

PRS Implementation Question and Answer Update March 21, 2014

ADMISSION, CONTINUED STAY AND DISCHARGE REQUIREMENTS

Section 5230.31 Admission Requirements

Section 5230.32 Continued Stay Requirements

STAFFING

Section 5230.56 Staff Training Requirements

MISCELLANEOUS: Non PRS Services and Activities

Section 5230.31 Admission Requirements

Question: Can psychiatric rehabilitation services (PRS) be provided for adults with autism spectrum disorder (ASD)?

Answer: ASD is a developmental disorder. An individual diagnosed with ASD alone does not qualify to receive PRS unless the individual has a co-occurring mental health diagnosis and meets all of the admission requirements for PRS under section 5230.31.

Section 5230.32 Continued Stay Requirements

Question: If withdrawal of service to an individual will result in loss of rehabilitation gain or goal could that individual stay in PRS indefinitely? Also, in Clubhouse model program, membership is voluntary and without time limits. Does this mean individuals can stay in clubhouse indefinitely/forever?

Answer: The very nature of psychiatric rehabilitation is to support the individual in the recovery process and to assist the individual to establish or reestablish their chosen roles in the community. Clearly the intent of this criterion is not to continue PRS indefinitely for an individual. Rather once a goal is attained and skills learned, some period of reinforcement and support might be needed from the PRS agency staff to ensure that an individual can retain and utilize the skill they've learned in the community. The PRS agency staff shall determine an individual's eligibility for continued stay during an IRP update. Further, once an individual attending clubhouse is discharged from the PRS component that is compensable using PRS billing codes, that individual may choose to continue clubhouse membership in order to continue valued relationships, attend social activities and enrichment activities not compensable under PRS billing codes.

Section 5230.56 Staff Training Requirements

Question: Staff training costs will be costly for PRS agencies. Will the state provide reimbursement for staff training costs?

Answer: No, typically staff training is an agency incurred cost. PRS agencies should include staff training costs when rates are negotiated between the agency and the BH-MCO or County. Staff training requirements under Chapter 5230 remain similar to those under the previous MNC and Standards. Keep in mind that only the 12 hour orientation to PRS course is required from an OMHSAS approved vendor. PRS agencies may seek all other annual trainings from a variety of sources locally, regionally and nationally. PRS agencies may provide some of their own annual staff training as long as the training has clear learning objectives and meets other specifications under 5230.56, Staff Training Requirements.

Miscellaneous: Non-PRS Services and Activities

Question:

Can you explain what kind of services or activities are not considered to be a part of psychiatric rehabilitation services (PRS) in Pennsylvania, even though these services may be considered PRS in the national literature?

Are activities such as attending a ball game or a picnic considered to be psychiatric rehabilitation?

Answer:

There are a variety of services, activities and approaches that are complementary to participation in PRS that cannot be billed under Medicaid in Pennsylvania. These services and activities include vocational services including training for a specific job, educational programs including GED programs or other classroom education that prepares an individual for a specific degree or trade.

Community Residential Rehabilitation (CRR) programs, Case Management Services, ACT or CTT programs and Drop-in Centers are separate and distinct from PRS, and are not eligible for PRS funding.

Enrichment activities/trips are not eligible for PRS funding including activities such as bingo, picnics and social outings/trips that are provided for fun and are non-goal specific are not considered to be PRS. Supportive services, such as weekly check- in by a supportive housing staff person to check on the general well-being of and individual living in and apartment, in-home medication delivery where service focuses on drop-off and supervision of medication, socialization programs that focus primarily on social, recreational and leisure activities and personal care services that assist and individual with tasks such as housekeeping and bathing are also not considered to be PRS.