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**Subject:** [External] RCPA PRS Member Comments  
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[RCPA 5320 Proposed Changes Chart Comment\\_080522.docx](#)

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Good Afternoon –

Thank you for the time to review the proposed PRS regulation changes. RCPA PRS member comments are attached. We look forward to your updated version and are available for questions.

Best-  
Sarah

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**§5230 Proposed Changes**

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Reg Area	Detail of Change	Feedback – Support of Oppose
<p><b>GENERAL PROVISIONS</b></p> <p><i>Definitions (§ 5230.3)</i></p>	<ul style="list-style-type: none"> <li>• adds definitions of the following terms: "Associate's degree" and "Bachelor's degree"</li> <li>• "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</li> <li>• "Serious emotional disturbance" and "Serious mental illness" to define the conditions required for use of the exception process for admission to PRS</li> <li>• deletes the definition of "Axis I" to be consistent with the current version of the Diagnostic and Statistical Manual of Psychiatric Disorders (DSM)</li> <li>• definitions of "DSM-IV-TR" and "ICD-9" are also being deleted and replaced with definitions of "DSM" and "ICD" respectively</li> <li>• deletes the definition of "Face-to-face" because the term is no longer used in the regulation</li> <li>• deletes outdated names of organizations.</li> <li>• "International Center for Clubhouse Development (ICCD)" and "The United States Psychiatric Rehabilitation Association (USPRA)" are replaced</li> <li>• amends the term "Coordination of care" to "Coordination of services" at the request of stakeholders to reduce the perceived stigma associated with individuals receiving PRS</li> <li>• adds a definition of "Wellness" to the regulation due to adding wellness as a domain</li> <li>• amends the definition of "Individual" to clarify that individuals 14 years of age or older may receive PRS</li> </ul>	<p>Support the change of removing "of arts" as well as it coming from accredited institution.</p> <p>Support</p> <p>Support</p> <p>Support</p> <p>Support</p> <p>Support</p> <p>Support</p> <p>Support</p> <p>Support</p> <p>Wellness – to include the 8 dimensions as defined by SAMHSA (recommend use the SAMHSA definition)</p> <p>Support</p>

	<ul style="list-style-type: none"> <li>deletes the term "individual" from the definition of "Licensed practitioner of the healing arts (LPHA)"</li> <li>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)</li> </ul>	Support
<p><i>Psychiatric rehabilitation process and practices</i> (§ 5230.4)</p>	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>	<p>Wellness – to include the 8 dimensions as defined by SAMHSA (recommend use the SAMHSA definition)</p> <p>Oppose – home is and should be considered part of community. This creates a concern with billing for organizations.</p>
<p><b>GENERAL REQUIREMENTS</b></p>		
<p><i>Agency records</i> (§ 5230.13)</p>	<ul style="list-style-type: none"> <li>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 under 23 Pa.C.S. §§ 6301—6388 (relating to 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.</li> </ul>	Support

<p><i>Agency service description (§ 5230.15)</i></p>	<ul style="list-style-type: none"> <li>• 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 the involvement because family involvement is an important component of services for individuals 14 years of age or older but under 18 years of age.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>	<p>Support</p> <p>Support</p> <p>Support</p> <p>Oppose – home is and should be considered part of community. This creates a concern with billing for organizations.</p>
<p><i>Coordination of services (§ 5230.16)</i></p>	<ul style="list-style-type: none"> <li>• amends the term "Coordination of care" to "Coordination of services" to reduce the perceived stigma associated with receiving PRS</li> <li>• amends the outdated language of "drug and alcohol programs" to "substance use disorder programs."</li> <li>• 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</li> </ul>	<p>Support</p> <p>Support</p> <p>Support</p>

	<ul style="list-style-type: none"> <li>support services</li> <li>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</li> </ul>	Support
<p><b>INDIVIDUAL RECORD</b></p> <p><i>Content of individual record (§ 5230.21)</i></p>	<ul style="list-style-type: none"> <li>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.</li> <li>adds a requirement that staff documentation of coordination with other services and supports includes 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.</li> </ul>	Support  Support
<p><i>Documentation standards and record security, retention and disposal (§ 5230.22)</i></p>	<ul style="list-style-type: none"> <li>amends the word "is" to "shall be" to require that individual records are kept in a permanent, secure location.</li> </ul>	Support
<p><b>ADMISSION, CONTINUED STAY AND DISCHARGE REQUIREMENTS</b></p> <p><i>Admission requirements (§ 5230.31)</i></p>	<ul style="list-style-type: none"> <li>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</li> </ul>	Support

