuse certification (§ 5230.57). The proposed regulation adds a requirement that a PRS agency that serves individuals under 18 years of age complete criminal history checks and child abuse certifications for staff as required by 23 Pa.C.S. §§ 6301—6388 (relating to the Child Protective Services Law) and 55 Pa. Code Chapter 3490 (relating to protective services). The proposed regulation requires PRS agencies that serve individuals under 18 years of age to develop and implement written policies and procedures regarding personnel decisions that comply with 23 Pa.C.S. §§ 6301—6388 and 55 Pa. Code Chapter 3490.

Service Planning and Delivery

Assessment (§ 5230.61). The proposed regulation requires that an assessment be completed in collaboration with the individual and the individual's natural and formal supports, including family members, as directed by the individual, to identify any other

services or resources that may be needed to assist the individual. It adds the requirement that in addition to addressing the multiple dimensions of the individual's living, learning, working, and socializing domains, the assessment must also address the wellness domain if identified as a goal by the individual. In addition, the amendment requires that the assessment identify any human services programs or facilities that could support the individual so that the individual is made aware of other programs or benefits that could help meet the individual's health or other needs. Information and referral to additional supports may be necessary for individuals transitioning to adulthood. The proposed regulation also adds the requirement that an assessment be updated when the individual's diagnosis and identified needs change and allows for documentation that the assessment was reviewed with the individual to allow for the provision of PRS through telehealth.

Individual rehabilitation plan (§ 5230.62). The proposed regulation allows individuals the option of verbally consenting to their individual rehabilitation plan and any updates to the plan. This change will allow the PRS agency to document the individual's consent to the individual rehabilitation plan when the individual is not available to sign the plan in person. The proposed regulation also removes the requirement that an individual rehabilitation plan update include documentation of the reason the individual did not sign the individual rehabilitation because the individual is no longer required to sign the individual rehabilitation plan.

Daily entry (§ 5230.63). The proposed regulation removes the requirement for the individual to sign the daily entry. This change is being made to remove an unnecessary burden on staff and the individual. Section 5230.23 allows an individual to review, provide written comments and sign daily entries in their individual record. As a result, individuals still have access to their files, but do not have the burden of signing the daily entry every day.

Quality Improvement

Quality improvement requirements (§ 5230.81). The proposed regulation revises the information to be included in the annual quality improvement plan to align with changes to the admission requirements for PRS. The annual quality improvement plan must include the number of individuals admitted to PRS that do not have one of the diagnoses specified in subsection 5230.31(a)(1) (relating to admission requirements) and their average length of stay in PRS.

Affected Individuals and Organizations

The proposed regulation affects agencies that provide PRS and individuals who will be eligible for PRS as a result of the proposed amendments.

The Department convened a workgroup to review and provide input on the proposed rulemaking. The workgroup included family members, Office of Mental Health and Substance Abuse Services staff, and representatives from the following entities:

Pennsylvania Healthy Transitions Partnership; Pennsylvania Council of Children, Youth and Family Services; Drexel University/Behavioral Healthcare Education; Dickinson Center, Inc.; Holcomb Behavioral Health Systems Berks County; Community Services Group; Commerce Park Clubhouse; Philadelphia Department of Behavioral Health; Threshold Rehabilitation Services, Inc.; Family Services of Western Pennsylvania; Child and Family Focus, Inc.; Allied Services; Aurora Social Rehabilitation Services; Office of Vocational Rehabilitation; Transition Age Advisory Group; Rehabilitation and Community Providers Association; Pennsylvania Association of Psychiatric Rehabilitation Services; Mental Health Association in Pennsylvania; and the mental health service system in Beaver, Berks, Allegheny, Montgomery and Bucks Counties.

Accomplishments and Benefits

PRS promotes resiliency and recovery, full community integration and improved quality of life for individuals who have been diagnosed with serious mental illness or serious emotional disturbance. The proposed amendments to the PRS regulation benefit individuals 14 years of age or older but under 18 years of age with a serious emotional disturbance by allowing these individuals to access evidence-based PRS as they transition into adulthood, which fosters engagement in PRS into adulthood and may reduce the need for or shorten the length of stay in inpatient, partial hospitalization and outpatient treatment. The proposed regulation adds requirements that ensure the health and safety of individuals 14 years of age or older but under 18 years of age who receive PRS by requiring that services are provided by qualified and adequately trained staff and that the PRS agency has completed criminal history checks and child abuse certifications for staff. It also adds requirements that promote the engagement of youth and families in the recovery process, which will result in better outcomes for individuals receiving services.

The proposed regulation will also benefit individuals diagnosed with posttraumatic stress disorder, attention deficit hyperactivity disorder, bipolar disorder, major depressive disorder or anxiety disorders because individuals with these disorders will no longer need to use the exception process to be eligible for PRS. This will assist individuals diagnosed with these disorders to develop skills needed to live, learn, socialize and work in their community and improve or maintain their physical and mental health.

The proposed regulation also adds wellness as a domain in which PRS agencies may assist individuals receiving PRS to develop skills. This addition will allow an individual to learn how to manage his or her physical and mental health needs to promote or support his or her recovery and resiliency.

Finally, the proposed regulation will benefit all individuals who receive PRS by clarifying that PRS can be provided in the home and by removing barriers to the provision of PRS through telehealth.

