

RCPA CRR Regulatory Review Request



September 11, 2023

Dear Deputy Secretary Smith:

On behalf of the RCPA Community Residential Rehabilitation Services (CRRS) Providers and the individuals of Pennsylvania that they serve, we respectfully request The Office of Mental Health and Substance Abuse Services (OMHSAS) to open for review Regulation #55-5310: Community Residential Rehabilitation Services, based on section 8.1 of the Regulatory Review Act (71 P.S. § 745.8a).

The current lack of access to care is a result of the workforce crisis and operational requirements of implementing the regulations. We feel these access issues and individuals waiting for services are compelling reasons, in the interest of the public, to merit a review of the regulations.

The COVID-19 DHS regulatory flexibilities provided relief for providers, and OMHSAS continues to offer waivers to agencies experiencing critical staffing shortages. Providers are grateful for these temporary solutions; however, these waivers do not address the long-term impacts of the current regulatory requirements. Providers continue to struggle to hire qualified staff and contend with burdensome operational requirements, many of which negatively contribute to the efficiency of care delivery. Therefore, many of the guidelines that were allowed under the suspension of regulations and frequent waiver requests are incorporated into recommendations for permanent improvements to the regulations.

Our recommendations place focus on the care of the individuals and address the challenges and barriers CRRS providers have faced in creating the staffing infrastructures and meeting the burdensome operational protocols for regulatory compliance. The overreaching nature of the regulations, coupled with the impact of the pandemic, has caused great strain on an already depleted behavioral health workforce. These system stressors limit the ability to provide vital, quality services to individuals. Under current regulations, programs are forced to focus on administrative details that do not have a meaningful effect on the actual care of the individual.

Additional support for the need to update these regulations includes the fact that the mental health service system is shrinking due to lack of adequate funding, which has resulted in fewer options for mental health residential programming and other housing. In addition, a significant portion of the population of individuals being referred to CRRS is increasing in complexity (co-occurring MH/IDD, MH/SUD, MH/ASD, forensic involvement, etc.). This often means that individuals need more supports and services and more dedicated staff time, for which the current system and funding simply do not allow. The current regulations impose many administrative rules, which negatively impact availability of staff time that can be dedicated to meeting the needs of the individuals in service.

Since the last modification of the CRRS regulations, there has been a significant shift toward providing the most person-centered, collaborative care possible. This may mean that an individual has the right to choose or decline goals, to choose to take medications or not, and to make more choices about their environment and methods of care. The current regulations harken back to a time when choice and the voice of the individual were less prominent and should support the reality of their options. The current regulations do not allow for the level of individualization of services that individuals in CRRS require and deserve, given that people function on a variety of schedules and skill levels. Today's society offers all of us a wider array of options for inclusion that expand beyond the limited timeframes and other guidelines that the current regulations impose.

Pennsylvania and the nation are seeing a sharp turn in trends for services with which the current regulations do not align. They include, but are not limited to:

- The increasing cost of higher education is discouraging folks in the field to obtain higher degrees (including master's and even bachelor's);
- The ability to hire staff with a master's degree comes at a price our system can no longer afford;
- On-the-job training requirements and training opportunities that are directly related to a position have increased over the past several years (in part by the onset of COVID-19 and the increased need for virtual learning). The training is often more relevant to the care of the individual than any academic subject matter covered in a formal degree program;
- As state hospitals continue to discharge individuals into the community, the ability to return to that level of care is near impossible, resulting in a need for an increase in community programming, like CRRS; and
- As the availability of beds in Personal Care Homes and Nursing Homes become increasingly sparse, community programs like CRRS are seeing an expectation by counties to serve an aging population and adapt to the needs of older individuals.

The express purpose of the CRRS regulations was to ensure access to quality care in a consistent and efficient manner. Conversely, the result has been a labyrinth of regulatory and operational interpretations, differentiated reimbursement for the same services, and a human services workforce crisis with no upcoming relief.

Again, we thank you for your willingness to consider this request. We believe these recommendations, if implemented, can address the barriers identified without compromising the original vision for high quality services and broad access to care.

Sincerely,



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RCPA CRRS Regulatory Recommendations

General Notes:

Throughout the regulations, we recommend that once a title is spelled out (ex. Community Residential Rehabilitation Service (CRRS)), the abbreviation can then be used going forward for ease of use.

Please note that the Sources and Authority sections throughout regulations will need to be verified for any changes.

Current Regulations:

Subchapter A. GENERAL PROVISIONS
§ 5310.1. Legal base.

The legal base for this chapter is Article IX of the Public Welfare Code (62 P. S. § § 901—922).

Current Impact:

- Other services do not have this statement. It is unclear whether this is still an accurate or necessary reference.

Recommended Change:

Remove this statement/section.

Change Impact:

- This will achieve consistency with other sets of regulations.

Current Regulations:

§ 5310.2. Policy.

- (a) Community Residential Rehabilitation Services (CRRS) are specifically designed and operated to assist persons with chronic psychiatric disability to live as independently as possible through the provision of training and assistance in the skills of community living and by serving as an integrating focus for the person's rehabilitation. CRRS are defined, regulated and operated to implement the principle of least restrictive service alternative. An individual shall be served by CRRS only for so long as the services are consistent with his need for services.
- (b) The CRRS can exist only in a system of services for their clientele and cannot function without ties to other service providers. Rehabilitation of severely psychiatrically disabled individuals requires many and diverse services: CRRS have as their part in the process the development of the clients' skills for independent living and for community participation while more general social and vocational skills are developed and treatment occurs. CRRS' have an obligation to work cooperatively with other service agencies and with local coordinating and planning groups toward the development and operation of a comprehensive service system which can meet the needs of chronically mentally ill persons in a continuous, timely and coordinated manner.
- (c) The CRRS have the following essential characteristics:
 - (1) A homelike, noninstitutional environment providing maximum opportunity to learn the skills necessary for more independent living.
 - (2) A residential setting providing each client with maximum possible autonomy, independence and self-determination.
 - (3) A program which constantly strives to enable clients to move to less restrictive living settings.

- (4) Responsible staff to support and assist the client as needed in his movement to independence.
- (5) Well-developed cooperative efforts with other agencies in the service delivery system to ensure coordinated, continuous and effective services for the rehabilitation of clients.

(d) This chapter prescribes standards for certification to operate Mental Health Community Residential Rehabilitation Services in this Commonwealth. Funding through the County Mental Health/Mental Retardation (MH/MR) program may be provided for the establishment and operation of CRRS. This chapter is not intended to confer eligibility for County MH/MR funding although the issuance of a certificate of compliance under this chapter and Chapter 20 (relating to licensure or approval of facilities and agencies) does constitute one condition of eligibility for the funding.

Current Impact:

- The language in this section is not recovery-oriented or trauma-informed.

Recommended Change:

Purpose.

(a) The purpose of this chapter is to establish requirements for the licensing of CRRS.

Community Residential Rehabilitation Services (CRRS) are specifically designed and operated in a recovery focused manner to support individuals with a need for psychiatric rehabilitation in a residential setting. The CRRS provides support in the development and of skills in the areas of living, learning, working, socializing and wellness. CRRS are defined, regulated and operated to implement the principle of least restrictive service alternative. An individual shall be served by CRRS only for so long as the services are consistent with his their need for services.

(b) The CRRS provide a homelike, noninstitutional environment providing maximum opportunity to learn the skills necessary for more independent living

Change Impact:

- The recommended language is recovery-oriented and trauma-informed.
- The items removed from this section are addressed elsewhere in the regulations and are not needed here

Current Regulations:

§ 5310.3. Applicability.

(a) This chapter applies to providers of full-care or partial-care community residential rehabilitation services, or both, as defined in § 5310.6 (relating to definitions).

(b) This chapter does not apply to child residential facilities which serve exclusively children, which are governed by Chapter 3800 (relating to child residential and day treatment facilities).

(c) This chapter applies to host homes serving one or more children.

Current Impact:

- Including (b) above is unnecessary.

Recommended Change:

Applicability.

(a) This chapter applies to providers of full-care or partial-care community residential rehabilitation services, or both, as defined in § 5310.6 (relating to definitions).

(b) This chapter applies to host homes serving one or more children.

Change Impact:

- The change streamlines this section to include just what is applicable.

Current Regulations:

§ 5310.5. Waiver of standards.

- (a) Where the development of community residential rehabilitation services (CRRS) is severely limited by this chapter, a waiver may be granted for a particular section for a period of 6 months and may be renewed three times. Waivers will be applied only in areas where the need for the services and the attempts to meet the standards of this chapter are adequately documented. Waivers are granted by the Office of Mental Health only in exceptional circumstances.
- (b) In the case of CRRS sites in operation prior to the adoption of this chapter a permanent waiver may be granted to the requirements of § 5310.73(e)(2)—(7) (relating to physical plant requirements), provided the application in writing is made within 90 days of the effective date of these standards.
- (c) A waiver request must meet all three conditions:
 - (1) The request with adequate justification is submitted as required by Chapter 20 (relating to licensure or approval of facilities and agencies).
 - (2) The request does not represent a danger to the health, safety or well-being of the client.
 - (3) The request complies with the intent of the provision to be waived.

Current Impact:

- The need to request new waivers every 6 months is cumbersome. Providers often do not receive response to waiver requests in a timely manner.

Recommended Change:

Waiver of standards.

