

**Title 55, Public Welfare, Chapter 5230
Psychiatric Rehabilitation Services
Question and Answer Document**

GENERAL PROVISIONS

§5230.3 Definitions

GENERAL REQUIREMENTS

§5230.11 Organizational Structure

§5230.13 Agency Records

§5230.14 Physical Site Requirements

§5230.15 Agency Service Description

INDIVIDUAL RECORD

§5230.21 Content of individual record

§5230.22 Documentation standards and record security, retention and disposal

ADMISSION, CONTINUED STAY AND DISCHARGE REQUIREMENTS

§5230.31 Admission requirements

§5230.32 Continued stay requirements

§5230.33 Discharge requirements

STAFFING

§5230.51 Staff qualifications

§5230.52 General staff requirements

§5230.53 Individual services

§5230.54 Group services

§5230.55 Supervision

§5230.56 Staff training requirements

SERVICE, PLANNING AND DELIVERY

§5230.61 Assessment

§5230.62 Individual rehabilitation plan

§5230.63 Daily entry

DISCHARGE

§5230.71 Discharge

§5230.72 Discharge summary

QUALITY IMPROVEMENT

§5230.81 Quality improvement requirements

WAIVER OF STANDARDS

§5230.91 Request for waiver

MISCELLANEOUS QUESTIONS

Title 55, Public Welfare, Chapter 5230

Psychiatric Rehabilitation Services

Question and Answer Document

GENERAL PROVISIONS

§5230.3 Definitions

Question: Under LPHA, why are Licensed Social Workers and Licensed Clinical Social Workers not approved to make a recommendation, but able to provide many other mental health services?

Answer: Under federal law at Title 2 Public Health 42 U.S.C.A. § 440.130, states may cover diagnostic, screening, preventive and rehabilitative services under the Medicaid Rehab Option, including “any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts within the scope of their practice under State law, for the maximum reduction of physical or mental disability and restoration of an individual to the best possible functional level.” A person holding an LSW or LCSW from the Pennsylvania Department of State, Bureau of Professional and Occupational Affairs is limited to those activities within scope of practice as defined in the Medical Practice Act and Pennsylvania Department of State regulations. Scope of practice for LSW and LCSW does not currently include prescribing or recommending clinical services.

GENERAL REQUIREMENTS

§5230.11 Organizational Structure

Question: Can a Board of Directors with no consumer representation serve as the Advisory Board for PRS?

Answer: No, under §5230.11 (1)(i) the regulation indicates that a PRS agency shall establish guidance from an advisory board that includes participation by individuals and families who utilize mental health services. The regulation establishes this requirement as the minimum standard and is not specific as to the percentage or number of individuals or family members required in the overall membership composition of the advisory board. If the corporate advisory board does not include individual and family members, the PRS agency may establish a separate advisory board to meet this requirement.

§5230.13 Agency Records

Question: What does the term “Daily Schedules” under §5230.13 (7) mean—does it mean for individual staff, or for the programming at the facility?

Answer: §5230.13 (7) refers to programming at the facility. The requirement for staff schedules is seen under §5230.13 (6)(vi).

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Question: What does the use of interns or volunteers look like in the context of psychiatric rehabilitation?

Answer: Chapter 5230 does not set specific requirements for PRS student interns or volunteers. However, Chapter 5230.13 (6)(i) requires human resources policies and procedures that address job descriptions for staff positions. When a PRS decides to use student interns or volunteers to assist with the provision of PRS in a licensed facility, the facility must create a job description for these positions and have human resources policies and procedures governing student intern or volunteer activity. Since the job descriptions for student interns or volunteers are categories not included in §5230.51, a PRS agency may not count student interns or volunteers toward the minimum staffing requirements. As required under §5230.52 (d), when a service is delivered, a PRS agency shall schedule a psychiatric rehabilitation specialist or a psychiatric rehabilitation worker to be present; therefore, a student intern or volunteer may not work alone.

§5230.14 Physical Site Requirements

§5230.15 Agency Service Description

Question: Our PRS agency currently provides on-site and mobile services. Under the new regulation, does this require two licenses and two separate service descriptions?

Answer: No, not necessarily. Chapter 5230 is designed to ensure that PRS facilities provide the amount and mode of services needed by the individual and addressed in the IRP, in order to achieve stated goals. Therefore, a facility that provides services both in the facility and in the community needs only one license, as long as the service description covers both components of the service and the license indicates the use of both site based and mobile services.

Question: Some PRS agencies offer both site-based and mobile services, or Clubhouse and mobile services. How will OMHSAS decide whether the PRS agency requires one or two licenses?

Answer: A Clubhouse PRS or a facility-based PRS may offer occasional community-based services to an individual based on the IRP, and a community-based PRS may offer occasional facility-based services to an individual based on the IRP, in keeping with an approved service description. The license will indicate whether an agency is approved to offer one or more than one PRS service type. Possible service type designations on the license include: Clubhouse, Mobile (community-based), Site-based (facility-based), Clubhouse & Mobile, Site-Based & Mobile. The Department changed the terminology in the regulation, but did not change the terminology on the Certificate of Compliance. OMHSAS will review the service description. When a legal entity offers two distinct service types at two distinct PRS agencies, such as a Clubhouse or a facility-based PRS at one location and an entirely community-based PRS at another location, each distinct PRS agency needs a separate service description and a separate license. One service type cannot be a satellite of a different service type.