Fiscal Impact

It is anticipated that the implementation of the proposed regulation may result in a small initial increase in costs for PRS agencies that serve individuals 14 years of age or older but under 18 years of age because the director, psychiatric rehabilitation specialist and 25% of the full-time equivalent staff complement will need to obtain CFRP certification, and the PRS agencies will need to obtain child abuse certifications for staff. The cost to obtain the CFRP certification is approximately \$395 (registration and examination fee) per person. The costs to obtain child abuse certifications include a child abuse clearance for \$13 per person and an FBI background check for \$22.60 per person.

The Department is unable to determine the fiscal impact of a PRS agency's decision to provide PRS through telehealth because of the individualized nature of the cost to provide PRS through telehealth. Each agency will need to determine whether it wants to provide PRS through telehealth. If an agency chooses to provide PRS through telehealth, the cost to provide PRS through telehealth will depend on the PRS agency's current technical capabilities, including access to telehealth equipment, and the cost of the telehealth equipment the PRS agency chooses to use. In addition, the cost to provide PRS through telehealth will fluctuate based on the number of individuals served through telehealth.

The Department does not expect that there will be costs to the Department as a result of the proposed regulation. While more individuals will be eligible for PRS and more individuals may be able to access PRS through telehealth in addition to in person, the Department expects to realize savings from the implementation of the proposed regulation. Allowing individuals 14 years of age or older but under 18 years of age to receive PRS will allow more individuals access to an evidence-based practice. National research indicates that evidence-based practices and programs result in shorter periods of treatment, reduced need for more expensive higher levels of care, decreased juvenile justice system involvement, improved school attendance and performance and better overall outcomes for children and their families.

The Department also does not anticipate any costs to local governments or individuals who receive PRS as a result of the proposed regulation.

Paperwork Requirements

The proposed regulation will result in a minimal increase in paperwork for PRS agencies because they will need to submit an updated agency service description.

Effective Date

The proposed regulation will be effective upon publication of the final form in the Pennsylvania Bulletin.

Public Comment

Interested persons are invited to submit written comments, suggestions or objections regarding the proposed rulemaking to the Department at the following address: Department of Human Services, Office of Mental Health and Substance Abuse Services, Attention: Laurie Madera, Bureau of Policy, Planning and Program Development, Commonwealth Towers, 11th Floor, 303 Walnut Street, Harrisburg, Pennsylvania 17105, or via email at RA-PWPsychRehab@pa.gov within 30 calendar days after the date of the publication of this proposed regulation in the Pennsylvania Bulletin. Reference Regulation No. 14-548 when submitting comments. Persons with a disability who require an auxiliary aid or service may submit comments by using the AT&T Relay Service at 1-800-654-5984 (TDD users) or 1-800-654-5988 (voice users).

Regulatory Review Act

Under § 5(a) of the Regulatory Review Act (71 P.S. § 745.5(a)), on June 23, 2022, the Department submitted a copy of this proposed regulation to the Independent Regulatory Review Commission (IRRC) and to the Chairpersons of the House Human Services Committee and the Senate Health and Human Services Committee. In addition to submitting the proposed regulation, the Department has provided the Committees and the IRRC with a copy of a Regulatory Analysis Form prepared by the Department. A copy of this form is available to the public upon request.

Under § 5(g) of the Regulatory Review Act, if the IRRC has any comments, recommendations or objections to any portion of the proposed regulation, it may notify the Department and the Committees within 30 days after the close of the public comment period. Such notification shall specify the regulatory review criteria that have not been met. The Regulatory Review Act specifies detailed procedures for review by the Department, the General Assembly and the Governor, of any comments, recommendations or objections raised, prior to final promulgation of the regulation.

ANNEX A

TITLE 55. HUMAN SERVICES

PART VII. MENTAL HEALTH MANUAL

Subpart D. NONRESIDENTIAL AGENCIES/FACILITIES/SERVICES

CHAPTER 5230. PSYCHIATRIC REHABILITATION SERVICES

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GENERAL PROVISIONS

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§ 5230.3. Definitions.

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

[*Axis I*—

(i) One of five dimensions relating to different aspects of the diagnosis of a psychiatric disorder or disability as organized in the DSM-IV-TR or subsequent revisions.

(ii) Axis I specifies clinical disorders, including major mental disorders.]

* * * * *

CFRP—Child and Family Resiliency Practitioner—A person who has satisfied the required education, experience and testing, and who is certified as a Child and Family Resiliency Practitioner by the Psychiatric Rehabilitation Association or its successor.

CPRP—Certified Psychiatric Rehabilitation Practitioner—A person who has [completed] satisfied the required education, experience and testing, and who is [currently] certified as a Certified Psychiatric Rehabilitation Practitioner by the [USPRA] Psychiatric Rehabilitation Association or its successor.

* * * * *

Clubhouse—A PRS facility that is accredited by [the ICCD] Clubhouse International or its successor.

Coordination of [care] services—Direct contact by a PRS agency with other mental health, physical health or human service formal and natural supports, to ensure continuity in service planning [between service agencies].

* * * * *

[*DSM-IV-TR -Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision.*] **DSM**—The current version of the Diagnostic and Statistical Manual of Mental Disorders.