- (a) Where the development of CRRS is severely limited by this chapter, a waiver may be granted for a particular section for a period of 12 months. Waivers will be applied only in areas where the need for the services and the attempts to meet the standards of this chapter are adequately documented. Waivers are granted by the licensing body.
- (b) A waiver request must meet all three conditions:
 - (1) The request with adequate justification is submitted as required by Chapter 20 (relating to licensure or approval of facilities and agencies).
 - (2) The request does not represent a danger to the health, safety, or well-being of the individuals in services.
 - (3) The request complies with the intent of the provision to be waived.

Change Impact:

- Generalizing to “licensing body” allows regulations to be effective long-term; and
- Allowing waivers to be effective for 12 months allows for needed flexibility and time for both providers and approving entities.

Current Regulations:

§ 5310.6. Definitions.

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

CRRS—Community residential rehabilitation services—Transitional residential programs in community settings for persons with chronic psychiatric disability. CRRS provide housing, personal assistance and psychosocial rehabilitation to clients in nonmedical settings. There are two levels of care, full or partial, which are distinguished by the level of functioning of the clients served and the intensity of rehabilitation and training services provided by CRRS staff to the clients. In both levels of care, the provider acts as landlord to the client. Except host homes for children, every site used by a CRRS to house clients is owned, held, leased or controlled by the provider or a provider-affiliate.

Child—A person who is under 18 years of age and who is not an emancipated minor.

Full-care CRRS for adults—A program that provides living accommodations for the client with staff onsite whenever a client is there and a full range of personal assistance and psychosocial rehabilitation for psychiatrically disabled adults who display severe community adjustment problems and who require an intensive, structured living situation.

Full-care CRRS for children—A program providing living accommodations with maximum supervision, personal assistance and a full range of psycho-social rehabilitation services for psychiatrically disabled children who display severe interpersonal adjustment problems and who require an intensive, structured living situation.

Host home for children—A private residence of a family, other than the home of the child’s parents, with whom the CRRS contracts to provide a structured living arrangement for one to three children.

Mental disorder—Conditions classified as mental disorders by the International Classification of Diseases (ICD-9-CM) excluding mental retardation and drug/alcohol conditions.

Mental health professional—A person trained in a generally recognized clinical discipline, including, but not limited to, psychiatry, social work, psychology, nursing, rehabilitation, special education or activity therapies who has a graduate degree and clinical experience.

Mobile ambulatory—Able to walk without assistance.

Mobile nonambulatory—The ability to move from place to place with the use of devices such as walkers, crutches, wheelchairs, wheeled platforms, and the like, by a person who is otherwise unable to walk independently.

Parent—The mother or father by birth or adoption or the legal guardian of the child.

Partial-care CRRS—A program that provides living accommodations for the client. Staff is at the site on a regularly scheduled basis including evenings and weekends. A limited range of personal assistance and psychosocial services are provided for psychiatrically disabled adults who display community adjustment problems and require a living situation which includes rehabilitation and training services.

Current Impact:

- The language in this section is not recovery-oriented or trauma-informed.

Recommended Change:

Definitions.

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

CRRS—Community residential rehabilitation services—Transitional recovery-based residential programs in community settings for persons with a major mental health diagnosis. CRRS provide

housing, recovery-oriented supports to teach skill building in functional areas of living, learning, working, socializing, and wellness in nonmedical settings. There are two levels of care, full or partial, which are distinguished by the level of functioning of the individuals in the service and the intensity of support provided by CRRS staff. Except host homes for children, every site used as a CRRS is owned or leased by the provider or a provider-affiliate.

Child—A person who is under 18 years of age and who is not an emancipated minor.

Full-care CRRS for adults— CRRS provides onsite psycho-social rehabilitation support 24 hours 7 days per week unless there are no individuals in services on the premises.

Full-care CRRS for children—A program providing living accommodations with maximum supervision, personal assistance, and a full range of psycho-social rehabilitation services for psychiatrically disabled children who display severe interpersonal adjustment problems and who require an intensive, structured living situation.

Host home for children—A private residence of a family, other than the home of the child's parents, with whom the CRRS contracts to provide a structured living arrangement for one to three children.

Mental disorder—Conditions classified as mental disorders by the current International Classification of Diseases, excluding intellectual disabilities and substance use disorders.

Mobile ambulatory—Able to walk without assistance.

Mobile nonambulatory—The ability to move from place to place with the use of devices such as walkers, crutches, wheelchairs, wheeled platforms, and the like, by a person who is otherwise unable to walk independently.

Parent—The mother or father by birth or adoption or the legal guardian of the child.

Partial-care CRRS— CRRS provides onsite psycho-social rehabilitation support on a regularly scheduled basis, including evenings and weekends.

Change Impact:

- The proposed language is recovery-oriented, trauma-informed, and includes psychiatric rehabilitation concepts.
- Recommendations remove the definition of a mental health professional, as it is being suggested that the need for this level of education be removed from the process for rehabilitation plans.

Current Regulations:

Subchapter B. ADULT SERVICES

§ 5310.11. Governing body.

- (a) Community residential rehabilitation services (CRRS) shall be provided by corporations or governmental entities.
- (b) CRRS providers shall establish a governing body which has legal responsibility for the CRRS.
- (c) The governing body shall adopt written policies for its own operation which include:
 - (1) Qualifications and methods of selection for governing body membership.
 - (2) Frequency of governing body meetings.
 - (3) Procedures for conducting governing body business.
 - (4) Provisions for disclosure by governing body members of all conditions which may create a conflict of interest and procedures for dealing with conflict of interest situations.
- (d) The governing body shall:

- (1) Select a director who shall supervise the CRRS in accordance with the policies established by the governing body and who shall be officially responsible to the governing body.
- (2) Conduct an annual review and evaluation of the CRRS program activities, policies and procedures manual, program goals and objectives, and make any adjustments that are needed.
- (3) Assure insurance coverage is in effect to the extent deemed necessary by the governing body to protect the governing body, staff, clients, and property of the CRRS and to meet the requirements of State and Federal law.
- (4) Adopt written policies for guiding the operation of the CRRS which must include:
 - (i) Program goals and objectives, including measurable anticipated outcomes.
 - (ii) Program organizational structure.
 - (iii) Administration of funds to meet written goals of the program.
 - (iv) Review and approval of the annual budget and any modifications.
 - (v) Personnel policies and any modifications.
 - (vi) Client grievance procedure, which guarantees a written response to the client by the CRRS.
- (5) Review all reported instances of violations of client rights in the CRRS and report the results of the review to the County Mental Health/Mental Retardation (MH/MR) Office.

Current Impact:

- Much of what is in this section is unnecessary to the effective provision of CRRS.

Recommended Change:

GENERAL REQUIREMENTS

Organizational Structure

- (a) CRRS providers shall assume legal responsibility for the CRRS.
- (b) The Provider shall adopt written policies for its own operation, which include provisions for disclosure of all conditions which may create a conflict of interest and procedures for dealing with conflict-of-interest situations.
- (c) The provider shall:
 - (1) Select a director who shall supervise the CRRS in accordance with the established policies.
 - (2) Assure insurance coverage is in effect to the extent deemed necessary by the provider to protect the provider, staff, individuals in services, and property of the CRRS and to meet the requirements of State and Federal law.

Change Impact:

- Changing to “Organizational Structure” aligns with Psychiatric Rehabilitation regulations (Psychiatric Rehabilitation regulation 5230.11).
- The requirement for a provider to be a corporation or governmental entity does not exist in any other regulation type.
- Relabeling and streamlining the language in this section will allow providers to focus efforts on quality client care/service provision while allowing for a basic structure for oversight to remain in the regulations.

Current Regulations:

§ 5310.12. Policies and procedures manual.

The director shall assure that a manual of community residential rehabilitation service (CRRS) policies and procedures is compiled and updated. The manual must provide an operations guide for the CRRS in implementing policies established by the governing body and this chapter.

Current Impact:

- Most providers are not maintaining physical, hard-copy manuals at this point. Documents are maintained electronically.

Recommended Change:

Policies and Procedures

- (1) The director shall assure that policies and procedures are maintained and updated. The policies and procedures must provide operational guidance for the CRRS.
 - (2) Notification of incidents.
- (a) The CRRs will follow protocols for identification and reporting of incidents established by the State's Licensing body and will notify:
- (1) The person or persons designated by the individual, if provided by the individual to be notified in such a case.
 - (2) Any case management or agency impacted or responsible for coordination of care of the individual.
- (b) These notifications are subject to § 5310.52 (relating to confidentiality).
- (3) CRRS needs to have a Quality Assurance and Improvement process in place.
 - (4) When the CRRS intends to cease operation, the governing body shall provide at least 30 days written notice to that effect to each individual, to all applicable stakeholders, to the County Office, and to the State licensing entity. The notice must contain the projected closing date. The Director shall ensure that CRRS staff actively participate in the establishment and implementation of relocation plans for the individuals.

Change Impact:

- This change allows for items to be maintained electronically.
- Locating the requirement regarding Quality Assurance and Improvement process from a later section of the regulations here is more appropriate.
- Locating the program closure information from a later section of the regulations here is more appropriate.

Current Regulations:

§ 5310.13. Administrative records and reports.

The director shall assure that administrative records and reports are established, maintained, and retained to guide the operations and reflect the programs of the community residential rehabilitation service (CRRS) and to demonstrate compliance with this chapter and other applicable statutes.

Cross References

This section cited in 55 Pa. Code § 5310.91 (relating to special requirements for community residential rehabilitation service (CRRS) serving children).