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Question: Is the development of a service description the way OMHSAS will "license" the providers in lieu of an on-site visit and must the description be submitted annually or only if something changes. When will licensing occur?

Answer: Chapter 5230 requires a service description at start-up, and any time the service description is changed. With the new regulation, every licensed provider was required to submit a revised service description for OMHSAS approval by August 9, 2013. Chapter 20 remains in effect and requires annual inspection of the facility. Annual licensing visits will continue to be scheduled in the same manner as previously, with an inspection at least 60 days prior to the expiration date of the license.

Question: As with other supplemental services, will OMHSAS expect that BH-MCOs review the PRS service description prior to submission to OMHSAS?

Answer: Chapter 5230 does not require a letter of support from the MCO in order for OMHSAS staff to evaluate a revised service description for compliance to Chapter 5230. However, all Supplemental Services are enrolled by the MCO, and MCO support is needed in order to activate billing codes and to continue as a credentialed supplemental service in that contract's network. This is particularly true when the PRS agency is revising the service description to add either community-delivered services or facility-delivered services to an existing license.

Question: Is the county required to approve service descriptions that make changes to services provided? If the county does not need to approve the service description, then why is there a requirement of a letter of support from the county?

Answer: Chapter 5230 does not require a letter of support from the county in order for OMHSAS staff to evaluate a revised service description. However, PRS agencies that are county funded should expect a county requirement to review and approve any changes to the PRS service description.

Question: If clubhouse is delivering PRS in the community, is the clubhouse required to have mobile on the license?

Answer: Yes, Chapter 5230 is applicable to all PRS facilities.

Question: If a clubhouse is certified by Clubhouse International (CI), does the clubhouse need to be licensed by DPW?

Answer: Yes. Clubhouse International certification alone is not sufficient to operate a PRS facility organized as a clubhouse and billing in HealthChoices or county base funding. All recovery based programs that identify themselves as PRS facilities must be licensed under Chapter 5230, including CI certified Clubhouses. Those CI certified clubhouses billing county base only that choose not to be licensed must identify services as something other than PRS, such as vocational rehabilitation and/or social rehabilitation.

INDIVIDUAL RECORD

§5230.21 Content of individual record

Question: If a PRS agency needs to get a recommendation from an LPHA for individuals currently receiving psychiatric rehabilitation, how are we supposed to document that?

Answer: PRS agencies need to develop a simple form that the LPHA can complete to meet this requirement. PRS agencies may use the same form for individuals who are currently participating in the PRS that will be used for newly referred individuals.

§5230.22 Documentation standards and record security, retention and disposal

ADMISSION, CONTINUED STAY AND DISCHARGE REQUIREMENTS

§5230.31 Admission requirements

Question: Does our PRS agency need to get an LPHA recommendation for the individuals that we are already serving, or just the new referrals?

Answer: Yes, the requirement under §5230.31 (1) applies to everyone being served by the PRS agency on or after August 9, 2013.

Question: Is there an expected date when the PRS agency needs to have the LPHA recommendation letter for individuals currently receiving PRS, and does the LPHA recommendation have an expiration date?

Answer: Yes, the requirement under §5230.31 (1) went into effect on August 9, 2013, and the PRS agency must have the recommendation in the record for all individuals in service on or after 8/9/13. Late recommendations will result in a citation and the need for a plan of correction. No, there is no expiration date on the recommendation from the LPHA.

Question: For those individuals who have not had a referral from an LPHA and are currently enrolled in PRS services, would the fact that the LPHA is signing off on the individual rehabilitation plan be considered in lieu of a referral for services for those individuals? Can this act as grandfathering for those individuals currently enrolled in PRS services?

Answer: No, the requirement for a recommendation from an LPHA applies equally to all. There is no grandfather clause in Chapter 5230 for this requirement.

Question: Does OMHSAS have a list of diagnostic exceptions that may be allowed by the LPHA?

Answer: No, there is no specific list of diagnostic exceptions. Chapter 5230.31(c)(1-2) requires the exception diagnosis to be a diagnosis from Axis I (clinical disorders including major mental disorders) of the DSM-IV-R or the ICD-9 or subsequent revisions. The written recommendation must also include a description of the functional impairment resulting from the mental illness as required under §5230.31(a) (3).

Question: If the LPHA writes an exception for an individual who does not meet the SMI diagnosis requirement, does this mean the PRS agency no longer needs to go through the MCO exception process? Additionally, is the MCO required to honor payment for that individual or what basis would the plan (MCO) have for denial?

Answer: Yes. Chapter 5230 places the responsibility to determine an individual's eligibility for PRS in the hands of the LPHA, therefore diagnostic exception no longer requires approval of the MCO. The diagnostic requirements under Chapter 5230.31 are intended to verify the individual's eligibility for PRS. No, the MCO is not required to honor payment. The MCO, through its clinical care management process, will verify medical necessity in order to determine whether and how much PRS should be authorized for each individual Member to address specific goals, in accordance with the MCO's established performance standards.

Question: What information needs to be in the LPHA recommendation? Could it be a checklist?

Answer: No. Chapter 5230.31 requires a diagnosis of mental illness listed on Axis I and a description of the functional impairment as a result of the illness. Documentation of the functional impairment should be in the form of a brief person-centered statement.