* * * * *

FTE—Full-time equivalent—37.5 hours per [calendar] week of staff time.

[**Face-to-face**—Contact between two or more people that occurs at the same location, in person.]

* * * * *

Functional impairment—[The loss or abnormality of the ability to complete necessary tasks.] Difficulties that interfere with or limit skill development or functioning in a domain.

* * * * *

[**ICCD**—International Center for Clubhouse Development.]

[*ICD-9 -- International Classification of Diseases, Ninth Edition.*] **ICD**—The current version of the International Classification of Diseases.

* * * * *

Individual—A person [, 18] 14 years of age or older [who has a functional impairment resulting from mental illness,] who [uses] receives PRS.

LPHA—Licensed practitioner of the healing arts—[(i) An individual] A person who is licensed by the Commonwealth to practice the healing arts. [(ii) The] This term is limited to a physician, physician's assistant, certified registered nurse practitioner, licensed clinical social worker, licensed marriage and family therapist, licensed professional counselor [and] or psychologist.

* * * * *

PRS—Psychiatric rehabilitation service—A recovery-oriented service offered individually or in groups which is predicated upon the principles, values and practice

standards of [the ICCD] Clubhouse International, [USPRA] the Psychiatric Rehabilitation Association or other Nationally-recognized professional PRS association.

* * * * *

Psychiatric rehabilitation principles—A list of core values inherent in psychiatric rehabilitation as defined by Nationally-recognized professional associations, including the [USPRA] Psychiatric Rehabilitation Association, [the ICCD] Clubhouse International and the Coalition for Community Living.

* * * * *

Serious Emotional Disturbance—A condition experienced by an individual under 18 years of age who currently has, or at any time during the past year has had, a diagnosable mental, behavioral or emotional disorder of sufficient duration to meet the diagnostic criteria for the mental, behavioral or emotional disorder specified in the current DSM.

Serious Mental Illness—A condition experienced by an individual 18 years of age or older who currently has, or at any time during the past year has had, a diagnosable mental, behavioral or emotional disorder of sufficient duration to meet diagnostic criteria for the mental, behavioral or emotional disorder specified in the current DSM.

[USPRA—The United States Psychiatric Rehabilitation Association.]

* * * * *

Wellness—A domain that helps an individual to develop skills needed to improve or maintain physical and mental health.

§ 5230.4. Psychiatric rehabilitation processes and practices.

(a) A PRS agency shall assist an individual to develop, enhance and retain skills and competencies in living, learning, working, [and] socializing and wellness so that an individual can live in the environment of choice and participate in the community.

* * * * *

(f) A PRS agency may offer PRS in a PRS facility, [or] in the community[,] or [both,] in the individual's home, or all three, as is consistent with an approved agency service description.

GENERAL REQUIREMENTS

* * * * *

§ 5230.13. Agency records.

A PRS agency shall maintain records that contain copies of the following:

* * * * *

(6) Human resources policies and procedures that are consistent with the PRS agency's service description and address the following:

- (i) Job descriptions for staff positions.
- (ii) Criminal history background [check] checks and child abuse certification requirements and protocol in accordance with § 5230.57 (relating to criminal history checks and child abuse certification).

* * * * *

(11) Child abuse certifications as required by 23 Pa.C.S. §§ 6301—6388 (relating to the Child Protective Services Law).

* * * * *

§ 5230.15. Agency service description.

(a) Prior to the initial licensing visit, and when changes occur to the agency service description, a PRS agency shall submit to the Department for prior approval an agency service description that includes the following:

- (1) The governing body, advisory board and an agency table of organization.
- (2) The philosophy of the PRS agency, incorporating psychiatric rehabilitation principles.
- (3) Strategies for outreach to and engagement of individuals referred for PRS.
- ~~[(3)]~~ (4) The population to be served, including the following:
 - (i) Anticipated daily attendance.
 - (ii) Age range and age groupings, including information on how different age groups will be separated while services are provided through the scheduling of services, providing services in different locations in the PRS facility's physical space and other procedures.
 - (iii) Diagnostic groups.
 - (iv) Plans to identify and accommodate special populations.
 - (v) Plans to identify and accommodate culturally diverse populations.
- ~~[(4)]~~ (5) The approach of PRS offered including EBPs and best practices utilized.
- ~~[(5)]~~ (6) A PRS facility identified as a clubhouse must be accredited by [the ICCD] Clubhouse International within 3 years of licensing and maintain accreditation.
- ~~[(6)]~~ (7) The location of service, whether in a PRS facility, [or] in the community, or in the individual's home, or a combination of [both] the three locations.
- ~~[(7)]~~ (8) Expected service outcomes for individuals.
- ~~[(8)]~~ (9) Staffing, including the following:
 - (i) Staffing patterns.
 - (ii) Staff to individual ratios.
 - (iii) Staff qualifications.
 - (iv) Staff supervision plans.