Current Impact:

- This section is unnecessary given the Policies and Procedures section above

Recommended Change:

- Remove this section

Change Impact:

- Removing this section will help to streamline the regulations.

Current Regulations:

§ 5310.14. Personnel Management.

- (a) The community residential rehabilitation service (CRRS) must establish and implement written personnel policies and procedures which cover:
- (1) Recruitment, selection, and promotion of staff.
 - (2) Utilization of volunteers and students, if applicable.
 - (3) Wage and salary administration.
 - (4) Employee benefits.
 - (5) Working hours.
 - (6) Disciplinary procedures.
 - (7) Table of organization.
 - (8) Performance evaluation.
 - (9) Employee accidents and safety.
 - (10) Agency mechanisms for staff development through in-service and out-service training and professional consultation.
 - (11) Assurance of nondiscrimination in personnel practice on the basis of age, race, color, religious creed, sex, national origin, ancestry, handicap, union membership, or high school equivalency.
 - (12) A civil rights complaint procedure.
- (b) Personnel policies must be compiled, updated, and made available to all staff.
- (c) Written job descriptions must be established and maintained for all positions and must include:
- (1) Job title.
 - (2) Tasks and responsibilities of the job.
 - (3) Qualifications.
 - (4) Title of the supervisor.
 - (5) Title of subordinates, if any.
- (d) Each staff member must be provided with a copy of his job description at the time of hiring and whenever the job description is changed.
- (e) Each staff member is required to have a physical examination within 6 months prior to employment and every 2 years thereafter.
- (1) The examination report must include screening for tuberculosis and other communicable diseases, a statement from the physician that the staff member has no contagious diseases, and information on any medical problems which might interfere with the health of the clients.
 - (2) Written policies must ensure that employees with symptoms or signs of communicable diseases are not permitted to work without authorization from the physician.

- (f) When a CRRS uses volunteers or students, or both, in its operation, written policies and procedures for volunteers or students, or both, must be developed and provided to the volunteers/students and to staff.
- (g) Each volunteer/student must be assigned a staff supervisor and must have the qualifications required for the tasks/activities assigned.

Current Impact:

- Some of this language is outdated and redundant.
- The requirement to have tuberculosis screening at hire and every 2 years thereafter is often a hardship for employees.
- The requirement for employees to have a physical every 2 years after hire is often a hardship for employees.

Recommended Change:

Personnel Management.

- (a) The provider must establish and implement personnel policies and procedures which cover:
 - (1) Recruitment, selection, and promotion of staff.
 - (2) Utilization and supervision of volunteers and students, if applicable.
 - (3) Working hours.
 - (4) Disciplinary procedures.
 - (5) Table of organization.
 - (6) Performance evaluation.
 - (7) Employee accidents and safety.
 - (8) Agency mechanisms for staff development through in-service and out-service training and professional consultation.
 - (9) Assurance of nondiscrimination in personnel practice on the basis of age, race, color, spiritual beliefs, gender expression, gender identity, sexual orientation, ethnic origin, ancestry, disability, union membership, economic status, or high school equivalency.
 - (10) A civil rights complaint procedure.
- (b) Personnel policies must be maintained, updated, and made available to all staff.
- (c) Written job descriptions must be established and maintained for all positions and reviewed with each employee at the time of hiring and whenever the job description is changed.
 - (1) Each employee is required to have a physical examination within 6 months prior to employment.
 - (2) The examination report must include a statement from the healthcare provider that the staff member has no communicable diseases and information on any medical problems which might interfere with the health and safety of the individuals in service.
 - (3) Written policies must ensure that employees with symptoms or signs of communicable diseases are not permitted to work without authorization from the healthcare provider.

Change Impact:

- This language updates and streamlines this section.
- Recommendations remove items that are not requested for licensing reviews.

- Removing requirements for physical exams and screenings after hire decreases the burden on the employee and removes unnecessary administrative tracking and reporting.
- Removing requirements ensures that providers are aligned with health protection and disability rights.

Current Regulations:

§ 5310.21. Client Characteristics.

(a) A client placed in community residential rehabilitation service (CRRS) must:

- (1) Be 18 years or older, or be an emancipated minor, unless the CRRS is operated under Subchapter C (relating to children services).
- (2) Be psychiatrically disabled; as specified in § 5310.32(c)(1) (relating to intake).
- (3) Have demonstrated, over a period of time, social maladjustment which prevents the client from living independently in the community.
- (4) Have difficulties in social or personal adjustment associated with psychiatric disability, as demonstrated in reduced, lost or underdeveloped capacity for establishing and sustaining appropriate interpersonal relationships or for making and implementing decisions necessary for self-care and independent living.
- (5) Be capable of self-preservation, according to the criteria established in § 5310.32(e).

(b) A client placed in CRRS may:

- (1) Have additional handicaps provided the individual meets one of the criteria for self-preservation established in § 5310.32(e) (relating to intake).
- (2) Need special diet or medication supervision, provided that the client does not need 24-hour nursing or medical care.

Current Impact:

- Language is not person-centered or recovery-oriented.
- This regulation contains redundant information.

Recommended Change:

Characteristics of Individuals in Services.

(a) An individual eligible for referral to community residential rehabilitation service (CRRS) must:

Express desire and choose to participate in the CRRS.

- (1) Be 18 years or older, unless the CRRS is operated under Subchapter C (relating to children services).
- (2) Have a major mental health diagnosis as specified in § 5310.32(c)(1) (relating to intake).
- (3) Have demonstrated, over a period of time, the need for support to develop skills in domains of life; living, learning, socializing, wellness, and/or working.
- (4) Be capable of self-preservation. An individual must be willing to vacate during drills and emergencies.
- (5) An individual who is unable to vacate the CRRS site in case of emergency beyond verbal prompts is not considered capable of self-preservation. An individual who requires physical assistance from staff to vacate can not be served in CRRS.

Change Impact:

- Recommendations are person-centered and recovery-oriented.
- Recommendations remove redundancy and streamline regulations.
- Recommendations around self-preservation acknowledge the limitations of single staffing, which is typical.

Current Regulations:

SERVICES MANAGEMENT

§ 5310.31. Program description.

The community residential rehabilitation service (CRRS) must have a written program description which includes the following items:

- (1) Written functional criteria for client enrollment and termination.
- (2) Services to be provided in the residential program including:
 - (i) Housing.
 - (ii) Personal assistance, such as arrangements for meeting the nutritional needs of clients, assistance with medication, and developing self-care skills.
 - (iii) Psychosocial rehabilitation services to develop interpersonal and community living skills.
- (3) Methods which will be used in delivering the services, such as individual goal planning, goal attainment scaling, classroom situations, individual instruction, counseling, group meetings, establishing social support network, task schedules, and the use of generic services.

Current Impact:

- Current regulations include unnecessary redundancy of information captured in other regulations.

Recommended Change:

Program Description.

The community residential rehabilitation service (CRRS) must include the following:

- (1) Recovery oriented supports to teach skill building in functional areas of living, learning, working, socializing, and wellness.
- (2) Clean, safe, home-like environment as their residence.
- (3) Arrangements for meeting the nutritional needs and assistance with medications as needed.

Change Impact:

- Recommendations include a clean, streamlined definition of services provided.

Current Regulations:

§ 5310.32. Intake.

- (a) There must be written policies and procedures for intake and all intake must be accomplished in accordance with those policies and procedures.
- (b) The community residential rehabilitation service (CRRS) staff, during intake, shall review with the client the criteria for program enrollment and program termination, the services offered by the CRRS and the responsibilities of the client and the CRRS.

- (c) The CRRS staff shall obtain the following information about each client prior to the client's enrollment in the CRRS.
- (1) Mental health information, including mental health history and evidence of psychiatric disability which is a certification of mental disorder dated not more than 1 year prior to client's planned enrollment.
 - (2) A health appraisal signed by a licensed physician, which includes:
 - (i) A review of health history.
 - (ii) A complete physical examination dated not more than 6 months prior to client's enrollment.
 - (iii) Drug or alcohol history.
 - (iv) Recommendations pertaining to medication and limitations of the client's activities or diet.
 - (v) Recommendations for follow-up by the CRRS in helping the client maintain on-going health care.
- (d) The intake procedures must include:
- (1) Psychosocial evaluation as specified in § 5310.33(b) (relating to residential service plan).
 - (2) Client orientation to the program.
 - (3) Development of a residential services plan.
 - (4) Preparation of the written provider client agreement as specified in § 5310.34 (relating to service agreement).
- (e) Intake procedures must also include evaluation of the client's capability of self-preservation and client instruction in safety-emergency procedures and evacuation procedures for the site in which the client will live.
- (1) A client who is mobile ambulatory is considered capable of self-preservation if he or she is able to vacate the CRRS site promptly following emergency alarms or the onset of fire or other emergency.
 - (2) A client who is mobile ambulatory and capable of self-preservation may be served in full-care or partial-care CRRS.
 - (3) A mobile nonambulatory client is considered capable of self-preservation if:
 - (i) He is capable of prompt and independent transfer from bed-to-ambulation device.
 - (ii) The CRRS site to which the client is assigned has no architectural barriers barring the exit path to the outside from the client's bedroom.
 - (4) A client who is mobile nonambulatory and capable of self-preservation may be served in any full-care CRRS or partial-care CRRS site that meets the requirement specified in subsection (e)(3)(ii).
 - (5) A client is considered capable of self-preservation with minimal assistance if the client is able to vacate the CRRS site in which the client lives with no more than verbal instruction or minimal physical help. Verbal assistance means a staff member gives direction to the person in exiting the site. Minimal physical help means a staff member provides assistance in getting to one's feet, into a wheelchair, walker, or prosthetic device. The client must be able to effectively operate any device required for moving from one place to another, to understand and carry out instructions for exiting the site and to negotiate the exit path independently. A client who because of physical or mental disability or condition is unable to vacate the CRRS site in case of emergency without the continual verbal or physical assistance of staff is not considered capable of self-preservation with minimal assistance.
 - (6) A client who is capable of self-preservation with minimal assistance must be served only in full-care CRRS.
- (f) Any client whose care is funded by the County Mental Health/Mental Retardation (MH/MR) Program may enter the CRRS program only after authorization from the county administrator or appropriate base service unit.