Question: When individuals are referred to our agency for PRS, we complete a form that the psychiatrist at our agency staff signs off on. This form includes the diagnosis and reason the person would like to attend PRS. If our agency would also include a description of the functional impairment on the referral form, would this be counted as the recommendation by the LPHA?

Answer: Yes

Question: If a licensed mental health professional (LMHP) signs off on the referral, and the referral contains required information for an exception diagnosis, does this need to be on a separate diagnosis exception statement?

Answer: Yes, a separate exception document signed by an LPHA is required. A licensed mental health professional does not necessarily meet the definition of an LPHA under this Chapter. Chapter 5230 requires that the diagnosis and recommendation for services come from an LPHA as defined (Physician, CRNP, PA, or Licensed Psychologist). The recommendation is required for every individual receiving PRS, regardless of whether the individual needs a diagnostic exception.

Question: Is a form that includes the diagnosis and is signed by the LPHA sufficient to meet the requirement for a recommendation for PRS?

Answer: No. The Department does not specify the form or format that the documentation of the recommendation by the LPHA must take. A form letter would be one acceptable documentation format; however, the letter must also include a brief description of the functional impairment.

Question: If the LPHA writes an exception for an individual who does not meet the SMI diagnosis requirement, does this mean the PRS agency no longer needs to go through the County exception process? Additionally, is the County required to honor payment for that individual or what basis would the County have for denial?

Answer: Yes. Chapter 5230 places the responsibility to determine an individual's eligibility for PRS in the hands of the LPHA, therefore diagnostic exception no longer requires approval of the County. The diagnostic requirements under Chapter 5230.31 are intended to verify the individual's eligibility for PRS. Each County, through its authorization process, will verify medical necessity in order to determine whether and how much PRS should be authorized for each individual to address specific goals. No, the County is not required to honor payment. The County still retains the ability to evaluate IRPs and requests for authorization to determine medical necessity and appropriateness of services to be offered in accordance with the County's established purchase of service contract with the PRS agency.

Question: In what form should an LPHA document the recommendation for PRS? What if the person self-refers?

Answer: Anyone may "refer" an individual for PRS, including the individual making a self-referral. When the referral comes from someone other than an LPHA, the PRS agency must obtain a recommendation from an LPHA that includes the diagnosis and functional impairment. The recommendation for service from an LPHA may be a simple form developed by the PRS agency, or the LPHA may write a letter.

§5230.32 Continued stay requirements

Question: How long may an individual stay in PRS?

Answer: Chapter 5230.32 requires that continued stay in PRS is based on the individual's choice to continue to participate in PRS and an ongoing need for PRS, as documented by a skill deficit or functional impairment addressed in the IRP, or evidence that withdrawal of PRS could result in loss of rehabilitation gains or goals previously attained by the individual.

§5230.33 Discharge requirements

STAFFING

§5230.51 Staff qualifications

Question: Do all staff who are currently working as a psychiatric rehabilitation specialist have to obtain CPRP certification? If so, what is the timeline for obtaining CPRP certification?

Answer: Yes, under Chapter 5230. 51(b) the definition of a PRS specialist is a person with a CPRP or a person with a bachelor's degree and 2 year's work experience in mental health direct service, 1 year of which is in PRS, who attains CPRP status within two years from date of hire as a PRS specialist. Enforcement of Chapter 5230 begins on August 9, 2013. There is no "grandfather clause" for this requirement in Chapter 5230.

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Question: Regarding §5230.51 Staff qualifications: Are staff hired under the 2001 PRS Medical Necessity Criteria & Standards grandfathered in under the new regulation, or do they have to meet the staff qualification requirements in Chapter 5230 for the specific position (i.e.: PRS specialist, PRS worker, etc.)?

Answer: Under Chapter 5230. 51 there is only one instance where a grandfather clause exists. See §5230. 51(a)(3), which allows a PRS director with an AA degree and a CPRP certification who has been employed as a PRS Director for the 6 months immediately prior to May 11, 2013 to be grandfathered under this chapter. All other staff must meet the requirements listed in §5230.51 Staff qualifications.

Question: Can the PRS Director also meet the requirement for the Psych Rehab Specialist?

Answer: Yes. A staff member who meets the requirements for a PRS director actually exceeds the qualification requirement for a PRS specialist. The Director's time may be counted toward the 25% FTE specialist requirement under §5230.52(h) and toward the 25% FTE CPRP requirement under §5230.52(i). However, it is important to remember that each PRS agency must employ both a PRS director and a PRS specialist as required under §5230.52(b).

Question: When the new regulation is implemented, will an existing PRS director who has a master's in rehab counseling and 10 years in PRS but not a CPRP, and who is working 5 hours per week meet the requirements under Chapter 5230?

Answer: No. Under §5230.51(a), the PRS director is required to have CPRP certification within two years of hire as the PRS director. Additionally, five hours per week is an insufficient amount of time for the PRS director position. §5230.52(g) requires that the PRS director be present at each licensed PRS facility an average of 7.5 hours per week in a calendar month.

§5230.52 General staff requirements

Question: Chapter 5230.52(h) requires that 25% of the FTE staff complement meet the qualifications of a PRS specialist. Does this requirement apply to the overall PRS service and staff or to individual program components if more than one service is offered (e.g. Clubhouse and PRS in the community)?