- (v) Staff training protocols.
 - [(9)] (10) Service delivery patterns, including frequency, duration and method (group or individual) of service delivery.
 - [(10)] (11) The days and hours of PRS operation.
 - [(11)] (12) The geographic limits of PRS operation.
 - [(12)] (13) A description of the physical site, including copies of applicable licenses and certificates.
 - [(13)] (14) A process for development of an IRP with an individual.
 - [(14)] (15) Admission and discharge policies and procedures.
 - [(15)] (16) The methods by which PRS staff and an individual will collaborate to identify and use the individual's preferred community resources.
 - [(16)] (17) A process for developing and implementing a QI plan.
 - [(17)] (18) A procedure for filing and resolving complaints.
 - (19) A procedure for engaging and involving the individual's family members and natural supports when the individual consents to such involvement.
- (b) The Department may deny agency service descriptions and approaches that do not meet EBP or best practices standards.
- (c) PRS agencies shall deliver services consistent with the approved service description.

§ 5230.16. Coordination of [care] services.

(a) A PRS agency shall have written agreements to coordinate [care] services with other [service] providers, including the following:

* * * * *

(6) Peer support services agencies.

* * * * *

(b) A PRS agency may have written agreements to coordinate [care] services with other [service] providers as needed, including the following:

- (1) Housing and residential programs.
- (2) [Drug and alcohol programs] Substance use disorder programs.
- (3) Vocational, educational and social programs.
- (4) Other agencies and systems that serve individuals 14 years of age or older.

* * * * *

INDIVIDUAL RECORD

§ 5230.21. Content of individual record.

A PRS agency shall develop and maintain a record for an individual served containing the following:

* * * * *

(4) A signed set of documents providing the following:

(i) [Individual] Documentation of an individual's consent to receive [services] PRS or, if the individual is 14 years of age or older but under 18 years of age, documentation of an individual's consent to receive PRS or documentation of consent by the individual's parent or legal guardian for the individual to receive PRS.

(ii) [Individual] Documentation of an individual's consent to release information to other providers and natural supports, including family members, or, if the individual is 14 years of age or older but under 18 years of age, documentation of the individual's consent to release information to other providers and natural supports, including family members, or, if the parent or legal guardian has provided the consent to receive PRS, documentation of consent by the individual's parent or legal guardian to release information to other providers and natural supports, including family members.

(iii) Verification that the individual received and had an opportunity to discuss the oral and written versions of the PRS statement of rights under § 5230.41 (relating to PRS statement of rights).

* * * * *

(8) Staff documentation of coordination with other services and supports[.], including:

(i) A description of outreach and engagement efforts with natural supports, including family members, as directed by the individual.

(ii) A description of ongoing contacts and involvement with formal supports.

(9) Discharge summary.

§ 5230.22. Documentation standards and record security, retention and disposal.

A PRS agency shall ensure that an individual record meets the following standards:

* * * * *

(6) The record [is] shall be kept in a permanent, secure location.

* * * * *

ADMISSION, CONTINUED STAY AND DISCHARGE REQUIREMENTS

§ 5230.31. Admission requirements.

(a) [General rule.] To be eligible for PRS, an individual [shall meet] must be 14 years of age or older and have a written recommendation from an LPHA acting within the scope of professional practice that includes the following information:

(1) [Have a written recommendation for PRS by an LPHA acting within the scope of professional practice.

(2) Have the presence or history of a serious mental illness, based upon medical records, which includes] Documentation of one of the following diagnoses [by an LPHA]:

(i) Schizophrenia.

(ii) [Major mood disorder.] Schizoaffective disorder.

(iii) [Psychotic disorder (not otherwise specified).] Other specified schizophrenia spectrum and other psychotic disorder.

(iv) [Schizoaffective disorder.] Major depressive disorder.

(v) [Borderline personality disorder.] Bipolar disorder.

(vi) Anxiety disorders.

(vii) Posttraumatic stress disorder.

(viii) Attention deficit hyperactivity disorder.

(ix) Borderline personality disorder.

[(3) As a result of the mental illness, have] (2) Documentation that as a result of the individual's diagnosis, the individual has a moderate to severe functional impairment that interferes with or limits the individual's performance in at least one of the following domains:

(i) Living.

(ii) Learning.

(iii) Working.

(iv) Socializing.

(v) Wellness.

[(4) Choose to receive PRS.]

(b) [Assessment. A PRS agency shall identify and document the functional impairment of the individual in an assessment as required under § 5230.61(b)(1) (relating to assessment).

(c) [Exception. [Individuals who do not meet the serious mental illness diagnosis requirement under subsection (a) may receive services when the following conditions are met:] An individual who does not have a diagnosis listed in subsection (a)(1) is eligible for PRS if the individual has a written recommendation from an LPHA acting within the scope of professional practice that includes the following information:

(1) [The written recommendation by the LPHA includes a diagnosis of mental illness] Documentation of a serious mental illness or serious emotional disturbance with a diagnosis of a mental, behavioral or emotional disorder that is listed [on Axis I] in the current [DSM-IV-TR] DSM or [ICD-9] ICD [or subsequent revisions].

(2) [The written recommendation by the LPHA includes a description of the functional impairment resulting from the mental illness as required under subsection (a)(3)] Documentation that includes a description of a moderate to severe functional impairment in at least one of the following domains that is a result of the individual's serious mental illness or serious emotional disturbance:

(i) Living.

(ii) Learning.

(iii) Working.

(iv) Socializing.

(v) Wellness.

(3) Documentation of the anticipated benefit that PRS will provide for the individual.

(c) Upon an individual's admission to PRS, the PRS agency shall complete an initial functional impairment screening with the individual to confirm the individual's moderate to severe functional impairment that interferes with or limits performance in at least one domain identified in the LPHA's written recommendation.