Current Impact:

- The language is not person-centered, recovery-oriented.
- Requirements related to physical examination are often prohibited by what insurance will allow/pay for.
- Individuals have very limited access, if any, to an MD but may have more access to other licensed medical providers, like PA, DO, and CRNP. Many MDs do not do standard physicals but have other medical professionals complete those.
- Access to the service is being limited due to current requirements for physician to sign.
- The requirements around self-preservation are often unattainable given that programs are often single-coverage due to the workforce crisis.
- The language on self-preservation is unclear and wordy.

Recommended Change:**Intake.**

- (a) There must be written policies and procedures for intake, and all intakes must be accomplished in accordance with those policies and procedures.
- (b) Individuals shall be provided information about the CRRS, including the criteria for admission and discharge from the program, the services offered by the CRRS, and the responsibilities of the individual and the CRRS in order for individuals to give their informed consent for services.
- (c) The CRRS staff shall obtain the following information about each individual prior to the individual's admission in the CRRS.
 - (1) Mental health information, including mental health history and evidence of psychiatric disability, which is a certification of mental disorder dated not more than 1 year prior to client's planned enrollment.
 - (2) A health appraisal signed by a licensed provider physician, i.e. PA, DO, CRNP, which includes:
 - (i) A review of health history.
 - (ii) A complete physical examination dated not more than 1 year to the individual's enrollment.
 - (iii) Drug or alcohol history.
 - (ii) Recommendations pertaining to medication and limitations of the individual's activities or diet.
 - (iii) Recommendations for follow-up by the CRRS in helping the client maintain on-going health care.
- (d) The intake procedures must include:
 - (1) Psychosocial evaluation as specified in § 5310.33(b) (relating to residential service plan).
 - (2) Client orientation to the program.
 - (3) Development of an Individual Rehabilitation Plan (IRP)
 - (4) Preparation of the provider individual agreement document as specified in § 5310.34 (relating to service agreement).
- (e) Intake procedures must also include evaluation of the individual's capability of self-preservation and individual instruction in safety-emergency procedures and evacuation procedures for the site in which the individual will live.
- (f) Any client whose care is funded by the County Mental Health Program may enter the CRRS program only after authorization from the county administrator or appropriate base service unit.

Change Impact:

- Recommendations include person-centered, recovery-oriented language.
- Recommendations related to physical examination align with what insurances will allow/pay for.
- Recommendations allow for better access to get needed approvals/signatures.
- Access to services will be more streamlined and realistic for individuals and referral sources to achieve.

- Recommendations related to self-preservation are streamlined and provide better clarity. This also acknowledges what level of support staff can realistically provide given that programs are often single-coverage.

Current Regulations:

§ 5310.33. Residential service plan.

- (a) The community residential rehabilitation service (CRRS) staff shall develop with each client an individualized written client residential service plan upon the client's enrollment in the CRRS.
- (b) The individual residential service plan must be based on the client's psychosocial evaluation which is a functional assessment of the client's strengths and needs in the major areas related to independence in residential and community functioning and addresses the client's:
 - (1) Self-care skills.
 - (2) Health care, including medication management.
 - (3) Housekeeping skills.
 - (4) Ability to meet nutritional needs.
 - (5) Mobility.
 - (6) Money management skills.
 - (7) Interpersonal skills.
 - (8) Vocational/educational pursuits.
 - (9) Use of leisure time.
 - (10) Time structuring.
 - (11) Community participation such as social networking and utilization of services and resources.
- (c) The residential service plan must include the following items:
 - (1) Short and long-term goals for service formulated jointly by the staff and client.
 - (2) Behaviors to be modified and skills to be developed.
 - (3) Type and frequency of rehabilitation services to be provided.
 - (4) Techniques and methods of service to be used.
 - (5) A list of persons involved in the implementation of the plan.
- (d) The CRRS staff shall evaluate the client's adjustment to the program within 30 days of enrollment and modify the service plan as needed. The residential service plan must be reviewed and updated every 60 days thereafter.
- (e) Each client in a CRRS must spend a major portion of his time out of the residence. The goal of such involvement outside the residence is to increase the client's use of community resources and participation in community activities which the client can continue to use upon program termination. The method for achieving this goal must be reflected in each client's residential services plan.
- (f) The client shall participate in the goal-setting, service planning, decision-making and progress assessment associated with the service plan.

- (g) The original residential service plan, subsequent plan revisions, written plan reviews and documentation of client participation must be included in the client record.
- (h) At the time of enrollment into CRRS and throughout the service period, each client shall be assigned to a CRRS staff person who is responsible for assuring:
 - (1) In-residence services are provided according to the client's residential service plan.
 - (2) Referrals to and arrangements for service provision by other agencies specified in the client's residential service plan occur and are coordinated with the agency or agencies responsible for treatment/case management of the client, such as the Mental Health/Mental Retardation Base Service Unit, Veterans' Administration, Domiciliary Care, and therapist.
 - (3) Case recording of intake information, service plan, progress notes, service plan reviews, annual reassessment, referrals, and termination summary.
 - (i) A complete reassessment of the client's strengths and needs as determined by the psychosocial evaluation and a review of the services provided to the client must be performed annually, or more frequently if a significant change in the client's level of functioning occurs. The reassessment must take place at a conference which includes the persons involved in the individual service plan development and implementation. The results of this meeting must be documented in the case record and submitted in writing to the agency or agencies responsible for treatment and/or case management of the client.

Current Impact:

- The language is not person-centered or recovery-oriented.
- The requirement for the initial plan to be in place upon admission is not trauma-informed or person-centered.
- The frequency of IRP reviews often does not allow enough time for individuals to experience meaningful progress.
- This includes inconsistency with terminology between services, CRRS's current "Residential Service Plan" (RSP) and Psychiatric Rehabilitation "Individual Rehabilitation Plan" (IRP).

Recommended Change:

Individual Rehabilitation Plan (IRP).

- (a) The community residential rehabilitation service (CRRS) staff and an individual shall collaboratively develop an initial IRP that is based on the individual's desired outcomes within 72 hours of admission.
- (b) A functional assessment shall be completed in collaboration with the individual within 30 days and must identify the functioning in the living, learning, working, socializing, and wellness domains as well as the individual's strengths and needs.

IRP include the following items:

- (1) Overall goal(s) and short-term goals for service formulated collaboratively by the individual and staff
- (2) Application of strengths, areas of skills development, and/or resource acquisition.
- (3) Action steps, methods, frequency, and timeframes with defined responsibilities of the individual and the staff.
- (4) The CRRS staff shall modify the initial IRP based upon the initial assessment. The IRP must be reviewed and updated by in the individual in service and staff at least quarterly or sooner when:
 - Goals are completed.
 - No significant progress is made.
 - An individual requests a change in their plan.
- (5) Individuals will be encouraged to engage in community inclusion in ways that they identify as

meaningful. Staff will assist in identifying opportunities and resources.

- (6) Documentation of an individual's participation in the rehabilitation planning process must be included in the individual record.
- (7) CRRS staff are responsible for assuring:
 - In-residence services are provided according to the IRP.
 - Referrals to and arrangements for service provision by other organizations and resources are made and documented.
- (8) A complete reassessment of the individual's strengths and needs must be performed annually, or more frequently if a significant change in the individual. Changes identified should be reflected in an updated IRP.

Change Impact:

- Recommendations provide consistency with language between services.
- Recommendation to complete a support plan within 72 hours instead of upon admission allows for individuals to adjust to the environment and work collaboratively with staff on this plan. Changing the requirement to 72 hours allows for the provider to fully process the information with individuals for true consent.
- Allowing 72 hours for the initial Individual Rehab Plan and 30 days for the initial functional assessment provides the staff adequate time to begin developing a rapport with the individual, promoting a more trauma-informed approach.
- Allowing 72 hours for the initial Individual Rehab Plan provides time for staff to complete the requirements in a reasonable timeline, given the staffing crisis. This includes, but is not limited to, programs who receive late-night or weekend admissions.
- Less frequent Individual Rehabilitation Plan reviews allow for increased clinical and individual discretion for the need of a plan change or update. This supports more realistic timelines for reaching goals and enhances the feelings of success by the individual. Reviews become more meaningful and practical, as opposed to regulatory.
- Recommendations include person-centered, recovery-oriented, and psychiatric rehabilitation-aligned language and practices and ensure that services are provided in this manner.
- Recommendations provide streamlined language.

Current Regulations:

§ 5310.34. Service agreement.

- (a) There must be a written agreement between the CRRS provider and the client, which:
 - (1) Is negotiated during the intake process.
 - (2) Is signed by both parties.
 - (3) Specifies the arrangements and charges for housing and food.
 - (4) Specifies the goals to be achieved and services to be provided.
 - (5) Specifies the rights and responsibilities of the client.
 - (6) Includes a copy of the CRRS house rules, client rights, client grievance procedures, and termination policy.
 - (7) Specifies any liability for the cost of services other than room and board.
 - (8) Is updated and signed again whenever any of the terms change.