Answer: Chapter 5230.52(h) applies to the entire staff complement of each licensed PRS agency, regardless of whether services are provided in the facility or in the community, or both. For example, a PRS agency with 8 full time staff would be required to have the equivalent of at least 2 full time psychiatric rehabilitation specialists.

Question: Chapter 5230.52(i) requires that 25% of the FTE staff complement earn CPRP status within two years of initial licensing. Does this requirement apply to the overall PRS service and staff or to individual program components if more than one service is offered (e.g. Clubhouse and PRS in the community)?

Answer: Chapter 5230.52(i) applies to the entire staff complement of each licensed PRS agency, regardless of whether services are provided in the facility or in the community, or both. For example, a

9/27/13 final

PRS agency with 8 full time staff would be required to have the equivalent of at least 2 full time CPRP certified staff.

Question: If the PRS agency is licensed to provide PRS in the community (Mobile) only, where does the PRS director spend 7.5 hours per week?

Answer: Chapter 5230.14 requires the PRS agency to maintain a physical location (facility) for recordkeeping and other administrative functions, regardless of where the PRS service is provided. When the PRS agency is licensed to deliver community-based PRS only, the PRS director will be on duty, either at the facility or in the community with staff and individuals, for a minimum of 7.5 hours per week. The PRS director will need to evaluate the amount of time needed for supervision of service delivery in the community, and the amount of time needed for supervisory functions such as record reviews that typically occur in the facility.

Question: Is a PRS agency allowed to have more than one PRS director? Could there be a separate director for PRS delivered in the community (mobile) and PRS delivered in the facility (site-based)?

Answer: No. Chapter 5230.52 requires that a PRS facility employ a PRS director. The regulation does not require a separate director for community and facility-based components. A single PRS facility may offer both facility (site-based) and community (mobile) services to individuals consistent with the individual's IRPs. However, when a PRS agency intends to operate two distinct PRS service types and individuals attending one are excluded from services offered by the other, OMHSAS would require separate service descriptions and would issue separate licenses. For example: When PRS agency A offers only Mobile PRS while PRS agency B offers only Site-based PRS, there is an identified need for two PRS directors, two service descriptions and two licenses.

Question: Does the PRS director have to be employed full time?

Answer: No. Chapter 5230 does not specify the number of hours per week that a PRS director must be present at the PRS facility, overall. Chapter 5230.52(g) requires that the PRS director be present at each licensed PRS facility an average of 7.5 hours per week in a calendar month. Therefore, a PRS facility with more than one physical location (satellite locations) will need to calculate the minimum number of hours required overall.

§5230.53 Individual services

Question: May PRS services in the community take place in an individual's home?

Answer: Yes, any location outside of the licensed facility is considered the community for the purposes of this chapter. The IRP goal and method must reflect the need for PRS services in the specified location.

9/27/13 final

§5230.54 Group services

Question: Chapter 5230.54(d) states: A PRS agency shall obtain individual consent to participate in group services in the community. What does the regulation specifically require? Can this be a blanket consent form for any future group service in the community or does consent need to be obtained for each community group service an individual plans to attend?

Answer: In order to meet the requirements under §5230.54(d), individual consent is required for group PRS services delivered in the community. Chapter 5230.54(e) states that PRS staff are obligated to inform the individual of the location, purpose and roles of staff and individuals for each outing, and a PRS agency may not require an individual to participate in group services in the community. Chapter 5230 does not specifically indicate the method of documentation of the informed consent. PRS agencies may utilize separate consent forms for each community outing offered, or utilize one blanket individual informed consent form for each individual. Outing-specific documentation should then be provided in a daily entry.

Question: Chapter 5230.54(a)(2) states that a group in community may not exceed five individuals. Our Clubhouse Program will sometimes have activities in the community with one staff and more than five members. Can this be reported as a Psych Rehab activity (or would it be a Clubhouse activity that is not reported under Psych Rehab)?

Answer: Chapter 5230.54(a)(2) limits group size in the community to five individuals for PRS. Social outings, community immersion, enrichment, leisure and recreational activities do not meet the definition of psychiatric rehabilitation services. These activities are not MA compensable and may not be reported as psychiatric rehabilitation. Counties may choose to fund these activities under social rehabilitation cost centers.

Question: What if a PRS service has several satellite locations? Can those individuals participate separately in the community under the 1:5 ratio?

Answer: Yes. Each satellite location listed on the agency's license is a separate facility, as defined under §5230.3. Each facility may offer separate community delivered services.

Question: Under Chapter 5230.54 Group Services – May a facility-based program have 2 different staff take two different groups of up to 5 individuals to two different places in two different vehicles (company cars) during the same time period? Example: Staff A takes up to 5 individuals to get housing applications in Car 1, while Staff B takes up to 5 different individuals to a local job fair for job applications in Car 2?

Answer: Yes. Pennsylvania is a diverse state with large urban centers and remote rural areas, and with a great variety of PRS program sizes designed to meet localized needs. The intent of Chapter 5230 is to ensure provision of high quality psychiatric rehabilitation services that meet the needs of individuals using the services. Therefore, if a facility is able to meet staffing requirements for facility-based services and simultaneously able to provide sufficient qualified staff for group services in the community, multiple groups going to unique places in the community in the same time period are permissible. Maximum group size for each community group is limited to no more than 5 individuals, as required

9/27/13 final

under §5230.54(a)(2). Chapter 5230.13(6)(vi) and (7) require PRS agencies to maintain staff work schedules and time sheets and PRS daily schedules. Chapter 5230.52(d) requires that when a service is delivered, a PRS agency shall schedule a PRS specialist or PRS worker to be present; therefore, a PRS assistant may not deliver services alone either in the facility or in the community.