	<ul style="list-style-type: none"> <li>● 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.</li> <li>● 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.</li> <li>● 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.</li> <li>● revises the exception process.</li> <li>● LPHA's written recommendation for PRS must also include documentation of the anticipated benefit that PRS will provide for the individual.</li> <li>● 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.</li> <li>● proposed rulemaking adds wellness as one of the domains in which an individual can have a moderate to severe functional impairment resulting from serious mental</li> </ul>	<p>Support</p> <p>Oppose and feel that ASD should be included and not an exception.</p> <p>Support the inclusion of the original 5230.31 (4)</p> <p>Oppose – this is redundant and unnecessary post referral, if LPHA written recommendations per previous bullet point. The current strengths based assessment drives services and begins the engagement or will result in a referral to another service.</p>
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	illness or serious emotional disturbance and receive PRS.	Wellness – to include the 8 dimensions as defined by SAMHSA (recommend use the SAMHSA definition)
<i>Continued stay requirements (§ 5230.32)</i>	<ul style="list-style-type: none"> <li>amend 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.</li> </ul>	Please reincorporate skill deficit to continued stay
<b>RIGHTS</b>		
<i>Nondiscrimination (§ 5230.42)</i>	<ul style="list-style-type: none"> <li>proposed rulemaking amends the prohibition against discrimination by a PRS agency by deleting 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." This proposed rulemaking also requires PRS agencies to comply with applicable Federal and State statutes and regulations.</li> </ul>	Support
<b>STAFFING</b>		
<i>Staff qualifications (§ 5230.51)</i>	<ul style="list-style-type: none"> <li>amends "associate of arts" degree to "associate's" degree, which is the defined term</li> <li>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.</li> </ul>	Supports Please consider the cost of certification, examination, recertification and cost of required training (time and fiscal). How do the CPRP and CFRP work together – training, exam?

	<ul style="list-style-type: none"> <li>• also requires a psychiatric rehabilitation specialist that is employed by a PRS agency that serves individuals under 18 years of age to</li> <li>• 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.</li> <li>• 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.</li> </ul>	Support
<p><i>General staffing requirements (§ 5230.52)</i></p>	<ul style="list-style-type: none"> <li>• NOT RECOMMENDED FOR CHANGE BUT REQUESTING CHANGE 5230.52 (b) staffing requirement.</li> <li>• 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,</li> <li>• 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.</li> <li>• 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</li> </ul>	<p>Regarding 5230.52 (b) – recommend a PRS agency that has less than 4 FTE's that the Director can also serve as the specialist.</p> <p>Oppose – home is and should be considered part of community. This creates a concern with billing for organizations.</p> <p>Oppose – home is and should be considered part of community. This creates a concern with billing for organizations.</p> <p>Support</p>



	<p>in § 5230.51(b) and (f) (relating to staff qualifications) from 1 year to 2 years of initial licensing.</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>	<p>Oppose – related to staff turnover, 2 years post vacancy or 6 months post vacancy in order for time to submit a waiver when cannot meet without being immediately out of compliance.</p>
<p><i>Individual services (§ 5230.53)</i></p>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>	<p>Determining Appropriateness for Telehealth Delivery of Services Licensed practitioners and provider agencies delivering services through telehealth must have policies that ensure that services are delivered using telehealth only when it is clinically appropriate to do so and that licensed practitioners are complying with standards of practice set by their licensing board for telehealth where applicable. The preference of the individual served and/or their parents or legal guardian(s), as applicable, should be given high priority when making determinations of the appropriateness of the telehealth delivery.</p>
<p><i>Group services (§ 5230.54)</i></p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• group services delivered in the community may include only individuals who receive PRS from the agency.</li> </ul>	<p>Determining Appropriateness for Telehealth Delivery of Services Licensed practitioners and provider agencies delivering services through telehealth must have policies that ensure that services are delivered using telehealth only when it is clinically appropriate to do so and that licensed practitioners are complying with standards of practice set by their licensing board for telehealth</p>

