Oct 3. 2007
Centers for Medicare & Medicaid Services
Attn: CMS 2261-P
PO Box 8018
Baltimore, MD 21244-8018

To Whom It May Concern:
Reference: File code CMS 2261-P

I want to tell you how the proposed changes to Rehabilitation regulations will affect my life. I have a severe and persistent mental illness. Because of this is a chronic condition, I need long term support to be a productive citizen and reduce my need to go back to the hospital. Before I had the support of Threshold clubhouse, a psychosocial rehabilitation program that provides long-term supports, my life was full of judgement errors which ultimately landed me in prison. With the long term support of the clubhouse, my life has improved. I am able to seek out & gain employment, begin to understand my mental

illness, and to increase my socialization in the community.

The proposed regulations would mean losing these supports and would have a terrible impact on my life and the lives of others with mental illnesses.

As a citizen and a consumer, I am asking you to not implement these changes.

Sincerely,

Miranda J. Edwards

Oct 3-2007

Centers for Medicaid & Medicare Services
Attn: CMS 2261-P
PO Box 8018
Baltimore, MD 21244-8018

To Whom it May Concern:
Reference: File code CMS 2261-P
I want to tell you how the puposed changes to rehabilitation regulations will affect my life which means I will no longer be able to come to Threshold. I have a severe and persistent mental illness. Because this is a chronic condition I need long term support to be a productive citizen and reduce my need to go back to the hospital. Before ~~I~~ I had the support of The Clubhouse, a psychosocial rehabilitation program that provides long-term supports, my life was boring and I was unable to work. I used to just walk around with no direction. With the long term, ongoing support of the Clubhouse, my life is

improved because I was able to work with out visiting the hospital. Before Threshold I was in and out of the hospital 9 times. I am now able to be a productive part of the community.

The proposed regulations would mean losing these supports and would have a terrible impact on my life as well as the lives of others with mental illness. As a citizen and a consumer, I am asking you to not implement these changes.

Sincerely, Heidi Rose

October 4, 2007

Centers for Medicare + Medicaid Services
Attention CMS 2261-P
P.O. Box 8018
Baltimore, MD 21244-8018

To Whom It May Concern:
Reference: File Code: CMS 2261-P

I want to tell you how the proposed changes to rehabilitation regulations will affect my life. I have schizophrenia, a major mental illness. Because this is a chronic condition, I need long term support to be a productive citizen and reduce my need to go back to the hospital.

Before I had the support of Threshold Clubhouse, a psychosocial rehabilitation program that provides long term supports, I was just staying at home with nothing to do. I really never left the house. I would get bored a lot because I had nothing to do. I wasn't going to college and I didn't have the support of Threshold to help me recover.

With the long-term, ongoing support of Threshold Clubhouse, my life has

changed because I have a place to come and meet new people. It's provided social opportunities that I never had before. I'm learning new life skills. I have a place to help me recover with my illness and I have a place to come everyday.

The proposed regulation would mean losing these supports and would have a terrible impact on my life and the lives of others with mental illness. As a citizen and consumer, I am asking you not to implement these changes.

Sincerely,
Leslie Hall

390

Date: August 27, 2007

Re: Proposed Medicaid change for Rehabilitation Services

Hello, my name is Marie K. Murphy. I am writing in response to the recent announcement from Medicaid of the possibility that psychosocial rehabilitation services may no longer receive funding.

I am a concerned citizen of Gaston County. I am responding with great concern over the proposed changes in Medicaid's rehabilitation definition. If this change occurs, Piedmont Pioneer House, Inc. (PPH) in Gastonia, NC will have to close its doors unless another funding source can be found. PPH has been in operations since 1977 and has provided excellent services for people who have a mental illness in Gaston and Lincoln counties. If this program closes because of non-funding from Medicaid, then there will be many people in our community in crisis situations therefore, causing our community to be a crisis situation. Many with mental illness will be have to be hospitalized or mis-placed in jails. This will cost tax payers **more money** not to mention the toll on human lives and even deaths that could be prevented. A one night stay in a psychiatric hospital can cost up to $2000 so therefore a 10 night stay would cost Medicaid around $20,000 and a person could receive two years of psychosocial rehabilitation for that price. So if a person had three to four hospitalizations per year then that would amount to three or four times the cost of psychosocial rehabilitation. Clubhouses certified by the International Center for Clubhouse Development (I.C.C.D.), such as , Piedmont Pioneer House have been proven to reduce hospitalization rates by up to 85% in the severe and persistent mentally ill population.

I.C.C.D. clubhouses also assist its members in finding employment and to pursue educational goals. PPH currently has two members attending college courses and two members working on their GED's. PPH has successfully helped several people return to work full time who have been able to discontinue receiving Social Security Disability benefits.

In closing, I ask that you please take into consideration how this proposed change would affect the mental health population. I assure you the outcome would not be good. I would also like you to ask yourself if you had a family member with mental illness would you not want them functioning at their highest potential in the least restrictive environment with friends and a support system?

Thank you for your attention to this important matter.

Sincerely,

Marie K. Murphy

Date: August 24, 2007

Re: Proposed Medicaid change for Rehabilitation services

Hello, my name is Charlena B. Butler. I am writing in response to the recent announcement from Medicaid that the possibility may arise that psychosocial rehabilitation services may no longer receive funding.

I attend the Piedmont Pioneer House, in Gastonia, North Carolina for PSR services. I am responding with great concern. If this change occurs the program that I attend will not be able to operate, therefore, will have to close the doors. PPH has been in operation since 1977 and has provided services for myself and my peers, most that I met at PPH. If this program closes because of non-funding from Medicaid, consider myself and my peers in a big crisis. Some of us will go into severe depression, stay hospitalized, have no socialization, no transportation, some of us will be in and out of jail and some will be so unstable that suicide is the only option. A lot of us will be in and out of psychiatric hospitals several times per year which **will cost Medicaid more money!** One night in a psychiatric hospital can cost up $2000 so therefore a 10 night stay would cost Medicaid around $20,000 and I could receive a two years of psychosocial rehabilitation for that price. So if I have three to four hospitalizations per year then that will be three to four times the cost. ICCD certified clubhouses, such as, Piedmont Pioneer House, have been proven to reduce hospitalization rate by up to 85%.

Psychosocial Rehabilitation Clubhouse has made my life so much better. I have meaningful relationships, I have a meaningful place to go, and some of my peers have went back to fulfill education goals and employment goals. These are things that Medicaid needs to fund. If this is taken away from me and my fellow members of the club house, my life and others will be in complete chaos.

In closing, I ask that you please take into consideration how this proposed change would affect the mental health population of consumers with a mental illness. I assure you that the outcome will not be a good choice.

Thank you for you attention to this significant matter.

Sincerely,

Charlena B. Butler

392

August 29, 2007

To Whom It May Concern:

My name is Johnny Ray Roberts. I have had a nervous condition all my life, as a result of this condition it has caused me to have seizures as a child. While in college, my condition became worse. I had to have help with my conditions, which resulted in finding a psychologist and a therapist. Without this help and medication, I would be in a mental and physical state of mind. I would not be able to function and do anything for myself.

Without the help of Psycho-Social Rehabilitation programs and clubhouses I would be lost from the system. This program has helped many patients as well as myself. If it were not for the Hospitals, Clubhouses, Rehabilitations, and etc. A person would not be able to function. The suicide rate would raise to devasting rates on the charts.

Hospitals as well as Doctors and therapist are helping patients with treatments and guiding patients to live independently. If Medicaid stops funding these programs; a lot of patients would be lost in society.

Please reconsider stopping funding these Medicaid programs; helping patients with their Psycho-Social Rehabilitation. A patients needs this help and consideration for you.

Sincerely yours;

Johnny Ray Roberts

400

Vincent House
4801 78th Ave. North
Pinellas Park, FL 33781
(727) 541-0321
Celebrating Recovery Through Work

October 7, 2007

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-2261-P
P.O. Box 8018
Baltimore, MD 21244-8018

To Whom This May Concern:

This letter is to comment on the proposed CMS Rules changes on Medicaid Rehabilitative Services. The rules changes proposed will have a detrimental effect on many people living with a serious and persistent mental illness who are able to maintain their level of functioning through their participation in an ICCD Clubhouse.

People living with a serious mental illness want what everyone wants, a decent place to live, a job, friends and some money in their pocket. Having these as a part of their life constitutes rehabilitation. However, mental illness is cyclic and there are frequent relapses. The ongoing support from an ICCD Clubhouse may be the difference between hospitalization and remaining connected within the community. Having ongoing support of the staff and members of an ICCD Clubhouse available for life often prevents relapse, resulting in a decrease in the number of hospital stays and/or the length of time hospitalized.

Our Clubhouse participants (members) believe the best therapy they receive is the comfort of having a safe, decent, affordable place to live and having a job they enjoy. When someone asks them "what do you do?" they have an answer. Working gives a person pride, whether they have a mental illness or not. However, often services such as HUD housing or Vocational Rehabilitation (VR) services are just too difficult to obtain without assistance. Vincent House helped many members become employed who were closed by VR as unemployable. We have a myriad of Clubhouse participants who signed up for HUD or Section 8 housing years ago and are still waiting for their chance for affordable housing. Vincent House assists members with finding affordable housing by developing relationships with landlords. To eliminate funding for these types of services would mean people with a serious mental illness would be shut out of the rehabilitation they desperately need.

Unless a new funding source is initiated to provide the services needed for rehabilitation, it would be detrimental to both the people served and taxpayers to implement the CMS Rule changes since the cost of **not** providing these needed services is far greater. Not providing the needed funding would likely result in increased hospitalization, increased incarceration as well as deaths due to suicide. The changes proposed will tragically impact the lives of many people who have shown recovery and rehabilitation works. Their lives depend on you doing the right thing for them.

Sincerely,

Elliott Steele

Elliott Steele
Executive Director

*Vincent House, a program of Van Gogh's Palette, Inc. a 501 (c) (3) corporation, is an International Center for Clubhouse Development (ICCD) clubhouse.

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October 3, 2007

Centers for Medicare & Medicaid Services
Attention: CMS-2261-P
P.O. Box 8018
Baltimore, MD 21244-8018

To Whom It May Concern,

I am writing to you in reference to the Proposed New CMS Rules on Medicaid Rehabilitation Services published August 13, 2007.

As an active member of Vincent House clubhouse located in Pinellas Park, Fl I have first hand experience in the importance of clubhouses in helping people with mental illness recover to realize their full, often exceeding professional expectation, potential as productive members of society. Clubhouses achieve this in the most cost effective way for utilizing Medicaid funding.

Having lost my job, marriage and home my anxiety and depression grew daily. Having lost my health insurance I had no place to turn to but community clinics. I was turned down for treatment at various places and directed to other places. I was finally given an appointment date with a month long wait.

During this time my anxiety grew into panic attacks and I went to the Emergency Room on two occasions. Getting no relief and with my symptoms growing to suicidal proportions I was admitted to PEHMS in St. Petersburg. PEHMS is a crisis stabilization clinic. I was there for a week awhile they gave me different medications. My stay at PEHMS was very traumatic and uncomfortable. The atmosphere was unpleasant, frightening, dehumanizing and demoralizing.

I had a follow up appointment at Suncoast Center for Community Mental Health in a few weeks. I was then given an appointment to see an ARNP. My depression, anxiety and suicidal thoughts continued. I became completely isolated and stopped functioning. I slept most of the time and watched television when awake. I barely ate and lost a lot of weight.

I tried group therapy sessions but they did not help at all. I continued the bi monthly appointments at Suncoast but to me the APRN had a negative, condescending attitude and I left each appointment disheartened which added to my depression. Due to a total lack of mental and social stimuli I became more and more disconnected from society.

Fortunately I inadvertently heard about Vincent House. With no place else to turn to I decided to give them a try. I started working in the clubhouse which at least gave me a reason to wake up in the morning. I slowly began to improve my mental skills and comfort level around people.

About this time I had to leave the relatives apartment I had been staying at. The uncertainness of having no place to and sleeping in my car go was frightening. Vincent House helped me find a temporary solution. They were then able to secure an apartment and assist me in finding the finances for a few months rent.

I began working part time in a Transitional Employment Placement job in which I continue to improve. I now pay my own rent and utilities. I am functioning at a level where I am starting to consider full time work or a return to school.

I am telling you my story so that you can hear first hand about the impact a clubhouse can have on ones life. It saved me from the depths of despair and kept me from trying to survive on the streets where I would be a burden to society.

I urge you to continue funding clubhouses if not for humanitarian reasons of maximum recovery for people with a Mental Illness. Then do it for the Medicaid funding dollars they save per person.

Sincerely,
William Champion
4771 78th Ave.
Apt. 104
Pinellas Park, FL 33781

402

October 3, 2007

Centers for Medicaid & Medicare Services
Department of Health and Human Services
Attn: CMS-2261-P
P.O. Box 8018
Baltimore, MD 21244-8018

Well where do I begin? I have a mental illness and I'm living life. Without Vincent House I would still be at home everyday waiting for someone that loves me to come home. Now it's me that helps others like the way my loved ones do. When I show up at Vincent House, "It makes me feel good." I feel a sense of pride because four years ago I didn't have the courage to finish just one sentence. The Vincent House helped me to build my stamina and my whole life. I feel a sense of ideas that come my way here at the clubhouse. I use those Ideas in every aspect of my life. Without Vincent House I would of never recovered from Schizo-affective disorder and live my life like the way I do now.

Vincent House has given me hope, a sense of belonging, and a safe place to come and enjoy life. I also went through a TEP for six months with the Vincent House. It was great because we had our relationships, which were built at the clubhouse, on the job and with members that came to work. Vincent House has helped me to continue my musical career as a musician in college at Saint Petersburg College. I built up my experience at the clubhouse to work independently also.

With the help of ICCD clubhouses I have succeeded in life. With the clubhouses nationwide we have begun to network and get the word out that people with mental illnesses can succeed in life and bring that happiness back into their life.

Thank You kindly,

Justin Shea

Mr. Justin A. Shea
1931 17th Ave. North
Saint Petersburg, FL 33713
(727) 822-6997

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Michael Taddeo
5545 67th Avenue North
Pinellas Park, FL 33781-5539
(727) 544-5972

October 3, 2007

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-2261-P
P. O. Box 8018
Baltimore, MD 21244-8018

To Whom This May Concern:

I was in the air force for four years from 1970-1974. I have a diagnosis of paranoid schizophrenia, depression and some mania. I am 57 years old, live alone and need support. I can't do it by myself.

I have been a member of Vincent House for two years and found the support I need to keep me functioning and in a good routine. I used to work but I was fired from my job. Then I could not find work. Instead I found Vincent House. I joined the business unit. People engaged me there, allowed me to volunteer for tasks. I enjoyed laughing and smiling with people again. Before Vincent House I had no one to talk to.

Vincent House is fun! Meals are good and cheap. There is always something to do and also a break area for rest. Vincent House helped me with support, employment, friendships, socialization and accepting responsibilities in a helpful, healing, encouraging atmosphere.

I am now working two part time jobs and attend VH for support and structure. My psychiatrist recommended Vincent House and continued to encourage me to attend. There is no place else I could go for all the support I receive from members and staff. With Vincent House life doesn't need to be so miserable.

If I were to lose Vincent House, I don't know what I would do. I just don't know. Please continue to cover the services that are offered at ICCD Clubhouses. My life and the lives of others depend on it.

Sincerely,

Michael Taddeo

Michael Taddeo

904

Jeffrey Alexander Houser
7101 53rd Street North
Apt. 203
Pinellas Park, FL 33781

October 4, 2007

Centers for Medicare and Medicaid Services
Attention: CMS-2261-P
P. O. Box 8018
Baltimore, MD 21244-8018

To whom it may concern:

When I started at Vincent House, I was depressed, suicidal and was just released from St. Anthony's hospital. I learned about Vincent House, an ICCD Clubhouse, and decided to try it. I began participating in the kitchen unit doing prep work and cooking.

I enjoy coming to Vincent House because I see the progress everyone is making and I like being a part of it. I see people getting out and working, going to school and help out running the Clubhouse. When I went to drop-in centers, everyone would lay around. At Vincent House people have pride. Everyone, both staff and members (participants), are treated equally.

Vincent House helped me to develop the tools needed to get a job for the first time as an adult, at the age of 35. I needed to learn what it meant to work, not just to get a paycheck. They help me to pace myself so I don't get burned out.

If I did not have Vincent House I would be at home playing video games and watching TV. I would not be productive. Instead, because of the Clubhouse, I am working part-time at Raytheon Corporation, went to ICCD training in South Carolina and participate regularly at the Clubhouse.

Having places such as Vocational Rehabilitation, Social Services and places of education are very helpful. However, without the assistance of Vincent House I would not have been able to utilize these services. Rehabilitation depends on having the support to access the services available and having the continued support to remain to be a part of my community.

Please do not change the Medicaid rules in such a way as to cut these most needed services.

Thank you

Jeffrey Houser

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October 4, 2007

Center for Medicaid & Medicare Services
Department of Health and Human Services
Attn: CMS-2261-P
P. O. 8018
Baltimore, MD. 21244-8018

Clyde Kobayashi
5111 Forest Meadows Lane
St. Petersburg, Florida 33709

To whom it may concern:

In response to proposed CMS rules on Medicaid I offer the following opinions;

1. Proposed changes to CMS practices published August 13th 2007 although well intended are having catastrophic effects on local levels of many states threatening our most vulnerable citizens; citizens with severe and persistent mental illness.
2. According to the National Alliance on Mental Illness (NAMI) 73% of people receiving Medicaid rehabilitative services have mental health needs.
3. People with a long term mental illness require long term care that is distinctly different… as always the recovery process can not be set to a time schedule
4. Proposed ruling creating bureaucratic, clinical and administrative processes favors inappropriate changes such as returning an individual to "previous levels of functioning…" reduce the term of process, and likely reducing or eliminating many necessary psychosocial rehabilitative services.
5. Reducing or eliminating state funding of Medicaid reduces individual states to offer individual communities the flexibility to serve their citizens.

In closing Medicaid cutbacks severs a crucial support network that people with severe and persistent mental illness desperately need. It is the difference between aiding their efforts of being a contributing member of society or being institutionalized in a hospital or prison.

Sincerely,

Clyde Kobayashi

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October 3, 2007

Centers for Medicaid & Medicare Services
Department of Health and Human Services
Attn: CMS-2261-P
P.O. Box 8018
Baltimore, MD 21244-8018

I have been attending Vincent House, an ICCD Clubhouse for 1 1/2 years. Before Vincent House I attended a day treatment program. I would attend groups and watch TV when I was there. I go to Vincent House for socialization, work in the Clubhouse and to get employed in the community.
I worked four hours a week cleaning a skate park. My job kept me busy, which kept me from having paranoid thoughts and helped me to control my anger. My job kept me at ease.

If I were not at Vincent House I would be sleeping all day due to boredom. I would probably be in jail because the frustration may set me off and I might become physically violent. At Vincent House and on my job I am happy. At Vincent House I stay so active. I don't just sit and that makes me energized.

Clubhouse services are vital to my recovery. Please do not make any changes to Medicaid that would limit Clubhouses from doing what they do. People with mental illnesses, like me, need the support services of a Clubhouse.

Yours truly,
Jeffrey Albertson

Jeffrey Albertson
4771 78th Avenue, Apt. 102
Pinellas Park, FL 33781

407

609 Gary Street Durham, NC 27703

October 2, 2007

Centers for Medicare & Medicaid Services
Attention: CMS-2261-P
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

To Whom It May Concern:

Reference: File Code CMS-2261-P

As a provider of mental health supportive housing services, I am submitting the following comments on the Proposed Rule to amend the definition of Medicaid Rehabilitative Services as published in the Federal Register, August 13, 2007 (Volume 72, Number 155).

Re: Non-covered services 441.45(b)(1) where regulations refer to services intrinsic to other program.

The definition of "intrinsic" is unclear and this will probably lead to misuse of this rule to eliminate and deny medically necessary services that have been funded for a long time through Medicaid. (Including but not limited to rehabilitation services like employment, education and housing).

It is necessary to better define "intrinsic elements" and to insure that any services determined at the local level to be non-reimbursable due to this rule be readily available, effective, funded and accessible at another program before current funding is discontinued. Better would be to drop this section altogether.

Re: Rehabilitation Services 441.45(a)

The issue is the change in providing services to maintain current level of functioning only when it is necessary to help an individual achieve a rehabilitation goal. Continuation of rehabilitation services is at times essential to retain a person's functional level. Failure to provide such services could lead to further deterioration which might lead to reinstatement of intensive services including hospitalization.

It is very important that this section include language that determines when and how to determine if a rehabilitation service or services is necessary to maintain a desired functional level.

Re: Restorative Services 440.130 (d) (1) (vi)-

Similar to the Rehabilitation Services section are concerns that this definition focuses on achieving a rehabilitation goal and not maintaining a functional level necessary to avoid the need for more intensive and expensive medically necessary and covered services. It is our understanding the CMS had both the authority and obligation to fund needed "rehabilitation and other services" for helping covered individuals "retain" improved functioning and that allows for independence from more intensive and expensive services.

