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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
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August 5, 2022

Dear Ms. Madera,

This letter is offered as public comment on the PA Department of Human Services proposed amendment to 55 Pa. Code Chapter 5230 – Psychiatric Rehabilitation Services, published in the Pennsylvania Bulletin on July 9, 2022 at http://www.pacodeandbulletin.gov/Display/pabull?file=/secure/pabulletin/data/vol52/52-28/1008.html.

On behalf of Community Care Behavioral Health Organization (Community Care), we appreciate the opportunity to comment on the following proposed rulemaking on Psychiatric Rehabilitation Services (PRS) in Pennsylvania. Community Care is a provider-owned, 501(c)(3) non-profit behavioral health managed care organization whose major focus is publicly-funded behavioral health services under HealthChoices for 43 of the 67 counties in Pennsylvania with over 700 employees serving over 1.2 million members. We are a recovery, resilience, and wellness-oriented organization whose goal is to improve the health and well-being of the community through delivery of effective and accessible behavioral health services. We believe that behavioral health recovery, resilience, and wellness are for everyone and all individuals should have a voice in their care. Within our network are 98 licensed psychiatric rehabilitation programs, including 46 site-based, 12 clubhouse, and 40 mobile PRS programs.

We value the opportunity to provide input on this important service approach that aligns with our mission, goal, and vision for our members and the communities in which they live, learn, work, and socialize. These comments have been prepared by our internal experts in psychiatric rehabilitation, including our Senior Program Director for Recovery and Wellness. She has 15 years' experience working at the Boston University Center for Psychiatric Rehabilitation and earned a Master and Doctor of Science degrees in rehabilitation counseling, specialization in

psychiatric rehabilitation. This response has also been reviewed by our Primary Contractors and County Partners and incorporates their comments. What follows are our comments and recommendations for the proposed amendments to 55 Pa. Code Chapter 5230 – Psychiatric Rehabilitation Services.

Preamble/General Comments

Community Care supports the purpose and intent of the proposed rulemaking to expand PRS to include individuals who are 14 -17 years old in addition to adults 18 years and older, along with expanding the definition of the mental health conditions considered serious mental illness and serious emotional disturbance in alignment with the Federal Substance Abuse and Mental Health Services Administration (SAMHSA). Including in the definitions of serious mental illness and serious emotional disturbance a focus on the impact on functioning that make one eligible for services aligns well with the principles and practices of psychiatric rehabilitation. These additions will reduce the need for using the exception process and improve accessibility of PRS for many individuals. In addition, we appreciate the inclusion in the Background of allowing individuals access to PRS through telehealth which further expands access for individuals 14 years of age and older.

One point we would like to address that is noted in the Preamble, especially in the Background and summary of specific provisions that are noted in Annex A is that "Psychiatric Rehabilitation is an evidence-based service that uses an integrated therapeutic approach". We would like to clarify that PRS is an evidence-based and recovery-resilience- and wellness-oriented approach using strengths-based interventions. Using the word "therapeutic" suggests for some people that PR is a clinical treatment or a medically-based approach. Several other references later in the document also align with a focus on clinical treatment or a medical diagnosis perspective, which is a shift from the focus of PRS, which is a strengths-based approach that is non-clinical in nature. *We recommend changing the sentence in the Background paragraph to "PRS is an evidence-based service that uses a strengths-based and recovery-, resilience-, and wellness-oriented approach…*". Specific recommendations will be addressed in later sections to support this distinction between a therapeutic-clinical-treatment-medical approach to recovery and resilience-oriented language consistent with psychiatric rehabilitation principles and practices.

One other comment on terminology that appears in the Background section of the Preamble but is also referenced in the Annex under §5230.3 Definitions is the use of the term "wellness" to identify one of the domains in which functional impairments may limit performance. We appreciate the intention to include a domain focusing on improving or maintaining physical and mental health along with domains of living, learning, working, and socializing. Psychiatric

rehabilitation does assist individuals in developing skills and supports related to improving and sustaining health. However, the term "Wellness" is defined by SAMSHA and Dr. Peggy Swarbrick to include 8 different dimensions, including occupational (working), intellectual (learning), social (socializing), and environmental and financial (living), as well as physical, emotional and spiritual, so may be confusing to equate "wellness" as a domain under these regulations with "physical and mental health" specifically. *We recommend changing the name of this domain to Physical and Mental Health/Wellness or Health Self-Maintenance.*