§ 5230.32. Continued stay requirements.

* * * * *

(b) An individual's eligibility for continued stay shall be determined by documentation of the following:

(1) An individual chooses continued participation in the PRS.

(2) A continued need for service based upon one or both of the following:

(i) As a result of a serious mental illness or serious emotional disturbance, there is a functional impairment [or skill deficit] that is addressed in the IRP.

(ii) The withdrawal of service could result in loss of rehabilitation gain or goal attained by an individual.

* * * * *

RIGHTS

* * * * *

§ 5230.42. Nondiscrimination.

A PRS agency may not discriminate against an individual or staff on the basis of [age,] race, [sex, religion, ethnic origin, economic status, sexual orientation or gender identity or expression, or disability.] color, creed, disability, religious affiliation, ancestry, gender, gender identity or expression, sexual orientation, National origin or age and shall comply with applicable State and Federal statutes and regulations.

* * * * *

STAFFING

§ 5230.51. Staff qualifications.

(a) A [PRS] director of a PRS agency that serves individuals 18 years of age or older shall have one of the following:

(1) A bachelor's degree and CPRP certification.

(2) A bachelor's degree and at least 3 years work experience in mental health direct service, 2 years of which must be work experience in PRS. CPRP certification shall be attained within 2 years of hire as a PRS director.

(3) An [associate of arts] associate's degree and CPRP certification, if employed as the PRS director of a licensed PRS facility for at least 6 months immediately prior to May 11, 2013.

(b) A psychiatric rehabilitation specialist who works with individuals 18 years of age or older shall have one of the following:

(1) A bachelor's degree and 2 years work experience in mental health direct service, 1 year of which must be work experience in PRS. CPRP certification shall be attained within 2 years from the date of hire as a psychiatric rehabilitation specialist.

(2) CPRP certification.

* * * * *

(d) A psychiatric rehabilitation assistant shall have a high school diploma or GED and 6 months experience in human services.

(e) A director of a PRS agency that serves individuals 14 years of age or older but under 18 years of age shall meet the qualifications for a PRS director in subsection (a) and have or attain CFRP certification within either 2 years of the date of hire as a PRS director or within 2 years of the date the PRS agency received approval of its service description that identifies that it will be serving individuals 14 years of age or older but under 18 years of age, whichever is later.

(f) A psychiatric rehabilitation specialist who works with individuals 14 years of age or older but under 18 years of age shall have one of the following:

(1) A bachelor's degree and 2 years work experience in mental health direct service, 1 year of which must be work experience in PRS. CFRP certification shall be attained either within 2 years from the date of hire as a psychiatric rehabilitation specialist or within 2 years of the date the PRS agency received approval of its service description that identifies that it will be serving individuals 14 years of age or older but under 18 years of age, whichever is later.

(2) CFRP certification.

(g) An associate's degree or bachelor's degree must be awarded by a college or university accredited by an agency recognized by the United States Department of Education or the Council for Higher Education Accreditation, or an equivalent degree from a foreign college or university that has been evaluated by the Association of International Credential Evaluators, Inc. or the National Association of Credential Evaluation Services. The Department will accept a general equivalency report from the listed evaluator agencies to verify a foreign degree or its equivalency.

§ 5230.52. General staffing requirements.

* * * * *

(e) A PRS agency shall develop a schedule that includes a plan to maintain staffing requirements during:

(1) Staff absence.

(2) Deployment of staff for PRS delivered in the home or community.

* * * * *

(h) A minimum of 25% of the [FTE] staff [complement] based on the number of FTE positions shall meet the qualifications of a psychiatric rehabilitation specialist provided under § 5230.51(b) or § 5230.51(f) (relating to staff qualifications) within [1 year] 2 years of initial licensing.

(i) When a PRS agency serves individuals 18 years of age or older, [A] a minimum of 25% of the [FTE] staff [complement] based on the number of FTE positions shall have CPRP certification within 2 years of initial licensing.

(j) When a PRS agency serves individuals 14 years of age or older but under 18 years of age, a minimum of 25% of the staff based upon the number of FTE positions

shall have CFRP certification within either 2 years of initial licensing or within 2 years of the date the PRS agency received approval of its service description that identifies that it will be serving individuals 14 years of age or older but under 18 years of age, whichever is later.

~~[(j)](k)~~ Trained staff shall be available, or other accommodations made, to address the language needs of an individual, including American Sign Language and Braille.

§ 5230.53. Individual services.

A PRS agency shall provide individual services in a PRS facility, [or] in the community or in the home on a one staff to one individual (1:1) ratio.

* * * * *

§ 5230.54. Group services.

(a) A PRS agency shall provide group services in a PRS facility, [or] in the community or in the home.

(1) When a group service is provided in a PRS facility, group size may vary as long as the requirement under § 5230.52(c) (relating to general staffing requirements) is met.

(2) When a group service is delivered in the community, one staff shall serve a group of no more than five individuals. Group size in the community may not exceed five individuals.

(3) When an individual receives a group service in a home, all other individuals receiving the group service must be in another location.

* * * * *

(f) A PRS agency shall design group services [delivered in the community] to protect confidentiality [in a public location].