There should be clear language in this section that allows for funding services that are determined thorough approved rehabilitation plans to be necessary to achieve and maintain the least intensive service level and most independence possible.

Your Proposed Rule to amend the definition of Medicaid Rehabilitative Services would withdraw services to consumers with mental illness, our most vulnerable special population. Disallowing long term supportive services in favor of time limited services offers only a short term solution to a longer term illness. With a focus on paperwork and not the consumers served, this short term solution is guaranteed to fail. An "on the ground" approach needs to be undertaken in order to ensure that services stay client centered, not billing centered. Please examine how your proposed changes are going to affect consumers. Please figure in contingencies and develop a viable solution to ensure that our consumers with mental illness can continue to receive services to accomplish goals and maintain stability, which ultimately, makes life meaningful.

Sincerely,

Phyllis L. Bryant

Phyllis L. Bryant
Housing Support Specialist

Cc: Secretary, Mike Leavitt
Governor Michael Easley
Richard Burr
Senator Elizabeth Dole
Representative Verla Insko
Dempsey Benton
William Lawrence, Jr.
Carl Britton-Watkins
Yvonne Copeland
Mike Moseley
Tara Larson
Deborah Dihoff, Nami Director
Tisha Gamboa, NC MHCO
Senator Martin Nesbitt
Leeza Wainwright NC Div MH?DD/SAS
Jo Perkins, NC Div Voc. Rehab.
Joel Corcoran, Exec. Director ICCD
Katherine Astrich, Office of Information and Regulatory Affairs
Melissa Musotto, Centers for Medicare & Medicaid Services

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Lutheran Social Services of New England

261 Sheep Davis Rd.
Suite A-1
Concord, NH 03301
Tel: 603-224-8111
Fax: 603-224-5473
toll free
1-800-244-8119

In response to Christ's Love, Lutheran Social Services of New England serves and cares for people in need.

October 12, 2007

David Campbell, Chief
Permits and Technical Assessment Branch
Mailcode 3AP11
U.S. Environmental Protection Agency
Region III
1650 Arch St
Philadelphia, PA 19103

Docket ID No. EPA-R03-OAR-2006-0060
Re: CMS 2261-P Comments on Proposed Medicaid Program

We are appreciative of the opportunity to comment on the proposed rules. In New Hampshire, among other programs, our organization offers a shelter for adolescent girls (which served nearly 150 last year) and individual therapeutic foster care (serving an average of 42 children at a time). Girls are placed at the shelter when community interventions have not been effective and before detention is warranted. Their cases are typically complex and typically involve a combination of mental or emotional health issues, substance abuse, trauma, family concerns, and educational difficulties than may include truancy or the need for special education services. The children in foster care are those who have not been successful in general foster care or are deemed inappropriate for general care due to the level of their complex needs. Parental rights have been terminated for some, but not all, of these children. New Hampshire has demonstrated its vigilance in appropriately billing Medicaid. And while the proposed rules offer the requirement of a demonstrable level of assurance in services being provided by qualified individuals and in a manner that follows an appropriate rehabilitation plan, they also raise concerns in a number of areas.

Sections of Concern

440.130(d)(1)(iii) Qualified providers of rehabilitative services
Under the proposed definition of "qualified providers," it is our concern that current and future qualified (trained) therapeutic foster parents will not be explicitly identified as qualified providers of rehabilitative services. We urge CMS to continue to recognize qualified therapeutic foster parents as legitimate providers of rehabilitative services.

440.130 (d)(1)(v) Rehabilitation Plan
The proposal's definition calls for the involvement of an "authorized decision maker" in developing the treatment plan. When children are in foster care, there may be a number of individuals who are involved in development of the plan including the state, biologic parents, foster parents, GAL and others as well as the child him/herself. Confusion is particularly evident when parental rights have been terminated or the parent cannot be located or refuses to participate in the process. The definition does not clarify specifically who is the authorized decision maker.

440.130(d)(1)(vi) Restorative Services
The proposed rules include the definition of restorative services as those services provided to a person to regain a level of functioning that has been lost. This definition does not fit well for children who have not reached an appropriate developmental level of functioning. Whether due to abuse, neglect or medical condition, the children we are working with may be working to gain an age appropriate level of functioning. Therefore, we urge the clarification of the meaning or restorative services to include children and THEIR rehabilitation needs in understanding that the distinction between habilitation and rehabilitation may not be separable.

440.45 (b)(1)(i-iii) Therapeutic Foster Care, Adoption Services, Family Preservation and Family Reunification Services
Rehabilitative services are fundamental to maintaining the safety, permanence and well-being of children involved in the child welfare system. For children with serious mental disorders, foster care is the least restrictive out-of-home placement option. Therapeutic foster care is a widely recognized, evidence-based practice that demonstrates successful outcomes for children in care. Without the services provided under the rehabilitative option, many of these children would require institutional placement in residential treatment programs or hospital settings that would both carry significantly higher monetary costs for Medicaid and societal and emotional costs for the children and their families.

441.45(b)(7) Services for individuals who are not Medicaid eligible
In developing treatment/rehabilitation plans for children in both our therapeutic foster care program and our shelter program, contact with, and in some cases reunification with, biologic families is the ultimate goal. All rehabilitation plans for children in therapeutic foster care require some work with the foster families. Yet neither the biologic nor the foster parents may be Medicaid eligible. We ask that the necessity of including such non-Medicaid eligible individuals who are integral to the treatment of children be covered in the rehabilitative service option.

441.45(b)(7) Services for individuals who are not Medicaid eligible.
In developing treatment/rehabilitation plans for children in both our therapeutic foster care program and our shelter program, contact with, and in some cases reunification with, biologic families is the ultimate goal. All rehabilitation plans for children in therapeutic foster care require some work with the foster families. Yet neither the biologic nor the foster parents may be Medicaid eligible. We ask that the necessity of including such non-Medicaid eligible individuals who are integral to the treatment of children be covered in the rehabilitative service option.

Again, I appreciate this opportunity to share my concerns and offer comments. And I urge CMS to review again the rules in terms of children and youth in the Medicaid system.

Sincerely,

Gail V. Tapply, MA, Service Line Director
Child & Youth Services – New Hampshire
Lutheran Social Services of New England
261 Sheep Davis Road, A-1
Concord, NH 03301
603-224-8111
gtapply@lssnorth.org
www.LSSNE.org

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IDEA
INFANT & TODDLER
COORDINATORS ASSOCIATION
IDEAINFANTTODDLER.ORG

MEDICAID NPRM COMMENTS

OCTOBER 12, 2007

The IDEA Infant Toddler Coordinators Association (ITCA) thanks you for the opportunity to provide written comment on File Code CMS-2261-P. Proposed Regulations on Coverage for Rehabilitative Services. ITCA currently has 50 state and territory members and represents state lead agencies that are responsible for implementing Part C of the Individuals with Disabilities Education Act (IDEA) in all 50 states and other eligible jurisdictions. In 2006, the states and jurisdictions served 304,510 infants and toddlers birth through two years of age.

ITCA has significant concerns about the potential devastating impact that the proposed CMS regulations for the rehabilitation services option will have on the availability of services for children with disabilities. The elimination of these reimbursements would inevitably shift the financial responsibility for rehabilitation claims to states and individual early intervention providers across the nation. The Administration estimates that the elimination of the reimbursement for the Medicaid rehabilitation services option will provide a savings of $2.29 billion over the next five years. However, there is no corresponding increase in funding for the federal special education law, the Individuals with Disabilities Education Act (IDEA) either in Part B or Part C that will enable states to make up for the reduction in Medicaid reimbursements for rehabilitation services option provided to children with disabilities.

Overall, ITCA requests that these proposed regulations not be promulgated and be withdrawn. We are very concerned that these proposed regulations seem to contradict clear statutory intent under IDEA and the Social Security Act itself. We will speak directly to the impact on Part C of IDEA although we note these regulations are extremely problematic for all services under IDEA.

IDEA statutory intent is clear that Medicaid is intended to be a significant payor of early intervention services provided under Part C of IDEA. According to the statute, funds under Part C "may not be used to satisfy a financial commitment for services that would have been paid for from another public or private source, ... but for the enactment of this part... " (20 U.S.C. 1440 (a)). Further, "Nothing in this part shall be construed to permit the State to reduce medical or other assistance available or to alter eligibility under title V of the Social Security Act (relating to maternal and child health) or title XIX of the Social Security Act (relating to medicaid for infants or toddlers with disabilities) within the State." (20 U.S.C 1440 (c)).

The ITCA is conducting a survey of its members to assess the impact of these proposed regulations on the ability of states to support appropriate, evidence–based, high quality services to its eligible population. With 54% of the members responding to the survey so far, the data are clear that Medicaid, as intended by Congress, is a significant payor of service to the Part C enrolled population. Preliminary results are also clear that for some states, Medicaid revenues under the rehabilitation option are a significant portion of those states' early intervention budgets.

ITCA notes the following specific concerns- that the NPRM:

1. **Challenges efforts by states and early intervention providers to effectively deliver health care services to children with disabilities in early childhood settings.**

   The Individuals with Disabilities Education Act (IDEA), entitles children with disabilities to appropriately receive early intervention services in conformity with an individualized family service plan (IFSP). This is because at this time, all states are participating in this voluntary federal program. An IFSP is developed for eligible children with disabilities and their family and describes the range of services and supports needed to assist the child to maximize their development. The types of services provided under an IFSP include services such as service coordination, speech pathology and audiology services, and physical, and occupational therapies. For years, the Federal government has failed to provide anywhere near the level of funding necessary to fund Part C. States' ability to appropriately rely on Medicaid funds for Medicaid services provided to Medicaid-eligible children pursuant to an IFSP helps defray some of the state and local costs of implementing Part C IDEA. This, in turn, helps assure that children receive all of the services they have been found to need in order to meet their full potential.

   The sources of funding available to fund services under IFSPs have been a contentious issue in the past. Some time ago, HCFA attempted to limit the availability of Medicaid funding for services under IDEA. In 1988, the Congress addressed the issue in enacting the Medicare Catastrophic Coverage Act of 1988 (Public Law 100-360) in which it clarified that Medicaid coverage is available for Medicaid services provided to Medicaid-eligible children under an IEP/IFSP. Under current law, the Social Security Act at section 1903 (c) reads,

   > "Nothing in this title shall be construed as prohibiting or restricting, or authorizing the Secretary to prohibit or restrict, payment under subsection (a) for medical assistance for covered services furnished to a child with a disability because such services are included in the child's individualized education program established pursuant to part B of the Individuals with Disabilities Education Act or furnished to an infant or toddler with a disability because such services are included in the child's individualized family service plan adopted pursuant to part H of such Act."

Our concern here is that, while the proposed rule does not explicitly restrict access to rehabilitative services in school and early childhood settings, new requirements of this rule could be disruptive and could make it more difficult to use the school and early childhood environments to assure that children with disabilities receive the rehabilitative services that they need. In particular, we are concerned with new provider qualification standards that could restrict the ability of certain providers of services to serve children in schools and early childhood settings. While we share the goal of ensuring that all rehabilitative services are of the highest quality and are only provided by providers who meet state credentialing standards, we are concerned that this rule would limit state flexibility to establish provider qualification requirements in school and early childhood settings. Further, we are concerned that the willing provider requirement could be disruptive to efforts to serve children. We believe that the existing free choice of provider which guarantees parents the right to access medically necessary therapy and other services by other providers—outside of the school/early childhood environment—is an appropriate way to protect parents' right to access the Medicaid qualified provider of their choice. Again, the Secretary has not provided a policy justification for this new requirement, and we believe the net impact will be to make it less desirable for Medicaid programs to use school/early childhood settings to provide essential rehabilitative services to children. The Congress could not have been clearer in its intent that it wants Medicaid to support the goals of IDEA; we believe that these narrow interpretations of the law are inconsistent with that intent.

2. The proposed rule would not further the purposes of Title XIX of the Social Security Act.

CMS has full authority to allow rehabilitation services which will prevent regression or deterioration. Section 1901 of the Medicaid Act clearly authorizes expenditures for rehabilitation and other services to help families and individuals "attain and **retain** capability for independence and self-care."(emphasis added).

CMS should be commended for specifying that rehabilitative services enable an individual to perform a function, but the individual is not required to demonstrate that they actually performed the function in the past. This is particularly true for children, who will not necessarily have had the ability to perform a function in the past due to their level of development and acquisition of age appropriate skills. It would be helpful for CMS to further clarify that rehabilitation services may be provided to children to achieve age appropriate skills and development.

3. The proposed rule does not fully comply with the EPSDT mandate for children.

We are very troubled by the potential impact of the proposed rule on children who are Medicaid beneficiaries. In particular, as drafted, we do not believe that the proposed rule complies with Medicaid's Early and Periodic, Screening, Diagnostic and Treatment Services (EPSDT) requirements. The EPSDT mandate requires that all Medicaid beneficiaries under age 21 must receive all necessary services listed in section 1905(a) of the Social Security Act to correct or ameliorate physical or mental illnesses and conditions, regardless of whether those services are covered under a state's Medicaid plan. We believe that the proposed rule must be re-drafted to include a restatement of the EPSDT requirement.

4. **The proposed rule would result in discriminatory and arbitrary exclusion from receiving many rehabilitative services for people with mental retardation and related conditions.**

We strongly oppose the proposed rule's definition of habilitation services [see section 441.45(b)(2)] as including "services provided to individuals with mental retardation and related conditions." Coupled with the prohibition on habilitation services, this effectively excludes a population from services in violation of a fundamental principle of Medicaid, that medical assistance provided to one Medicaid beneficiary shall not be less in amount, duration, and scope than the medical assistance made available to any other Medicaid beneficiary [see section 1902(a)(10(B) of the Social Security Act].

5. The proposed rule would harm children receiving foster care

According to an Urban Institute analysis, 869,087 children were enrolled in Medicaid on the basis of receiving foster care in 2001, and 509,914 of these children were enrolled for Medicaid for the full year (Geen, Sommers, and Cohen, Urban Institute, August 2005). An analysis of Medicaid spending on these children found that 13.1% of Medicaid spending was for rehabilitative services. Prior research has shown that children receiving foster care have more health problems, especially mental health problems, than the general population or the population of poor children (Geen and others). As many as 80% of young people involved with child welfare have emotional or behavioral disorders, developmental delays, or other issues requiring mental health intervention (Farmer and others, *Social Service Review* 75(2):605-24). State Part C systems have been struggling to meet new federal requirements under The Child Protection and Treatment Act (CAPTA) that requires referral to Part C of any children birth to three involved in a case of substantiated abuse or neglect.

There was no funding increase for this added responsibility but Medicaid can be a very important payor for this new requirement.

6. **Challenges efforts by states to effectively deliver health care services to infants and toddlers with disabilities in community settings.**

The civil rights law, the Individuals with Disabilities Education Act (IDEA), entitles infants and toddlers with disabilities to supports and services in their communities, in conformity with an individualized family service plan (IFSP). In addition, we commend CMS for specifying that rehabilitative services enable an individual to perform a function, but the individual is not required to demonstrate that they actually performed the function in the past. This is particularly true for children, who will not necessarily have had the ability to perform a function in the past due to their level of development and acquisition of age appropriate skills. It would be helpful for CMS to further clarify that rehabilitation services may be provided to children to achieve age appropriate skills and development.

In summary, the Congress could not have been clearer in its intent that Medicaid should support the goals of Part C of IDEA. We believe that these proposed rules are inconsistent with that intent.

ITCA urges the Secretary to withdraw the proposed rule.

Thank you for allowing the public to provide comments on the Notice for Proposed Rule Making for Coverage for Rehabilitative Services under the Medicaid Program and for considering our recommendations.

For additional information or questions, please contact:

Ron Benham, President of ITCA ron.benham@state.ma.us

ITCA Office ideaitca@aol.com

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Indiana Department of Education
Comments on Proposed Rule 2261-P
October 4, 2007

The Indiana Department of Education strongly opposes changes in the Medicaid rehabilitation services definition recently proposed in Rule 2261-P. It appears the new definition could be interpreted to eliminate Medicaid reimbursement for rehabilitation services in cases where other coordinating programs, including education, are also responsible to pay for them. The proposed change would contradict existing law that allows Medicaid to be the primary payer for Medicaid services provided to Medicaid-eligible students under the Individuals with Disabilities Education Act. With passage of the Medicare Catastrophic Coverage Act of 1988, Congress clearly intended to preclude the Secretary of Health and Human Services from denying payment for Medicaid-covered services provided pursuant to a child's Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP). We urge CMS to ensure continued availability of federal financial participation in the costs of Medicaid-covered services in eligible students' IEPs and IFSPs.

As the Bazelon Center for Mental Health Law points out, the fact that Medicaid-covered services are commonly available to Medicaid enrollees through other funding sources "has never been considered a reason to deny a Medicaid-covered person a Medicaid-covered service." [http://www.bazelon.org/issues/medicaid/9-05TalkingPoints.htm] Like Bazelon, we believe the proposed change would undermine the very purpose of the program, eroding coverage for and therefore access to services needed by many of our most vulnerable citizens.

Title XIX of the Social Security Act provides for annual appropriation of funds to enable state Medicaid programs to furnish "rehabilitation and other services to help ... families and individuals attain or retain capability for independence or self-care." Rule 2261-P proposes to make reimbursement available only for rehabilitation services necessary "to achieve specific, measurable outcomes." This would impose a definition more restrictive than that in federal law and ignores the reality that rehabilitation services can also be needed to maintain gains or prevent deterioration in an individual's condition and functioning.[1]

When enacting new Medicaid third party liability provisions in the Deficit Reduction Act of 2005, the U.S. Congress considered but rejected the Centers for Medicare and Medicaid Services' recommendation to prohibit Medicaid from paying for rehabilitation services that are an intrinsic element of another program.[2] More recently, federal law makers from both parties again expressed their strong opposition to such a policy by passing an SCHIP reauthorization bill (HR 3162, S 1893) that includes a one-year

[1] Bazelon Center for Mental Health Law web site, Medicaid Talking Points
[2] Crowley and O'Malley, Kaiser Commission on Medicaid and the Uninsured policy brief, August 2007

moratorium on any administrative action to restrict coverage or reimbursement for Medicaid rehabilitation services.

States are increasingly overburdened by under funded federal education mandates. If implemented, the Administration's recently proposed Medicaid policies, to limit reimbursement for services provided in schools, would significantly impede progress toward the President's stated education goal of "no child left behind." A full year before CMS proposed this ill-conceived rehabilitation services rule, Senators Harkin, Bingaman, Lautenberg, Murray, Stabenow and Wyden sent a letter to former CMS Administrator Mark McClellan objecting to restrictions on the scope of services reimbursable under the Medicaid Rehabilitation Option.[3] The letter expressed concern that a policy restricting funding for community-based rehabilitation services would "shift fiscal responsibility for [rehabilitation services] to hard pressed State programs, or beneficiaries themselves who can ill-afford them."

The Indiana Department of Education joins mental health, child welfare and other education advocates throughout the country in opposing the changes set out in Rule 2261-P. We respectfully request that CMS withdraw the rule and continue reimbursement at current levels and coverage criteria for rehabilitation services provided in the school setting pursuant to the IEP or IFSP of a Medicaid-eligible special education student.

Respectfully submitted,

Dr. Robert A. Marra, Associate Superintendent
Division of Exceptional Learners

[3] Letter to CMS Administrator Mark McClellan from Senators Harkin, Bingaman, et al., dated July 7, 2006

Connections

411-D

P.O. Box 1256 - Newton, NC 28658 - (828) 466-0030

October 5, 2007

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: File Code CMS-2261-P
P.O. Box 8018
Baltimore, MD 21244-8018

To Whom It May Concern:

Connections members and staff are submitting the following letters in response to the Proposed Rule to amend the definition of Medicaid Rehabilitative Services as published in the Federal Register, August 13, 2007 (Volume 72, Number 155). Connections is a psychosocial rehabilitation clubhouse program in Newton, North Carolina. We are part of the private, non-profit organization, Catawba Valley Behavioral Healthcare. Over the past 17 years, we have served over 400 adults with severe and persistent mental illness. Currently our active membership is 80 with an average daily attendance of 45.

Connections is a certified clubhouse of the International Center for Clubhouse Development (ICCD) and a member of the North Carolina Coalition of Clubhouses in North Carolina, a sub-committee of the ICCD. Our clubhouse joins the larger voice of ICCD clubhouses in expressing our deep concerns that this proposed rule would severely restrict rehabilitative services to Medicaid eligible individuals with long-term mental illness.

These letters speak of the lives that Medicaid funding has touched. From the perspective of these clubhouse members, dollars spent on their behalf are doors opened to hope, in a very real sense. Clubhouses are saving lives, treating mental illness, and assisting members in moving forward with their lives. Clubhouse programs such as Connections cannot exist with reduced funding due to restrictive service definitions. These proposed changes will reduce services for many current members in need, and for many members, these services may be the only hope they have.