Annex A

§5230.3 Definitions

We appreciate all of the clarifications made in the definitions section especially the expanded definition of who qualifies as an LPHA, and the additions of definitions for CFRP, ICD-9, Serious Emotional Disturbance and Serious Mental Illness. *We suggest the following changes to the Definitions*:

1. **Functional Impairment**: Revise the definition for Functional Impairment. Clinicians have expertise in detailing assessments of the health condition for diagnosis but may be less familiar with assessing functioning and performance in life domains. The current definition (Difficulties that interfere with or limit skill development or functioning in a domain) could be clarified with additional detail for LPHAs to reference in their recommendations. For example, in the Peer Support Services Bulletin, Functional Impairment is defined as "difficulties that substantially interfere with or limit:

   (i) One or more major life activities including basic daily living skills (e.g., eating, bathing, dressing), working, learning, thinking, behavioral, cognitive, or communication skills;

   (ii) Role functioning in living, learning, working, or social or community contexts (e.g., employee, student, tenant, parent, family member, friend, citizen)

   (iii) Instrumental living skills (e.g., maintaining a household, managing money, getting around the community)"

   Although not listed in the PS Bulletin, we suggest adding this item to be consistent with the domain related to physical and mental health/wellness:

   (iv) Skills in managing physical and mental health and services (e.g., scheduling appointments, collaborating with health care providers, sharing decisions with health care providers, managing health conditions, developing wellness and recovery plans, using services and treatments).

   We recommend adding detail to the definition of functional impairment as above that shifts the focus from illness/disorder and impairment to function and performance of activities, roles, and skills which are aligned with strengths-based psychiatric rehabilitation practice.

2. **Wellness:** Edit definition of "Wellness" as a domain (see comments in Preamble/General Comments above). *We recommend changing the name of this domain to Physical and Mental Health/Wellness or Health Self-Maintenance and defining it as a life domain that is focused on improving and sustaining optimal physical and mental health.*

3. **Telehealth:** Telehealth is referenced in the Preamble (Background section) as one of the intents of the proposed rulemaking to remove barriers to its use in psychiatric rehabilitation services. However, telehealth is not defined or referenced in the Annex. *We suggest adding telehealth to the definitions section consistent with the most recent Telehealth Bulletin (OMHSAS-22-02) or state and federal regulations and adding references to using telehealth to deliver psychiatric rehabilitation individual and group services §5230.53 and §5230.54 sections (refer to recommendations in these sections).* In addition, we recommend adding specific comments on the use of audio-only services as are allowed in the Peer Support Services Bulletin, which limits the use of telephone-only services to 25% of all services delivered in a calendar year. Many individuals do not have access to technologies needed to support telehealth as defined and using audio-only to support individuals increases their access to PRS services and success in other domains of functioning.

Submitted by a primary contractor for consideration in Definitions: Consider defining Natural Supports as any individual who members identify as their support to include family, friends and individual. Replace terms such as Family Members/Natural Supports as Natural Supports. As support/service animals are beginning to increase consider including them as a natural support and guidelines on how psych rehab providers can incorporate them into service plans, and accommodations that would be made for service/support animals while in the facility.

§5230.4 Psychiatric rehabilitation processes and practices

(a) As stated above under §5230.3 Definitions, replace the term "wellness" as one of the domains of service delivery to Health Self-Maintenance.

(f) The addition of the service location "in the home" as a separate location from "community" may create confusion and burden for providers and managed care organizations. Services provided in the home are often logged as being in the community, distinct from in the facility. Adding home as a separate location could create billing issues. For example, PRS staff may work with the individual at home on skills related to preparing to leave the house to use public transportation, and then support the individual in using skills to use public transportation out in the community. So, two separate "locations" are used for one service which may involve

different location codes for one service. In addition, the most recent Telehealth Bulletin OMHSAS-22-02 equates in "community settings" with "in the home" in the phrase "may deliver services through telehealth to individuals in community settings, such as to an individual located in their home" (p.4, 2nd paragraph on Originating Sites). *We recommend adding "in the home" to the definition of "in the community" such as: A PRS agency may offer PRS in a PRS facility or in the community (which includes in the individual's home), as is consistent with an approved agency description.*

§5230.15 Agency service description

(a)(3)(ii) Age range and age groupings, including information on how different age groups will be separated. *Please provide clarity on expectations on how different age groups would need to be separated.*

(a)(6) Reference is made to the location of the services. As in the §5230.4 section above, *please modify this statement so that "in the home" is not a separate location, but an example to include for "in the community".* For example: The location of service, whether in a PRS facility or in the community (including in the person's home), or both.