Question: Is there a requirement in the regulation limiting the number of individuals served by a community-based PRS worker or PRS specialist (overall “caseload” size)?

Answer: No. Chapter 5230 does not specify a minimum or maximum number of individuals that may be assigned to one community-based PRS worker or PRS specialist. The PRS director needs to consider travel time, individual needs in keeping with the IRP, and availability of PRS workers or PRS specialists when assigning staff to community delivered PRS services.

Question: If a health and wellness class incorporates walking, is that a “facility” or “community” based activity?

Answer: Chapter 5230.3 defines a PRS facility as “the premises licensed by the Department under this chapter”. Any PRS service delivered outside the confines of the licensed premises is considered a community activity, and group size is limited to no more than five individuals. Wellness goals and methods on the individual’s IRP must address a functional impairment that is the result of the mental illness in order to be considered a psychiatric rehabilitation activity.

Question: In moving from the 2001 PRS MNC & Standards to Chapter 5230, has there been a concept shift from offering a “day out in the community” to working on achieving individual objectives and goals related to recovery, and achieving or recapturing skills for roles to achieve community integration?

Answer: No, there has been no “concept shift”. Both the 2001 PRS MNC & Standards and the Chapter 5230 regulation were intended to guide the provision of psychiatric rehabilitation services, as defined. Social outings, community immersion, enrichment, leisure and recreational activities do not meet the definition of psychiatric rehabilitation services. These activities are not MA compensable and may not be reported as psychiatric rehabilitation. Counties may choose to fund these activities under social rehabilitation cost centers.

Question: Please provide a definition of what a “group” is for billing purposes. I will assume site-based is always considered a group. In mobile when is time split and when is group rate applied?

Answer: Service provided to one individual alone in privacy is not a group; the presence of more than one individual constitutes a group, regardless of whether the PRS service is offered in the facility or in the community. PRS remains a supplemental service under HealthChoices, or a county base-funded service. Each MCO or County will determine the billing rates and codes to be used for services provided. Please contact Provider Relations at your MCO, or your County for further information.

9/27/13 final

§5230.55 Supervision

Question: Chapter 5230.55(e) requires the signature of the director on the annual PRS staff evaluation. May a program specialist designated as a supervisor sign the evaluation instead of the PRS director?

Answer: No. Chapter 5230.55(e) states “A PRS director or psychiatric rehabilitation specialist designated as a supervisor shall annually evaluate staff and the PRS director shall review and approve annual staff evaluations”. Either the PRS director or the psychiatric rehabilitation specialist designated as a supervisor may complete the evaluation, but the evidence of the PRS director’s review and approval will be the PRS director’s dated signature.

Question: Is there a limit to how many FTE staff a supervisor or PRS director may supervise?

Answer: No, there is no established limit to the number of FTE staff a director or supervisor may supervise. The PRS director needs to consider agency needs in keeping with the approved service description and individual needs in keeping with the IRP when hiring and assigning staff.

Question: May a PRS director meet with staff one time per week, alternating group staffing every other week and individual employees every other week?

Answer: Yes. Chapter 5230.55(c) requires one-to-one employee supervision no less than two times per month. Chapter 5230(d) does not set a requirement for the number or frequency of group supervisory activities. The PRS director needs to consider agency and facility needs and staff member needs in developing a supervision schedule for the agency.

Question: May an employee who does not meet the requirements for PRS director or psychiatric rehabilitation specialist designated as a supervisor perform supervisory functions in the absence of the staff assigned to those roles? For example, may a non-qualified staff member perform these functions when the PRS director or psychiatric rehabilitation specialist designated as a supervisor is on vacation?

Answer: No. Chapter 5230.55(b) allows for a psychiatric rehabilitation specialist designated as a supervisor to perform supervisory functions as delegated by the PRS director, consistent with approved job descriptions for the two positions. This provision was included in order to address PRS agencies’ needs related to potential planned and unplanned absences of the PRS director. Other employees who do not meet these qualifications may not perform supervisory functions.

§5230.56 Staff training requirements

Question: If a staff member resigns and is later rehired, is that staff member required to repeat the Department approved 12 hour Psychiatric Rehabilitation orientation course? In the same scenario, is the staff member required to repeat the six hours of training in the specific model or approach, or the required 6 hour face-to-face mentoring for new staff prior to working independently?

Answer: When an individual completes the 12 hour PRS orientation course, the Department approved trainer issues a certificate of completion. This course does not need to be repeated for subsequent PRS employment. The other training requirements listed under §5230.56(3)(i) and (ii) are specific to the term of employment and must be repeated.

9/27/13 final

Question: May training in the PRS model, i.e., Boston University (BU) approach, be provided by the PRS director or does it need to be provided by a certified trainer of the model? It would be difficult to hire a BU certified trainer.

Answer: Chapter 5230.56(4) requires a PRS agency to assure that training has learning objectives. The regulation does not specify who may deliver the model-specific training required under §5230.56(3)(i). Only the 12 hour Orientation to Psychiatric Rehabilitation course required under §5230.56(1) specifies a need for a “Department approved trainer”.

