

14-548-25

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**Madera, Laurie**

From: Durkin, Kathleen <KDurkin@merakey.org>
Sent: Monday, August 8, 2022 3:44 PM
To: PW, Psych Rehab
Cc: Snyder, Tinnesia
Subject: [External] Attn: Laurie Madera: Merakey Comments on proposed PRS regulations
Attachments: Merakey Response to proposed Psych Rehab Regulation Amendment.docx

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Good Afternoon,

Please find Merakey's feedback attached regarding the proposed PRS regulations. We appreciated this opportunity.

Thank you for your consideration,
Kathleen

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Merakey is submitting the following response to the 55 Pa.Code Chapter 5230 proposed amendment of the Psychiatric Rehabilitation regulations [52 Pa.B. 3828]. As a provider of Psychiatric Rehabilitation Services across several Pennsylvania counties, Merakey is appreciative of the State's efforts to improve the regulations and provide additional access to Psych Rehab services. Overall, we support the inclusion of youth and young adults into Psych Rehab Services as well as inclusion of additional training and certification but, we have also identified that these enhancements will create additional unfunded expense for Merakey. We hope that you will consider the following support, concerns, recommendations, and suggestions when making the changes to the PRS regulations No. 14-548.

Proposed regulation areas Merakey supports are as follows:

Admission requirements (5230.31)

- Inclusion of services for Youth and Young Adults (YYA) Requiring CFRP certification for PRS programs that serve YYA
- Increasing the number of eligible diagnoses to meet the needs of more people.

§5230.4 PRS processes and practices; §5230.53 Individual services; §5230.54 Group services

- The addition of the service location "in the home" will allow us to be more specific than community when doing 1:1 services but isn't helpful for group services. May require additional work to add to billing set up and forms but could expand our service delivery of mobile psych rehab especially in the home to do skills teaching and skills acquisition may be more rapid.

§5230.3 Definitions

- Definition of Wellness as a domain is great addition. We use the "Living" domain and self-maintenance to support goals related to physical health. Now we can be more specific to wellness related areas in this domain.
- Expanding the definition of the Licensed Practitioner of the Healing Arts (LPHA) to include LPC, LCSW, LMFT is a welcome addition as it was with the Peer Support update.

Daily Entry (5230.63)

- We fully support the elimination of signature requirement on daily entries due to the excess burden it places on staff and the members to sign each day in multiple locations. They members has access to their record so they can view the notes upon request.

Supervision (5230.55)

- We support the elimination of requirement for "face-to-face" supervision as we learned to utilize zoom very efficiently during COVID.
- We agree with PAPRS comments below:
- This section needs a clear definition on how mentoring is different from, or similar to training, supervision or on-the-job support.

Nondiscrimination (5230.42)

- Revision of Nondiscrimination language to be more diverse to add gender, etc.

§5230.56 Staff training requirements (2)

We agree with PAPRS comments below:

- Regarding the 6 training hours required on youth topics, is this 6 out of the 12, 6 out of the 18 or is it an additional 6 hours? Resilience is added only to the services for youth training requirements.
- Suggest adding resilience to the required 12 hours of training and clarifying the training hours requirements.

REGULATORY AREAS OF CONCERN IDENTIFIED BY PA PSYCH REHAB ASSOCIATION THAT WE ALSO SHARE ARE AS FOLLOWS:

Preamble and §5230.3 Definitions

- Use of the term telehealth is vague and used in the Preamble but not in Annex. Suggest defining the word telehealth in the annex and adding references to telehealth in individual and group services sections.
- Suggest adding the use of phone services, at least in a limited way like Peer Support Bulletin's 25%. We utilized phone a lot during the pandemic and it would be nice to be able to bill for these services under telehealth.

§5230.21 - Content of Individual Record (4)(i), (ii)

- We request clarity on the individuals consent to receive PRS; around “the individual between the ages of 14-17+... “or” documentation of consent by the individuals Parent or legal guardian for the individual to receive PRS.”
- (i) Is this stating that the parent or legal guardian of an individual between the ages of 14-17+ can consent to PRS services without the individual choosing it? If this is accurate, this is a concern because an individual must choose the service and cannot be mandated into PRS services.
- (ii) Similarly, the documentation of consent to release information...do parents and legal guardians have more say than the child 14-17+?

§5230.31 Admission requirements (b) and (d)

- Functional Assessment Tool should not be eliminated and replaced with a “screening”. We complete the FA form in presence of the member. I agree with PAPRS to keep the FA Tool exactly as it is since this is the fundamental nature of PRS.

§5230.31 Admission requirements (c)(3)

- Adding “expected benefit” to the Licensed Practitioner of the Healing Arts (Recommendation form) form is not necessary. Asking the LPHA to detail the expected benefit of PRS is unnecessary and adds burden onto PRS providers through recreating forms and overseeing proper completion by LPHA. The role of LPHA should be to identify the condition leading to the Functional Impairment; the expected benefit of PRS is always improved functioning.

§5230.32 Continued stay requirements (b)(2)(i)

- We need the term “skill deficit” to remain as this is specific to if the goal was accomplished yet or not. Functional impairment is not the only marker of if a goal or role has been accomplished.

§5230.54 Group Services (a)(3), (b), (f.1)

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

- We disagree with this regulation because it prevents peer support or inclusion of a peer working on the same goal together. Also, individuals who live in the same residence (i.e. congregate setting) may have a similar goal and one individual should not be required to be in a different location. This is counter indicative. (b) states group services delivered in the community shall be limited to individuals who have IRP goals that specify the need for services in the community.

5230.61 Assessment (b)(7)

- Assessment gets updated when diagnosis changes is not realistic. We would like to clarify if this self-report or updated clinical evaluation. We do not often get updated evaluations and are non-clinical.

5230.62 Individual rehabilitation plan (d)(5)

- Elimination of individual signature on IRP is not necessary unless using telehealth and not face to face with the member. It is a key part of service planning as the member is an active participant and could create an environment where staff become too lax in their documentation. Suggest keeping the requirement for the individual's signature on the IRP, adding the word verbal consent as an option to document consent in telehealth scenarios.