(a)(18) We support the inclusion of engaging and involving family members and natural supports when the individual consents to involvement.

§5230.16 Coordination of services

We appreciate adding coordination of services with (a)(6) Peer support service agencies, (b)(2) Substance use disorder programs, and (b)(4) other agencies and systems that serve individuals 14 years of age or older.

§5230.31 Admission requirements

(a)(2). We support the additional diagnoses and the functional impairment assessment included in the list for LPHA recommendation letter for PRS. However, this list does not include Autism Spectrum Disorder (ASD), although it does add Attention Deficit Hyperactivity Disorder (not typically categorized as a serious mental illness). Community Care has programs in our network where exception requests are made for ASD diagnoses without a co-occurring serious mental illness and programs have received training from the ASERT Collaborative, Western Region on working with people with ASD in psychiatric rehabilitation programs. Community Care is supportive of efforts to include ASD in the diagnosis list when assessments of functioning indicate that PRS interventions may meet the needs of individuals with ASD in either mobile, site-based, or clubhouse PRS programs, and those programs include ASD in their service

descriptions and participate in specialized training. The goals of PRS to 'choose, find, get, and keep' a meaningful social role in the community could benefit people with ASD.

(a)(3)(v) *For the domains of focus for the functional impairment assessment, please update the term for the domain of "wellness" to Physical and Mental Health/Wellness or "Health Self-Maintenance".*

(a)(4) We disagree with the deletion of the requirement that individuals "Choose to receive PRS". PRS is a voluntary service and individuals have a right to decide whether and how to participate in PRS. In addition, under Continued Stay requirements, 5230.32 (b)(1) states that an Individual chooses continued participation in the PRS. *Community Care recommends keeping the Admission Requirement that the person chooses to receive PRS.*

(c)(3) Documentation of anticipated benefit of PRS for the individual. There is concern that asking the LPHA to detail the expected benefit of PRS adds burden to the LPHA who have already identified the diagnoses and functional impairments (using the more detailed definition that we recommend). The expected benefit of PRS is always improved functioning in the domains and goals that the individual chooses to focus on. PRS staff collaborate with the individual to choose participation in PRS, identify domain(s) of focus, and select goals, skills, and resources in developing the Individual Rehabilitation Plan. LPHAs may not have experience using these PR interventions that involve collaborating with the individual to choose the area of focus and/or benefit in documenting eligibility for PRS in the recommendation. *We suggest eliminating that additional requirement to document the anticipated benefit in the LPHA recommendation.*

(d) Upon admission, it is proposed that PRS complete an initial functional impairment screening with the individual to confirm the individual's moderate to severe functional impairment in at least one of the domains identified by the LPHA. PRS staff collaborate with the individual to select goals and conduct assessments of skills and resources needed to achieve a goal in developing an Individual Rehabilitation Plan. Typically, this is a strengths-based collaborative assessment process identifying skill strengths and skills to develop related to the individual's chosen goal. Requiring screening for functional impairment related to a psychiatric diagnosis identified by an LPHA seems beyond the scope of practice for PRS providers and contradicts accepted PR principles and practices. However, upon admission PRS may engage the individual in a discussion of the domains in which they would like to explore further and develop an IRP to address. *We recommend deleting the requirement of PRS to screen for functional impairment upon admission to the program.*

§5230.32 Continued stay requirements

(b)(2)(i) In this section, there is a statement that "there is a functional impairment that is addressed in the IRP" as a continued stay requirement. *We recommend modifying the statement to terminology that reflects PRS focus on strengths and not on limitations or impairments: "As a result of serious mental illness or serious emotional disturbance there are domains of functioning that continue to be addressed in the IRP."*

§5230.42 Nondiscrimination

Community Care supports the rewording of the categories of discrimination to include race, color, creed, disability, religious affiliation, ancestry, gender, gender identity or expression, sexual orientation, national origin, or age.