Current Impact:

- Language is outdated.

Recommended Change:

Service agreement.

- (a) There must be a documented agreement between the CRRS provider and the individual, which:
- (1) Is reviewed during the intake process.
 - (2) Is signed by both parties.
 - (3) Specifies the arrangements and charges for housing and food.
 - (4) Specifies the services to be provided.
 - (5) Specifies the rights and responsibilities of the individual.
 - (6) Includes a copy of the CRRS house rules, client rights, client grievance procedures, and termination policy.
 - (7) Specifies any liability for the cost of services other than room and board.
 - (8) Is updated and signed again whenever any of the terms change.

Change Impact:

- Updated language acknowledges use of electronic documentation.
- Recommendations provide clarity and streamline this section.

Current Regulations:

§ 5310.35. Termination from program.

- a) The community residential rehabilitation service (CRRS) must establish written termination criteria and procedures which must address the following two types of termination:
- (1) Planned termination of services. The client, CRRS staff and, if appropriate, others responsible for the client's welfare agree that the client should leave the program and have planned and prepared for the move.
 - (2) Unplanned termination of services. The client drops out, requires hospital or nursing care, or demonstrates behavior that requires immediate removal.
- (b) If the planned termination is a result of the client not living up to the terms of the service agreement, the CRRS must notify the client in writing of the decision, give an exit date, the reason for termination and indicate any recourse the client has under the client grievance procedures. A copy of the notice must be sent to each case management or treatment agency, specified in the individual's service plan.
- (c) Within 2 weeks after the exit date, the CRRS must prepare a termination summary for each client terminated which must be included in the client's record and sent to the case management or treatment agency specified in the individual's service plan.

Current Impact:

- Language is outdated and not recovery-oriented nor trauma-informed.
- Required timeframe for Discharge Summary is unnecessary.

Recommended Change:

Discharge from program.

- (a) The (CRRS) must establish discharge criteria and procedures that must address the following two types of discharge:
- (1) Planned discharge from services. The individual, CRRS staff, and, if appropriate, others responsible for the individual's welfare agree that the individual should leave the program and

- have planned and prepared for the move.
- (2) Unplanned discharge from services. The individual drops out, requires a different level of care, or demonstrates behavior that requires discharge.
- (b) If the unplanned discharge is a result of the individual not fulfilling the terms of the service agreement, the CRRS must notify the individual in writing of the decision, give an exit date, the reason for discharge, and indicate any recourse the individual has under the grievance procedures for individuals. The notice of discharge must be communicated with case management prior to or at the time of notice.
- (c) Within 30 days after the exit date, the CRRS must prepare a discharge summary for each individual discharged, which must be included in the individual's record and available for the case management or treatment agency specified in the individual's service plan.

Change Impact:

- Recommendations include recovery-oriented, trauma-informed language
- Recommended timeframe for discharge summary is more realistic.

Current Regulations:

§ 5310.36. Provider review of services management.

The community residential rehabilitation services (CRRS) procedures for an internal program monitoring process must be established and implemented. The procedures must include regular review of program activities and client service plans. The procedures must be designed to assess:

- (1) The quality and timeliness of the individualized residential service plan process.
- (2) The adequacy of program activities in meeting the anticipated outcomes expressed in the program goals and objectives.
- (3) Whether coordination of the residential program with the comprehensive program needs of the clients served occurs.

Current Impact:

- This section is redundant of the Quality Assurance and Improvement process currently required in General Provisions.

Recommended Change:

Move this information to the General Requirements section above.

Change Impact:

- Recommendation is to move this to General Requirements and streamline.

Current Regulations:

§ 5310.37. Program closure.

When the community residential rehabilitation service (CRRS) intends to cease operation, the governing body shall provide at least 30 days written notice to that effect to each client, to all case management/treatment agencies, , to the County Mental Health/Mental Retardation (MH/MR), and to the Office of Mental Health. The notice must contain the projected closing date. The Director shall ensure that CRRS staff actively participate in the establishment and implementation of relocation plans for the clients.

Current Impact:

- This information should be in General Requirements section above.

Recommended Change:

Move this information to General Requirements section.

Change Impact:

- Recommendation is to move this to General Requirements section of regulations.

Current Regulations:

§ 5310.38. Notification in case of client emergency.

(a) In case of an emergency, serious illness or injury, the unplanned termination, or the death or impending death of a client, the Director or the Director's designee shall notify as soon as possible but within 24 hours:

- (1) The person or persons designated by the client to be notified in such a case.
- (2) Any case management/treatment agency responsible for the client.

(b) These notifications are subject to § 5310.52 (relating to confidentiality).

Current Impact:

- This information should be in General Requirements section.

Recommended Change:

Move to General Requirements section.

Change Impact:

- Recommendation is to move this to General Requirements section of regulations.

Current Regulations:

§ 5310.39. Service linkages.

(a) The community residential rehabilitation service (CRRS) must establish:

- (1) Arrangements for emergency psychiatric care for clients, confirmed by a letter of agreement.
- (2) Arrangements with the persons or agencies responsible for the client's mental health treatment to ensure ongoing care and coordination between the treatment service and the CRRS.
- (3) Arrangements for emergency medical care for clients.

(b) The CRRS must make arrangements with individual practitioners or health care services to ensure ongoing medical and dental care for each client.

(c) All CRRS's must participate in the overall system of mental health care as defined in the County Mental Health/Mental Retardation (MH/MR) Plan. The CRRS must have a written agreement with the County MH/MR program which:

- (1) Specifies the relationship of the CRRS with the county program case management system.
- (2) Provides the continuity of care and information exchange.
- (3) Indicates the procedure for reporting by the CRRS to the County program of the following:
 - (i) Client deaths.
 - (ii) Fire or other disaster rendering a CRRS site uninhabitable.
 - (iii) Program closure.

(iv) Reported instances of violations of clients' rights in the CRRS.

Current Impact:

- This information should be streamlined and move to Organizational Structure section.

Recommended Change:

Move to Organizational Structure section.

Change Impact:

- Recommendation streamlines this section and moves it to Organizational Structure.

Current Regulations:

STAFFING

§ 5310.41. Staffing and training.

- (a) The community residential rehabilitation service (CRRS) must have staff sufficient in number and qualifications to carry out the functions of CRRS which include supervision, personal assistance, and psychosocial rehabilitation services as indicated in the CRRS program description.
- (b) Full-care CRRS must have staff onsite whenever a client is in the residence. Clients designated capable of self-preservation with minimal assistance, shall be served only in a Full-care CRRS.
- (c) Partial-care CRRS must have staff onsite in a regularly scheduled staffing pattern including evenings and weekends. All CRRS where staff are on-call but not onsite for a portion of the time clients are in the residence are Partial-care CRRS.
- (d) CRRS staff must have work experience or training relevant to performing the tasks and carrying out the responsibilities specified in their job descriptions.
- (e) Clerical and other nonprogram staff must be employed as required to provide efficient program operations and to carry out the requirements of this chapter.
- (f) A mental health professional shall supervise the client service plan process and shall sign each individual residential service plan and service plan review.

Current Impact:

- The increasing cost of higher education is discouraging folks in the field to obtain higher degrees (including master's and even bachelor's).
- The ability to hire staff with a master's degree comes at a price our system can no longer afford.
- Availability of Mental Health Professionals for mental health residential programs is in short supply, and master's level MHPs often do not want to work in these settings. As well, this level of education is not necessary for oversight of CRRS rehabilitation plans.

Recommended Change:

STAFFING

Staffing and training.

- (a) The community residential rehabilitation service (CRRS) must have staff sufficient in number and qualifications to carry out the functions of CRRS, which include supervision, personal assistance, and psychosocial rehabilitation services as indicated in the CRRS program description.
- (b) Full-care CRRS must have staff onsite whenever an individual is in the residence.
- (c) Partial-care CRRS must have staff onsite and/or on-call in a regularly scheduled staffing pattern based on the needs of the individuals in the service.
- (d) CRRS staff must have work experience or training relevant to performing the tasks

and carrying out the responsibilities specified in their job descriptions.

- (e) A program supervisor shall oversee the Individual Rehabilitation Plan (IRP) process and shall sign each IRP and IRP review.

Change Impact:

- Recommendations provide clarity on levels of service and who can be served in each.
- Recommendations remove the requirement of master’s level review of Individual Rehabilitation Plans in favor of review by supervisors who are typically more familiar with the strengths and needs of the individuals.
- On-the-job training and training opportunities that are directly related to a position have increased over the past several years (in part by the onset of COVID-19 and the increased need for virtual learning). The training is often more relevant to the care of the individual than any academic subject matter covered in a formal degree program.

Current Regulations:

CLIENT RECORDS

§ 5310.51. Case record.