Question: If an organization provides other human services in addition to PRS, do the training requirements apply to the entire organization or just the PRS program? The definition of PRS agency makes it sound like the entire organization would be included as a PRS.

Answer: Chapter 5230.2 Scope states: “This chapter applies to PRS agencies as defined in this chapter and contains the minimum requirements that shall be met to obtain a license to operate a PRS facility.” Therefore, the training requirements apply only to the licensed PRS agency. The PRS agency is not to be confused with the legal entity, defined in Chapter 20 as “A person, society, corporation, governing authority or partnership legally responsible for the administration and operation of a facility or an agency”. A legal entity often offers more than one mental health service agency (such as Outpatient and Psychiatric Rehabilitation), or more than one type of human services (such as mental health, intellectual disability, or vocational services). Chapter 5230 applies only to the PRS agency.

SERVICE, PLANNING AND DELIVERY

§5230.61 Assessment

Question: Our Program currently has a Psych Rehab Assessor that completes a comprehensive assessment for referral to service. May that assessment be utilized as the initial assessment that is required by day 20?

Answer: Yes, provided that the Psych Rehab Assessor completes the comprehensive assessment in collaboration with the individual. Chapter 5230.31(b) requires a functional assessment to determine the individual’s eligibility for PRS. The functional assessment may be based on medical records and may be completed prior to admission to the program. However, Chapter 5230.61 requires a more comprehensive assessment that is completed by PRS staff in collaboration with the individual. The comprehensive assessment is used to develop the IRP with the individual by day 20 of attendance, as required under 5230.62(7)(b). Sample forms for these two purposes are available at www.parecovery.org.

Question: Who is qualified to do the updated assessment?

Answer: Any PRS staff member may complete the assessment in collaboration with the individual. Chapter 5230.61(6) requires the dated signature of the individual and the PRS staff member.

Question: Are you familiar with the DLA-20? May it be used in conjunction with the functional assessment?

9/27/13 final

Answer: Yes. The DLA-20 (daily living activity assessment) is authored by MTM services and the National Council for Behavioral Health and measures the daily activities impacted by mental illness. This document exceeds what is required by §5230.31(b) for completion of a functional assessment. Chapter 5230 establishes the minimum requirements for licensure. The DLA-20 may be a useful tool for completion of the more comprehensive assessment required under §5230.61. The Department does not require the use of any particular form. Facilities may utilize the sample assessment forms the Department published on www.parecovery.org, or they may adopt the use of other external tools as appropriate.

§5230.62 Individual rehabilitation plan

Question: Will the August 9, 2013 implementation date mean that all the individuals we are currently serving will have IRP reviews done on the same date, or do we continue with their current timelines for IRP completion?

Answer: Under Chapter 5230.62, the requirement for a 90 day review of the IRP is consistent with the requirement under the 2001 PRS MNC and standards. Therefore, the due date of an individual's IRP review is not affected by the effective date of Chapter 5230. PRS agencies should continue with current IRP review timelines for each individual and ensure that the IRP completed after August 9, 2013 meets the requirements of §5230.62.

Question: Can you confirm that the monthly progress note previously required under the 2001 MNC & Standards is no longer required?

Answer: Yes. For purposes of licensure under this regulation, Chapter 5230 does not require a monthly progress note. Instead, §5230.62(c) requires an IRP update at least every 90 days and §5230.62(d) requires that a comprehensive summary accompany each IRP update.

Question: May a PRS agency designate a psychiatric rehabilitation specialist or CPRP to sign off on IRPs, 90 day IRP updates and comprehensive summaries?

Answer: No, §5230.62(a)(7) and (d)(7) specifically require the dated signature of the PRS director. Those functions of the director that may be delegated to a PRS specialist consistent with the job description are limited to supervisory functions as defined under §5230.55(a, b, c, and d).

Question: When a goal includes the delivery of PRS services in the community, must the IRP state where the service will take place?

Answer: Yes. When the method of service provision required under §5230.62(a)(2) results in a need for PRS delivered in a community setting, the IRP must state the intended service location as required under §5230.62(a)(6).

Question: May an individual be authorized to receive both mobile and facility-based PRS? For example, may an individual be authorized to receive facility-based PRS and Transitional Employment services?

Answer: Yes. Chapter 5230 allows an individual to receive both facility-based and community-based psychiatric rehabilitation services, as identified in the IRP. However, authorizations for service are the

9/27/13 final

responsibility of the payer, either the MCO or the County. The MCO or the County retains the ability to evaluate requests for authorization and rehabilitation plans to determine medical necessity and appropriateness of services to be offered, in accordance with its established performance standards. There are some recovery services that are not considered psychiatric rehabilitation and are not MA compensable. Some examples include certain social activities, enrichment and community immersion activities and vocational services, including Transitional Employment. PRS agencies have the option to seek authorization for payment for services that do not meet the definition of PRS from other funding streams, such as OVR or the County (using social or vocational rehabilitation cost centers).

Question: May a PRS facility offer an individual both facility-based and community-based psychiatric rehabilitation services under one IRP?

