October 28, 2021

Susan Steinberg
Behavioral Health Administration

Re: PRP Rehabilitation Specialist Staffing

Dear Ms. Steinberg:

With this letter, CBH formally requests that the Behavioral Health Administration (BHA) take immediate steps to ensure that its current licensing process requires that psychiatric rehabilitation programs (PRPs) to have only a single rehabilitation specialist for the organization as a whole, until such time as BHA promulgates regulatory changes.

Our request for a single rehabilitation specialist is consistent with current regulations, current practice and, in fact, written guidance that BHA's licensing division made to providers as recently as April 2021.

To change licensing requirements without notice – and in the midst of an unprecedented workforce crisis – is both unfair and unwise. Over 90% of our PRP members have currently posted vacancies for licensed mental health professionals, and 82% have currently posted vacancies for individuals with certification. The radical staff expansion required to secure compliance with this unpromulgated rule change is impossible.

Current regulations require a PRP program for adults or minors to "[b]e under the direction of **a** rehabilitation specialist" (COMAR 10.63.03.09(C); COMAR 10.63.03.10(B) (emphasis added)). Program is defined in the context of 10.63: "'Program' means **an organization** that provides or seeks a licensed to provide community-based behavioral health service" (COMAR 10.63.01.02(B)(47) (emphasis added). Based on our conversations with BHA in the development of 10.63 regulations and subsequently, CBH has always understood that these regulations mean a single rehabilitation specialist is required for a PRP program, not for each site.

On Tuesday, you stated, "That has never been the interpretation of BHA, who has always licensed programs by service/location since 10.63 was implemented." This statement is at odds with the regulations and current practice. Our members report that their original 10.63 licenses for PRPs required only a single rehabilitation specialist. Moreover, BHA's licensing staff responded to this specific question as recently as April 2021 by indicating that only a single rehabilitation specialist is required (see Appendix A, emails between Spencer Gear, Barbara Symthe, and Ashley Archie, April 6, 2021).

The majority of our members now report being asked to have a rehabilitation specialist at every site as they complete licensure renewals. The absence of notice in this unpromulgated regulatory change in the midst of a well-documented workforce crisis will cause a catastrophic restriction in access to care.

We know that BHA has concerns about PRP growth. We share those concerns. At the same time, we also know that PRP can be a valuable tool. A pre/post CRISP report analysis reviewing clients in PRP and RRP show that the service can be a valuable tool for reducing hospital utilization. The average hospital charge per member was $5,396 lower after 12 months and the average hospital charge per visit dropped $1,325 after 6 months displaying a 72% reduction in hospital costs over 12 months. This is a **substantial** reduction in costs. We urge BHA to ensure that PRP is restricted for those abusing it, not for those who need and benefit from it.

Indiscriminately attacking PRP rather than taking a selective approach to reining in abusers of the model will have negative unintended consequences, including the proliferation of the very providers you are concerned about who flout the rules.

For these reasons, we ask BHA to immediately ensure that all current and pending license renewals for PRP allow providers to base their number of rehabilitation specialists on the organizational PRP client ratio until BHA promulgates regulatory changes to 10.63.

Thank you for your attention to these concerns.

Sincerely,

Shannon Hall, J.D.
Executive Director

cc: Dr. Aliya Jones

Appendix A

On Tue, Apr 6, 2021 at 8:28 AM Ashley Archie <a.archie@btstservices.com> wrote:

Got it! So based on what I am reading if we have 100 adults and 200 children at MINIMUM we would need an adult RS and a child RS.

Last question- does location matter? So if we have 50 clients in one location and 100 in another- all children , can we have one RS across locations?

Best Regards,

Ashley Archie, LCSW-C
Executive Administrator
BTST Services, LLC

---------- Forwarded message ---------
From: **Barbara Smythe** <barbara.smythe@maryland.gov>
Date: Tue, Apr 6, 2021 at 12:07 PM
Subject: Re: Rehabilitation Specialist Question
To: Ashley Archie <a.archie@btstservices.com>

Ashley,

I just received a correction from Spencer. A single RS can cover multiple sites:

Spencer Gear -MDH- 11:59 AM (6 minutes ago)

to me

Barb - This isn't correct -- the Rehab Specialist under the current regs can cover multiple sites. I know it shouldn't be so, but it currently is. We are talking about changing how we interpret it in future. However, the kids/adult piece is still there...

Thanks,

Spence

***Wanted to make sure I got this to you. If you have additional questions (client numbers, etc), please email him directly (spencer.gear@maryland.gov) and copy me.

So sorry, Ashley, for giving misinformation- this is why I always copy Spencer!

Barbara Smythe, RN, B.S.
Health Facilities Surveyor Nurse II
Office of Licensing
Vocational Rehabilitation Building (formerly ADAA Bldg), Room 113
Behavioral Health Administration (BHA), Spring Grove Hospital Center