(g) Only individuals who receive PRS from the PRS agency may be included in group services delivered in the community.

~~[(g)](h)~~ A PRS agency shall arrange for group discussion of the experience before and after service is conducted in the community. The group discussion shall occur in a setting which assures confidentiality.

§ 5230.55. Supervision.

* * * * *

(c) A PRS director or psychiatric rehabilitation specialist designated as a supervisor shall meet with staff individually [, face-to-face,] no less than two times per calendar month.

* * * * *

§ 5230.56. Staff training requirements.

A PRS agency shall implement a staff training plan that ensures initial and ongoing training in PRS practices as specified under § 5230.4 (relating to psychiatric rehabilitation processes and practices).

(1) Staff providing services in a PRS agency shall complete a Department-approved 12-hour psychiatric rehabilitation orientation course no later than 1 year after hire. This course shall be credited to the annual training requirement listed under paragraph (2) for the calendar year in which it is completed.

(2) Staff providing services in a PRS agency shall complete 18 hours of training per calendar year [with 12 hours specifically focused on psychiatric rehabilitation or recovery practices, or both].

(i) If the PRS agency serves individuals 18 years of age or older, 12 hours of the required training shall be specifically focused on psychiatric rehabilitation or recovery practices, or both.

(ii) If the PRS agency serves individuals 14 years of age or older but under 18 years of age, 12 hours of the required training shall be specifically focused on psychiatric rehabilitation or resiliency, or both, with a minimum of 6 hours specifically focused on youth services.

(3) If the PRS agency serves individuals 14 years of age or older but under 18 years of age, training in the child abuse mandated reporter requirements of 23 Pa.C.S. §§ 6301—6388 (relating to the Child Protective Services Law) and 55 Pa. Code Chapter 3490 (relating to protective services) shall be completed.

[(3)] (4) A PRS agency shall assure competency of new staff by providing an additional PRS service-specific orientation that includes the following:

(i) Six hours of training in the specific PRS model or approach outlined in the agency service description prior to new staff working independently. This training is required within the first year of employment.

(ii) Six hours of [face-to-face] mentoring for new staff prior to new staff delivering services independently. Mentoring shall be provided by a PRS director or psychiatric rehabilitation specialist designated as a supervisor and must be completed in person [is required] within the first year of employment.

[(4)] (5) A PRS agency shall assure that training has learning objectives.

[(5)] (6) A PRS agency shall maintain documentation of training hours in the PRS agency records under § 5230.13(6)(v) (relating to agency records).

§ 5230.57. Criminal history [background check.] checks and child abuse certification.

(a) A PRS agency that serves individuals 18 years of age and older shall complete a criminal history background check for staff that will have direct contact with [an individual] individuals receiving PRS.

(b) A PRS agency that serves only individuals 18 years of age and older shall develop and consistently implement written policies and procedures regarding personnel decisions based on the criminal history background check.

(c) A PRS agency that serves individuals 14 years of age or older but under 18 years of age shall complete criminal history checks and child abuse certifications for staff as required by 23 Pa.C.S. §§ 6301—6388 (relating to the Child Protective Services Law) and 55 Pa. Code Chapter 3490 (relating to protective services).

(d) A PRS agency that serves individuals 14 years of age or older but under 18 years of age shall develop and consistently implement written policies and procedures regarding personnel decisions in accordance with 23 Pa.C.S. §§ 6301—6388 and 55 Pa. Code Chapter 3490.

SERVICE PLANNING AND DELIVERY

§ 5230.61. Assessment.

(a) A PRS agency shall complete an assessment of an individual prior to developing the IRP.

(b) The assessment shall be completed in collaboration with the individual and as directed by the individual, with formal and natural supports, including family members, and must:

(1) Identify the functioning of the individual in the living, learning, working, [and] socializing and wellness domains.

(2) Identify the strengths and needs of the individual.

(3) Identify existing and needed natural and formal supports, including other [health care facilities and social service agencies] human services programs or facilities.

(4) Identify the specific skills, supports and resources the individual needs and prefers to accomplish stated goals.

(5) Identify cultural needs and preferences of the individual.

(6) Be signed by the individual and staff or include documentation that the assessment was reviewed with the individual and the date of review.

(7) Be updated annually and when one of the following occurs:

(i) The individual requests an update.

(ii) The individual's diagnosis and identified needs change.

~~[(ii)]~~ (iii) The individual completes a goal.

~~[(iii)]~~ (iv) The individual is not progressing on stated goals.

§ 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:

* * * * *

(7) Dated signatures of the individual, the staff working with the individual and the PRS director or documentation of consent to the IRP by the individual and the date

consent was provided and the dated signatures of the staff working with the individual and the PRS director.

* * * * *

(d) An IRP update must include a comprehensive summary of the individual's progress that includes the following:

* * * * *

(5) The dated signature of the individual or documentation of consent by the individual and date consent was provided.

(6) [Documentation of the reason if the individual does not sign.

(7)] The dated signature of the PRS staff working with the individual and the dated signature of the PRS director.

§ 5230.63. Daily entry.

A PRS agency shall include an entry for the day service was provided in the record of an individual as follows:

* * * * *

(3) Documents the individual response to service.

(4) [Includes the signature of the individual, or if the individual does not sign, documents the reason.