Answer: Yes. Chapter 5230.4(f) states “A PRS agency may offer PRS in a PRS facility or in the community, or both, as is consistent with an approved agency service description”. Additionally, §5230.4(c) requires the PRS agency to consider individual needs and preferences in the development of the IRP. A separate IRP is not required when an individual will receive both facility-based and community-based PRS. The Certificate of Compliance (license) issued by the Department will indicate which services types (Clubhouse, site-based, mobile, or a combination of types) a licensed facility is approved to offer. The payer has the responsibility to authorize the types and number of units of service to be delivered based upon medical necessity and appropriateness. Please contact your county or MCO for specific guidance on the authorization for payment process.

Question: Chapter 5230.62 requires the IRP to have “a goal designed to achieve an outcome”. Is that meant to be the overall rehabilitation goal, or does this requirement refer to smaller goals or objectives?

Answer: Both. Chapter 5230.62(a)(1) refers to the overall rehabilitation goal. One example might be: ‘I intend to obtain an independent living arrangement by September 2014’. Chapter 5230.62(a)(4) requires the IRP to include action steps and time frame. This requirement pertains to the smaller objectives that are the stepping stones to goal completion. Some examples might be: ‘Save money for a security deposit within 90 days’ or ‘Learn how to plan and cook healthy meals for myself within 90 days’.

§5230.63 Daily entry

Question: If the individual writes notes or daily entries for the day and signs and then staff writes notes on the same form after the individual, does that meet the daily entry requirements?

Answer: Yes. The Department does not require specific forms or formats. A daily entry written by the individual and a daily entry written by the PRS staff member may be on the same form or separate forms, according to the best judgment of the PRS facility. The requirement to write a daily entry under §5230.63 is the responsibility of the PRS agency staff, and not the individual receiving services. Individuals are encouraged but not required to write daily entries in the record. Sample forms are available for consideration at www.parecovery.org.

Question: Does a check box format meet regulations for the daily entry?

9/27/13 final

Answer: No, a check box format alone does not meet the requirements. Although the Department does not require specific forms or formats, §5230.63(2 & 3) require that daily entry documentation be written in the context of the goal, and describe the individual's response to service. Therefore, while check box formats may be a component of the daily entry, some narrative will also be needed in order to meet these requirements.

Question: Where should a third person entry, such as an entry from the psychiatrist, be made in the PRS record?

Answer: There may be times or instances when mental health services other than PRS are provided at a PRS facility location. Individuals receiving PRS and staff of the PRS agency should document services provided in the PRS record. When an agency offers additional mental health services other than psychiatric rehabilitation, those services are required to be distinct from the PRS in terms of service content and physical space utilized, as required under §5230.14(2)(i) and (ii). Some examples of other services include, but are not limited to, psychiatric services, vocational services, or supportive living services. When an agency chooses to offer other mental health services at the PRS location, the agency should provide separate space within the facility and separate documentation formats for the non-PRS services. Individual records of the PRS service and the separate mental health service are required to be distinct but may be housed in separate sections of the same binder, or separate tabs in an electronic health record.

Question: Under the requirement for a daily entry at §5230.63, what does the term "duration" mean? Should "time" include beginning and ending time written in clock hours in the daily entry?

Answer: Chapter 5230.63(1) requires a daily entry that indicates the date, time, duration, location and type of interaction. Duration means the period of time when PRS is offered. To meet the requirements for time and duration, it is necessary to enter the beginning and ending time for the service provided. This is necessary because PRS is currently reimbursed in 15 minute units of service under HealthChoices. It is acceptable to use either documentation of clock hours with a.m. and p.m. designations, or documentation using military time. The PRS has the option to write one daily entry for the entire day, or multiple entries for any one day, depending on services offered and logistical considerations.

Question: In §5230.63(1), what is meant by the term "type of interaction"?

Answer: Under Chapter 5230.63(1), the term "type of interaction" refers to the PRS activity provided, such as whether the activity was an individual or group interaction, and whether the activity included such elements as assessment, goal planning, skills teaching, modeling, practicing, searching for community resources, etc. Please see §5230.4 for a more complete list of PRS practices that may be documented in a daily entry.

Question: How can our PRS agency handle daily entry notes electronically?

Answer: In response to the Affordable Care Act, many agencies are moving to the use of electronic health records. Each PRS agency may choose the EHR format that best meets its needs.

DISCHARGE

§5230.71 Discharge

§5230.72 Discharge summary

QUALITY IMPROVEMENT

§5230.81 Quality improvement requirements

Question: What is meant by making the QI results available to the public? Do you mean the general public?

Answer: The PRS agency is required to maintain a copy of the annual QI report at the facility, and make it available to the public (i.e.: stakeholders) on request.

WAIVER OF STANDARDS

§5230.91 Request for waiver

Question: May a person who has been the director of a licensed PRS program for the past 5 years, who does not meet the qualification for psychiatric rehabilitation director under the new regulation, get a waiver of the staff qualification requirements?

Answer: Each request for a waiver of a requirement will be evaluated individually on its merits, with consideration of the stated plan to come into compliance with the regulation. However, in the example given, a waiver is not necessary if the PRS director meets the requirements of the “grandfather clause” listed under §5230.51(a)(3).

MISCELLANEOUS QUESTIONS

Question: Under the new regulation, does our agency still need to offer individuals choice of PRS providers, and document choice on a provider choice form?