- (a) A case record must be initiated at intake for each client, be maintained through the service period, and retained at least 5 years after the client leaves the program.
- (b) Each case record must include the following information:
 - (1) The following client identifying information must be in the case record:
 - (i) Name.
 - (ii) Date of birth.
 - (iii) Sex.
 - (iv) Social security number.
 - (v) Religious affiliation, if client chooses to state the affiliation.
 - (vi) Date of entry into the CRRS.
 - (2) The following emergency and contact information must be in the case record:
 - (i) Name, address, telephone number, and contact person for the case management/treatment agency, if any.
 - (ii) Name, address, and telephone numbers of client family members of significant others.
 - (iii) Name and telephone number of the person designated by the client to be called in case of emergency.
 - (iv) Name and telephone number of client’s personal physician or therapist, if applicable.
 - (3) The following medical/special information must be in the case record:
 - (i) Any dietary restrictions.
 - (ii) Medication regimen.
 - (iii) Medical problems, such as diabetes, heart disease and epilepsy.
 - (4) The following program information must be in the case record:
 - (i) Intake information.
 - (ii) Individual’s residential service plan, dated and signed.
 - (iii) Name of the designated staff person for the client.
 - (iv) Service plan reviews and other reports of performance and progress which must be dated and signed.
 - (v) Referral activity, correspondence, reports of emergencies, accidents, and illness.
 - (vi) Dated and signed annual reassessments.

- (vii) Dated and signed termination summary.
 - (viii) A copy of written agreement between the CRRS and the client.
 - (ix) Written consent for disclosure of information.
- (c) Client case records must be:
- (1) Legible and in ink or typewritten.
 - (2) Organized and maintained according to a uniform format so that information is readily located.
- (d) The Director or his designee shall annually:
- (1) Review client case records to monitor the nature and quality of the recording.
 - (2) Prepare a written summary of the review, including date, methods used and findings.
 - (3) Make adjustments in recording procedures as needed.

Current Impact:

- Language is outdated.

Recommended Change:

INDIVIDUAL RECORDS

Individual record.

- (a) A record must be initiated at intake for each individual, be maintained through the service period, and retained at least 5 years after the individual leaves the program. Such records shall be maintained in accordance with recognized and acceptable principles of recordkeeping as follows:
- (1) entries shall be in non erasable ink, typewriter or electronic;
 - (2) shall be legible;
 - (3) shall be periodically reviewed for quality and completeness; and
 - (4) entries shall be dated and signed by appropriate staff.
- (b) Each individual record must include the following information:
- (1) The following client identifying information must be in the case record:
 - (i) Name and preferred name if different.
 - (ii) Date of birth.
 - (iii) Gender/gender identity.
 - (iv) Social security number.
 - (v) Spiritual or Religious affiliation, if the individual chooses to state the affiliation.
 - (vi) Emergency Contact information, if the individual chooses to provide one.
 - (vii) Contact information for additional people the individual has identified as important contacts.
 - (viii) Any dietary restrictions.
 - (ix) Medication regimen.
 - (x) Medical considerations, such as diabetes, heart disease, communicable disease, and epilepsy.
 - (xi) Allergies.
 - (2) The following program information must be in the record:
 - (i) Intake information.
 - (ii) Date of entry into the CRR.
 - (iii) Service agreement.

- (iv) Individual consent to release information.
- (v) Initial assessments and reassessments as needed.
- (vi) Individual Rehabilitation Plan.
- (vii) Individual Rehabilitation Plan reviews and other reports of performance and progress.
- (viii) Referral activity, correspondence, reports of emergencies, accidents, and illness.
- (ix) Discharge summary.

Change Impact:

- Recommendations update and streamline language in this section.
- Removing dates and timeframes allows the supervisor to see what should be in the record as the section states.

Current Regulations:

CLIENT RIGHTS

§ 5310.61. Nondiscrimination.

The community residential rehabilitation service (CRRS) must have written policies and procedures to assure non-discrimination in the provision of services on the basis of age, race, color, religious creed, sex, national origin, ancestry or handicap.

Cross References

This section cited in 55 Pa. Code § 5310.91 (relating to community residential rehabilitation service (CRRS) serving children) and 55 Pa. Code § 5310.151 (relating to client rights).

§ 5310.62. Client rights in residence.

The community residential rehabilitation service (CRRS) must insure that each client:

- (1) Is free to communicate, associate, and meet privately with persons of the client's choice.
- (2) Has access in reasonable privacy to a telephone in the building in which the client resides. A standard pay telephone may be used. Arrangements must be made by the CRRS with the clients for payment of long-distance calls.
- (3) Has access to the United States mails, may write and send uncensored mail at the client's own expense and may receive, unopened, mail addressed to the client.
- (4) Has the right to privacy of self and possessions.
- (5) Has the right to confidentiality concerning information about the client.
- (6) Is able to keep in the client's room personal possessions and items of furniture.
- (7) Is encouraged to exercise the client's rights as a citizen, for example, voting.
- (8) Is free to voice grievances and recommend changes in the policies and services of the CRRS in accordance with the client grievance procedure specified in § 5310.11(d)(4) (relating to governing body).
- (9) Is not required to participate in research projects.
- (10) Has the right to manage personal financial affairs.
- (11) Has the right to practice the religion or faith of the client's choice.

Current Impact:

- Language is outdated.

Recommended Change:

Rights of Individuals in Services

Nondiscrimination.

The community residential rehabilitation service (CRRS) may not discriminate against an individual on the basis of age, race, sex, religion, ethnic origin, economic status, sexual orientation, gender identity or expression, or disability.

- (a) An individual has the right to be treated with dignity and respect and to be free from physical and mental harm.
- (b) An individual has the right to receive CRR services in a culturally respectful and nondiscriminatory environment.
- (c) Has the right to practice the religion or faith of the individual's choice or to practice no religion.

Client rights in residence.

The community residential rehabilitation service (CRRS) must ensure that each individual:

- (1) Is free to communicate, associate, and meet privately with persons of the individual's choice.
- (2) Has reasonable access to a telephone and the opportunity to make and receive confidential calls, with assistance, when necessary. Individuals living in an Agency owned or leased residences have the right to install a telephone in the apartment/bedroom in which they reside.
- (3) Has unrestricted access to send and receive mail at the individual's own expense, unopened and unread by others, including the right to share contact information with whom they choose.
- (4) Has the right to privacy of self and possessions.
- (5) Has the right to have information and records concerning service treated in a confidential manner.
- (6) Is able to keep in the individual's room personal possessions and items of furniture that are temporary and can be removed without causing damage to the residence.
- (7) Has the right to exercise and enjoy all civil rights, including but not limited to the right to register to vote and vote.
- (8) Has the right to access competent, timely, and quality service to assist with fulfillment of a goal.
- (9) Has the right to express a goal which is individualized and reflects informed choice concerning selection, direction, or termination of service and service plan.
- (10) Has the right to offer an opinion and belief.
- (11) Has the right to file a complaint related to CRR services and to have the complaint addressed.
- (12) Has the right to have the assistance of a personally-chosen representative or advocate in expressing a complaint.
- (13) Is not required to participate in research projects.
- (14) Has the right to manage personal finances. Individuals who have a financial designee who manage their financial affairs will have the right to access and communicate freely with their financial designee.

Change Impact:

- Recommendations update language.
- Recommendations clarify some items that were previously not included.

Current Regulations:

§ 5310.63. Violation of client rights.

No client may be subject to neglect, abuse, exploitation, or maltreatment by employees or other clients. The community residential rehabilitation service (CRRS) must have a written policy which prohibits such practices and which provides procedures for investigating, reporting and taking action on alleged

violations of client rights. This procedure shall include review by the governing body of all reported instances of violations of client rights in the CRRS and reporting the results of the review to the County Mental Health/Mental Retardation (MH/MR) Office.

Current Impact:

- Language is outdated and some concepts need to be clarified.

Recommended Change:

Violation of the rights of individuals in services.

- No person in service may be subject to neglect, abuse, exploitation, or maltreatment. Threats, violence, or harassment are not tolerated. Any illegal activity is prohibited and will be addressed through the legal system. The community residential rehabilitation service (CRRS) must have a written policy which prohibits such practices and which provides procedures for investigating, reporting, and taking action on alleged violations of client rights. This procedure shall include reporting as directed by a designated licensing entity. In the event that the rights of an individual receiving services conflicts with the rights of another individual or causes an unsafe condition, staff shall assist in ensuring a safe and respectful environment that promotes recovery.

Change Impact:

- Recommendations provide updated language.
- Recommendations ensure the rights of all individuals and staff are respected.

Current Regulations:

§ 5310.64. Client right to inspect client record.

The community residential rehabilitation service (CRRS) must have written policy and procedures to assure that clients have the right to inspect their records. Clients must be informed of this right at program enrollment and provided information on the procedure for requesting to inspect their own record. Clients may be denied access to inspect portions of the record under the following conditions:

- (1) The Director shall determine that:
 - (i) Disclosure of specific information would be a substantial detriment to the client; or
 - (ii) Disclosure of specific information would identify and breach the confidentiality of other persons.
- (2) The denial of access must be recorded with justification in the client's record, and be dated and signed by the Director.

Current Impact:

- Language is outdated.

Recommended Change:

Individual in service's right to inspect their case record.

The community residential rehabilitation service (CRRS) must have written policy and procedures to assure that individuals in service have the right to inspect their record. Individuals must be informed of this right at intake and provided information on the procedure for requesting to inspect their own record. Individuals may be denied access to inspect portions of the record under the following conditions:

- (1) The Director shall determine that:
 1. Disclosure of specific information would be a substantial detriment to the individual in service or another individual; or
 2. Disclosure of specific information would identify and breach the confidentiality of

other persons.

- (2) The denial of access must be recorded with justification in the individual's record and be dated and signed by the Director

Change Impact:

- Recommendations include person-centered, recovery-oriented language.

Current Regulations:

PHYSICAL FACILITIES STANDARDS

§ 5310.71. Site control.