(5)] Is signed and dated by staff providing the service.

* * * * *

QUALITY IMPROVEMENT

§ 5230.81. Quality improvement requirements.

(a) A PRS agency shall establish and implement a written QI plan that meets the following requirements:

(1) Provides for an annual review of the quality, timeliness and appropriateness of services, including the following:

* * * * *

(iii) Individual satisfaction.

(iv) [Use of exceptions to admission and continued stay requirements.] Number of individuals admitted to PRS that did not have a diagnosis listed in § 5230.31(a)(1) (relating to admission requirements).

(v) Average length of stay in PRS for individuals who did not have a diagnosis listed in § 5230.31(a)(1).

(vi) Evaluation of compliance with the approved agency service description.

* * * * *



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES

June 23, 2022

Independent Regulatory Review Commission
333 Market Street, 14th Floor
Harrisburg, Pennsylvania 17101

Dear Sir or Madam:

Enclosed is a proposed regulation that amends 55 Pa. Code Chapter 5230, Psychiatric Rehabilitation Services, to allow individuals who are 14 years of age or older but under 18 years of age that meet the admission requirements receive this service, as well as revising outdated language throughout the regulation. The current regulations restrict this service to individuals who are 18 years of age or older. These proposed amendments will support the principles of recovery, resiliency and self-determination that promote community integration and improved quality of life for individuals that have been diagnosed with a serious mental illness or serious emotional disturbance which results in a functional impairment that interferes with or limits the individual's performance.

In particular, the proposed rulemaking will help individuals 14 years of age and older to transition to the adult behavioral health service system. Research has shown that the transition from adolescence to adulthood is especially challenging for youth diagnosed with a serious mental illness or serious emotional disturbance. Many traditional adult mental health services do not focus on skill development in the living, learning, socializing or working environments that help to improve the individual's ability to be successful in the community. Psychiatric rehabilitation services will assist youth in transitioning to adulthood and maintaining independence in the community, as well as decreasing the need for or shorten lengths of stay in residential facilities.

This proposed regulation, which amends the *Pennsylvania Code*, Title 55, Chapter 5230, Psychiatric Rehabilitation Services, is submitted for review by the Independent Regulatory Review Commission pursuant to the Regulatory Review Act.

The Department of Human Services will provide the Commission with any assistance needed to facilitate a thorough review of this proposal.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. Snead'.

M. Snead
Acting Secretary

Enclosure

OFFICE OF THE SECRETARY

Stephen Hoffman

From: Bradbury, Joan <jbradbury@pasen.gov>
Sent: Thursday, June 23, 2022 11:54 AM
To: Dietrich, Dawn
Cc: Baird, Colleen
Subject: RE: 14-548 OMHSAS Psychiatric Rehabilitation Services Proposed Rulemaking

Follow Up Flag: Follow up
Flag Status: Flagged

Received. Thank you,

Joan Bradbury
Executive Director
Senate Health & Human Services Committee
Office of Senator Michele Brooks
168 Main Capitol Building
717-787-1475 (direct)

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JUN 23 2022

**Independent Regulatory
Review Commission**

From: Dietrich, Dawn <dadietrich@pa.gov>
Sent: Thursday, June 23, 2022 11:01 AM
To: Bradbury, Joan <jbradbury@pasen.gov>
Cc: Baird, Colleen <cobaird@pa.gov>
Subject: 14-548 OMHSAS Psychiatric Rehabilitation Services Proposed Rulemaking
Importance: High

© CAUTION : External Email ©

Good morning.

We are submitting Proposed Rulemaking – Psychiatric Rehabilitation Services (Reg. No. 14-548) to the Senate Health and Human Services Committee and the House Human Services Committee.

Please provide written (email) confirmation that this rulemaking was received by the Committee chair’s office.

Thank you,

Dawn

If you need to send documents to any of our offices (Harrisburg, Philadelphia, Pittsburgh or Wilkes-Barre), please email them to: RA-PWDHS-OGC-Mail@pa.gov

Dawn Dietrich | Legal Office Administrator 2

Department of Human Services | Governor's Office of General Counsel
625 Forster Street, 3rd Floor West | Harrisburg, PA 17120
Phone: 717.787.6398 | Fax: 717.772.0717
www.dhs.pa.gov

Stephen Hoffman

From: Freeman, Clarissa <Clarissa.Freeman@pasenate.com>
Sent: Thursday, June 23, 2022 11:14 AM
To: Dietrich, Dawn
Cc: Baird, Colleen
Subject: RE: 14-548 OMHSAS Psychiatric Rehabilitation Services Proposed Rulemaking

Received.

Thank you.

Clarissa L Freeman, Esq.
Health and Human Services Committee
Senate of Pennsylvania
Office of Senator Art Haywood

10 East Wing, Main Capitol Building
Harrisburg, Pennsylvania 17120-3004
717-787-1427 (P)
717-772-0572 (F)

7106 Germantown Avenue
Philadelphia, Pennsylvania 19119-1837
215-242-8171 (P)
215-242-6118 (F)

1168 Easton Road
Abington, PA 19001
215-517-1434 (P)
215-517-1439 (F)

Our Harrisburg Office is open Monday to Wednesday and Fridays from 9:00am- 4:45pm, and will serve you remotely on Thursdays, by phone, email, and online from 9:00am – 4:45pm. Please call us at 717-787-1427 for assistance or visit our [Self-Service](#) page.