	<ul style="list-style-type: none"> <li>confidentiality be protected wherever group services are provided and not just if they are provided in the community.</li> </ul>	<p>where applicable. The preference of the individual served and/or their parents or legal guardian(s), as applicable, should be given high priority when making determinations of the appropriateness of the telehealth delivery.</p> <p>Oppose no groups in the home – when the person in services wants to host a group in their home, this should be an option while ensuring attendees privacy in the home location. This is PRS at it’s best.</p> <p>Oppose – recommend that invited guests be able to attend, ie PRS alumni who can share their stories.</p> <p>Support confidentiality –last bullet.</p>
<p><i>Supervision (§ 5230.55)</i></p>	<ul style="list-style-type: none"> <li>requirement that the meetings between staff and a PRS director or psychiatric rehabilitation specialist designated as a supervisor be face-to-face is proposed to be deleted from the regulation because the meeting is no longer required to be face-to-face.</li> </ul>	<p>Support</p>
<p><i>Staff training requirements (§ 5230.56)</i></p>	<ul style="list-style-type: none"> <li>adds resiliency as an optional training topic for staff serving individuals under 18 years of age</li> <li>this proposed rulemaking requires a minimum of 6 hours of training be specifically focused on youth services.</li> <li>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.</li> <li>clarifies that the 6 hours of mentoring new staff must receive prior to delivering services must be completed in person.</li> </ul>	<p>Support</p> <p>Support</p> <p>Support</p> <p>Support</p>

<p><i>Criminal history checks and child abuse certification (§ 5230.57)</i></p>	<ul style="list-style-type: none"> <li>• 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 under 23 Pa.C.S. §§ 6301—6388 and Chapter 3490 (relating to protective services).</li> <li>• develop and implement written policies and procedures regarding personnel decisions that comply with 23 Pa.C.S. §§ 6301—6388 and Chapter 3490.</li> </ul>	<p>Support</p> <p>Support</p>
<p><b>SERVICE PLANNING AND DELIVERY</b> <i>Assessment (§ 5230.61)</i></p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• add 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.</li> <li>• 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.</li> <li>• adds the requirement that an assessment be updated when the individual's diagnosis and identified needs change</li> <li>• allows for documentation that the assessment was reviewed with the individual to allow for the provision of PRS through telehealth.</li> </ul>	<p>Support</p> <p>Wellness – to include the 8 dimensions as defined by SAMHSA (recommend use the SAMHSA definition)</p> <p>Support</p> <p>Recommend removing diagnosis as a reason for update as diagnostic changes are not always communicated in a timely manner - it should be updated per the individual.</p> <p>Support</p>

<p><i>Individual rehabilitation plan (§ 5230.62)</i></p>	<ul style="list-style-type: none"> <li>allows individuals the option of verbally consenting to their individual rehabilitation plan and any updates to the plan.</li> <li>also deletes the requirement that an individual rehabilitation plan update include documentation of the reason the individual did not sign the individual rehabilitation plan because the individual is no longer required to sign the individual rehabilitation plan.</li> </ul>	<p>Department of Human Services (DHS) is that verbal consent is acceptable if the following process is in place: “As outlined in the new bulletin, consistent with Act 69 of the 1999 Electronic Transactions Act, an electronic signature is an electronic <b>sound</b>, symbol, or process attached to or logically associated with a record and executed or adopted by a person with the intent to sign the record.</p> <p><i>Essentially, the sound could be someone providing their consent verbally, as long as that consent is recorded electronically, and the provider has systems in place that allow an audit trail to validate the signer’s identity.”</i></p>
<p><i>Daily entry (§ 5230.63)</i></p>	<ul style="list-style-type: none"> <li>deletes the requirement for the individual to sign the daily entry.</li> </ul>	<p>Support last bullet Support</p>
<p><b>QUALITY IMPROVEMENT</b> <i>Quality improvement requirements (§ 5230.81)</i></p>	<ul style="list-style-type: none"> <li>annual quality improvement plan must include the number of individuals admitted to PRS that do not have one of the diagnoses specified in § 5230.31(a)(2) (relating to admission requirements)</li> <li>and their average length of stay in PRS.</li> </ul>	<p>Support  Support</p>