Answer: No. Documentation of choice of providers is not a requirement for licensure under Chapter 5230. It is a HealthChoices requirement for “In-plan” services. PRS remains a “Supplemental Service” in HealthChoices at this time. We recommend that each PRS agency seek direction on this question from the appropriate MCO.

Question: Will OMHSAS conduct the license review and approval process in the future, or will it be conducted by the Bureau of Human Services Licensing?

Answer: At this time OMHSAS intends to retain the responsibility to inspect and license PRS facilities as required under Title 55 Chapter 20.

9/27/13 final

Question: Does OMHSAS provide codes and establish rates for PRS offered as a supplemental service?

Answer: No. Coding and rate setting for supplemental services under HealthChoices remain the responsibility of the MCO.

Question: Will the MCO give providers new rates and codes for individual and group services? Will reimbursement rates change under the new regulation?

Answer: Reimbursement rates are set by the payer that authorizes the service, either the MCO or the County. All questions about rates and coding should be referred to the MCO (for MA funded services) or the County (for County funded services).

Question: When billing for PRS provided to a group, does the PRS agency bill the service using a bundled rate?

Answer: PRS remains a supplemental service in HealthChoices. As such, each MCO will independently set the payment methodology; however, individual encounter data is required. Please contact your MCO for codes, rates and billing instructions. For individuals whose services are county base-funded, authorization from the county is required. Counties funding PRS have the option to offer program funding or utilize a fee-for-service model; however, individual encounter data is required. Please contact your county for codes, rates and billing instructions.

Question: How can agencies who offer both community delivered PRS and Peer Support Services differentiate between the actual services offered? How can providers avoid duplication of services?

Answer: Peer Support is a separate and distinct service, and is not psychiatric rehabilitation. PRS is regulated under Chapter 5230. Peer Support Services standards are found under OMHSAS bulletin OMHSAS-09-07. Payment for Peer Support Services requires separate approval or licensure from DPW-OMHSAS. When a Certified Peer Specialist is employed in a PRS facility in any PRS staff role (PRS assistant, worker, specialist or director) the CPS must meet the applicable requirements for the position listed under §5230.51, and must deliver PRS, not Peer Support. If a PRS agency would choose to embed a CPS in the PRS agency to offer Peer Support Services, those services would not be compensable as PRS.

Question: When a CPS is working in a PRS agency as a PRS staff member how will CPS volunteer and work experience be calculated?

Answer: A CPS who meets the minimum requirement for CPS (one year of work experience) qualifies as PRS assistant under §5230.51(d). A CPS who has one additional year of paid or volunteer work experience in mental health direct services meets the qualifications for a PRS worker under §5230.51(c)(3). A CPS has the same opportunities for advancement within a PRS agency as any other staff member. The requirements for each position are listed under §5230.51.

Question: Will a Certified Peer Specialist (CPS) be “grandfathered in”?

Answer: No, there is no grandfather clause under §5230 that affects CPS staff.

9/27/13 final

Question: Is there a written list outlining the types of employment services that are funded or not funded under the new PRS regulation?

Answer: No, there is no such list within Chapter 5230. Chapter 5230 is a licensure regulation, not a payment regulation, and does not specify particular services that will or will not be funded. Licensure of a PRS facility is necessary to obtain MCO credentialing as a supplemental service. The MCO is limited to funding those services that are deemed PRS and are therefore Medicaid compensable. To be Medicaid compensable as PRS, the service must address the individual's impairment in functioning resulting from the mental illness. PRS is funded under the Rehabilitation Services Option of Pennsylvania's State Medicaid Plan. Vocational training including job training, vocational and educational services are not Medicaid compensable under the Rehabilitation Services Option. In 2005, The Centers for Medicare and Medicaid Services (CMS) issued an Evidence Based Practices guidance document that states "supported employment and pre-vocational training" cannot be covered. The guidance document further states that "vocational training is among the few services statutorily excluded from Medicaid reimbursement and payment may not be made for employment assessments or ongoing support to maintain employment".

Question: If the county does not need to approve the service description, why is there a requirement of a letter of support from the county?

Answer: A letter of support from the County for the purposes of licensure is not required under either Chapter 20 or Chapter 5230. However, since PRS remains a supplemental service under HealthChoices, and a county base-funded service, it is in the PRS agency's best interest to obtain a letter of support from the County prior to application for licensure. Obtaining a license to operate a PRS facility does not guarantee payment for services.

Question: Our County has dropped psychiatric rehabilitation as eligible for MATP. Since it remains an MA service, why aren't the consumers able to use MATP for transportation to the program?

Answer: PRS is Medicaid funded as a Supplemental Service in HealthChoices only. It is not an In-plan service and therefore is not funded by MA Fee-for-Service. The decision to remove PRS transportation from the MATP list of approved services was a decision made by the Office of Medical Assistance Programs. Licensure does not guarantee payment for any service funded under Medicaid.

Question: What happens to county funded unlicensed services currently calling themselves PRS?

Answer: All recovery oriented services that identify as PRS must be licensed in keeping with §5230.2 Scope in order to continue to bill using PRS codes. Services that decide not to become licensed as PRS facilities may not continue to identify as PRS and may not bill county base using PRS codes. These programs will need to re-identify as social or vocational rehabilitation programs and counties will need to report e-POMS data using appropriate social or vocational rehabilitation codes. Providers are encouraged to discuss these options with the appropriate County Administrator prior to making a decision.