Please consider the impact that the proposed changes will have on people faced with severe mental illnesses. Please consider the personal costs of filling our hospitals with many people like the ones that have shared their lives with you in these letters. Ironically, the proposed notion to cut costs by further restricting rehabilitative services has great potential of creating an even greater cost for Medicaid. Please choose **not** to further restrict rehabilitative services to individuals struggling to recover from the long-term effects of severe and persistent mental illness.

Thank you for your consideration.

Sincerely,

Sarah Parham
Connections Director
P.O. Box 1256
Newton, NC 28658

cc:
Mike Leavitt, U.S. Secretary of the Department of Human Services
U.S. Senator Richard Burr
U.S. Senator Elizabeth Dole
U.S. Representative Sue Myrick
U.S. Representative Patrick McHenry
Joel Corcoran, Director, International Center For Clubhouse Development

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To whom this may concern:

I have heard about the proposed changes that would restrict funding for the clubhouses in North Carolina. I am writing to you from Connections Clubhouse in Newton in Catawba County. The benefits of clubhouses affect many people with mental illnesses, as you already know or don't know. However, instead of listing all the good things that clubhouses do for the general mentally ill population, I would like to inform you of how mental illness has hurt me, and how my local clubhouse has benefited me so much.

I have been diagnosed of major depression with psychotic features. I have been hospitalized a total of three times. That may not sound like much compared to other people, but I am only 28 years old. My first hospitalization occurred when I was in high school. At that time I was as uncomfortable with the mentally ill as everybody else. There is definitely a stigma out there, and I was one of the guilty. I grew up in a Christian home. My parents, and my church, taught me that anyone who committed suicide would go to Hell. I was also taught that one must be sound in mind and body to believe in Christ, and that depression is a choice, not a sickness. Also, if you are depressed and without hope, you don't believe in Christ or that He can save you. The mind part was an issue. It was hard to deal with both mental illness and normal life. But I did not choose the disease (which is what mental illness really is), it chose me. So everything I stood for: hope in life, happiness, dreams, education... all of this and much more was put on hold again and again as I battled this illness.

Depression in high school wasn't quite so bad. My teachers even sent my school work to the hospital for me. After all, when you are a student in high school, teachers put up with irresponsibility a lot, but to me, it seemed as though they understood. When I got out of the hospital was when the consequences really started. People didn't treat me like I was treated before. Other students and my own family acted almost afraid of me. Everyone at church, even the pastor, looked at me to the point where I was uncomfortable. Churchgoers were cold. I felt as isolated as ever, and, even though I was involved in the church's choir which I loved, I gave my whole church life up altogether. It just wasn't worth going home and crying after worshipping in God's house. It felt as if God wasn't there anymore, not just there, but anywhere. I felt as though God hated me. When my pastor came to visit me at the hospital, it helped, but I was still afraid to pray because my thoughts were so uncontrolled. I begged others to pray for me.

My illness not only affected me in high school, but college as well. Looking back, I probably never should have started taking college courses in the first place, because my depression was so severe. I suffered extreme fatigue, one of

the symptoms of my disease. It was so hard to do my assignments or even show up in class.

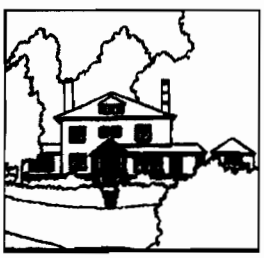
I was so tired. I used any excuse for my many absences or tardiness to my instructors. I knew that they would not understand. One instructor even laughed in my face and gave me a failing grade on my homework when I told him I was depressed. I was in a "black hole" and could not get out. I ended up being stuck in there for years.

Now for the benefits I have experienced from being a member of a clubhouse. I come to the clubhouse to weaken my mental illness by making friends and being part of something bigger. It is detrimental to anyone's health to be isolated at home all day and every day without a purpose, so the clubhouse has rescued me from that. Speaking of purpose, I also have a job at the local library that I obtained through the clubhouse. I love my job and the extra money is great. I really enjoy the Art Class that is held at the clubhouse. I have learned to paint on glass as well as on art canvases. Also I enjoy all the social outings to various places. I have had the pleasure of making so many true friends here. I am a lot more outgoing than I have ever been in my life, and I feel I will improve personally even more in the future with continued participation at Connections.

The work I volunteer to do here has helped me not only to maintain my computer skills, but also to learn new ones. I think that if you don't keep working with your skills that you lose them. I take care of our "Clubhouse Pet," the betta fish I bought for Connections. I help with the clubhouse newsletter ("The Connections Voice). I like being creative with that. I am always excited every time I get to go, not only for the places we go, but for the friends I get to spend time with. I appreciate positive comments about the work I do. I think it's wonderful to be part of a team. I have bought an acoustic guitar and plan on playing it in front of my friends and church one day. Connections has supported me on that.

I am finally improving, but I must say that without the support of my clubhouse, Connections, I would still be in and out of hospitals or end up dead by my own hand. So I am begging again, not for prayers or excuses, but for you to consider my point of view and others, and to try to understand what it feels like to be in our shoes. Stopping clubhouse funds will hurt so many people it is unreal. Remember our letters. Please save our clubhouses, for my life and so many others, please. Thank you for your time.

Connections Clubhouse



Sincerely,

Amanda Ikerd

Amanda Ikerd

Clubhouse Member Since 2003

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To Whom It May Concern:

I Vicky Prevatte, am writing in concern about the proposed funding reduction of Medicaid for people with Mental Illness.

I have suffered with Mental Illness for 9 years now. I have been in and out of numerous hospitals and back into each of them more than 5 times. I have been on the streets and almost put in jail because of my Mental Illness. I have lost my children because I gave them up to get better. Now I'm getting better everyday. However, it's a battle everyday.

Mental Illness is not curable like a broken leg or arm. It is treatable though, and as I said I battle with my Mental Illness everyday in one way or another and will continue to do so throughout my life.

A year ago I started going to Connections Clubhouse. It has helped me with my socialization skills and making friends again. See, once you have a Mental Illness you lose a lot: friends, the ability to feel like you are part of the world and society. At Connections Clubhouse I feel part of a good family who are

understanding and supportive of persons like myself with Mental Illness. It's unlike the outside world where most people are unknowledgeable and frightened about mental illness, but that's what I need sometimes.

At Connections I have grown and they helped me get a job. I work a transitional employment job to get me back into society. Connections has helped me feel part of the real world again. I have been able to re-establish a relationship with my children and have re-gained partial custody. I have brought my children (ages 8 and 11) to Connections to meet my "other" family.

I want to go back to school and become even more independent, but I need to have Connections' support in order to achieve these goals and most importantly, MAINTAIN these goals.

If you cut funding it will be difficult for people with Mental Illness to learn how to get back into society. We need Connections and Medicaid's support. People with Mental Illness need their Clubhouse's for so many important reasons.

Please do not pass this bill to reduce funding. This will hurt people with Mental Illness. We don't want to be back into hospitals, on the streets, or in jails or worse. **We are good people struggling to live normal lives.** Please help us. We need your support.

Thank you.
Vicky Prevatte

Vicky Prevatte

Newton, NC
Catawba County

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To Whom It May Concern:

I am a consumer in the community who is very concerned about the proposed changes in Medicaid funding to rehabilitation services. I am currently a member of Connections Clubhouse a program of Catawba Valley Behavioral Healthcare. It is housed in Newton N.C. I have been a member of Connections since September 1996.

I would like to tell you how my illness and Connections have impacted my life. I grew up in household with a mentally-ill parent. It was very difficult to see her suffer and not knowing how to help. There was not a clubhouse at the time for my mother, but I am sure she would have liked an opportunity to attend. In my late teens and early twenties I helped care for my mother, however I was not educated about mental illness and often got frustrated. If there was a clubhouse my mother would have been able to see that her illness was not uncommon and that there is a whole community that cared about her personal problems.

My mother's health deteriorated to the point where her diabetes needed close management in a rest home. She appreciated the time I spent with her yet I still wanted to do more but did not know how. She died in 1995 when I was 22 and she was only 44. I spiraled into deep depression. I was previously diagnosed with schizophrenia like my mother but was able to continue in school and work. That was in 1993. By 1994 my condition had worsened as I was experiencing delusions and had hallucinations. It was a difficult couple of years.

Furthermore I did not see the importance of taking my medications at the time. What I am trying to say is that until I joined the clubhouse in 1996 I lacked much of the support, structure, and understanding that is so vital to the mentally ill. Through Connections I made many friends both members and staff. We have a very strong support unit. We are able to accept each other and realize that everyone has something worthwhile to contribute. I learned the importance of responsibility, the role of medications, and persistence. I have been successful at several jobs with the help of the club house.

One of these jobs I held for 5 years working in the mental health field. The lessons I learned at the Connections about respect for others, cleanliness, and staying on task helped me as a Human Service Technician and as a CBS worker. However I had a relapse and once again the club house was there to pick me up. I slowly got back into the work field. Connections helped me obtain a couple of jobs one of which I still have. I was able to get my driver's license back and buy a car. I was also able to enroll in college again. I plan to major in Human Services and "give back."

Without Connections I would not have had the motivation or the support to accomplish and pursue these goals. So please consider people when you make your decisions. Ultimately you are affecting yourself and your family when you cut programs funding.

Thank you William E. Robinson

William E. Robinson
Newton, NC
Catawba County

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To Whom It May Concern:

I do not know what I would have done without Connections Clubhouse for the past fifteen years or so. Before I joined I remember just lying in bed all day, especially on Saturdays. Actually I don't remember what I did exactly, but I did admit myself to a private mental ward at least once before I learned of Connections and promptly looked into it. The director, Ms. Sarah Parham was more than gracious on the phone. I remember the small club growing and changing during the time I've attended here.

When I was admitted again in April 2002, I had a couple of misdemeanors hanging over my head and ended up spending a year and two months in Broughton State Hospital. Without my friends at Connections it would have been much harder to have something to look forward to after my discharge on November 6, 2003. (By the way, the charges were graciously dropped after I got out).

I consider myself very fortunate to have "a place to come, meaningful work, meaningful relationships, and a place to return."

Please support people with mental illness. I do not want to go back to hospitals or worse.

Thank You.
Robert McQuay

Robert McQuay
Catawba County
Newton, NC 28658

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To Whom It May Concern:

I am a staff member at Connections clubhouse in Newton, NC and I work in the clerical unit. I have been working in the Mental Health field for about three years. The first year I performed Community Based Services, working one-on-one with clients in the community. Before coming to Connections, I knew very little about people with mental illness. Having an incorrect perception of people with mental illness, I stayed away from this field. However in the past two years since working at Connections, I have come to realize that most people with mental illness want to improve and make changes in their lives. Connections provides people with mental illness an opportunity to improve their lives and provides support to achieve their goals.

I recently heard on the news that people with mental illness were wandering the streets, having nothing to do and no place to stay. Some of them end up in jail, more become homeless and others end up being admitted to the hospital.

Connections is just one of many clubhouses that provide people with mental illness the opportunity to improve their mental health and become more productive people in the community. In the past two years, I have seen members come to the clubhouse and over time realize their goals of gaining employment and obtaining their G.E.D.. Because of Connections' support, I have even witnessed our clubhouse members regain their relationships with their children and other family members.

We are concerned that new proposed Medicaid restrictions will limit their opportunities to participate in Connections and possibly lead them to the streets. Please reconsider these restrictions and consider the impact these restrictions will have on not only people with mental illness, but also their families and the community.

Archie E Briggs
Newton, NC
Catawba County

417

October 4, 2007

Centers for Medicare and Medicaid Services
Attention: CMS-2261-P
P.O. Box 8018
Baltimore, MD 21244-8018

To Whom It May Concern:

I am greatly concerned about the recent announcement from Medicaid of the proposed rule changes for Medicaid funding for rehabilitation services and the negative effect it may have on the psychosocial rehabilitation program in our community.

I am a mental health professional who has worked at Connections Clubhouse in Newton, North Carolina for the past 14 years. Connections is a psychosocial rehabilitation facility (clubhouse), certified through the International Center for Clubhouse Development. It is a program of Catawba Valley Behavioral Healthcare in Catawba County and has served over 400 Catawba

County citizens with severe and persistent mental illness since 1990. This program has allowed persons with mental illness to reintegrate into society through achieving employment, educational and independent living goals. It has decreased the number of hospitalizations and provided a support system for our members.

Severe and persistent mental illness is a disease that can be treated and not cured, like Down syndrome. I have a 25 year old nephew who was born with Down syndrome. He attends a day program and works part-time in a grocery store. He has imaginary friends and hears voices. He continues to receive the necessary funding to ensure that his illness is treated. This funding allows him to live more independently and maintain employment. His illness will be treated for his lifetime. It is not curable.

Mental illness is not curable. It can be treated. Persons with severe and persistent mental illness need on-going treatment for their illness. Down syndrome is not curable. It can be treated.

Persons with developmental disabilities need on-going treatment for their illness. No one is proposing funding changes that would impact the treatment necessary for the developmentally disabled. How can there be justification for changing funding that would impact the necessary on-going treatment for persons with severe and persistent mental illness?

Thank you for your consideration.

Janet M. Hudson
Newton, NC
Catawba County

October 4, 2007

418

Centers for Medicare and Medicaid Services
Attention: CMS-2261-P
P.O. Box 8018
Baltimore, MD 21244-8018

To whom it may concern:

This letter is to share my concerns of the recent proposed changes for Medicaid funding for rehabilitation services and the negative effect it will place on individuals with severe and persistent mental illness.

I have worked at Connections Clubhouse in Newton, North Carolina for eleven years in the psychosocial rehabilitation field as a Human Service Technician. Over these eleven years I have had the opportunity to assist and support many individuals with maintaining (not curing) their mental illness, working toward positive goals to increase their independence and feeling they have meaningful activity in their lives in a caring environment. For most of these individuals with mental illness, the proposed changes will restrict the supports that are so important for their stability. One example is the importance of supports with employment and extreme transportation barriers with community integration opportunities. Is this committee aware that a lot of individuals living in assisted living and group homes have a limited allowance of $66.00 per month; which must cover ALL personal needs. Can anyone making these crucial decisions provide for his or herself with this limited income?

Clubhouses provide supports in a variety of ways that should not be time restricted. Some examples are: intensive support with securing and maintaining employment for supplementing income, fundraisers to help those who cannot afford outings in the

community, having opportunities for community outings which without psychosocial rehabilitation services many would not have. The daily interactions that Clubhouse members have cannot be replaced by sitting at home feeling hopeless and alone. And they certainly cannot be gauged with a stopwatch.

Medicaid has set requirements on documentation recently without providing much needed leadership or guidance and providers have dealt with this in the most positive manner possible, but have had no alternative but to reduce quality time with the individuals we serve to focus on (uncertain) documentation requirements. Providers are now faced with being creative and fears of huge paybacks, again with no guidance.

Please rethink your proposed changes and the impact it will have on these individuals. Do we set limits on the supports we offer to individuals with other diseases and illnesses? Do we tell a cancer patient they cannot receive treatment but two hours per month and do we make them authorize each needed doctor visit? If changes are made please provide guidance so we can continue to serve those in need in our community.

Thank you for your consideration,

Mary S Townsend

Mary S. Townsend
Newton, NC
Catawba County

419

To whom this may concern:

Why would you even consider cutting funding for our clubhouses? Where would we go? We enjoy the clubhouse outings, like going shopping and eating out. We also go on yearly trips, like the trip I took with them to Maggie Valley. I seen Indians there. I rode a chairlift for the first time. I like being with my friends, making new ones, and learning how to get along with others. I have learned so many skills, such as using the computer. I used to be quiet. I was bored and stayed home all the time. The opportunity to come to the clubhouse is so important to me - without it, it would hurt me and so many others so much. I wouldn't know what to do. Please save our clubhouses.

Sincerely,

Mary Cannon

Mary Cannon

Newton, NC
Catawba County

420

To Whom It May Concern,

My name is Michael Moss, I have had Mental Illness for 9 years, and have been coming to Connections for 6 years. It has helped greatly, but I am still in need of it.

To help me and Connections please don't pass the bill. We need your support and help with Mental Illness.

Thank you
Michael Moss
Michael Moss
Catawba County
Newton, NC

October 2007

Centers for Medicare and Medicaid Services
Attention: CMS-2261-P
P.O. Box 8018
Baltimore, MD 21244-8018

To whom it May Concern:

I am writing to you today concerned about the recent announcement from Medicaid of the proposed rule changes for Medicaid funding for rehabilitation services and the negative effect it could have on the psychosocial rehabilitation program, Connections, in our local community of Newton, North Carolina.

Connections is an ICCD certified clubhouse and is part of the Catawba Valley Behavioral Health care system. Connections has served over 400 citizens of Catawba County who deal with severe and persistent mental illness since 1990. I am fully aware of the services that are provided through this clubhouse to the members that they serve. I have witnessed members of this program make a transition from the streets to maintaining full time jobs and a home as well. If you would take the time to speak with the people who are dealing with mental illness you would see that socialization and the need for support in the community is one of the biggest concerns that they face. Many members have stated that with out Connections and places like it they would just sit at home or worse on the streets with nothing to do with their days. I am concerned that with the new service definitions that are being proposed that it would limit the access to these services for people with this issue. If this turns out to be the case what will be the alternative for these folk? Mental illness is not something that can be treated for a short time and then be considered cured. These people need support given in their lives and with out these services many will not receive this support. This may be a short-term fix for Medicaid but with the resulting issues that will inevitably arise the cost will just be transferred to another area.

Hopefully this will be considered before the final vote or rules are revised. I for one do not agree with the proposed changes and wish to see people with mental illness receive all the support that they need.

Thank you for your consideration.

Christine Scronce

Christine Scronce

October 2007

Centers for Medicare and Medicaid Services
Attention: CMS-2261-P
P.O. Box 8018
Baltimore, MD 21244-8018

To whom it May Concern:

I am writing to you today concerned about the recent announcement from Medicaid of the proposed rule changes for Medicaid funding for rehabilitation services and the negative effect it could have on the psychosocial rehabilitation program, connections, in our local community of Newton, North Carolina.

Connections is an ICCD certified clubhouse and is part of the Catawba Valley Behavioral Health care system. Connections has served over 400 citizens of Catawba County who deal with severe and persistent mental illness since 1990. With the assistance of the Connections many members have been able to stabilize their life and move on with the education goals they have set as well as work goals. Mental illness is not a disease that can be "cured" but with the proper medications and support in their lives people suffering with mental illness can live a full and happy life. I am concerned that with the new service definitions that are being proposed that it would limit the access to these services for people with this issue. If this turns out to be the case what will be the alternative for these folk? This will likely lead to and increase in isolation in the community, and will only lead to people being on the streets or in the already overcrowded jail system or worse. Mental illness is not something that can be treated for a short time and then be considered cured. These people need support given in their lives. And with out these services many will not receive this support. This may be a short-term fix for Medicaid but with the resulting issues that will inevitably arise the cost will just be transferred to another area.

Hopefully this will be considered before the final vote or rules are revised. As a tax-paying citizen I do not agree with the proposed changes and wish to see people with mental illness receive all the support that they need. Connections is a solid program that is in place to help people with mental illness have a better life.

Thank you for your consideration.

Jonathan Scronce

To Whom It May Concern,

My thoughts about Connections and decisions that I would hate to lose Connections. Because of the situation I was in before. Connections gives me a place to go too. Connections has help in finding a job and this Mental Illness about myself.

I just got a new apartment and I am doing better for myself. Although without Connections I would be lost. Please don't cut out any more funding towards Mental Illness. We need your support.

Thank you
Kathy Johnson
Kathy Johnson

To whom it may concern:

I Archie McAllister, have been coming to connections for 4 to 5 years. I like coming to connections it gives me a place to feel at home. I don't want education to be cut out. If you pass this bill it makes me think what is next. Please don't pass the bill.

Thank you
Archie McAllister

To Whom It May Concern, 425

I Pat Roberts, am scared if I lose Connections my life will be destroyed. I'll be in and out of hospitals, maybe on the streets, or worse, I'll get sicker, down, depressed and have schizophrenic episodes.

Passing this bill is showing that the government has no concern for people with Mental Illness. I don't know all the facts, but it is a concern of mine.

I've had my Mental Illness since 1987 and am still suffering. Mental Illness to me is not curable, but treatable. Part of my treatment for my Mental Illness is Connections.

So if you would reconsider this bill, and keep helping people with Mental Illness.

Thank you
Pat Roberts

Pat Roberts
Newton, NC
Catawba County

To who this may concern:

I Carrie Clarke, think connections clubhouse is a wonderful place and it gives me a learning experience on how to be out on a job. I don't want the place to be shut down because in a way, I don't think its fair. You could at least hear what I have to say about it. The clubhouse is a place where you can meet people that have mental illnesses and make friends with them. They can be very helpful. Would you please take the time to read this letter. This is Carrie speaking. I would be very thankful if you change your mind.