You can reach our team online Tuesday - Thursday from 10:00am – 12:00pm & 2:00pm - 4:00pm via our [Live Chat tool](#) (real time text communications via computer or mobile phone with a District Representative) at www.senatorhaywood.com



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JUN 23 2022

**Independent Regulatory
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From: Dietrich, Dawn <dadietrich@pa.gov>
Sent: Thursday, June 23, 2022 11:01 AM
To: Freeman, Clarissa <Clarissa.Freeman@pasenate.com>
Cc: Baird, Colleen <cobaird@pa.gov>
Subject: 14-548 OMHSAS Psychiatric Rehabilitation Services Proposed Rulemaking
Importance: High

■ EXTERNAL EMAIL ■

Good morning.

We are submitting Proposed Rulemaking – Psychiatric Rehabilitation Services (Reg. No. 14-548) to the Senate Health and Human Services Committee and the House Human Services Committee.

Please provide written (email) confirmation that this rulemaking was received by the Committee chair’s office.

Thank you,

Dawn

If you need to send documents to any of our offices (Harrisburg, Philadelphia, Pittsburgh or Wilkes-Barre), please email them to: RA-PWDHS-OGC-Mail@pa.gov

Dawn Dietrich | Legal Office Administrator 2
Department of Human Services | Governor's Office of General Counsel
625 Forster Street, 3rd Floor West | Harrisburg, PA 17120
Phone: 717.787.6398 | Fax: 717.772.0717
www.dhs.pa.gov

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Stephen Hoffman

From: Erin Raub <Eraub@pahousegop.com>
To: Dietrich, Dawn
Sent: Thursday, June 23, 2022 11:12 AM
Subject: Read: 14-548 OMHSAS Psychiatric Rehabilitation Services Proposed Rulemaking

Your message

To:
Subject: 14-548 OMHSAS Psychiatric Rehabilitation Services Proposed Rulemaking
Sent: Thursday, June 23, 2022 3:12:20 PM (UTC+00:00) Monrovia, Reykjavik

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JUN 23 2022

**Independent Regulatory
Review Commission**

Stephen Hoffman

From: Wright, Imogen L. <IWright@pahouse.net>
Sent: Thursday, June 23, 2022 11:10 AM
To: Dietrich, Dawn
Cc: Baird, Colleen
Subject: RE: 14-548 OMHSAS Psychiatric Rehabilitation Services Proposed Rulemaking

Follow Up Flag: Follow up
Flag Status: Flagged

Good morning,

The rulemaking has been received, thank you.

Best,
Imogen

Imogen Wright | Executive Director
House Human Services Committee (D)
303 Irvis Office Building, Harrisburg PA
Office: (717) 705-1925 Cell: (717) 317-2197
iwright@pahouse.net

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**Independent Regulatory
Review Commission**

From: Dietrich, Dawn <dadietrich@pa.gov>
Sent: Thursday, June 23, 2022 11:01 AM
To: Wright, Imogen L. <IWright@pahouse.net>
Cc: Baird, Colleen <cobaird@pa.gov>
Subject: 14-548 OMHSAS Psychiatric Rehabilitation Services Proposed Rulemaking
Importance: High

Good morning.

We are submitting Proposed Rulemaking – Psychiatric Rehabilitation Services (Reg. No. 14-548) to the Senate Health and Human Services Committee and the House Human Services Committee.

Please provide written (email) confirmation that this rulemaking was received by the Committee chair's office.

Thank you,

Dawn

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Dawn Dietrich | Legal Office Administrator 2

Department of Human Services | Governor's Office of General Counsel
625 Forster Street, 3rd Floor West | Harrisburg, PA 17120
Phone: 717.787.6398 | Fax: 717.772.0717
www.dhs.pa.gov

Stephen Hoffman

From: Bulletin <bulletin@palrb.us>
Sent: Thursday, June 23, 2022 11:16 AM
To: Dietrich, Dawn
Cc: Baird, Colleen
Subject: [External] RE: 14-548 OMHSAS Psychiatric Rehabilitation Services Proposed Rulemaking

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Good morning Dawn,

Thank you for sending this Proposed Rulemaking. Once we receive the fiscal note, someone from our office will contact you regarding publication in the *Pennsylvania Bulletin*.

Take care,

Ernest L. Engvall | Legal Assistant
eengvall@palrb.us | 717.783.1531
Legislative Reference Bureau
Code and Bulletin Office

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JUN 23 2022

**Independent Regulatory
Review Commission**

From: Dietrich, Dawn <dadietrich@pa.gov>
Sent: Thursday, June 23, 2022 11:06 AM
To: Bulletin <bulletin@palrb.us>
Cc: Baird, Colleen <cobaird@pa.gov>
Subject: 14-548 OMHSAS Psychiatric Rehabilitation Services Proposed Rulemaking
Importance: High

Good morning.

We are submitting Proposed Rulemaking – Psychiatric Rehabilitation Services (Reg. No. 14-548). This regulation has been submitted to both the Senate Health and Human Services Committee and the House Human Services Committee this morning.

Please provide written (email) confirmation that this rulemaking was received by your office.

Thank you,

Dawn

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