Community Care Alliance 10/4/2018
Response to Licensing Proposed Changes by Section

Section	Changes	Recommendations/Comments
	Regulations are missing the designation of Community Support Program (CSP). Perhaps the inclusion of Health Homes in the regulations were intended to replace CSP, however within health homes there are general outpatient and csp clients. Diagnosis and treatment history differ between CSP and outpatient level of care clients. Regulations should have safeguards to provide a higher level of care for CSP level of care clients. CSS designation form is no longer listed in the appendix.	Continue with CSP designation; however align diagnosis for Health Homes with previous CSP diagnosis which would include Schizotypal and Major Depression Disorder Single Episode. Critical to continue the sustaianability of services to SPMI, diagnostic criteria must require a Primary diagnosis of a mental illness.
1.5 Rights of Persons Served in Residential Programs	1.5.3 Grievance Procedure. Title changed from Concern and Complaint Resolution Procedure, originally Section 19.0 1.5.3.D ..initiate the grievance by filing for a grievance with the director of the BHO. The director shall forthwith forward a copy of the grievance form to the HRO. 1.5.3.E The director of the BHO, or his or her designee, with the assistance of the HRO, or his or her designee, shall investigate … …shall investigate the grievance and issue a written decision to the person within ten (10) business days of receipt of the grievance	As an HRO, it has been my experience that clients prefer not to use the term Grievance and prefer to express their discontent as a complaint. The HRO is trained and responsible for the receipt and investigation and informs the BHO director of all grievances. The director of the BHO should not be the designated individual to conduct the investigation nor should there be a designee in lieu of the director. The HRO reports directly to the BHO director and is responsible for informing the said director of all grievances, investigations and findings; the HRO has been trained by

	1.5.3.G If the person is not satisfied with the outcome of the grievance proceedings the person may file for an administrative hearing in accordance with the Appeals Process and Procedures for EOHHS Agencies and Programs	BHDDH and is skilled in the interview and investigation of a grievance and will involve individuals as indicated in the investigation process e.g., the Human Resources Director, Division VP, CEO, etc. The current standard 19.2.6.A allows for the investigation to be completed in fifteen (15) business days or less from the date of the HRO's receipt of the complaint. 19.2.7 (current reg.) if the complaint is not resolved, the individual shall be informed of his or her right to appeal to the Department. (the Department per 1.42 is BHDDH
1.6 Services and Programs	1.6.C.1.a. Clinical supervisor : Lists Licensed Independent Practioner as follows: Licensed Marriage and Family Therapists (LMFT), Licensed Independent Clinical Social Worker (LICSW), Medical Doctor (MD) and Licensed Ph.D., Licensed Nurse Practitioner (LNP), and Advanced Practice Registered Nurse (APRN)	LMHC should be included
1.6.3 Person-Centered Treatment Plan	This section although labeled "person-centered" does not reflect changes that are more recovery focused. 1.6.3.B.4 Combined long and short-term goals and "observable and measureable"	Not consistent with person-centered concepts as client strengths, abilities, and natural supports are missing. Long term goals should be client's goal and may not be measureable.

	1.6.3.B.5.D New requirement to have a member of the professional staff with skills to be responsible for the overall development and implementation of the tx plan and must be identified in the plan.	Needs to be clarified. "Professional staff" to include casemanagers and be role-based. CSP's person-centered system will be crippled if casemanagers are not included. Casemanagers in CSP work in partnership and have the best relationship with the client.
1.6.6 Transition/Discharge Summary and Aftercare Plan	1.6.6.G.2	Change "transition to new provider" to "transition to new prescriber"
1.6.7.D PHP Psychiatric	1.6.7.D.4.b Reads as psychiatrist or PCNS to conduct face to face visits with clients 4-5 days per week. 1.6.7.D. 6.b.3 Requiring a TREATMENT TEAM LEADER to be a licensed mental health professional MEDICATION RECONCILIATION AND EVALUATION INITIATED ON FIRST DAY.	Recommend changing this to minimum of 2 days a week face to face, or as needed. Should be consistent with the same regs for who can conduct a Biopsychosocial Assessment. Regs should allow for an LCDP and/or MA level clinician. Clarification needed
1.6.9 Services for persons with co-occurring mental health and substance	1.6.9.A.5 Different Staffing and Qualifications- No longer requirement of 50% need LCDP, CCDP, or dual licensure but instead: Staff providing co-occurring clinical services, are	Include: in pursuit of the listed credentials (B and C)