Carrie Clarke

Carrie Clarke
Newton, NC
Catawba County

427

To whom it may concern:

I Zoina am a member of connections and have been here for 3 years and 7 months.
There have been changes made, I had choose between act time or the clubhouse. I choose the clubhouse, because it had a meaningful work, place to come and a place to return. Now I've heard there will be more changes. I do not want the education to be cut out. Also If I need to go to Broughton hospital, I would like to be able to go back, if I need the help. But with Medicaid cutting funding it makes me think what is next. I would like to be able to know I can always come back to connections clubhouse.

Thank you
Zoina Mcswain
Zoina McSwain
Newton, NC
Catawba County

428

To whom it may concern:

I Robert Hepner, come to connections clubhouse. I need connections clubhouse. I like to walk and feel safe here. I have a mental illness and it hard. I walk once a week here other than my duties. Do not pass the bill I don't want to end back on the streets or the hospital or Salvation Army or something terrible. I'm scared of this place closing. Please help us.

Thank you
Robert Hepner
Robert Michael Hepner
Newton, NC
Catawba County

429

To Whom It May Concern,

My name is Dennis Trent, I am a member of Connections Clubhouse. I have a Mental Illness that I have had for 10 years and am still recovering, I see two doctors.

If we lose our funding or our funding is limited, I'll have no place to go. Connections helps me out very much. With having a good relationship with staff and members. I've been a member for 10 years.

Please do not pass the bill that would restrict's my coming to Connections. I would be lost with out my friends, and the staff. I also would probably be back in the hospital, (which cost more money), or on the streets or worse.

Thank you
Dennis Trent

Dennis Trent
Newton, NC
Catawba County

430

To whom this may concern:

I Stacey Parham has heard that you are limiting funding. I understand why you are but I feel it would be a bad idea. Although I am not one them people that go as often as I should the clubhouse is a great place and helps with your skills. It is a place where I can come out of my shell and not worry about being judge for my illness. I can make friends that can relate to my bi polar and feelings. Please don't take this away from us.

Thanks for taking the time to read this letter

Stacey Parham

Stacey Parham

Newton, NC
Catawba County

431

To whom this may concern:

I Tammy Rogers, have a mental illness since I was 9 years old. I was in and out of hospitals. A connection helped me out and has been a place for me to come and stay out of hospitals. If we lose our funding or limited, I will have no place to go. I feel I would end up on the streets or worse. Passing this bill would be very stressful and upsetting. Please think about the people with mental illness and don't pass the bill.

Thank you
Tammy Rogers

Tammy D. Rogers
Newton, NC
Catawba County

432

To whom it may concern:

I Jerry Hoyle, am a member at connections for 4 years now. It is connections that keeps me safe and out of mental Institutions. They let me work on lawn crew to help me get back out in society. I think we need more funds than less funds. Government needs to be there for people with mental illness, we are voters too.

Thank you
Jerry Hoyle
Jerry Hoyle
Newton, NC
Catawba County

433

To whom it may concern:

I Phyllis Robinson, have been a member of connections for 8 years. I like doing things at connections, making friends and having a place to go. If you pass the bill I am worried that I would end back up in hospitals, or the streets. Connections is a very important place for people with mental illness.
So please do not pass the bill

Thank you
Phyllis Robinson
Phyllis D Robinson
Newton, NC
Catawba County

434

To whom it may concern:

I Tony Danner, I have recently joined connections. I like connections. If connections is closed I would stay at home by myself and I would miss the friends I made at connections. I would be alone when I get sick and end up in the hospital. Please don't cut funding.

Thank you
Tony Danner

Newton, NC
Catawba County

435

October 2007

Centers for Medicare and Medicaid Services
Attention: CMS-2261-P
P.O. Box 8018
Baltimore, MD 21244-8018

To whom it May Concern:

I am writing to you today concerned about the recent announcement from Medicaid of the proposed rule changes for Medicaid funding for rehabilitation services and the negative effect it could have on the psychosocial rehabilitation programs across the state.

Connections is an ICCD certified clubhouse and is part of the Catawba Valley Behavioral Health care system. Connections has served over 400 citizens of Catawba County who deal with severe and persistent mental illness since 1990. With the assistance of the Connections many members have been able to stabilize their life and move on with the education goals they have set as well as work goals. Mental illness is not a disease that can be "cured" but with the proper medications and support in their lives people suffering with mental illness can live a full and happy life. I am concerned that with the new service definitions that are being proposed that it would limit the access to these services for people with this issue. Mental illness is not something that can be treated for a short time and then be considered "cured". These people need support given in their lives. And with out these services many will not receive this support.

Hopefully this will be considered before the final vote or rules are revised. Connections is a solid program that is in place to help people with mental illness have a better life.

Thank you for your consideration.

Judy Eckard
Newton, NC
Catawba County

October 11, 2007

Centers for Medicare & Medicaid Services,
Department of Health and Human Services,
Attention: CMS-2261-P
P.O. Box 8018
Baltimore, MD 21244-8018

Re: File Code CMS-2261-P. Proposed Regulations on Coverage for Rehabilitative Services.

To Whom It May Concern:

I am very concern that the government is cutting back on these funds.

Sincerely yours,

Jerrel Leach

437-0

Diamond Head Clubhouse
3627 Kilauea Ave
Room 110
Honolulu HI 96816

October 3, 2007

Centers for Medicaid & Medicare Services
Department of Health and Human Services
Attn: CMS-2261-P
P.O. Box 8018
Baltimore, MD 21244-8018

Aloha,

The latest changes in practice by the CMS and related proposed rule changes, I believe will have a dramatic effect on both local and national levels. Though the plan maybe of good intentions, in actuality the proposal makes mentally ill citizens most vunerable by having forsaken the care structures or supportive foundations presently offered to them.

NAMI notes 73% of the people in need of rehabilitation also need mental health services! Mentally ill people need long term rehabilitation and support from a network of services which are funded in a myriad of ways. The dramatic shift of all mental health funds to be under Medicaid creates chaos in community services of most states.

Under the new proposal, public access to mental health will be diminished without alternative funds to provide the present crucial support network. It is the mentally ill in today's society that are marred with a stigma that often deprived them a future with promise. To create and enforce a lengthy bureaucratic clinical and administrative process and forego the necessary alternative funding provided by states will cause a dramatic decline in mental health services. This mishap speeds the severely or persistently mentally ill into the fast lane towards institutionalization or worst yet, prison!

Recovery from mental illness is a long term process that requires punitive psychosocial services and support. Recovery needs to be "person centered" that offers the necessary focused services as education, employment, housing and vocational preparation.

Clubhouses affiliated with the International Center for Clubhouse Development (ICCD) are known to provide cost effective gambit of services in a community based environment. Clubhouses more than any other program have strong partnerships with the local businesses, educational institutions and other social service providers.

It is imperative that none of the proposed rule changes should go into play until we have a parallel plan to provide the necessary focused services that would no longer be under Medicaid's umbrella. Essentially, the plan must include mental health services and provide for a long term recovery process such as ICCD Certified Clubhouses do. Otherwise we will have forsaken the lives and hopes of millions of mentally ill who need essential support networks such as ICCD Certified Clubhouses to begin the arduous task of rebuilding their lives.

Mahalo for your interest and concern,

WESLEY SHEA
9th 833 - Avenue ct
9816

438

Center for Medicare & Medicaid Services
Att: CMS- 2261-P
PO Box 8018
Baltimore, MD 21244-8018

To Whom It May Concern:

Reference: File Code CMS 2261- P

By me coming everyday to Threshold it keeps me occupied helps my mental health to be stable and keep me out of the hospital.

Being at Threshold it helps me to be my self, get along with people, and teaches me job skills.

Long term goals will help me to be a round respectful people and get a good paying job.

Sincerely
Johnny Allen

Johnny Allen

439

Center for Medicare & Medicaid Services
Att: CMS- 2261-P
PO Box 8018
Baltimore, MD 21244-8018

To Whom It May Concern:

Reference: File Code CMS 2261- P

If there is a changes in the rehabilitation regulations it will affected me in the community. By coming to Threshold it helps me to socialize with other members and helps me to be stabilizing my condition so I do not go into the hospital. Threshold helps me to learn skills to get work.

If Threshold closes I will feel like I am dead because I would not have a place to go.

Sincerely

Doris Evan Doris Evans

440

Centers for Medicare & Medicaid Services
Attention: CMS-2261-P
P.O. Box 8018
Baltimore, MD 21244-8018

To Whom It May Concern,
Reference: File code CMS 2261-P

Hi, my name is Patty. I am a member at Threshold. I heard about this cut on our funding for my services that affects me. **I DO NOT AGREE ON THIS PROPOSAL! I FEEL LIKE IT IS NOT FAIR TO ME AS A THRESHOLD MEMBER! MY MEDICAID AND MEDICARE SERVICES ARE VERY IMPORTANT TO ME.**

I AM VERY UNHAPPY WITH THIS CUT IN OUR SERVICES, AND I DO HOPE THAT YOU WILL APPRECIATE MY OPINION!

Sincerely,

Patty Wallace

Patty Wallace

491

October 3, 2007

Centers for Medicare and Medicaid Services
Attention: CMS 2261-P
P.O. Box 8018
Baltimore, MD 21244-8018

To Whom It May Concern:
Reference: File Code: CMS 2261-P

Without Threshold Clubhouse I would be completely lost. Before I came to Threshold, I was very unorganized and withdrawn from society. Threshold is very beneficial to clubhouse members. Without it they would be in a dark dungeon without anyway of grasping a future.

Threshold has given me confidence and has been a catalyst for success. Please just give these people a chance that they would not have without Threshold.

Sincerely,
Jacob Gallimore

447

Center for Medicare & Medicaid Services
Attention: CMS-2261-P
PO Box 8018
Baltimore, MD 21244-8018

To Whom It May Concern,
Reference: File Code CMS 2261-P

When I heard about the proposal, I was torn up. I was mad, and uptight. But I knew that I needed to do something about it.

My honest opinion is that without long term support, my life would be a disaster. I would have no support at home and no support in the community, and I would end up in the hospital.

Because I had this chronic condition, it had this instability in my life. I feel like my illness has a burden on my life.

The Clubhouse helped me to not think about all of this. People with illnesses need clubhouses to have a place to go and be stable. We need clubhouses in service for this reason. We need to be productive in life and this service gives us just that.

Signed,

Ricky Johnson

443

October 4, 2007

Centers for Medicare and Medicaid Services
Attention: CMS 2261-P
P.O. Box 8018
Baltimore, MD 21244-8018

To Whom It May Concern:
Reference: File Code CMS 226-P

I want to tell you how the proposed changes to rehabilitation regulations will affect my life. I have schizophrenia, a severe and persistent mental illness. Because of this persistent condition, I would continue to need the long term support to be a productive citizen and reduce my need to go back to the hospital.

Before I had the support of Threshold Clubhouse, all I did was stay home and write my Star Track movies and occasionally visit with my mother.

With the long term, ongoing support of Threshold Clubhouse, I have somewhere to go and be active. My life was pretty boring before I started coming to Threshold. I have been coming to Threshold for about seven years. During this time Threshold has help me to stop isolating myself and helped me try to interact with other besides my family. I want the clubhouse to stay open because I feel I will loose all these qualities that I worked so hard to get.

The proposed regulation would mean losing these supports and would have a terrible impact on my life and the lives of others with mental illness. As a citizen and a consumer, I am asking you **Not** to implement these changes.

Respectfully,

Katherine Andrews

Katherine Andrews

October 4, 2007

Centers for Medicare and Medicaid Services
Attention: CMS 2261-P
P.O. Box 8018
Baltimore, MD 21244-8018

To Whom It May Concern:
Reference: File Code CMS 226-P

I want to tell you how the proposed changes to rehabilitation regulations will affect my life. I have schizophrenia, a severe and persistent mental illness. Because of this persistent condition, I would continue to need the long term support to be a productive citizen and reduce my need to go back to the hospital.

Before I had the support of Threshold Clubhouse, I was at another clubhouse in Johnston County and start attending Threshold when I moved to Durham. I have relied on these services for the most of my adult life.

With the long term, ongoing support of Threshold Clubhouse, I have somewhere to go and be active. I have been coming to Threshold for about seven years now. Threshold has kept me out of the hospital and the support I get from the staff really helps me be able to cope with my illness. It would be a great lose to me if Threshold would have to close its doors. Please keep funding this program because it helps people like me be able to be productive part of the community.

The proposed regulation would mean losing these supports and would have a terrible impact on my life and the lives of others with mental illness. As a citizen and a consumer, I am asking you **Not** to implement these changes.

Respectfully,

Hazel Gulley

Hazel Gulley

495

October 4, 2007

Centers for Medicare & Medicaid Services
Attention: CMS-2261-P
P.O. Box 8018
Baltimore, MD 21244-8018

To Whom It May Concern:

Reference: File code CMS-2261-P

My name is Vivian Perry. I have attended Threshold Clubhouse, a psychosocial rehabilitation program in Durham, NC, for over 15 years. I have gotten help and support from Threshold concerning my mental illness and other things also, such as the thrift store which has been great for helping me find clothes when I need them. The job service in TEP (transitional employment program) helped me find a job when I needed one. So, I hope you can find a way to help Threshold. As a citizen and a consumer, I am asking you not to implement these changes.

Sincerely,

Vivian Perry

Vivian Perry

446

October 3, 2007

Centers for Medicare and Medicaid Services
Attention: CMS 2261-P
P.O. Box 8018
Baltimore, MD 21244-8018

To Whom It May Concern:
Reference: File Code CMS 2261-P

I am writing in response to the proposed cut backs which will directly affect Threshold Clubhouse as well as the rest of the clubhouses in North Carolina. Threshold provides extremely important psychosocial rehabilitation services to the citizens of Durham who suffer from severe and persistent mental illness. Without this program, these adults suffering with these illnesses will have nothing to do and nowhere to go. This will inevitably lead to an increase in hospitalizations which will cost the state more in the end than reimbursing psychosocial rehabilitation for their services.

The only services which would then be available would only offer these clients time limited services instead of providing the longer term support which these individuals need to maintain their higher level of functioning. Without psychosocial rehabilitation services and the strong supports it provides, these clients will fall into a downward spiral of time in and out of the hospital.

Do you have or know anyone with mental illness? Has anyone in your life been affected by one of these debilitating diseases? Would you want your loved one put in and out of the hospital because there is nowhere else for them to go, nothing for them to do that provides them with self worth? I ask you not to implement these changes which would greatly impact people with mental illness not only in the present, but for the rest of their lives.

Another factor impacting the services received by these individuals is the amount of paperwork and documentation requirements to be completed by the staff members. With more time being spent on paperwork, there is less time for working with the clients on their specific needs.

Please realize the impact and long term effect a decision like this will make on many of North Carolina's citizens. I ask you again NOT to implement these changes.

Sincerely,

Ashley E. Emery

Ashley E. Emery

October 3, 2007

447

Centers for Medicare & Medicaid Services
Attention: CMS-2261-P
P.O. Box 8018
Baltimore, MD 21244-8018

To Whom It May Concern:

Reference: File code CMS-2261-P

I am a staff member of Threshold Clubhouse in Durham, NC writing in opposition of proposed rule changes for Medicaid reimbursement for rehabilitation services. Threshold Clubhouse provides a valuable service to the adults of Durham County suffering from a severe and persistent mental illness (SPMI). The psychosocial rehabilitation services we offer provide structure and stability to those people who are most at need in the community. The proposed changes would be detrimental to our funding and eventually eliminate a program that reaches the needs of many in the community.

I have seen the effects of Threshold Clubhouse's psychosocial rehabilitation program effect the lives of our members in very positive ways over the past two years of my employment. Should the members of our community lose their services provided by Threshold, it is inevitable that the individuals, the community, and Medicaid will all hold the short end of the stick. Rehabilitative services such as Threshold reduce the symptoms of many who suffer from SPMI, therefore eliminating the need for hospitalization. Medicaid reimbursements for Threshold services are considerably more cost effective for Medicaid as well as the community as opposed to hospitalization reimbursement. Maintenance is a key piece to keeping individuals healthy, and providers like Threshold supply that much needed maintenance. I encourage CMS to dismiss such proposed changes for rehabilitation service reimbursement.

Should our services continue to be reimbursed as they are at present, I would like to address the issue of documentation. As of now Medicaid standards require a daily note each day a member/consumer attends psychosocial rehabilitation. The members of Threshold are increasingly receiving less attention due to increased documentation standards. The previous requirement of a monthly note per consumer was much more efficient, realistic, and effective with the provisions of our services. I ask that this issue be addressed as the primary needs of individuals are being turned into just paperwork.

Thank you for you attention to these community based matters. I look forward to hearing that CMS is in support of rehabilitative programs that stabilize those receiving services and further prevent costly hospitalizations and community deficits.

Sincerely,

Lindsay P. Bohm

Centers for Medicare + Medicaid Services
Attention CMS-2261-P
PO Box 8018
Baltimore, MD 21244-8018

448

To Whom It + May Concern:
File code CMS 2261-P

I want to tell you how the proposed will changes to rehabilitation will affect my life. I would not have any support I need, Such as work.
I HAVE (a severe persistent mental illness or diagnosis, It would change my life by making me a street in.
Because this is a chronic condition, I need long term support to be a productive citizen + reduce my need to go back to the hospital
Before I had the support of Threshold Clubs, a psychosocial rehabilitation program that provides these long term supports, I would not be able to work. With the long term, ongoing support of the Clubhouse my life would be less predict. Such as work. The proposed regulations would mean losing this support and would have a terrible impact on my life and the lives of others with serious mental illness. As a citizen and a consumer, I am you not to implement these changes

Sincerely, Ronnie L. Sabie

449

October 8th 2007

Centers for Medicaid and Medicare Services
Attention: CMS-2261-P
Po Box 8018
Baltimore, MD 21244-8018

To Whom It May Concern:
Reference: File Code CMS 2261-P

I wanted to tell you how the proposed changes to rehabilitation will affect the lives of my friends. I work with individuals that are diagnosed with a severe and persistent mental illness and because this is a chronic condition, they need long term support to be a productive citizen and reduce their need to go back to the hospital.
Before I began working at Threshold clubhouse, a psychosocial rehabilitation program that provides long term supports, I was unaware of programs in the area that supported people with a mental illness. I previously worked in a program where people were unable to return to the community and unable to set goals that included employment and independent living. During my time at the clubhouse I realized the importance of long term care for people that are diagnosed with a severe and persistent mental illness.
With the long term and ongoing support of the clubhouse I have seen people go from psychotic and unable to function in the community to stable productive members of society with jobs and their own housing or just maintaining their current quality of life. I have to say that if I was ever diagnosed with a severe and persistent mental illness I would hope that I would be able to attend and benefit from the clubhouse.
The proposed regulation would mean losing these supports and would have a terrible impact on the lives of people with mental illnesses. As a citizen and a mental health professional, I am asking you to not implement these changes.

Sincerely,

Erica Weaver

450

October 5, 2007

Centers for Medicare and Medicaid Services
Attention: CMS 2261-P
P.O. Box 8018
Baltimore, MD 21244-8018

To Whom It May Concern:
Reference: File Code CMS 2261-P

I want to tell you how the proposed changes to rehabilitation regulations will affect my life. I have a severe and persistent mental illness. Because this is a chronic condition, I need the long term support to be a productive citizen and reduce my need to go back to the hospital.

Threshold is important to me. It gives me structure in my life and helps me cope with my life and my mental illness by getting help from my friends, which include the staff and members of Threshold. Threshold offers the structure of working a temporary employment job for me! I hope Threshold continues to exist and offer a healing program for the mentally ill!

The proposed regulation would mean losing these supports and would have a terrible impact on my life and the lives of others with mental illness. As a citizen and a consumer, I am asking you NOT to implement these changes.

Respectfully,

Wesley Powell

Wesley Powell

Oct 3, 2007

Centers for Medicare + Medicaid Services
attn. CMS-2261-P
P.O. Box 8018
Baltimore, Md, 21244-8018

451

To whom it may concern
Reference: File code CMS 2261-P

I want to tell you how the proposed changes to rehabilitation regulations will affect my life. .... I have a severe and persistant mental illness or diagnosis. Because this is a chronic condition, I need long term support to help me become a productive citizen and reduce my need to go back to the hospital. Because of the support I have already had from Threshold Clubhouse, consistent medication and help from ASAP, and further help from my Family Care group home, I have not needed hospitalization for the past nine years!

Before I got that support I was in and out of the hospitals two or three times a year, and before that, I nearly lost my life in a suicide attempt. Since I have had my present support and helps my life and it's quality have improved to a point where I am nearly ready for independent living in my own appartment. At Threshold, I am learning the basic skills of cleaning, cooking, self-medication, and social skills. This a critical time in my life. The proposed changes in the rehabilitation regulations would mean loosing some or all of the supports I now have, at the worst possible time. Please don't make these proposed changes, as it would be a personal disaster for me.

Sincerely,
Richard Boyd Hudson

457

Center for Medicare & Medicaid Services
Att: CMS 2261-P
PO Box 8018
Baltimore, MD 21244-8018

Reference: File Code CMS 2261-P

When I first came to Threshold I was quiet and withdraw, did not want to talk to anyone. As I started to working in the Snack Bar I got to know people. I begin to feel happy an felt like I belong.