Each site used by a community residential rehabilitation service (CRRS) to house clients must be owned, held, leased, or otherwise controlled by the provider or a provider-affiliate.

Current Impact:

- This regulation is unnecessary.

Recommended Change:

PHYSICAL FACILITIES STANDARDS

Site control.

Remove this section.

Change Impact:

- Recommendation is to remove this unnecessary regulation.

Current Regulations:

§ 5310.72. Safety procedures.

- (a) The community residential rehabilitation service (CRRS) staff shall arrange for the local fire department or another outside safety consultant to inspect and approve each physical site for fire safety and to determine the number, location and type of fire extinguishers and smoke detectors. This fire safety inspection shall be done for initial occupancy and then at least every 2 years thereafter. All inspections must be documented.
- (b) At each CRRS site, emergency telephone numbers for the fire department, local police and on-call staff must be posted by the telephone.
- (c) The CRRS staff providing onsite client supervision must be instructed in the operation of the fire extinguishers.
- (d) Fire drills at each CRRS site must be:
 - (1) Held every 2 months.
 - (2) Held during the night at least semiannually.
 - (3) Recorded, including date, time, time required for evacuation, and number of persons taking part.
- (e) Proper safeguards must be taken at all times against the fire hazards of smoking.
- (f) Fireplaces must be securely screened when in use.

- (g) The CRRS sites must be made safe by the elimination of or protection from such domestic hazards as slipping rugs and frayed or overloaded electrical cords. Stairways must have securely fastened handrails and adequate lighting for safe descent and ascent.
- (h) The CRRS must have a written plan and procedures for meeting emergencies, such as missing residents, fire, flood, strike, and internal or external disaster. These procedures must be reviewed with each new staff person and annually with all staff.
- (i) Each CRRS site with four or more clients must have an evacuation plan which contains a diagram of each floor showing exit paths, exit doors and location of fire extinguishers. A copy of this plan must be provided to each client and reviewed with the client upon entry to the site.

Current Impact:

- This includes requirements that providers often cannot get fire safety consultants to complete.
- This section is wordy and contains some unnecessary information.

Recommended Change:

Safety procedures.

- (a) The community residential rehabilitation service (CRRS) staff shall arrange for the local fire department or another outside safety consultant to inspect each physical site for fire safety. This fire safety inspection shall be done for initial occupancy and then at least every 2 years thereafter. All inspections must be documented.
- (b) At each CRRS site, emergency telephone numbers for the fire department, local police, and provider must be posted by each resident telephone.
- (c) The staff shall be instructed in the operation of fire extinguishers.
- (d) Fire drills at each CRRS site must be:
 - (i) Held every 2 months.
 - (ii) Held during the night at least semiannually.
 - (iii) Recorded, including date, time, time required for evacuation, and number of persons taking part.
- (e) Proper safeguards must be taken at all times against the fire hazards of smoking.
- (f) Fireplaces must be securely screened when in use.
- (g) The CRRS sites must be made safe by the elimination of or protection from such domestic hazards as slipping rugs and frayed or overloaded electrical cords.
- (h) Stairways must have securely fastened handrails, non-slip surface, and adequate lighting for safe descent and ascent.
- (i) The CRRS must have a documented Emergency Preparedness plan in which staff are trained upon hire and annually.
- (j) Each CRRS site must have an evacuation diagram showing exit paths and exit doors posted on each floor.

Change Impact:

- Recommendations streamline this section.

Current Regulations:

§ 5310.73. Physical plant requirements.

- (a) Each community residential rehabilitation service (CRRS) must have at least one furnished room available for the purpose of counseling and meetings. The room must assure privacy for participants in the counseling sessions or meetings, but may be a room generally used for other purposes. The room may not be a client or staff bedroom.

- (b) Each CRRS site must be in compliance with the requirements of the Department of Labor and Industry under act of April 27, 1927 (P. L. 465) (35 P. S. § § 1221—1235), and The Fire & Panic Act, except in first class, second class and second class A cities in which case the CRRS site shall be in compliance with the local fire codes.
- (c) The sewage from each CRRS site must be disposed of in a manner that is in accordance with The Clean Streams Law (35 P. S. § § 691.1—691.1001), the Pennsylvania Sewage Facilities Act (35 P. S. § § 750.1—750.20), and the regulations of the Department of Environmental Resources.
- (d) Each CRRS site shall meet the following physical requirements:
 - (1) There shall be an adequate supply of piped hot and cold water to each lavatory, bathtub, shower, kitchen sink and to dishwasher and laundry equipment.
 - (2) Heating in rooms used by client must be maintained at a temperature not less than 65°F or, where there are clients 65 years of age and older, not less than 70°F.
 - (3) Portable space heaters may not be used. Space heaters may be used if they are adequately vented, mounted in an exterior wall, installed with permanent connections and protectors and have been inspected and approved by the local fire department.
 - (4) Woodburning and coal burning stoves must meet all applicable local enforcement codes and shall be inspected and approved by the local fire department.
 - (5) In facilities where interior temperatures exceed 85° F a fan shall be provided in rooms where temperatures are over 85°F. Fans shall be contained within a protective housing.
- (e) Each CRRS site shall meet the following requirements for client residential living areas or spaces:
 - (1) A living room or recreational area shall be available to clients.
 - (2) Bedrooms shall be either single or double occupancy. A single occupancy room shall have 80 square feet or more of floor space. A double occupancy room shall have 60 square feet or more of floor space for each client. If a bedroom has a closet, up to 9 square feet may be counted in calculating the square footage of floor space provided there is sufficient floor space to accommodate all items required in paragraph (8).
 - (3) Each bedroom shall have proper ventilation by means of either one window which can be opened without the use of tools from the inside or by other adequate means.
 - (4) Space for personal property such as trunks, suitcases and seasonal clothing shall be provided in a dry, protected area which is accessible to clients.
 - (5) There shall be at least one toilet and lavatory for every six clients.
 - (6) There shall be at least one tub or shower for every six residents.
 - (7) The bathroom, kitchen and main exit shall be directly accessible without going through client bedrooms.
 - (8) Each client shall have available in the room the client occupies the items listed which shall be clean and maintained in good repair.
 - (i) A bed with mattress and firm foundation, which are both at least 72 inches by 36 inches.
 - (ii) Bed pillow.
 - (iii) Mirror.
 - (iv) Dresser.
 - (v) Clothes closet or wardrobe.
 - (vi) A secure place for client valuables such as a locked drawer or locked metal box.
 - (vii) Chair.
 - (viii) Bed linens and blankets, appropriate to climate, weather conditions and the client's individual needs.
 - (ix) Towels and washcloths.
 - (x) Towel bar, if not provided in the bathroom.

- (9) In a double occupancy room, the items listed below may be shared:
- (i) Mirror.
 - (ii) Dresser, provided at least three drawers are available to each client.
 - (iii) Clothes closet or wardrobe.
 - (iv) Chair.
 - (v) Towel bar.
- (10) Beds that require clients to climb steps or ladders to get into or out of bed are prohibited for client use.
- (f) Each CRRS site shall meet the following housekeeping and maintenance requirements:
- (1) The CRRS sites shall be equipped, arranged and maintained to provide for the health, safety and well-being of clients.
 - (2) The CRRS sites and furnishings shall be comfortable and clean. Housekeeping chores shall be regularly scheduled and performed.
 - (3) Floors, walls, vents, equipment and fans shall be clean and maintained in good repair.
 - (4) The CRRS sites shall be maintained in good repair and free of hazards, such as loose or broken window glass, loose or cracked floor coverings or ceilings and holes in walls.
 - (5) The site shall be kept free from insects by either screens on all functional outside windows and doors, or other effective means.
- (g) Each CRRS shall insure that arrangements are made to enable the clients to launder personal items and linens weekly. If the laundry is done on the premises, proper equipment in good repair shall be available.
- (h) Kitchen and dining area shall include the following:
- (1) Each CRRS site shall have a kitchen with sufficient floor space and equipment for the preparation and storage of food and which is convenient to the dining area.
 - (2) Each CRRS site shall have a dining room or dining area that is equipped with sufficient tables and chairs to accommodate all resident clients at one time.
 - (3) Each CRRS site shall be equipped with utensils for eating, drinking, preparing, serving and storing food, which are in good condition and sufficient in number to meet the needs of resident clients.

Current Impact:

- This section includes information that is outdated.
- These requirements are not person-centered and do not offer choice to the individuals in service.

Recommended Change:

Physical plant requirements.

- (a) Each community residential rehabilitation service (CRRS) must have at least one furnished room available for the purpose of counseling and meetings. The room must assure privacy for participants in the counseling sessions or meetings but may be a room generally used for other purposes. The room may not be a bedroom.
- (b) Each CRRS site must be in compliance with the requirements of the Department of Labor and Industry under act of April 27, 1927 (P. L. 465) (35 P. S. § § 1221—1235), and The Fire & Panic Act, except in first class, second class and second class A cities, in which case the CRRS site shall be in compliance with the local fire codes.
- (c) Each CRRS site shall meet the following physical requirements:
 - (1) There shall be an adequate supply of piped hot and cold water to each lavatory, bathtub, shower, kitchen sink, dishwasher, and laundry equipment.
 - (2) Heating in rooms used by an individual must be maintained at a temperature not less than 65°F.

