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CITY OF PHILADELPHIA

*Department of Behavioral Health and Intellectual disAbility Services
Promoting Recovery, Resilience & Self Determination*

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Jill Bowen, P
Commissioner
Tieria M. Review Commission

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Deputy Commissioner

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Chief Medical Officer

MEMORANDUM

FOR: Laurie Madrea; Human Services Analyst, Pennsylvania Department of Human Services, Office of Mental Health and Substance Abuse Services

FROM: Jaymes Fairfax-Columbo, JD, PhD; Policy, Planning, and Development Supervisor

Adam Stout, MPM; Government Affairs Manager, City of Philadelphia, Department of Behavior Health and Intellectual disAbility Services

DATE: August 8, 2022

SUBJECT: Request for Public Comment on Proposed Rulemaking Amendments to Chapter 5230 (Relating to Psychiatric Rehabilitation Services) of the Pennsylvania Code

The Pennsylvania Department of Human Services is requesting public comment regarding proposed amendments to Chapter 5230 of the Pennsylvania Code to allow individuals aged 14 to 17 years of age who meet 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, among other related changes.

The City of Philadelphia's Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) is pleased to provide comment pertaining to the proposed amendments. DBHIDS is optimistic about the expansion of PRS to include individuals aged 14 to 17 as we believe this will enhance efforts to promote recovery, resilience, and self-determination for the people we serve.

DBHIDS is broadly in support of the proposed amendments to Chapter 5230, particularly:

- The inclusion of youth and young adults in PRS;
- the expansion of eligible diagnoses for participation in PRS;
- CFRP certification requirements for PRS programs serving youth and young adults;
- the elimination of requirements for signatures on daily entries and face-to-face supervision;
- the expansion the definition of a licensed practitioner of the healing arts (LPHA); and
- the revision of nondiscrimination language to better reflect diversity and current terminology.

We concur with other stakeholders that there is a need for additional supports for individuals aged 14 to 17 that will engage them and will in their transition to adulthood. Further, we agree

with the Department’s assessment that expanding PRS to this segment of the population will assist youth in maintaining independence in the community, as well as help them develop the skills needed to be successful in their living, learning, working, social, and wellness environments.

There are several areas in the proposed amendments where DBHIDS would like to see additional clarification incorporated into the final publication in order to ensure that the communities we serve are able to optimally utilize the expansion of services.

Specifically, we would like to see clarification on:

- The definition of “telehealth” in the Preamble and §5230.3 Definitions
 - The current definition is vague and is not included in the Annex; it would be helpful to include the definition in the Annex and to clarify how it relates to group and individual services, as well as if it includes phone services or only audio/visual services.
- The inclusion of “in the home” as a service location in §5230.4 PRS processes and practices; §5230.53 Individual services; and §5230.54 Group services
 - PRS has always logged services in the home as being in the community, as opposed to in the facility; this change could create billing and licensing issues, as well as licensing issues; clarification should be made to indicate that community service location may include the home.
- The requirement of 6 training hours on youth topics in §5230.56 Staff training requirements (2)
 - The current wording is not clear if these 6 training hours are 6 of the required twelve hours, or if they are 6 additional training hours for a total of 18; it would be helpful to include resilience in the required twelve hours and clarify the total training hour requirements.
- The definition of the circumstances for documentation of a diagnosis change in §5230.61 Assessment (b)(7)
 - The current wording is not clear if diagnosis changes are updated on self-reported basis or if it requires an updated clinical evaluation; it would be helpful if this was explicitly spelled out.
- For adolescents, PRS services as described—with the exception of including peer support services—look very similar to Intensive Behavioral Health Services. Additional clarification as to what distinguishes these services—as well as whether services at a “school” constitute services in the “community”—would be helpful.
- Adding the word “verbal” to document consent in telehealth scenarios in §5230.62 Individual rehabilitation plan (d)(5).

Additionally, DBHIDS is opposed to the following changes:

- The elimination of the functional assessment tool in place of a screening in §5230.31 Admission requirements (b) and (d)
 - Eliminating the functional assessment tool reduces clarity and could also result in inaccurate completion of the form and eliminate voluntary nature of PRS participation; the functional assessment tool should be kept as is.

- The requirement of the LPHA to detail the expected benefit of PRS in §5230.31 Admission requirements (c)(3)
 - This requirement adds an additional burden onto PRS providers through recreating forms and overseeing proper completion by an LPHA; the role of the LPHA should be to identify the condition leading to the functional impairment – the expected benefit of PRS is always improved functioning.

DBHIDS appreciates this opportunity to provide comment on these proposed amendments, and we look forward to continued coordination with the Pennsylvania Department of Human Services. Should the Department have any questions, please feel free to contact Jaymes Fairfax-Columbo at jaymes.fairfaxcolumbo@phila.gov or Adam Stout at adam.stout@phila.gov.