If Threshold closes I would be down, bored and have nothing to do. We need to keep this service it helps me.

I also was able to get a job, and now my family is proud of me.

Sincerely

Sandra Webb

Sandra Webb

453

October 5, 2007

Centers for Medicare and Medicaid Services
Attention: CMS 2261-P
P.O. Box 8018
Baltimore, MD 21244-8018

To Whom It May Concern:
Reference: File Code CMS 226-P

I am a staff member of Threshold Clubhouse in Durham NC writing in opposition of proposed rule changes of Medicaid reimbursement for rehabilitation services. Threshold Clubhouse provides a valuable service to adults of Durham County suffering from a severe and persistent mental illness. The psychosocial rehabilitation services we offer provide structure and stability to those people who are most at need in this community. The proposed changes would destroy the lives of these people and would eventually send the majority of them back to the hospital. This still means that Medicaid would still have to pay for there hospitalization. Why would you want to take away the only daily structure and socialization some of these people only receive?

I have seen the impact that Threshold Clubhouse's psychosocial rehabilitation program affects the lives of our members in very positive ways over the past three years of my employment. If the members of our community lose their services provided by Threshold, it will affect each individual and the whole entire community. Medicaid may think they are saving money in one place but will end up spending more money in hospital reimbursement. Having healthy member of society is the most important thing and Threshold helps them to remain healthy members of society. I really encourage CMS to dismiss such proposed changes for rehabilitation service reimbursement.

Sincerely
Tenniffe King

October 5, 2007

454

Centers for Medicare and Medicaid Services
Attention: CMS 2261-P
P.O. Box 8018
Baltimore, MD 21244-8018

To Whom It May Concern::
Reference: File Code CMS 2261-P

Currently, I am a staff member at Threshold in Durham, NC. I am writing about my concern and opposition of the proposed changes in Medicaid reimbursement and funding for rehabilitation services. Threshold, as well as other clubhouses in North Carolina, provides valuable psychosocial rehabilitation services to adults with severe and persistent mental illness that offer ongoing structure and support to this population. These regulations would cut the necessary funding needed to maintain the rehabilitation services that clubhouses provide to clients, which could have detrimental effects on the community such as increases in expensive psychiatric hospitalizations and Medicaid costs.

These regulations would only allow these individuals to receive time limited services rather than providing the long term supports that are truly needed. How can these regulations be the answer when sustaining rehabilitation services address the actual needs of individuals with severe and persistent illness? The rehabilitation services clients find at clubhouses like Threshold have positive, lasting effects on them, including reduction in mental health symptomology, fewer hospitalizations, and increased socialization from ongoing services. If adults with severe and persistent mental illness are faced with only being able to obtain time limited services, then they will not be able to gain the stability and the maintenance of long term supports, resulting in more rehospitalizations.

Another issue clubhouses face is that staff members must complete an extensive amount of paperwork and documentation, affecting the delivery of services and time spent assisting clients. Rehabilitation services should be person-centered and should be focused on contact with the client rather than paperwork.

Please consider the significant and detrimental impact that these regulations will have on the community and individuals with severe and persistent mental illness. Thank you for your time and consideration on this issue.

Sincerely,

Misty Hardy

Misty Hardy

455

October 5, 2007

Centers for Medicare & Medicaid Services
Attention: CMS-2261-P
P.O. Box 8018
Baltimore, MD 21244-8018

To Whom It May Concern:

Reference: File code CMS-2261-P

We at Threshold need our financial aid to continue our Clubhouse and its many services that have helped me through the past seven years. It is a long, true story and battle, but they (Ali, Susie, and many others who work there now and some who have left to other places, states, jobs, ect.) have in many ways helped me keep my sanity and perspective on life realistically. First I was in three different group homes that they helped me a great deal with. Their knowledge of medication has also helped me in many ways. Their employment program has helped me find jobs and everyone helped me with training very well! Different people who work there! I worked first at Ninth Street Bakery and enjoyed it and the people I worked with three days a week. Timmons was great. The Washington Duke laundry department was hard work, but thanks to many at Threshold and employers there at the department, Mary K. and Ryan also. Now I am determined to complete what I am doing at the Angus Barn thanks to many. Threshold has also given me a feeling of belonging. I learned a bit about the computer there also and different tasks there in different units. An example of rational thinking: Once I was talking to Susie D. about something off the wall and she said, "David, go take a reality check and work on the computer" a long time ago. It worked! There is a lot more that could be said. Thanks to Phyllis and others, I am now living in an independent living program at 1711 Liberty and like it a lot. It is close to Threshold and I can walk up here in six or so minutes. Thanks to all! We need the politicians help in order to continue this very important place Threshold. As a consumer and a citizen, I ask that you vote NO on this legislation.

Sincerely,

David J Barnett

David Barnett

454

Center for Medicare & Medicaid Services
Att: CMS 2261-P
PO Box 8018
Baltimore, MD 21244-8018

Reference: File Code CMS 2261-P

To Whom It May Concern:

I have been employed with Threshold for the past year, prior to starting this position I was not familiar with the Club House Model of treatment. Now I have come to appreciate the many benefits that a Club House offers members that attend as well as staff. These services helped people that have sever mental illness with housing, jobs, case management and find a new way of living with their mental illness.

I have witnessed members with mental illness go from being constantly hospitalized or non-active in the community become more outgoing and thrive to be independent. I find it is not just a service, but also a community of people who are concern for each other. Threshold is just not a job it is a family I look forward to come to work everyday.

Our goal is to assist members' with rehabilitation services the best of our ability, as a staff I believe that these services assist by stabilizing and making our member have a sense of importance.

Sincerely,

Kimberly Ehimmiakhena

45

October 3, 2007
Centers for Medicare and Medicaid Services
Attention CMS-2261-P
PO Box 8018
Baltimore, Md. 21244-8018

To whom it may concern,
Reference: File Code CMS 2261 - P

My name is Sherwin W. Felix. I am a staff member at Threshold Clubhouse, NC. I am writing in response to the proposed changes to rehabilitation regulations, and how it will affect the lives of the good people here at Threshold, and the Durham community. Threshold provides an environment where people can be themselves and work towards being active and productive members of society. I have had the opportunity and privilege of aiding many members in their journey in recovery, and hearing their stories which chronicle living with a severe and/or persistent mental illness and the critical need for support from family, friends, and the community. Their stories tell of rejection, stigmatism, and being made to feel different. Many explain that without Threshold they would be in the street, or another type of stressful situation.
To its members and staff, Threshold is a place where everyone is valuable and part of a winning team. There is a structure to everyone's day and the opportunity to work at Threshold and the community is provided. Confidence and self esteem are instilled in each member that walks through the doors of Threshold Clubhouse, and it would be a great loss to everyone should Threshold close its doors. The proposed regulations mean losing critical supports to many lives of people affected by mental illnesses. As a caring human being, and an advocate of mental health services, I am asking you not to implement these changes.

Sherwin W. Felix
Sherwin W. Felix
Program Specialist,
Threshold Clubhouse, NC

458

Centers for Medicare & Medicaid Services
Attention: CMS-2261-P
P.O. Box 8018
Baltimore, MD 21244-8018

To Whom It May Concern:
Reference: File Code CMS 2261-P

For the past six months, I've been employed as a program specialist for Threshold Clubhouse which is a Psycho Social Rehabilitation service facility in Durham N.C. The clubhouse model is designed to give persons with severe and persistent mental illness the foundation to build life skills that will allow them to become more productive citizens. Long term support systems built through facilities and services provided by clubhouses such as Threshold help reduce the need for members to be continuously admitted long term as inpatients in hospitals.

The proposed regulations would cut out 70% of the Clubhouse budget. This would mean that members would lose their long term supports. Consequently, the proposed regulations would have a negative impact on the lives of those individuals that suffer from mental illness.

As a concerned professional within the mental health community, I am writing you to consider the great impact that the proposed changes to rehabilitation regulations will have on the lives of individuals who suffer from this chronic condition. I am asking you to not implement these changes.

Sincere Thanks,

Hugh Smith

459

Center for Medicare & Medicaid Services
Att: CMS 2261-P
PO Box 8018
Baltimore, MD 21244-8018

Reference: File Code CMS 2261-P

To Whom It May Concern:

Threshold is a place where I could come and spend time with friends and get out into the community. Threshold has been a big support to me with my mental illness for the past 8 years that I have come to Threshold.

Changing the regulation for my services will keep me from being stabilized and these serve keep me from going back to the mental hospital. It is very important to keep Threshold open it really supports to help me find work in the community.

Sincerely,

Sammy Lee Burton

Sammy Lee Burton

460

October 8th 2007

Centers for Medicaid and Medicare Services
Attention: CMS-2261-P
Po Box 8018
Baltimore, MD 21244-8018

To Whom It May Concern:
Reference: File Code CMS 2261-P

I wanted to tell you how the proposed changes to rehabilitation will affect my life. I have a severe and persistent mental illness and because this is a chronic condition, I need long term support to be a productive citizen and reduce my need to go back to the hospital. Before I had the support of Threshold clubhouse, a psychosocial rehabilitation program that provides long term supports, my life was filled with volunteer jobs and I learned about office work and worked in a day care, involved with ARC trying to find work for myself. Then the volunteer jobs dried up and my mother suggested that I return to Threshold.
With the long term and ongoing support of the clubhouse my life is full of work, structure and fun.
The proposed regulation would mean losing these supports and would have a terrible impact on my life and the lives of others with mental illnesses. As a citizen and a consumer, I am asking you to not implement these changes.

Sincerely,

Laura M. Edwards

461

It is imperative that CMS withdraw, revise and re-issue the regulations proposed under Section 441.45(b)(2), with greater clarity as to the implications for children and adolescents with special needs who are currently receiving necessary medical services (BHRS) here in Pennsylvania.

As written, these proposed regulations raise questions as to whether the federal government will use them to force Pennsylvania to restrict these vital services for our children.

It is also urged that CMS provide opportunity for public comment.

Sincerely,

Address: 1895 Rte 212
Quakertown PA 18951

✓ Parent

✓ Professional

____Other _____

October 3, 2007

Centers for Medicare & Medicaid Services
Attention CMS-2261-P
PO Box 8018
Baltimore, MD 21244-8018

To whom it may Concern:
Reference: File Code CMS-2261-P

I want to tell you how the proposed changes to rehabilitation regulations will affect my life. I have schizophrenia + diabetes. Because my mental illness is a chronic condition, I need long term support to be a productive citizen and reduce my need to go back to the hospital.

Before I had the support of Threshold Clubhouse, a psychosocial rehabilitation program that provides long-term supports, my life was a little fuzzy and mixed up. I mostly slept all day. I was sad because my mother died.

With the long-term, ongoing support of Threshold Clubhouse, my life is better. I feel more friendly and have made more friends. It's something I look forward to and it keeps me from being bored.

The proposed regulation would mean losing these very important supports and would have a terrible impact on my life and the lives of others with mental illness. As a citizen and consumer, I am asking you to not implement these changes!

Sincerely,
Winston Butler

October 3, 2007

Centers for medicare & medicaid services
Attn. CMS-2261-P
PO Box 8018
Baltimore, MD 21244-8018

to whom it may concern:

Reference: File code CMS 2261-P

I would like to tell you how the proposed changes to rehabilitation regulations will affect my life.

I have a severe & persistant mental illness. Because this is a chronic condition, I need long term supports to be a productive citizen & reduce my need to go back to the hospital.

Before I had the support of Threshold Clubhouse, a psychosocial rehabilitation program that provides long term supports, my life had something missing. Before Threshold I had been to John Umsted hospital. I did not like it there. I felt dried up. I felt different. →

with the long term, ongoing support of the Clubhouse, my life has changed. I see what the members can do and it makes me happy. I feel like I spring like a flower! I no longer feel different - I feel like a happy flower. the more people teach me at threshold, the more I learn. I'm doing good here.

the proposed regulations would mean losing these supports & would have a terrible impact on my life & the lives of my friends. As a citizen and a consumer, I am asking you not to implement these changes!

Sincerely,
Christopher Miller

October 3, 2007

Centers for Medicare + Medicaid Services
Attention CMS-2261-P.
PO Box 8018
Baltimore, MD 21244-8018

To whom it may concern:
Reference: File Code CMS-2261-P

I want to tell you how the proposed changes to rehabilitation regulations will affect my life. I have a severe and persistent mental illness. Because this is a chronic condition, I need long term support to be a productive citizen and reduce my need to go back to the hospital.

Before I had the support of Threshold Clubhouse, a psychosocial rehabilitation program that provides long term supports, my life was difficult. I was in and out of the hospital for many years. This was all very difficult for me, it made me very sad.

With the long term, ongoing support of Threshold Clubhouse, I have more confidence and it gives me somewhere to go during the day to socialize with other members. Threshold helped me to

get a job and keep it.

The proposed regulation would mean losing these supports and would have a terrible impact on my life and the lives of others with mental illness. As a citizen and consumer, I am asking you to NOT implement these changes!

Sincerely,
John Gregg

October 3, 2007

Centers for Medicare + Medicaid Services
Attention CMS-2261-P
PO Box 8018
Baltimore, MD 21244-8018

To whom it May Concern:
Reference: File Code CMS-2261-P

I want to tell you how the proposed changes to rehabilitation regulations will affect my life. I have schizophrenia, a major mental illness. Because my mental illness is a chronic condition I need long term support to be a productive citizen and reduce my need to go back to the hospital.

Before I had the support of Threshold Clubhouse, a psychosocial rehabilitation program that provides long term supports, my life was hard. I was in and out of the hospital for over 20 years. I was very depressed and lonely, also bored.

With the long term, ongoing support of Threshold Clubhouse, my life is a lot better. I feel more secure, safe, + happier. I have made a lot of friends that I have something in common with

The proposed regulation would mean losing these valuable supports and would have a terrible impact on my life and the lives of others with mental illness. As a citizen and a consumer, I am asking you not to implement these changes!

Sincerely,

Mrs. Edith Allen

10-3-07
Centers for Medicaid & Medicare Services
Attn: CMS 2261-P
PO Box 8010
Baltimore, MD 21244-8018

To Whom it May Concern:
Reference. File Code CMS 2261-P
I want to tell you how the proposed changes to rehabilitation regulations will affect my life. I have a severe and persistant mental illness. Because this is a chronic condition, I need long term supports to be a productive citizen and reduce my need to go back to the hospital.
Before I had the support of Threshold clubhouse, a psycho social rehabilitation program that provides these long term supports, my life was in terrible shape. I didn't understand things and thought everyone was against me. With the long term supports of the clubhouse, my life has vastly improved. I found I had a lot of strong points, I have been encouraged and supported with getting and maintaining a job, and became a part of the community. Its made my life

The proposed regulations would mean losing these supports and would have a greatly negative impact on my life. As a citizen and a consumer, I am asking you to not implement these changes.

Sincerely,
Pamela O'Rourke

Oct 3. 2007
Centers for Medicare & Medicaid Services
Attn: CMS 2261-P
PO Box 8018
Baltimore, MD 21244-8018

To Whom It May Concern:
Reference: File code CMS 2261-P

I want to tell you how the proposed Changes to Rehabilitation regulations will affect my life. I have a severe and persistent mental illness. Because of this is a chronic condition, I need long term support to be a productive citizen and reduce my need to go back to the hospital. Before I had the support of Threshold clubhouse, a psychosocial rehabilitation program that provides long-term supports, my life was full of judgement errors which ultimately landed me in prison. With the long term support of the clubhouse, my life has improved. I am able to seek out & gain employment, begin to understand my mental

illness, and to increase my socialization in the community.

The proposed regulations would mean losing these supports and would have a terrible impact on my life and the lives of others with mental illnesses.

As a citizen and a consumer, I am asking you to not implement these changes.

Sincerely,

Miss Orlanda J. Edwards

October 3, 2007

Centers for Medicare + Medicaid Services
Attention CMS-2261-P
PO Box 8018
Baltimore, MD 21244-8018

To whom it may concern:
Reference: File Code CMS-2261-P

I want to tell you how the proposed changes to rehabilitation regulations will affect my life. I have schizophrenia, a major mental illness. Because this is a chronic condition, I need long term support to be a productive citizen and reduce my need to go back to the hospital

Before I had the support of Threshold Clubhouse, a psychosocial rehabilitation program that provides long term supports, my life was very stressful. I was in and out of the hospital for 5 years. I couldn't get a job and make money.

With the long term, ongoing support of Threshold Clubhouse, I am now able to get a job and make money. Threshold has helped me a lot, I've learned a lot too

I've made a lot of friends coming to Threshold.

The proposed regulation would mean losing these supports and would have a terrible impact on my life and the lives of others with mental illness. As a citizen and consumer, I am asking you not to implement these changes.

Sincerely,

RICKY LANGLEY

Centers for Medicare & Medicaid Services
Attention CMS-2261-P
PO Box 8018
Baltimore, MD 21244-8018

To Whom it May Concern:
Reference: File Code CMS 2261-P

I want to tell you how the proposed changes to rehabilitation regulations will affect my life. I have schizophrenia or mental illness. Because this is a chronic condition, I need long term supports to be a productive citizen & reduce my need to go back to the hospital.

Before I had the support of Threshold clubhouse, a psychosocial rehabilitation program that provides these long term supports my life. I started getting a mental illness when I was in high school I started hearing voices during that time I wasn't taking any medications and I felt that people and things around me were pressuring me I felt that some people were out to get me or saying things about me. I didn't hear about Threshold till the early 70's. Now with the long term, ongoing support of the Clubhouse my life has felt better I have friends and staff that I communicate with and work with together. I enjoy coming to

I enjoy the social rec activities on Thursday evenings and Saturday's I also enjoy the meals for lunch and dinner. I feel that I have a place to go to during the weekdays where I can come and make friends.

The proposed regulations would mean losing these supports and would have a terrible impact on my life and the lives of others with a serious mental illness. As a citizen and a consumer, I am asking you to not implement these changes.

Sincerely, Joan Holmes

October 3, 2007
Centers for Medicare + Medicaid Services
Attention CMS-2261-P
PO Box 8018
Baltimore, MD 21244-8018

To Whom It May Concern:
Reference: File Code CMS-2261-P

I want to tell you how the proposed changes to rehabilitation regulations will affect my life. I have a severe and persistent mental illness. Because this is a chronic condition, I need long term support to be a productive citizen and reduce my need to go back to the hospital.

Before I had the support of Threshold Clubhouse, a psychosocial rehabilitation program that provides long term supports, I was kind of depressed. I only had one girlfriend.

With the long term, ongoing supports of the clubhouse, I've learned a lot. I've gotten a chance to do things I want to do. I've been coming to Threshold Clubhouse for 17 years and have been working in the snack bar kitchen the whole time! I've made an awful

lot of friends here! I've learned what a clubhouse really is.

The proposed regulation would mean losing these supports and would have a terrible impact on my life and the lives of others with mental illness. As a citizen and consumer, I am asking you to not implement these changes.

Sincerely,
Alma Jackson

October 3, 2007

Centers for Medicare + Medicaid Servics
Attention CMS-2261-P
PO Box 8018
Baltimore, MD 21244-8018

To whom it may concern:
Reference: File Code CMS-2261-P

I want to tell you how the proposed changes to rehabilitation regulations will affect my life. I have schizophrenia, a major mental illness. Because this is a chronic condition, I need long term support to be a productive citizen & reduce my need to go back to the hospital.

Before I had the support of Threshold Clubhouse, a psychosocial rehabilitation program that provides long term supports, I was really depressed. I was in and out of the hospital (John Umstead) for 5 years.

With the long term, ongoing support of Threshold Clubhouse, my life is better. I can be around people. I help in each department at Threshold and I keep busy.

The proposed regulation would mean losing these supports and would have a terrible impact on my life and the lives of others with mental illness. As a citizen and consumer, I am asking you to NOT implement these changes.

Sincerely,
Janice L Jones

471

From Richard & Medwede Life Claim #570477725A
Threshold Clubhouse
609 Gary Street, Durham NC 27703 10/3/2007
Centers for Medicare & Medicaid Services
Attention CMS 2261-P
PO Box 8018
Baltimore MD 21244-8018

TO whom it may concern
Reference File Code CMS 2261-P

I want to tell you how the proposed regulations will affect my life. I have severe & persistent mental illness (bipolar I)
Because this is a chronic condition, I need term support to be a productive citizen & reduce my need to go back to the hospital.
Before I had support of Threshold Clubhouse, a psychosocial rehabilitation program that provides these long term supports for my life, counseling, emotional support, part time temporary job, and social activities, money management) 7 days a week, 365 days a year, meals at low costs.
With the long term, ongoing support my mental illness is stable, and the costs are less to society, and medicare. The proposed regulations mean losing these supports, and would have a terrible impact on my life, and the lives of others, with a serious mental illness. As a citizen, and consumer, I am asking you

to not implement theses Changes-

Sincerely,

Richard G Meldrum 10/3/2007

Richard G Meldrum

10-3-07

Centers of Medicaid & Medicare Services
Attn: CMS 2261-P
PO Box 8018
Baltimore MD 21244-8018

To Whom it May Concern:
Reference: File Code CMS 2261-P

I want to tell you how proposed changes to rehabilitation regulations will affect my life.