- (3) Portable space heaters may be used as a supplemental heat source. If used, supplemental heat sources must meet the highest safety standards and must be approved by a fire safety expert.
 - (4) Wood burning and coal burning stoves must meet all applicable local enforcement codes and shall be inspected and approved by the local fire department. Devices for heating, cooking, or lighting which use kerosene, gasoline, alcohol, or portable propane are prohibited in the interior building of the CRR.
 - (5) In facilities where interior temperatures exceed 85° F, a fan shall be provided in rooms where temperatures are over 85°F. Portable fans shall be contained within a protective housing.
- (d) Each CRRS site shall meet the following requirements for living areas or spaces:
- (1) A living room or recreational area shall be available.
 - (2) Bedrooms shall be either single or double occupancy. A single occupancy room shall have 80 square feet or more of floor space. A double occupancy room shall have 60 square feet or more of floor space for each individual. If a bedroom has a closet, up to 9 square feet may be counted in calculating the square footage of floor space, provided there is sufficient floor space to accommodate all required items.
 - (3) Each bedroom shall have proper ventilation.
 - (4) Space for a reasonable amount of personal property shall be provided in a dry, protected area, and a secure place for the individual's valuables, such as a locked drawer or locked metal box, shall be provided.
 - (5) There shall be at least one toilet and tub or shower for every six individuals.
 - (6) The bathroom, kitchen, and main exit shall be directly accessible without going through an individual's bedroom.
 - (7) The following shall be made available, cleaned, and maintained in each bedroom:
 - (i) A bed with mattress and firm foundation, which are both at least 72 inches by 36 inches.
 - (ii) Bed pillow.
 - (iii) Dresser.
 - (iv) Towel bar or hook if not provided in the bathroom.
 - (v) Clothes closet or wardrobe.
 - (vi) Bed linens, blankets, towels, and washcloths.
 - (vii) Laundry basket or bag.
- The following items, if requested by the individuals:
- (i) Chair.
 - (ii) Bedside table.
 - (iii) Mirror.
- (8) In a double occupancy room, the items listed below may be shared:
- (i) Dresser, provided at least three drawers are available to each client.
 - (ii) Clothes closet or wardrobe.
 - (iii) Towel bar.
- (d) Each CRRS site shall meet the following housekeeping and maintenance requirements:
- (i) Furniture shall be arranged to provide for the safety and comfort of the residents and to permit quiet privacy zones and areas that foster social interactions.
 - (ii) Furnishings and housekeeping shall be maintained so that the CRR is comfortable, "home-like," and clean.

- (iii) Individuals shall be encouraged to keep their bedrooms neat and tidy and to assist with cleanup of program areas after group or individual activities. The CRRS shall provide basic housekeeping, cleaning, and maintenance of the physical plant.
 - (iv) The CRRS shall be free of hazards, such as loose or broken window glass, loose or cracked floors and floor coverings, and cracked or loose plaster on walls or ceilings.
 - (v) Interior and exterior stairways shall have securely fastened handrails and non-skid surfaces. If present, stair coverings shall also be securely fastened.
 - (vi) Exterior doors and windows opened for ventilation shall be screened.
 - (vii) Appropriate vector control measures shall be used to keep the CRRS free from insects, rodents, and other pests.
- (e) Housekeeping activities and skills teaching shall be regularly scheduled and performed.
- (f) Each CRRS shall ensure that arrangements are made to enable the individuals to launder personal items and linens weekly. If the laundry is done on the premises, proper equipment in good repair shall be available.
- (e) Kitchen and dining area shall include the following:
- (1) Each CRRS site shall have a kitchen with sufficient floor space and equipment for the preparation and storage of food and which is convenient to the dining area.
 - (2) Each CRRS site shall have a dining room or dining area that is equipped with sufficient tables and chairs to accommodate the individuals living in the home or apartment at one time.
 - (3) Each CRRS site shall be equipped with utensils for eating, drinking, preparing, serving, and storing food, which are in good condition and sufficient in number to meet the needs of individuals in the home.

Change Impact:

- Recommendations remove outdated regulations around sewage, etc.
- Recommendations include person-centered, recovery-oriented language and allow individuals to choose what items are in their spaces.
- Recommendation to remove the prohibition of space heaters allows for use of these which now have safety features built in. Many individuals want to have these items and can do so safely.
- By removing the temperature requirements for residents 65 years and older, we are allowing for more choice regarding what is comfortable to them.
- Recommendations align regulations with LTSR regulations recommendations.
- Recommendations reflect the more transitional model of some CRRS programs.

Current Regulations:

DIET AND MEDICATION

§ 5310.81. Medication.

- (a) Self-medication shall be a goal for community residential rehabilitation service (CRRS) clients.
- (b) CRRS programs shall establish and implement written policies and procedures regarding medications which meet legal restrictions regarding administration of medication. Medication policies and procedures shall include:
 - (1) How the goal of self-medication for clients is to be achieved.
 - (2) How clients who need assistance with medication prescribed for self-administration will receive it. For CRRS clients who need assistance, the least assistance necessary should be provided within the context of a planned program toward self-medication.

- (3) The circumstances under which the CRRS stores medications for clients. Storing medications is subject to the following limitations:
 - (i) Only medications which are prescribed for self-administration may be stored by the CRRS on site.
 - (ii) Medications stored by the CRRS must be kept in a locked container or a container in a locked room.
 - (iii) Medications shall be kept in their original prescription containers.
- (4) Training of direct service staff about medications used by their clients, their purposes and function, major side effects and contraindications and recognition of signs that medication is not being taken or is being misused.

Current Impact:

- Requirement to have self-medication as a goal does not allow for individualization of rehabilitation plans and individual choice.
- Requirement to keep medication in original containers does not allow for medication packing, which can be integral to individual choice, recovery, community integration, and self-sufficiency.

Recommended Change:

NUTRITION AND MEDICATION

Medication.

- (a) Medication management skill-building shall be a component of CRRS.
- (b) CRRS programs shall establish and implement written policies and procedures regarding medications which meet legal restrictions regarding management of medication. Medication policies and procedures shall include:
 - (1) How individuals who need assistance with medication prescribed for self-administration will receive it. For CRRS individuals who need assistance, the least assistance necessary should be provided within the context of a planned program toward self-medication.
 - (2) The circumstances under which the CRRS stores medications for individuals.
 - (3) Training of staff about medications used by their individuals, their purposes and function, major side effects and contraindications, and recognition of signs that medication is not being taken or is being misused.
- (b) Storing medications is subject to the following limitations:
 - (i) Medications stored by the CRRS must be kept in a locked container or a container in a locked room.
 - (ii) Medications shall be kept in their original prescription containers except when alternative containers are used for gaining independence with medication management.

Change Impact:

- Recommendations allow for individualization of rehabilitation plans and individual choice.
- Recommendations allow for medication packing, which can be integral to individual choice, recovery, community integration, and self-sufficiency.

Current Regulations:

§ 5310.82. Nutrition.

- (a) Self-sufficiency in meal planning, shopping and food preparation must be a goal for community residential rehabilitation service (CRRS) clients.
- (b) The CRRS shall assure that arrangements are made to enable the client to have three well-balanced nutritious meals or their equivalent daily. The psychosocial evaluation at intake includes an

assessment of the client's ability to meet his nutritional needs. The client's residential services plan must include goals and training in the nutritional area as needed.

- (c) In the unusual circumstance where CRRS staff rather than clients purchase and prepare the food, the following additional requirements apply:
- (1) Each client shall be involved in the meal planning, shopping, food preparation, service and kitchen chores as evidenced in task schedules and in the client's individual service plan.
 - (2) Meals may be no more than 5 hours nor less than 4 hours apart in each day. There may be no more than 15 hours between evening meal and first meal of the next day.
 - (3) When a client misses a meal, food adequate to meet daily nutritional requirements shall be available to the client.
 - (4) Dietary restrictions prescribed by the client's physician shall be followed. Religious and philosophical dietary preferences must be followed.
 - (5) Menus shall be prepared for 1 week in advance and must be retained on file for at least 8 weeks.
 - (6) Food stored, prepared or served shall be clean and safe for human consumption.
 - (7) Food returned from individual plates may not be used in the preparation of other food dishes or served again.
 - (8) Unpasteurized milk may not be served or used in food preparation.

Current Impact:

- Current regulations do not allow for the flexibility that individuals often want and need around meals.
- Language is not person-centered or recovery-oriented.

Recommended Change:

Nutrition.

- (b) Education and skills teaching on nutrition shall be provided in a variety of ways to engage individuals based on each individual's assessed needs and choice.
- (c) Education will be provided on the essential role of nutrition on a person's overall mental and physical wellness.
- (d) CRRS shall facilitate self-sufficiency through involvement of individuals in meal planning, shopping, and food preparation.
- (b) The CRRS shall assure that arrangements are made to enable the individuals to have three well-balanced nutritious meals or their equivalent daily. The psychosocial evaluation at intake includes an assessment of the individual's ability to meet their nutritional needs.
- (1) Food adequate to meet daily nutritional requirements shall be available to the individuals
 - (2) Dietary restrictions prescribed by the individual's physician shall be followed.
 - (3) Religious, philosophical, and/or individual dietary preferences will be honored while considering financial limitations.
 - (4) Menus shall be prepared for 1 week in advance and must be retained on file for at least 8 weeks.
 - (5) Food stored, prepared or served shall be clean and safe for human consumption.
 - (6) Food returned from individual plates may not be used in the preparation of other food dishes or served again.

Change Impact:

- Recommendations update language.
- Recommendations allow for flexibility often wanted and needed by individuals.