related disorders	recommended to have either: Dual licensure in mental health and addictions or CCDP-D, CAADC CCDP, CADC 1.6.9.A.8 NEW Prior to medication being prescribed, programs are required to : Check the DOH prescription drug monitoring program; and pregnancy test and effects of alcohol, meds, and drugs on pregnancy to be provided 1.6.9.A.9 Medication assistance requirement-not person centered	Requiring pregnancy test Interferes with the scope of practice of medical docs, and substitutes the prescriber's medical judgement--- Omit section 8 or change language to recommendations and considerations
1.6.10 Support Services **A. Community Psychiatric Supportive Treatment/Case Management (CPST)**	1.6.10.A.2 Staff providing case management services shall have a minimum of an Associate's degree (or an RN was removed)	To include Associate's or equivalent
1.6.11 Specialty Services **A. Integrated Health Home**	1.6.11.A.1 Diagnostic criteria list does not include 2 CSP eligible diagnosis of MDD single and schizotypal. 1.6.11.A.3 Staffing composition-IHH Program director should also include RN 1.6.11.A.5 Discharge criteria does not include:	Include language that references inclusion of CSP eligible diagnosis of MDD single and schizotypal for IHH services. RN to be included for IHH Program director Include discharge criteria:

	Move outside the geographic area of IHH's responsibility. IHH team shall arrange for transfer of services to where the clients moved.	High risk client who moves outside the geographic area. IHH team shall arrange for transfer of services to where the clients moved.
1.6.11 Specialty Services **B. RI ACT**	1.6.11.B.1 Diagnostic criteria list does not include 2 CSP eligible diagnosis of MDD single and schizotypal. 1.6.11.B.4 Staff composition-Program Director- LCSW is missing 1.6.11.B.6 Discharge criteria does not include: Move outside the geographic area of ACT's responsibility. team shall arrange for transfer of services to where the clients moved.	Include language that references inclusion of CSP eligible diagnosis of MDD single and schizotypal for IHH services. LCSW to be included for Program Director Include this discharge criteria: High risk client who moves outside the geographic area. IHH team shall arrange for transfer of services to where the clients moved.
1.6.12 Residential Services **A. BHSU**	1.6.12.A.1.a – upon admission initial face to face conducted by independent clinician or practitioner. 1.6.12.A.11.B – Initial phone screen supervision again reads as licensed clinician or practitioner 1.6.12.A.11.H – Again, licensed independent or practitioner to conduct initial assessment within 24 hours. While psychiatrist or PCNS see the person within 24-48 hours of admission , a licensed (LCDP) or RN completes the biopsychosocial or initial assessment within 24 hours.	This should include RN. Should include RN Should use the same criteria for who is allowed to do an assessment here(LCDP, MA, RN, etc..) ,or add in LCDP or RN
1.6.12 Residential Services	1.6.12.B Diagnostic description worded as "individuals with refractory psychosis; dual	Needs clarification-diagnostic criteria specify that client must

B. MHPRR Basic	diagnosis (individuals with DD and MH); addiction and mental health issues (co-occurring dsorders), who cannot be treated in the community through outpatient support”	have a primary diagnosis of mental health. Residential programs are not equipped and trained for primary DD and/or Substance use population.
	1.6.12.B.1.a Requirement to provide 1:1 staffing during periods of acuity	Given the higher acuity of clients and funding restrictions, current staffing pattern does not allow for this capacity.
	1.6.12.B.3.n New regulation-Limited physical assistance as required: mobility; assistance with non-injectable medications, dressing, range of motion exercises; transportation; and household services	LIMITED Physical Assistance should be clearer: to not allow anything that would fall under the scope of a certified nursing assistant.
	1.6.12.B.5 Environment of Care is blank. Other regulation section for environment of care references federal, state and local fire safe codes.	Specific to MHPRR, there should be a requirement for individuals to be able to evacuate under 2 minutes for safety measures and determination of appropriate level of care as in previous regulations (see reg. 40.13.1).
	NO staff qualifications listed-	1.6.10.A.2.b New regs reference CPST staff to have a minimum of Associate’s. No other language found regarding a combination of education and life/work experiences that the agency deems fit which was in previous regs. This should be

		added for MHPRRs.
1.6.12 Residential Services **D. Supportive MHPRR Apartments**	1.6.12.D.2 references to follow section 1.6.12.B. Concerns for Supportive MHPRR Apartments are as follows: 1.6.12.B.1.b staffing coverage 1:8 during awake hours 1.6.12.B.2 NEW Provider must abide by the policy and procedure for MHPRR (group Home) priority list. 1.6.12.D.4 Staff qualifications listed refers to clinical supervisor to have a minimum qualifications as listed in 1.6.C.1 ? 1.6.12.D.4 Direct service staff “in residential programs shall have the qualifications relevant to the service they are providing”. There is no specific language for staff qualifications for MHPRR.	Not clinically indicated given this level of care and not financially feasible for a 10 bed facility. This is not allowed in HUD housing as wait lists fall under federal jurisdiction with housing laws. Appears to be an incorrect reference. This should reference 1.6.10.A.2.c which includes supervisors of CPST staff shall have one of the qualifications as listed for clinical supervisor or BA degree and 3 years of experience 1.6.10.A.2.b New regs reference CPST staff to have a minimum of Associate’s. To include “a combination of education and life/work experiences that the agency deems fit” which was in previous regs (reg. 40.16 and 33.8.2). This should be added for MHPRRs.

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