I have a severe and persistant mental illness. Because this is a chronic condition, I need long term supports to be a productive citizen and reduce my need to go back to the hospital. Before I had the support of threshold clubhouse, a psychosocial rehabilitation program that provides me with long term supports, my life was a mess because I had no place to go so I hung out at my house. With the long term on going support of the clubhouse, my life now at the clubhouse provides me with

a reason to get out of bed, an opportunity for employment, and social programs so I am able to be in the community.

The proposed ~~changes~~ regulations mean losing these supports and would have a terrible impact on my life and the lives of others with a serious mental illness. As a citizen and a consumer, I am asking you not to implement these changes.

Sincerely,

Randy T. Wagner

473

Centers for Medicare & Medicaid Services
Attn: CMS 2261-P
PO Box 8018
Baltimore, MD. 21244-8018

To Whom it may Concern:

Reference: File code CMS 2261-P

I want to tell you how the proposed changes to rehabilitation regulations will affect my life.

I have a severe & persistent mental illness and because of this is a chronic condition, I need long term supports to be a productive citizen and to reduce my need to go back to the hospital.

My life before Threshold consisted of sitting around doing drugs and spending lots of money.

Since coming to Threshold my life has changed. I gave up alcohol, became independent, and gained employment.

The proposed regulation would mean losing these supports and would have a terrible impact on my life and the lives of others with mental illness. As a citizen

and a consumer, I am asking you to not implement these changes.

Sincerely,
Larry L. Grant

Oct 3-2007

Centers for Medicaid & Medicare Services
Attn: CMS 2261-P
PO Box 8018
Baltimore, MD 21244-8018

To Whom it May Concern:
Reference: File code CMS 2261-P
I want to tell you how the proposed changes to rehabilitation regulations will affect my life which means I will no longer be able to come to Threshold. I have a severe and persistent mental illness. Because this is a chronic condition I need long term support to be a productive citizen and reduce my need to go back to the hospital. Before I had the support of The Clubhouse, a psychosocial rehabilitation program that provides long-term supports, my life was boring and I was unable to work. I used to just walk around with no direction. With the long term, ongoing support of the Clubhouse, my life is

improved because I was able to work with out visiting the hospital. Before Threshold I was in and out of the hospital 9 times. I am now able to be a productive part of the community.

The proposed regulations would mean losing these supports and would have a terrible impact on my life as well as the lives of others with mental illness. As a citizen and a consumer, I am asking you to not implement these changes.

Sincerely, Heidi Rose

Oct 3, 2007
Centers for Medicaid & Medicare Services
Attn: CMS 2261-P
PO Box 8018
Baltimore, MD 21244-8018

To Whom it May Concern:
Reference: File Code CMS-2261-P

I wanted to tell you how the proposed changes to rehabilitation regulations will affect my life. I have a severe and persistent mental illness. Because this is a chronic condition, I need long term support to be a productive citizen and reduce my need to go back to the hospital. Before I had the support of Threshold clubhouse, a psychosocial rehabilitation program that provides long-term supports, my life consisted of going to Durham Exchange Club Industries where I was unhappy. I was unable to work towards my goals at DECI because my illness was affecting me. With the long term/ ongoing support of the Clubhouse,

my life has improved because people are friendly, I get assistance understand that I am capable of doing anything I set my mind to. I also am able to go out in the community with my peers.

The proposed regulations would mean losing these supports and would have a terrible impact on my life and the lives of others with mental illness. As a citizen and a consumer, I am asking you to not implement these changes.

Sincerely,
Katie Howell

October 4, 2007

Centers for Medicare + Medicaid Services
Attention CMS 2261-P
P.O. Box 8018
Baltimore, MD 21244-8018

To Whom It May Concern:
Reference: File Code: CMS 2261-P

I want to tell you how the proposed changes to rehabilitation regulations will affect my life. I have schizophrenia, a major mental illness. Because this is a chronic condition, I need long term support to be a productive citizen and reduce my need to go back to the hospital.

Before I had the support of Threshold Clubhouse, a psychosocial rehabilitation program that provides long term supports, I was just staying at home with nothing to do. I really never left the house. I would get bored a lot because I had nothing to do. I wasn't going to college and I didn't have the support of Threshold to help me recover.

With the long-term, ongoing support of Threshold Clubhouse, my life has

changed because I have a place to come and meet new people. It's provided social opportunities that I never had before. I'm learning new life skills. I have a place to help me recover with my illness and I have a place to come everyday.

The proposed regulation would mean losing these supports and would have a terrible impact on my life and the lives of others with mental illness. As a citizen and consumer, I am asking you not to implement these changes.

Sincerely,
Leslie Hall

October 3, 2007

Centers for medicare & medicaid services
Attn. CMS-2261-P
PO Box 8018
Baltimore, MD 21244-8018

to whom it may concern:

Reference: File code CMS 2261-P

I would like to tell you how the proposed changes to rehabilitation regulations will affect my life.

I have a severe & persistant mental illness. Because this is a chronic condition, I need long term supports to be a productive citizen & reduce my need to go back to the hospital.

Before I had the support of threshold Clubhouse, a psychosocial rehabilitation program that provides long term supports, my life had something missing. Before threshold I had been to John Umsted hospital. I did not like it there. I felt dried up. I left different. →

With the long term, ongoing support of the Clubhouse, my life has changed. I see what the members can do and it makes me happy. I feel like I spring like a flower! I no longer feel different - I feel like a happy flower. The more people teach me at threshold, the more I learn. I'm doing good here.

The proposed regulations would mean losing these supports & would have a terrible impact on my life & the lives of my friends. As a citizen and a consumer, I am asking you not to implement these changes!

Sincerely,
Christopher

October 3, 2007

Centers for Medicare + Medicaid Services
Attention CMS-2261-P
PO Box 8018
Baltimore, MD 21244-8018

To whom it may Concern:
Reference: File Code CMS-2261-P

I want to tell you how the proposed changes to rehabilitation regulations will affect my life. I have schizophrenia + diabetes. Because my mental illness is a chronic condition, I need long term support to be a productive citizen and reduce my need to go back to the hospital.

Before I had the support of Threshold Clubhouse, a psychosocial rehabilitation program that provides long-term supports, my life was a little fuzzy and mixed up. I mostly slept all day. I was sad because my mother died.

With the long-term, ongoing support of Threshold Clubhouse, my life is better. I feel more friendly and have made more friends. It's something I look forward to and it keeps me from being bored.

The proposed regulation would mean losing these very important supports and would have a terrible impact on my life and the lives of others with mental illness. As a citizen and consumer, I am asking you to not implement these changes!

Sincerely,
Winston Butler

479

October 4, 2007

Centers for Medicare and Medicaid Services
Attention: CMS 2261-P
P.O. Box 8018
Baltimore, MD 21244-8018

To Whom It May Concern:
Reference: File Code CMS 226-P

I want to tell you how the proposed changes to rehabilitation regulations will affect my life. I have schizophrenia, a severe and persistent mental illness. Because of this persistent condition, I would continue to need the long term support to be a productive citizen and reduce my need to go back to the hospital.

Before I had the support of Threshold Clubhouse, all I did was stay home and write my Star Track movies and occasionally visit with my mother.

With the long term, ongoing support of Threshold Clubhouse, I have somewhere to go and be active. My life was pretty boring before I started coming to Threshold. I have been coming to Threshold for about seven years. During this time Threshold has help me to stop isolating myself and helped me try to interact with other besides my family. I want the clubhouse to stay open because I feel I will loose all these qualities that I worked so hard to get.

The proposed regulation would mean losing these supports and would have a terrible impact on my life and the lives of others with mental illness. As a citizen and a consumer, I am asking you **Not** to implement these changes.

Respectfully,

Katherine Andrews

Katherine Andrews

480

Marty Sears
631 Crestview Drive
Burlington N.C. 27215

October 2, 2007

Centers for Medicare & Medicaid Services
Attention: CMS-2261-P
P. O. Box 8018
Baltimore, MD 21244-8018

To whom it may concern:

Reference: File code CMS-2261-P

To Whom It May Concern:

I am a member of Psychotherapeutic Services or as we call it, Together House. This facility is a program that is highly beneficial to people with Mental Illness. I want to share about how and why this organization has been tremendously helpful to me. I would also like to say it would be an awesome mistake for you to interfere with, or to limit the services, programs, and procedures of rehabilitative services. I've had wonderful counselors and case managers at Together House that have helped me grow my self-esteem. My counselors have helped me to exhibit and publish my art work. We have a Newsletter that we write articles in about trips we take for learning and recreation. We also write about the different units in Together House which teach independent living skills. These units are a major function of Together House. We have four units that teach different independent living skills. We have a kitchen unit, where we learn important things like how to cook. We have a clerical unit, where we learn how to keep records and use computers. We have an environment unit for training in cleaning skills and we have a snack bar for learning important things like operating a cash register and counting money. I am in the clerical and kitchen units. I 'm learning important independent living skills. I'm sure the experience I'm receiving in computer and classroom education at Together House will help me in college.

Another achievement that Together House helped me with was getting one of the articles I wrote in the Local Newspaper, here in Burlington, N.C. Together House provides us with our need for fun and recreation. They take us Bowling and to many other enjoyable activities. The counselors and staff also work with our members to help them get jobs in our community.

My life began with a very hard road. I suffered from terrible peer pressure that gave me a severe inferiority complex. It was so bad that I had to leave school and face a horrible life

of social deprivation and loneliness. Finally, I found Together House and it gave me a new start. It has given me a chance to make friends and progress again. I've seen people at Together House move out on their own and receive their independence, I've seen people learn new skills, and I've seen people, here dealing with their problems through work and self achievement. It certainly is true that Together House has given us a strong self-confidence. It has also given us access to medical and psychological help.

I believe I have more than demonstrated why this crucially important organization, with all it's help, support, and services that it provides must be allowed to stand!

Together House Must Survive!

Sincerely,

Martin C. Sears

Martin C. Sears

487

1116 Dixie st.
Burlington NC 27217

October 2, 2007

Centers for Medicare & Medicaid Services
Attention: CMS-2261-P
P. O. Box 8018
Baltimore, MD 21244-8018

To whom it may concern:

Reference: File code CMS-2261-P

To Whom It May Concern:

Please do not close down Together House. It has become a home away from home for me. When I'm at home the walls close in on me and set me up for severe depression. Community Support has also been a good support system for me. They take me to get my medicine and any other needs I may have.

I've learned a lot going to class during the week. Everybody is so very friendly; we are like a Family here.

Don't take away the only source I have of getting out of my house. If I don't have these services anymore, I'm sure to end up back in the hospital. I would also lose my transportation with community support.

Sincerely your,

Carolyn Willis

Carolyn Willis

482

Tracy Banks
405 Rudd Street.
Burlington NC 27217

October 2, 2007

Centers for Medicare & Medicaid Services
Attention: CMS-2261-P
P. O. Box 8018
Baltimore, MD 21244-8018

To whom it may concern:

Reference: File code CMS-2261-P

Together House means a lot to me. I 've attended Together House for a couple of years now. I really feel like it has helped me during the years, when I attended the program. I'm trying to get my GED so that I can work at getting a nurses certificate and later becoming a peer counselor.

If I lose Together House I would not be able to live in my new apartment. I would have to get a job which I'm not ready for right now. But one of my goals is to gain some prevocational skills so I can eventually work. If I lose my services I would have no place to go and I would likely go to the hospital.

Sincerely yours,

Tracy Banks

Tracy C. Banks

488

Beverly R. Jones
1720 St. Marks Ch. Rd.
Burlington, NC 27215

October 4, 2007

Centers for Medicare and Medicaid Services
Department of Health and Human Services
P.O. Box 8018
Baltimore, MD 21244-8010

Re: CMS-2261-P

To Whom It May Concern:

My name is Beverly Jones; I am a Rehabilitation Specialist at Together House, a psychosocial rehabilitation program in Burlington, NC. I am extremely concerned about the proposed rule changes. The proposed changes may be appropriate for person's who do not experience mental illness but our program deals with adults with severe and persistent mental illness. This population is very fragile and is at risk for repeated institutionalizations.

The clubhouse model serves people that need lifelong support to maintain stability. I am concerned about the change in providing services to maintain current level of functioning only when it is necessary to help an individual achieve a rehabilitation goal. Continuation of rehabilitation services is at times essential to retain a person's functional level. Failure to provide such services could lead to further deterioration which might lead to reinstatement of intensive services including hospitalization. I believe it is very important that this section include language that determines when and how to determine if a rehabilitation service or services is necessary to maintain a desired functional level. If these new rules go into effect without any consideration of how they will effect the population they're forcing them upon, lives will be lost, people will be hospitalized, homeless and misplaced in jails. Thank you for considering my request.

Sincerely,

Beverly R. Jones, B.A., Q.P.

Beverly R. Jones, B.A., Q.P.

October 2, 2007

Centers for Medicaid and Medicare Services
Department of Health and Human Services
ATTN: CMS-2261P
P.O. Box 8018
Baltimore, MD 21244-8018

To Whom It May Concern:

Re: File code CMS-2261-P

When I began working in the Mental Health field almost 18 years ago, I had little understanding of just what a difference can be made in the lives of so many who suffer from severe and persistent Mental Illness – Schizophrenia, Bipolar Disorder and Major Depression. I have met and worked with many wonderful individuals with these Mental Illnesses and have learned so much from them. They face almost insurmountable issues with stigmas placed on them by society as a whole and have worked very diligently, with assistance from the Clubhouse Model Rehabilitation Program (our program is Adventure House), to live active and productive lives. I have observed withdrawn individuals make lasting friends; folks who are convinced that they are "broken" and have nothing to offer become leaders in their peer groups and encourage others to better themselves; some who have been totally illiterate read a newspaper article with pride in themselves; some have, with opportunities and encouragement provided by our day program, gone on to earn their high school diplomas and even their bachelor's degrees from a local university. I have watched as these individuals face each day with a determination that I sometimes do not even possess myself. We provide services that enable our Members to learn to dream and to attain those dreams. Isn't that what we all want? If you were to ask any of them, they would quickly and honestly tell you that our program has literally saved their lives. But their continued success is contingent upon consistency and continuation of services. And it is very frightening that, with your proposed changes, you will be taking this away and leaving them with nothing to sustain the degree of stability they have reached.

We are looking at people, **PEOPLE**, who have largely been isolated, disposed of by society and have nothing to do with their time but listen to the voices that plague them and to possibly act on what those voices tell them to do. Hospitalization to reach stability used to be an option but now the hospitals are full and they have a waiting list. How can we reasonably ask a person with a severe Mental Illness to wait for the help that they need? I have seen first hand that by offering real opportunities to get involved in activities and meaningful work, it helps them to focus on what they can do instead of what is wrong with them. But this is something that must be provided consistently and not piecemeal – we'll help you until you improve, then take it away until you get sick again and, if funding permits, we will run you through the system again until you are marginally able to exist on your own – and a vicious circle begins. Not only does this not make sense from a medical standpoint, it does not make sense from a business standpoint as well.

I suppose the most difficult thing to understand is why one would even entertain the idea of throwing away what has been **proven** to work, only to replace that with what we know does not work. Specifically, to propose that "recovery" from Mental Illness be stated as a goal is very sad. Unfortunately, there is no known cure for Mental Illness and recovery is very rare. We do know that, with **continued** support and opportunities provided in Clubhouse Model Rehabilitation Programs, individuals typically sustain the abilities they have achieved. However it appears that, according to the proposed changes, sustaining or maintaining achieved goals will not be a billable service. It is, again, unfortunate that we must watch as people with Mental Illness will be turned out of a program that is so beneficial to them with the likelihood that they will decompensate due to lack of continued support and opportunities to continue living a productive life. It seems that you would be willing to **run** to approve and fund services that would prevent more costly services including, but not limited to, repeated hospitalization.

I understand that there are providers who abuse the system and, unfortunately, I do not have the solution to that problem. It appears that the "new rules" are being proposed to prevent unscrupulous ways to get around the system. However, it seems that, with every new "rule" that is put into place, the same ones who cheat the system just learn new ways to get around the parameters and continue with their unethical methods. It is deplorable that all service providers will receive major funding cuts in an effort to stop the dishonesty that, in all probability, will not be stopped.

You may think that this letter is an attempt to keep my job. But my concern is the individuals that we serve and that they continue to realize the quality of life that they have built with continued opportunities and supports from Adventure House. I could find a way to support myself, but who would help our Members sustain their degree of stability and independence, their self esteem and confidence, and the fact that they are, indeed, an integral part of society?

I implore you to reexamine your proposed rules and the devastating effect they will have on so many. It would be overwhelming to you and to me if our own insurance suddenly excluded services and benefits that we desperately needed. This is no less ravaging to the population that you are targeting.

Sincerely,

Reva Eagle

Reva Eagle
Adventure House
924 N. Lafayette Street
Shelby, NC 28150

485

Centers for Medicaid & Medicare Services
Department of Health and Human Services
Attn: CMS-2261-P
Baltimore,MD. 21244-8018

To Whom It May Concern:

I go to Adventure House everyday and do Prevocational work there. I have received very good services here through the Medicaid Insurance . I work in the Kitchen and a Snack Bar unit . I was sick and in and out of the mental hospital for a 30 year period before getting into Adventure House. I've only had one , one week hospitalization since starting at Adventure House in 1986. I appreciate the Medicaid coverage thus far it has help me sustain my present level of mental health and independence. In 1989 I entered into a supported Housing Apartment and have enjoyed quality living there. The Proposed regulation changes would remove my supports and leave me alone and would probably begin to be sick again .

Thank you for your consideration,

Paul D. Pouchak

486

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-2261-P
PO Box 8018
Baltimore, Maryland 21244-8018

September 28, 2007

Reference: CMS-2261-P

To Whom It May Concern:

My name is Phyllis Stafford and I work for the Adventure House Community Support services in Shelby, North Carolina as a Para-Professional.
I am writing to you with concern about the proposed Medicaid cut of $ 2.2 billion dollars over five years. If this is passed it will have a BIG effect on the consumers we work with. Our consumers really need the services that we provide on a daily basis. Without them our consumers would not be able to live, or function. Here at the Adventure House Community Support we provide services to adults who have been diagnosed with Chronic Mental Illness. Everyday in our Jobs we try to help them live productive lives, and as much of an ordinary life as they possibly can. For example, I work with one Gentleman who is 52 years of age. He is diagnosed with Major Depression with a Traumatic Brain Injury. This Gentleman without our help could not make it on his own in the world. We offer help with budgeting his money, paying his bills, grocery shopping, and Medications. He is also half blind in one eye. This Gentleman also requires his Case Manager to be his Payee, due to not making good decisions on his own. This consumer also attends the Adventure House (Clubhouse) during the week to assist him with social skills.
I am asking that you please reconsider the plan to cut $2.2 billion from this special population of people who have mental illness. They deserve the support they get each and everyday from our office. If you make the decision to cut the money, our homeless population will grow and there will be no room in the hospitals which are already overcrowded. Please reconsider your decision.

Phyllis Stafford
Para-Professional

487

Gloria E. Lee
128 S. Lexington Ave.
Burlington, NC 27215

October 2, 2007

Centers for Medicare & Medicaid Services
Attention: CMS-2261-P
P. O. Box 8018
Baltimore, MD 21244-8018

To whom it may concern:

Reference: File code CMS-2261-P

I'm writing concerning the issues about the proposed rules that would affect Rehabilitation Services.

When I first came to Together House, I was so afraid I was having anxiety attacks; I live daily with being afraid, and distressed and worrying about my future.

By coming to Together House it helps me cope with my mental illness. I have been diagnosed bipolar disorder and manic depression. I often hear voices and I am deathly afraid of being around a large group of people that I don't know. Often times I feel as if I want to hide from the world.

Together House helps me to cope with my mental Illness which is Bi-polar Disorder and manic depression, hear voices and afraid to be around people. I want to hide from the world.

Together House is a place where we feel loved and cared for. I attend the literary class three days a week and educational outings two days a week. I can only speak for myself. Please listen to the out cry from Together House. We need to stay open everyday. Here I have learned how to manage my illness. I have made close friendships and I am growing daily.

What would happen if I could not come to the Together House.

1. I would get depressed
2. Be lonely
3. No one to talk to about my mental illness
4. Possibility of getting suicidal

5. Won't be getting my G.E.D.
6. Be hospitalize again

If you had a thousand people just like me with my situation that is how much this proposed rule would affect them as well.