Submitted by a primary contractor for consideration: Using these terms may require explanation members in varying ages may not be able to fully grasp the concepts, trending demographic information without some defined categories not accurately reflect population diversity. Please Consider: Removing the term color (as some individuals cannot use a color to identify themselves or their community such as the Asian Community) and include race/ethnicity (East Asian/Korean); Adding questions such as:

Please share your gender identity.
I prefer to self-identify as _____
Prefer not to answer

As younger members begin to join programs and efforts being made to be more inclusive in services documentation and identity. Documentation should include the use of appropriate pronouns and the term preferred pronoun is outdated, for members who wish to identify their pronoun, should simply be asked, "What are your pronouns", and should be clearly documented and use consistently when referring to members in notes. Members who are transgender who have started their transition may prefer to be addressed using their chosen name but may not have begun their legal transition. Consider: Offering Psych Rehab providers some direction on how to document and address members by their chosen name and legal name. Example: Staff can make a note in member's chart requesting that the member's legal name is on legal documents and allow member to sign notes and other non-legal documents with their preferred name.

§5230.51 Staff qualifications

In this section, requirements for a PRS director, PR specialist, PR Worker, and PR assistant are described for working with individuals 18 years and older, but no description of requirements

for a PR Worker or PR assistant is included for working with individuals 14 years or older but under 18 years old. *We recommend adding these two positions with the specific requirements for the younger population served.*

§5230.53 Individual services

We recommend adding that PRS may be delivered to the individual using telehealth, in accordance with regulations on telehealth, such as: A PRS agency shall provide individual services in a PRS facility or in the community (including the home) or both, with the option to provide services using telehealth in accordance with regulations on the use of telehealth for delivery of behavioral health services. In addition, please include a reference that up to 25% of individual services in a calendar year may be provided by audio-only to support the individual in PRS.

§5230.54 Group services

We recommend adding that PRS may be delivered to a group using telehealth, in accordance with regulations on telehealth such as: A PRS agency shall provide group services in a PRS facility or in the community (including the home) or both, with the option to provide services using telehealth in accordance with regulations on the use of telehealth for delivery of behavioral health services.

§5230.55 Supervision

Community Care supports the deletion of the requirement that supervision be "face-to-face" given the flexibilities in using telehealth in service delivery.

§5230.56 Staff training requirements

(2)(i) Resilience as a topic of training is added only to the Services for Youth training requirements. *We recommend adding that 12 of the hours of training under both the adult and youth services include psychiatric rehabilitation, recovery and/or resilience, and wellness practices.*

2(ii) *Please clarify if the 6 hours required on youth services is exclusive or inclusive of the 12 hours of PR, or resilience training.*

(3)(ii) Please define Mentoring– how is this similar to or different from training, or supervision, or on-the-job support before working independently? *We recommend changing this requirement to Six hours of direct, in-person supervision and mentoring in the program or the field for new staff prior to delivering services independently.*

§5230.61 Assessment

(b)(3) Eliminates reference to health care facilities. *Community Care suggests keeping the term "health care facilities" in addition to the term "human services programs or facilities" as this is important to physical and mental health and wellness.*

(b)(6) *Community Care suggests keeping the requirement for individual signature on assessment* but adding that signatures may be physical or electronic as stated in OMHSAS-22-02 Telehealth Bulletin, as might be necessary when telehealth is used to deliver PRS.

(b)(7)(ii) Requires that the assessment be updated when the individual's diagnosis and identified needs change. PRS focuses on collaborative assessments of functioning conducted with individuals related to their goals regardless of medical diagnosis of psychiatric conditions. A change in psychiatric diagnosis is not relevant to the delivery of PRS, as the focus is on changes in functioning. *Community Care recommends deleting the word diagnosis from this statement.*

§5230.62 Individual rehabilitation plan

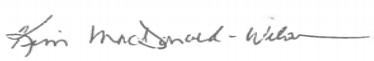
(a)(7) Regarding dated signatures on the rehabilitation plan, add that signatures are required. *We suggest that PRS staff should be required to obtain the signature of the individual on the IRP and not allow documenting consent to the plan. Signatures may be physical or electronic as stated in OMHSAS-22-02 Telehealth Bulletin, as might be necessary when telehealth is used to deliver PRS as this is consistent with the collaborative practice of actively involving the individual in all phases of PRS.*

§5230.63 Daily entry

(4) Community Care agrees with the deletion of the requirement for individual's signature on the Daily Entry, as it reduces administrative burden, especially with the advent of telehealth.

Thank you for the opportunity to provide comment on the proposed rulemaking for Chapter 5230 Psychiatric Rehabilitation Services. Please do not hesitate to contact us about these comments.

Respectfully submitted on behalf of Community Care Behavioral Health,



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