Recently the Secretary of the Department of Public Welfare Estelle Richman and Deputy Secretary of the Office of Mental Health and Substance Abuse Services Joan Erney expressed the Commonwealth’s renewed interest in having psychiatric rehabilitation services as an “in-plan” behavioral health Medicaid service for both HealthChoices and fee-for-service counties. To that end, PARF and PCPA have been asked to survey their membership regarding their interest in providing these services. The respective organizations have adopted the following principles in this discussion.

- In recognition of psychiatric disorders as an illness, treatment interventions are essential in ameliorating symptoms. Specifically inpatient hospitalization, partial hospitalization and outpatient services are needed.
- It is recognized that even with the best treatment interventions listed above, skill deficits for the majority of our clients often remain. PARF and PCPA believe that both site- and mobile-based skill acquisition services are essential to produce significant quality of life improvements. These skill acquisition activities, commonly referred to as psychiatric rehabilitation services, should serve as a companion piece to the treatment services listed above.
- Psychiatric rehabilitation services are the primary vehicle for the skill acquisition noted above.
- In almost all instances of serious mental illness, it is the combination of effective treatment and psychiatric rehabilitation strategies that produce optimal outcomes.

The Commonwealth of Pennsylvania issued its standards for psychiatric rehabilitation in February 2001. If needed, contact Gene Bianco (717-657-7608 or parfmail@parf.org) at PARF or Rebecca May Cole (717-657-7078 or rebecca@paproviders.org) at PCPA for further information or for a copy of the standards. The standards will also be available on PARF’s (www.parf.org) and PCPA’s (www.paproviders.org) web sites.

Information gathered in this survey will only be shared in aggregate form.

This survey may also be completed online by going to http://www.surveymonkey.com/s.asp?u=23339309780
Survey Questions

Please check all that apply and make comments as necessary in the spaces provided.

Organization (please print/type) ________________________________________________________

Name of individual completing survey ___________________________________________________

Phone number __________________________________ Fax ________________________________________

Email __________________________________________

Date completed: __________

1. Please note your agreement with these broadly stated principles.  Agree  Disagree

   □ □

   Comments: _________________________________________________________________________
   _________________________________________________________________________
   _________________________________________________________________________

2. Are you currently a psychiatric rehabilitation provider?  Yes  No

   □ □

   Comments: _________________________________________________________________________
   _________________________________________________________________________
   _________________________________________________________________________

3. Would you define your current skills acquisition activities as meeting the survey definition of psychiatric rehabilitation?  Yes  No

   □ □

   Check all that apply:  Site-based  Mobile-based

   □ □

   Comments: _________________________________________________________________________
   _________________________________________________________________________
   _________________________________________________________________________

4. Are you currently operating inpatient psychiatric services?  Yes  No

   □ □

   Average length of stay per consumer. _______

   Total annual number of consumers, agency wide, participating in inpatient services. _______

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5. Are you currently operating a long-term partial hospitalization program? Yes   No
   Average length of stay per consumer. ________
   Total annual number of consumers, agency wide, participating in long-term partial hospitalization services. ________

6. Are you providing a short-term partial hospitalization program? Yes   No
   Average length of stay per consumer. ________
   Total annual number of consumers, agency wide, participating in short-term partial hospitalization services. ________

7. Are you providing outpatient psychiatric services? Yes   No
   Average length of stay per consumer. ________
   Total annual number of consumers, agency wide, participating in outpatient services. ________

8. If you do not currently provide psychiatric rehabilitation services, does your organization have an interest in developing this service? Yes   No

9. Are you currently operating any of the above services within a HealthChoices county? Yes   No

10. Are you currently operating any of the above services within a fee-for-service county? Yes   No

Thank you for your participation.

Return completed surveys to
Gene Bianco, PARF (parfmail@parf.org or Fax 717-657-3265)

OR

Rebecca May Cole, PCPA (rebecca@paproviders.org or Fax 717-657-3552)

by Wednesday, November 19

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