Sincerely your,

Gloria E Lee

Gloria E. Lee

488

October 1, 2007

Centers for Medicare & Medicaid Services
Attention: CMS-2261-P
P.O. Box 8018
Baltimore, MD 21244-8018

To Whom It May Concern:

Reference: File code CMS-2261-P

As a friend and strong supporter of Adventure House of Cleveland County North Carolina, I am deeply concerned over the Proposed Rule to amend the definition of Medicaid Rehabilitative Services as published in the Federal Register, August 13, 2007 (Volume 72, Number 155). I feel very strongly (as do a large number of Citizens of Cleveland County from whom you will be receiving correspondence expressing their concerns as well) that these proposed changes, if accepted, will create a major risk to the quality of services currently provided by Adventure House. The impact for which I feel is most certain, will be that current and future Club House Members will not receive the level of managed care that is currently being provided. This will result in a major burden for other medical providers, more specifically Hospital Emergency Services, and the major increase in service cost will be passed on to the Tax Payer. My major concern however, is the overall impact that these Proposed Rule Changes will have on the Quality of Service currently provided by Adventure House.

I have been in contact with Mr. Tommy Gunn, Executive Director of Adventure House of Cleveland County, to express my concerns. Although I am certainly not as knowledgeable as Mr. Gunn on Mental Health, I do have a good understanding that an erosion of Mental Health Services through Adventure House would have a major negative impact on the individuals served as well as our community at large. Mr. Gunn has shared with me his overall concerns as well as his written response which he has give me permission to use. I feel Mr. Gunn has very systematically outlined why the Recommended Changes should not be accepted, therefore I very strongly endorse the following.

I would like to comment on the Proposed Rule to amend the definition of Medicaid Rehabilitative Services as published in the Federal Register, August 13, 2007 (Volume 72, Number 155). I am a friend and supported of Adventure House which is a Day Rehabilitation Program based on the Clubhouse Model, located in a rural community of North Carolina. We serve adults with severe and persistent Mental Illness, with 80% of our Members (clients) having a diagnosis of Schizophrenia. We have been in business as a Non-Profit Organization for over 20 years, relying on Medicaid and state funding to provide needed services in our community. We currently have 115 active Members, with an average daily attendance of 65.

It is clear from the published "Summary" of this proposed Rule, that the intent of CMS is to severely restrict rehabilitative services to Medicaid eligible individuals with long term Mental Illness, through increased documentation requirements for already overburdened Providers and through extremely restrictive service definitions. CMS appears to want to cut funding for medically necessary services to the most vulnerable segment of this country's citizens- those with long term Mental Illness. We know these cuts will far exceed the projected reduction in Medicaid spending of $2.2 billion over five years, through putting small Providers out of business and through "Paybacks" as a result of audits of larger providers. It is shameful for CMS to refer to "important beneficiary protections," as having anything to do with the maintenance of case records. Our Members rely on Medicaid as their only health insurance and are alarmed by the degree to which their coverage could be reduced by the proposed Rule change.

Like it or not, Medicaid has become the single largest funding source for Mental Health services in this country. If CMS truly wants to cut Medicaid funding, the agency needs to stop blaming the states for viewing rehabilitation benefits as a "catch-all category" and accept responsibility for their approval of all state plans. CMS should then begin working with other federal, state and local agencies to develop alternative funding sources and develop a transition plan that will prevent the disruption of vital services to adults with severe Mental Illness. For CMS to proceed with their current strategy of a "Rule change," will result in precious funding being wasted on challenging the creative writing skills of Mental Health Professionals to document needed services in a manner that Medicaid will pay for. Or, worse yet, the funds will be misused to provide specific, time limited, and ineffective interventions to adults with Mental Illness in a misguided effort to at least offer them something, rather than abandoning them to isolation in the community, only to decompensate. Much more intensive and expensive services will then be needed to stabilize the individual only to again be abandoned. In my 30 years of community mental health work, the most effective program to stop this revolving door, the Clubhouse Model, is being directly threatened by the proposed Rule changes. We can not be effective under these proposed Rules as specified below.

PROVISIONS OF THE PROPOSED REGULATIONS

Section 440.130(d) (3)

The requirements outlined in this section focus on documentation. Taken individually, they all make sense from an accountability stand point. But CMS knows that such requirements are utilized not to improve services, but to extract large "Paybacks" from Providers. The more requirements there are, particularly vague requirements (such as "recovery goals" and "reasonable plans") that can be open to interpretation, the more Paybacks that can be imposed.

With private insurance, a claim is filed by the provider and the insurance carrier pays or rejects the claim. If rejected, the Provider corrects errors and provides additional documentation needed for reimbursement. If the claim is still denied, the patient is then billed for the "uncovered services."

Under Medicaid, the claim is paid. The Provider is then vulnerable to federal, state, and local auditors who require a 100% payback if they believe the documentation is inadequate. The proposed Rule arms these auditors with many more avenues to extract a payback. A simple oversight or clerical error results in a 100% payback. If the written rehabilitation plan contains an error, then all services provided under that plan are subject to payback. Put simply, Medicaid plays the "gotcha game," with no lesser penalty in their arsenal than a 100% payback. The Provider cannot then turn to the indigent patient and expect payment, nor can they payback the funds they expended providing the service. The result is that the Provider's focus is shifted from the client to the record as the most important element of their job. Clients become a bothersome interruption to the mandated and critical documentation work of the professional staff. This is already happening and can be seen in the dramatic increase in workshop offerings to Mental Health staff on record keeping and "Audit Proofing Your Records." "Quality Improvement" refers to records, not services, and the client suffers.

Recommendation: Develop a Rule change that would stop the "gotcha" game and truly benefit the clients served. Develop "fines" short of full paybacks and work to reduce the paper work demands on Providers so that they can focus on service delivery to their clients. Surely there is a way to pursue unscrupulous Providers without overwhelming good Providers with paper work.

Section 440.130(d)(l)(vi)

This section, and others, has to do with the expectation that there will be a "measurable reduction of disability and restoration" and the exclusion of services to "maintain a level of functioning." Severe and Persistent Mental Illness, such as schizophrenia, has a devastating effect on a person's whole life. One can not chop that life up into specific measurable goals, prescribe a specific intervention, in a predetermined amount and expect to impact that life. The proposed Rule goes even further in the wrong direction by disallowing most of the elements of that life as billable under Medicaid. In fact, I'm hard pressed to even think of an intervention that could not be interpreted as being vocational, prevocational, educational, social or recreational. Even "Housing" is listed, which may be interpreted as any intervention to support a person in living more independently. Then there are "services that are intrinsic elements of programs other than Medicaid" which are also disallowed. How can this be considered "Person Centered?"

I understand that CMS provides an example of what might appear to be a "social activity" which may in fact be addressing the rehabilitation goal of social skills development as identified in the rehabilitation plan. They go on to state that such an activity would need to be specifically related to an identified rehabilitative goal as documented in the rehabilitation plan with specific time-limited treatment goals and outcomes. Furthermore, the social activity would need to be provided by a qualified provider, be documented in the case record and meet all requirements of this proposed regulation. Can CMS not see the absurdity in this? How did CMS staff develop their

social skills without all of the above? Do they really think that a person with mental illness is so different from them as to require all of the above? Why would a Provider even attempt such billing, knowing that the goal must be time limited and the individual would often have no place to use the social skills developed upon goal attainment?

I am not trying to make the case that Medicaid should pay for playing Bingo. In fact, Adventure House backs social activities out of the program time billed to Medicaid. But, under the proposed Rule, Providers could bill Medicaid for Bingo, TV watching, horseback riding and practically anything else, as long as they met all the above requirements. CMS can not stop such abuse by increasing documentation requirements. Instead, CMS will further shift the focus on the requirements and the documentation and not on the clients, who would most likely exhibit good social skills if given the opportunity, or develop those skills (as most people have) by being provided with the opportunity to participate in a social setting.

Rehabilitation as it applies to adults with severe Mental Illness can not be seen as picking out a narrowly defined and measurable segment of a person's disability and then providing an intervention, in some kind of prescribed formula, which should be administered in calibrated dosages by qualified professionals to their ill patents. The rehabilitation services must be in some context that provides meaning and purpose. What good are measurable goals and allowable interventions to impact budgeting skills, when there is nothing in this world that the client can envision as worth budgeting for. Don't we understand that there is no reason to save to buy new clothes, when there is no place to go in them, or for a vacation, when there is no one with whom to go and nothing from which to take a vacation? Providing that context, that purpose, is the best way I have found to reduce the disabling effects of a major Mental Illness.

The proposed Regulations threaten our ability to provide a context within which real Rehabilitation happens. If CMS applied these regulations to persons who are not diagnosed with a Mental Illness, I truly believe they would become disabled. Their lives would be fragmented into measurable pieces. Large areas of their lives would be ignored because we are not able to identify measurable goals nor can we specify an anticipated outcome that would reasonably impact those areas. We <u>can</u> impact those areas! We do it every day with our friends, family and co-workers. We just can't document what we do to accomplish this under the requirements set forth in this proposed Rule change and to try would risk audit repercussions.

This objection to the proposed rule is IMPORTANT. In the Federal Register, CMS describes ball throwing as a billable service for a stroke victim needing to improve balance and coordination. There is an assumption here that the client has a life in which balance and coordination are needed and that this life includes activities that will sustain balance and coordination long after the professional intervention.

The same assumptions can not be made for an adult with a long term Mental Illness. Members have reported being in time limited programs where they hid improvement for fear of being discharged from the very service that helped them improve. They report

having no where to go upon discharge, nothing meaningful to do and no one with whom to share any goal attainment they may have made. They also fear the return of depressive and psychotic symptoms that they know may reoccur despite compliance with medications. The words "Recovery goals" appear to have been inserted into the proposed regulation, with no understanding of what that means. It appears to be just another documentation requirement to CMS. People rarely recover from severe Mental Illness. It is a biological illness with no known cure. The word "Recovery" as it applies to Mental Illness refers to the often life long struggle of an individual to recover their lives to the greatest extent possible despite the illness. To set recovery goals means to provide supports and services specifically listed as not covered under the proposed Medicaid rule. The exclusion of services that are "prevocational" is particularly troublesome, as many interventions and supports necessary for "recovery" fall within this realm.

CMS can not simply make a Rule and abandon the Medicaid eligible people with Mental Illness. We have discharged these people from institutions with promises of providing community based services that were nonexistent or grossly under funded. Now, the single largest funding source used to develop those services in the community is threatening to make a Rule change. It is inhumane and unethical to hide what CMS is doing behind the stated purpose of "rectifying the improper reliance on the Medicaid rehabilitation benefit" without identifying/developing an adequate and alternative funding source.

CMS has allowed or has looked the other way while states have utilized Medicaid funding to sustain and maintain the highest possible functional level for adults with severe Mental Illness. This MUST remain as an acceptable goal for delivering services under Medicaid.

Section 440.130(vii)(3)

In North Carolina, we know how CMS expects Providers to document progress towards goals in the rehabilitation plan. They expect a progress note for every encounter. CMS imposed a daily note requirement on Psychosocial Rehabilitation (PSR) programs last year, claiming that this was not new, but a long standing requirement that most states have failed to meet. They stated that they are now "cracking down on states to comply" and will expand this "crackdown" to other states as their State Plans are reviewed. CMS officials failed to explain how the state was at fault, when CMS has allowed monthly documentation for PSR services in North Carolina for over 17 years. Didn't CMS have to approve our State Plan?

I can not state this strongly enough. A progress note requirement for every encounter is an unnecessary and major burden, especially for services, like PSR, that are delivered to groups. This requirement has rendered our service record useless. The record can no longer be used to track the course of services being provided or for any clinical purpose due to the sheer volume of notes. Instead of producing 115 progress notes per month, Adventure House professional staff must now write over 2,000 notes per month, at a cost of $35,000 per year.

WE STRONGLY RECOMMEND that progress notes be required on a monthly basis, leaving it to the Provider to make more frequent notes in cases where that may be appropriate!!

Sincerely,
Ray Jeffords
Ray Jeffords
Concerned Citizen.

cc:
Mike Leavitt, U. S. Secretary of the Department of Human Services
Mike Easley, North Carolina Governor
U.S. Senator Richard Burr
U.S. Senator Elizabeth Dole
U.S. Representative Sue Myrick
U.S. Representative Patrick McHenry
Senator Nesbitt, Co-Chair of the N. C. Legislative Oversight Committee
Rep. Verla Insko, Co-Chair of the N. C. Legislative Oversight Committee
NC Rep. Debbie Clary
NC Rep. Tim Moore
Dempsey Benton, N.C, Secretary of the Department of Human Services
Mike Mosley, Director of the N.C. Division of Mental Health
Leza Wainwright, Deputy Director of the N.C. Division of Mental Health
William Lawrence, Jr., Director of the N.C. Division of Medical Assistance
Tara Larson, N.C. Division of Medical Assistance
Jo Perkins, N.C. Division of Vocational Rehabilitation
Carl Britton-Watkins, Chair of the N.C. Consumer Family Advisory Committee
Debra Dihoff, Director, NC-Alliance for the Mentally Ill
John Tote, Director, Mental Health Association of NC
Yvonne Copeland, NC Council of Community Programs
Tisha Gamboa, Director, N.C. Mental Health Consumer Organization
Joel Corcoran, Director, International Center for Clubhouse Development
Renee Gray, Director, Cleveland County Mental Health Association
Rhett Melton, Director of Pathways (LME)
Regina Moody, Chair Local Provider Association
Adventure House Board of Directors

Centers for Medicare and Medicaid Services
Attn: CMS-2261 P
P.O Box 8018
Baltimore, MD 21244-8018

489

To Whom It May Concern,

The Adventure house has help me in many ways such as giving me a place to belong and giving me a new set of friends. And second of all they have gave me transportation to my doctors and important Appointments that I needed to go to. They also have gave me a part-time job to help give some spending money in my pocket. They also have helped me with an appartment to live in. They also have me with my medication when I have needed. The Adventure house means alot to me [redacted] because I would loose alot [redacted] that I have worked for to accomplish. I don't know where I would be at if it wasn't for the Adventure House.

Jenny Ramsay
531 Charles Road Apt J
Shelby, NC 28152
704 484-7148

490

September 28, 2007

Elizabeth Ward
809 North Lafayette Street, Suite H
Cleveland Psychosocial Services, Inc.
Shelby, North Carolina 28150

Centers for Medicaid and Medicare
Department of Health and Human Services
Baltimore, MD 212244-8018

To Whom It May Concern,

My name is Elizabeth Ward and I work with Adventure House Community Support Services. I am writing this letter in reference to the recent and future budget cuts that are and ultimately will affect my job but most importantly the lives of the people we serve.

I work with a variety of individuals with persistent mental illness that rely on our services on a daily basis to care for a array of basic needs such as medications, medical, housing and financial concerns. At this time, I work with a 47 year old male that within the last year has been able to obtain stable housing, has been able to receive the necessary medical, mental health and medication attention through community service providers within our area and actively participate in managing his finances. However even though these accomplishments are monumental as a whole the person served has little to no family contact and continues to depend on the services and supports that are provided through our company. He continues to be troubled with ongoing substance abuse problems and has been hospitalized due to ongoing physical and mental health issues. As an active and long time member he attends PSR during the day for positive socialization which provides structure and is vital to his support system. The proposed budget cuts will also affect PSR and prove to be a huge injustice to not only him but others as well.

If you put these plans into affect the person(s) served that ultimately depends on Community Support Services and Psychosocial Rehab and other supports such as these will suffer a huge disadvantage. In essence it will be like closing the door on those that have worked so hard to open it to begin with.

Elizabeth Ward, Paraprofessional

Teresa W. Woods
827 Lincoln Drive
Shelby, North Carolina
28152

491

September 26, 2007

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-2261-P
P O Box 8018
Baltimore, MD 21244-8018

Dear Sir,

I writting to let you know what the Adventure House means in my life. A woman of 53 years with mental health problem. I've been a couple of programs but they don't help to deal with daily "Life". The Adventure House make my days more meaningful and not just setting around home with nothing to do or going 25 mile one way to set in a session and talk for 3 to 4 hours a day. Here I have the chance of being positive and productive, I don't feel as stressed when I can come to the Adventure House it has mean the world to me. It's my family away from home

Teresa Woods
A Adventure House Member

September 26, 2007

Centers for Medicaid & Medicare Services
Department of Health and Human Services

Attn: CMS-2261-P
P.O.Box 8018
Baltimore, MD. 21244-8018

To Whom It May Concern:

In response to recent request for comments on the Proposed New CMS Rules on Medicaid Rehabilitation Services I am Submitting the following opinion.

I am hearing impaired, I live in an Adventure House Supported Living Apartment and I attend the (ABE) Adult Basic Education course offered at Adventure House. Though others may have thought this would have never been possible for me to live independently, and further my education, it was through the help of the Clubhouse. I am working on completing High School Education. We have 24hr on call support available to the apartment residents, if needed. The Clubhouse is like family, they have been very supportive during; this year will be twenty-two years that I have been attending the program. By not cutting the Medicaid benefits, will help enable Tommy Gunn, our Clubhouse Director, not to have to close the door here at Adventure House. The Medicaid is needed to continue with our rehabilitative services. The Clubhouse is important to me.

Sincerely,

Martha Winston

Martha Winston

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Kimberly McDaniel
152 Phifer Circle
Kings Mountain, NC 28086
kimberlymcdaniel@carolina.rr.com

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-2261-P
P.O. Box 8018
Baltimore, Maryland 21244-8018

September 27, 2007

Reference: CMS-2261-P

To Whom It May Concern:

My name is Kimberly McDaniel, and I am an Associate Professional at Adventure House Community Support Services in Shelby, North Carolina. I am writing to you today in response to the proposed Medicaid Rule changes for the Rehabilitation Option. North Carolina's state Medicaid plan is included under this proposed option and if passed it will have a detrimental effect on the community support services and psychosocial rehabilitation services that are being offered to the people we serve. As I have read in the proposed changes you are looking at a $2.2 billion cut in services over five years. This is not a change that my company can handle. After the budget cut of March 2006 we are barely meeting our monthly budget as it stands. If there is another cut in funding our company will definitely go under. But the reason I do not want my company to fold is not one of not wanting to lose my job, but is that of not wanting our people-served to go without services.

Here at Adventure House Community Support we provide services to adults who have been diagnosed with chronic mental illnesses. We try to help them live productive, ordinary lives in there community just as you and I live. Without our services most all of our people served will not be able to achieve this goal. For example, there is one female who is 46 years-old who for most of her adult life has lived in group homes or assisted living facilities until our sister company Adventure House Psychosocial Rehabilitation was able to offer her, her own apartment with 24/7/365 supports. She now has a sense of self worth and independence. We at Community support services provided the supports necessary for her to continue to live in that apartment and on her own. She has a diagnosis of schizoaffective disorder. Her case manger also acts as her payee because she can not make good decisions about how to spend her money. Our company has many people we serve whose case manager also serves as there payee. We make sure that their basic needs like shelter, electricity, water, food, and clothing are met first. Then we make sure their secondary needs are met. We also provided this 46 year-old client with resources for mental and physical health needs. Such as, seeing her psychiatrist/therapist, family physician, making sure she has medications in a pill planner, and that she has the diabetic testing supplies she needs.

See she not only has many mental health issues, but she also has many medical problems like high blood pressure, high cholesterol, and diabetes, that unless we address them they would never be under control. We are also proud of the fact that this particular person served has not been in the hospital for almost two years. This person has no other supports because her family has disowned her because of her mental illness and refuse to offer support or help. On most days her depression is a result of her family making promises that they never keep. Promises that are simply just to call her or stop by to say hello, not promises of help or support. That is the way it is with most of the people we serve. They either have no family or the families they do have don't want anything to do with them because of the stigma that comes along with a mental illness.

You see, she has for most of her adult life been in and out of mental hospitals. We try everything within our power and resources to keep our people served from being admitted unless completely medically necessary. If you do make the $2.2 billion cut in our services over five years we will not be able to provide this person with the services she needs. I can tell you without a doubt what ultimately will happen to her and most all of our other people served is she will get her check every month and it will be spent on frivolous things instead of her basic needs. She will not longer have housing and will probably be on the streets. She will not keep up with the medications that are prescribed to her and will not continue to see her psychiatrist to get the prescriptions needed because of no transportation and lack of caring. She will be hallucinating, hearing voices, cycling between mania and depression, and will be put back into a state mental hospital until she is well. That is until the cycle starts over again with the lack of housing, medications, and doctors that we make sure are taken care of. I can tell you that community supports will close across states and hospitals, jails, and state facilities will fill up, in which will cost Medicaid more money in the long run.

This 46 year-old woman also takes advantage of the Adventure House Psychosocial Rehabilitation program. She calls it her "structure". Once when she could not get to her "structure" for a few days because of an physical illness; she had more signs of depression, anxiety, and thoughts of suicide. Once back into her "structure" she leveled back out and was able to socialize and be productive. If you implement the changes that are laid out in the Medicaid Rule changed for the Rehabilitation Option then Adventure House PSR will cease to exist.

Why is it that the people who need help the most are always the ones to suffer? Those people whom we serve have chronic mental illnesses. They are not going to go away. When someone has chronic pancreatitis or chronic bronchitis or any other chronic disease they are expected to battle the illness for the rest of their life, but when you speak of it in terms of mental illness people expect you to be able to pick your self up and move on. This is not real thinking. Ask any doctor no matter what the illness if it is chronic you will battle it all your life. Some days, months, and maybe even years will be better than others, but it is still there and the symptoms will come back! Take away the supports that these people with chronic mental illness have and there symptoms will become more prevalent and they will not know what to do for help.

I am asking that you reconsider the plan to cut $2.2 billion from this special population of people who have chronic mental illnesses who need supports because they either have no family or the one they do have has disowned them. If you do make the changes Psychosocial Rehabs across America will close, Community Supports across America will close, the homeless population will rise, the prison population will rise, substance abuse will rise (because they will self medicate), and mental hospitals every where will

fill up. If you think that Medicaid is paying out too much wait until the hospital bills start to roll in as the community supports start to roll out of business.

Regretfully yours,

Kimberly McDaniel
Adventure House Community Support Services
Associate Professional

Centers for Medicare + Medicaid Services Department of Health + Human Services
Attn Cms 2264-P Dear Sir.

I wanted to know please don't take Adventure House away from me because I use to not talk at all hardly but it helped me to converse now I speak out more to my staff + friends I joined the Adventure House Players also I can act out the plays real good now I wouldn't have done that if it wouldn't for the Adventure House I just also when I was at the Family care home I just laid around + slept all the time. I find that the Adventure House helped me find alot of things to do to keep me busy I work in the Bank + help wait on tables in the kitchen + alot of other things I have I been in the Hospital for my depression for about 11 yrs.

Frankie Philbeck
811 Sugar Hill Rd.
Lawndale N.C. 28090

Centers for Medicare & Medicaid Services
Department of Health & Human Services
Attn: CMS-2241-P
Po Box 8018 Baltimore, M.D 21244-8018

(495)

Dear S.I.S,

I have been a member at Adventus House for almost a year. I enjoy coming. Since I have been coming here I have been feeling better, learning different things. I have not been in the hospital since I have been here. Before coming to Adventus House I was hospitalized a couple of times a year. I do feel bad at times but I try to still make it in. If it's so bad I stay home. I thank the Adventus House so much.

Joyce Pope

709 Douglas St

Shelby N.C. 28150

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September 25, 2007

Centers for Medicaid & Medicare Services
Department of Health and Human Services
Attn: CMS-2261-P
P.O. Box 8018
Baltimore, MD 21244-8018

To Whom It May Concern:

I would like to respond to the recent request for comments on the Proposed New CMS Rules on Medicaid Rehabilitation Services. I would specifically like to give my opinion on Definition of Restorative Services: 440.130(d)(1)(vi).

First off, my name is Genia Patterson and I work as a Rehabilitation Specialist for Adventure House, a Clubhouse model Psychosocial Rehabilitation Program. We serve people in Cleveland County, North Carolina that suffer from mental illnesses. We are a certified Clubhouse and follow the ICCD standards. This model psychosocial program started in New York City in the 1950's. The model now successfully serves people with mental illnesses throughout the world. Clubhouse utilizes guaranteed rights such as: a place to come; meaningful relationships; meaningful work; and the guaranteed right to a place to return. Education, housing, and Transitional Employment are also offered to our members.

In reference to the Definition of Restorative Services: 440.130(d)(1)(vi), the definition includes appropriate rehabilitation services designed to maintain a current level of functioning but only when necessary to help an individual achieve a rehabilitation goal. While rehabilitation services should not be custodial, continuation of rehabilitative services is at times essential to *retain* their functional level. Failure to provide a supportive level of rehabilitation would result in deterioration, necessitating a reinstatement of intensive services. Without the guaranteed rights of Clubhouse, our members would surely deteriorate. Many who are absent from Clubhouse for as little as a few days come back with stories of deterioration caused by isolation, no meaningful activities, and loss of support network (by staff and peers). Section 1901 of the statute

specifically authorizes funds for "rehabilitation and other services" to help individuals "retain" capability for independence and self-care. This provides authority for CMS to allow states to furnish services that will *maintain* an individual's functional level.

My recommendation would be revise the definition of when services may be furnished to maintain functioning to include as an acceptable goal of a rehabilitation plan the retaining of functional level for individuals who can be expected to otherwise deteriorate.

Sincerely,

Genia Patterson Rehab Spec.

Genia Patterson
Rehabilitation Specialist

(497)

Jack Cook
Sept. 26, 2007

Centers for Medicaid & Medicare Services
Department of Health and Human Services
Attn: CMS-2261-P
P.O. Box 8018
Baltimore, MD 212-8018

To Whom it May Concern:

Adventure House has helped me out. Before the Adventure House I used to set at home all day with nothing to do. I was in and out of the hospital. My doctor told me to try this new program called Adventure House. I'm glad that I came because to try it out. I've been coming five days a week for a longtime. They have helped me to stay out of the hospital. I have not been to the hospital since. I found something to do and I have had any trouble since. My nerves improved and my medicines was reduced. I need medicaid so that I can keep coming to Adventure House as long as I am still on earth. I like the way it is. Don't stop paying for

me to come because it gets me out of the house and I get to meet new people and make new friends. Don't Stop our Psychosocial Program

Thank You
JACK COOK
235 Wes Cook Rd
CASAR, NC 28020

9-26-07

Centers for Medicaid & Medicare Services
Dept. Of Health & Human Services
Attn: CMS-2261-P
PO Box 8018
Baltimore, MD 21244-8018

Dear CMS:

I am writing to you concerning your proposed rule Changes concerning Medicaid funding for Rehabilitation Services.

I attend a Psychosocial Rehabilitation program (Adventure House). We are a clubhouse model program. We need Adventure House to stay open so that I can stay out of the mental hospitals. Adventure House has moved me into a apartment since I am now Stable on my medicines. I didn't have anything until I came to Adventure House. I also now have a Transitional Employment job. I've made a lot of friends. They make sure I get to my doctors appointments I attend 5 days a week and I cook breakfast in the snack bar unit and I also serve in Kitchen unit. Please don't stop our funding. I would have no place to go and would lose my apartment. I would not be able to ride the public transportation van.

I love Adventure House. We need our funding to stay out of Institutions.

Sincerely:

Donald Davis
833 Charles Rd
Apt. A-1
Shelby, NC 28150

499

Willie M. Abram
P.O. Box 431, Heinz Drive
Earl, NC 28038

September 27, 2007

Centers for Medicaid & Medicare Services
Department of Health and Human Services
P.O. Box 8018
Baltimore, MD 21244-8018
Attn: CMS-2261-P

To Whom It May Concern:

I am writing to advocate against the recent proposed rule requirements surrounding Rehabilitation Services.

I am a Rehabilitation Specialist at the Shelby, NC Adventure House. I have personally witnessed the success stories from utilizing the benefits under consideration for this imposed change.

The proposed changes will drastically change the quality of life of those with Mental Illness that currently utilize these funds. Here at the Adventure House we offer rehabilitative services that have documented positive effects on members' mental abilities affording them the opportunity to unite appropriately within our communities.

It is my fear, without this funding, we will face severe consequences. The cost of a change of this nature will eliminate their support system potentially reverting them back to the revolving hospitalizations and or increasing our crime rate due to the elimination of their support structure.

I ask that you reconsider this proposal and do not eliminate the Medicaid funding on behalf of the members of the Shelby, NC Adventure House and all others suffering with the Mental Health disease.

Thank you,

Willie M. Abram

Willie M. Abram
Rehabilitation Specialist

500

William E. Morris Institute for Justice

2033 East Speedway Boulevard, Suite 200, Tucson, Arizona 85719-4743

Phone 520-322-0126 **Fax 520-325-6025**

October 12, 2007

Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

By Email to www.cms.hhs.gov/eRulemaking

2007 OCT 22 PM 9:52

RE: File Code CMS-2261-P
Notice of Proposed Rule
Medicaid Coverage: Coverage for Rehabilitative Services

Dear Sir or Madam:

The William E. Morris Institute For Justice is a non-profit advocacy program for low income people in Arizona. We submit these comments in response to the Notice of Proposed Rule entitled "Medicaid Program: Coverage for Rehabilitation Services," published in the Federal Register on August 13, 2007.

We do not believe that the proposed regulations comply with Executive Order 13132. And, contrary to CMS' assertion in the Preamble, this rule will have a significant impact on small business rehabilitation service providers. Thus, the regulations should not be finalized until the appropriate analyses of the impact of the rule on states and providers have been conducted.

We also think that these proposed regulations could result in the wrongful denial of coverage for medically necessary services. This is a particular problem with regard to coverage of services for beneficiaries under 21 who are entitled to all Medicaid services necessary to correct or ameliorate a physical or mental condition, regardless of whether those services are covered for adults. 42 U.S.C. § 1396d(r)(5). The proposed definitions impermissibly narrow the scope of services that can be covered under the rehabilitation option. Moreover, the proposed regulations, when combined with the commentary in the preamble, leave the distinct and incorrect impression that certain services cannot be covered under Medicaid at all. The regulations are inconsistent with the statutory purpose of Medicaid coverage of rehabilitation services, which is "to enable each State, as far as practicable . . . to furnish (1) medical assistance . . . and (2) rehabilitation and other services to help . . . families and individuals *attain* or retain capability for independence or self-care . . ." 42 U.S.C. § 1396 (emphasis added). Specific illustrations and proposed revisions are provided below.

I. Regulatory Impact Analysis: Overall Impact

Executive Order 13132 imposes certain requirements when an agency promulgates a proposed rule that will impose "substantial direct compliance costs on States." Among other requirements, before an agency promulgates a rule that will impose such costs on states, it must either (1) provide the funds necessary for the states to comply with the rule; or (2) consult with state officials during the process of developing the rule prior to promulgation. Exec. Order No. 13,132, § 6(b). If exercising the consultation option, an agency must provide a federalism impact summary to OMB that describes the agency's consultation with the states, summarizes their concerns and explains how those concerns were addressed. *Id.* at (b)(2). CMS asserts that these requirements do not apply, because no substantial, direct compliance costs will be imposed on the states. 72 Fed. Reg. at 45209 (Preamble, V.A).

However, it is obvious that implementing these proposed regulations will result in significant costs to the state. Many states will likely be forced to change their billing procedures and, possibly, prior authorization procedures. Also, a number of states are currently providing services that would be categorized as day habilitation services under the proposed regulations. If they choose to continue them, they will be forced to pay for them with state only funds, or make drastic changes to the way they provide services. Moreover, the primary purpose of E.O. No. 13,132 is to promote state autonomy and authority. This proposed rule runs counter to that notion because it will significantly limit state flexibility.

Accordingly, CMS should comply with the requirements of Executive Order 13132.

In addition, CMS asserts that this rule will not have a direct impact on providers of rehabilitation services. 72 Fed. Reg. at 45208 (Preamble, V.A.). This is also incorrect. These regulations narrow the scope of coverage of the rehabilitation service and, directly and indirectly, impose requirements that will have significant, direct impact on providers. The requirement of the detailed written rehabilitation plan, while commendable, will also require additional work by providers. The requirements governing therapeutic foster care would require providers to separate and bill for services that were previously "packaged." The discussion of how providers need to separate "incidental" personal care functions from rehabilitation services for billing, record keeping and administration shows how many additional duties will be necessary for providers. 72 Fed. Reg. at 45206 (Preamble, II.F.2). Clearly, the impact on providers will be significant.

II. Conflict with EPSDT

Medicaid's Early and Periodic Screening, Diagnostic and Treatment Service (EPSDT) requirements provide that all Medicaid beneficiaries under age 21 must receive all necessary services listed in 42 U.S.C. § 1396d(a) to correct or ameliorate physical or mental illnesses and conditions, regardless of whether those services are covered under a States' plan. 42 U.S.C. §§ 1396a(a)(43), 1396d(r)(5). There are numerous ways in which the proposed regulations conflict or potentially conflict with the EPSDT requirements. These will be discussed in detail below. However, we suggest an overall restatement of the EPSDT requirement in the regulations.

Recommendation:

We agree with the recommendation in the comments of the Judge David L. Bazelon Center for Mental Health Law and the National Alliance on Mental Illness (NAMI), and recommend the following:

> Insert a new paragraph in § 441.45(a) clearly stating that states must ensure that children receive all federally-covered Medicaid rehabilitation services when necessary to correct or ameliorate a physical or mental illness or condition.
>
> Amend § 441.45(a)(5) to state that even when a state plan does not include certain rehabilitative services, these services must nonetheless be made available to children when necessary to correct a physical or mental illness or condition.
>
> Amend § 441.45(b)(4), to specifically refer to the EPSDT statutory and regulatory requirements, 42 U.S.C. § 1396d(r)(5), 42 C.F.R. § 440.40(b), and instruct states to comply with them.

III. Conflict with the New Freedom Initiative

On February 1, 2001, President Bush announced the New Freedom Initiative as part of an effort to remove barriers to community living for people with disabilities. *See* Community Based Alternatives for People with Disabilities, Exec. Order No. 13,217. Coverage of rehabilitation services are crucial tools for individuals with mental or physical disabilities trying to live independently in the community. Numerous aspects of these proposed rules are at odds with this goal, as pointed out below. Generally speaking, any restriction on coverage of community-based rehabilitative services makes it more difficult for individuals to have meaningful lives and to live in the most integrated setting possible. CMS should be mindful of President's Bush's intention to "tear[ ] down the barriers to equality that face many of the individuals with disabilities . . ." and ensure that rehabilitation services are regulated and made available in a way that furthers this goal. New Freedom Initiative, Foreword (Feb. 1, 2001), http://www.whitehouse.gov/news/freedominitiative/freedominitiative.html (last visited Oct. 9, 2007).

IV. Specific Issues

Proposed § 440.130(d)(1)(v)-(vii), (2) - Maintenance v. Restorative services

The discussion of services that maintain, rather than restore, function can be expected to lead to inappropriate denials of services that should be covered as rehabilitative. Throughout the preamble and proposed regulations, CMS emphasizes that rehabilitation services must reduce disability and restore function in order to be reimbursable under Medicaid. S*ee, e.g.,* 72 Fed. Reg. at 45211 (Proposed 42 C.F.R. §§ 440.130(d)(1)(i)(A)). The discussion of a written rehabilitation plan in the preamble emphasizes the "ultimate goal" of reduction of medical care. *Id.* at 45203 (Preamble, II.C). Moreover, the preamble states that "[i]t is important to note that this benefit is not a custodial care benefit but should result in a change in status." *Id.* At the

same time, the proposed regulations acknowledge that maintaining a functional level may be necessary to achieve a rehabilitation goal. *Id.* at 45211 (Proposed 42 C.F.R. § 440.130(d)(1)(vi)). But, the discussion of the written plan in the preamble states that "[i]f it is determined that there has been no measurable reduction of disability and restoration of functional level, any new plan would need to pursue a different rehabilitation strategy . . ." *Id.* at 45204 (Preamble, II.C).

This discussion creates confusion. This emphasis on change in status and on achievement of specific goals may lead states to deny coverage for medically necessary rehabilitation services merely because such services may not lead to immediate results or may only prevent a condition from worsening. Recovery is not necessarily a linear process. It may appear that progress toward a goal is not being made when, in fact, a plateau or relapse may be part of the natural progression of recovery. This is true with physical or mental illnesses and with substance abuse problems. Rehabilitation services for degenerative conditions such as Multiple Sclerosis may have as a goal slowing the deterioration of the condition; it is important that the rules do not imply these services are excluded from coverage Again, the Medicaid statute emphasizes the importance of rehabilitation services to *attain* independence and health. 42 U.S.C. § 1396. The overall emphasis of the rules and commentary, however, creates a strong possibility that states will actually apply a more narrow definition than is appropriate.

Moreover, services aimed at maintaining function could fit under a category of service other then rehabilitation For example, assistance with dressing or eating could be covered as a personal care service, as could supervision to prevent injury. This should be recognized both in the preamble and in the regulations.

This is particularly true under EPSDT. Because any of the categories of Medicaid services that are necessary to "correct or ameliorate" must be covered to address an individual child's physical or mental condition, there is an even greater likelihood that the actual service needed will be coverable under the federal Medicaid statute. Moreover, this agency has a long-standing policy of recognizing that maintenance therapy may be covered. *See, e.g.,* Letter from Andrew A. Frederickson, Chief, Medicaid Operations (Region VIII) to Garth L. Splinter, CEO, Oklahoma Health Care Authority (April 9, 1999); HCFA, *Medicaid State Bulletin,* 231 (Sept. 10, 1992); Letter from HCFA to Regional Administrator, Region VIII (Oct. 2, 1991). Thus, the overly restrictive definition and interpretation in this area may conflict with longstanding agency policy.

Recommendation:

Add the following language to proposed regulation § 440.130(d)(1)(vi): "Failure to make measurable progress toward a particular goal within a certain time period does not necessarily indicate that a service is not necessary to help achieve a rehabilitation goal."

Add the following language to, and withdraw from, proposed regulation § 440.130(d)(1)(vi): "In these instances services that provide assistance in maintaining functioning may be considered rehabilitative ~~only~~ when necessary *to prevent regression*

based on a documented history and severity of illness or to help an individual achieve a rehabilitation goal . . ."

Add a new subsection (c) to § 441.45, with the following language: "If a service cannot be covered as a rehabilitative service, states shall determine whether the service can be covered under another category of Medicaid services." Also, add discussion to Section II.C. of the preamble to the effect that that maintenance services could qualify for coverage under another category of services and give examples of other categories.

Delete the language at 72 Fed. Reg. at 45204, Section II.C of the preamble stating that "[i]f it is determined that there has been no measurable reduction of disability and restoration of functional level, any new plan would need to pursue a different rehabilitation strategy . . ."

Proposed § 440.130(d)(5): Settings for Service Provision

Proposed § 440.130(d)(5) reiterates the statutory requirement that services be provided in a facility, home or other setting. In the preamble, however, it is stated that states "have the authority to determine in which settings a particular service may be provided." 72 Fed. Reg. at 45205 (Preamble, II.E). This conflicts with the statutory definition of 42 U.S.C. § 1396d(a)(13). The statutory definition defines the service as "rehabilitation services, including any medical or remedial services (provided in a facility, a home, or other setting) recommended by a physician or other licensed practitioner of the healing arts." The way this definition is written does not give states the authority to pick and choose among appropriate settings for services. Rather, the point of the definition is that the services constitute rehabilitation services if they meet the functional definition, regardless of the setting in which they are provided. Moreover, this definition is directly at odds with the New Freedom Initiative's central goal of community integration of people with disabilities.

Recommendations

Clarify that rehabilitation services should be covered in any setting permitted by state law.

We concur with the Bazelon Center for Mental Health Law and recommend that the other settings listed in the preamble (schools, community mental health centers, and substance abuse treatment centers) be added to § 440.130(d).

Proposed § 440.130(d)(1)(vi) – Restorative Services

Three days after CMS issued these proposed regulations, it also issued a letter describing peer guidance and explaining how it could be covered under the rehabilitation option. *Dear State Medicaid Director,* Peer Support Services – SMDL #07-011 (August 15, 2007). As CMS acknowledges in the letter, this is an important service for individuals with mental illness and

substance abuse services. Given its obvious importance to CMS, States, providers and patients, the specifics of this guidance should be referenced in these proposed rules.

Recommendation: Section 440.130(d)(1)(vi), which describes "restorative services" should be amended and language added stating that peer guidance is a covered rehabilitation service.

Proposed § 441.45(b)(1) – Non-covered Services

The proposed rule states that services will not be provided if they are an "intrinsic element" of a program other than Medicaid. 72 Fed. Reg. at 45212 (Proposed § 441.45(b)(1)). The term "intrinsic element" is not defined. This will cause confusion for state Medicaid officials and providers and could cause erroneous denials of coverage for services. Moreover, it is based on a faulty premise. These service exclusions will predominantly, if not exclusively, apply to services for children under age 21, given the nature of the programs implicated. Thus, these children will all be eligible for EPSDT, under which a service should be covered if it is necessary to correct or ameliorate a physical or mental condition, even if it could be covered under another program. The proposed regulation appears to acknowledge this in § 441.45(b)(1)(i) and (ii), but not with sufficient clarity.

For example, the regulation states that therapeutic foster care services cannot be covered, but makes an exception for medically necessary rehabilitation services "that are clearly distinct" from packaged therapeutic foster care services. Since packaged therapeutic foster care services are not defined, it will be difficult to identify services that are not included in that package. Moreover, in describing adoption services (at (iii)) and routine supervision in schools (at (iv)), the regulation does not include the same exception for medically necessary rehabilitation services. 72 Fed. Reg. at 45212 (Proposed § 441.45(b)(1)(iii) – (iv)). In addition, the term "packaged" is problematic. Many services that are covered under Medicaid, such as physicians' services, are packaged. The use of this term will be confusing to states and create serious administrative issues. There should be an explanation of what this term means and how it would be applicable to other services.

Moreover, this requirement appears to conflict with statutory and regulatory provisions regarding third party payment and Medicaid coverage of related services under the Individuals with Disabilities Education Act (IDEA). The Medicaid statute requires that State and local agencies administering the state Medicaid plan "will take all reasonable measures to ascertain the legal liability of third parties . . ." 42 U.S.C. § 1396a(a)(25)(A). Even if a third party is liable, when EPSDT services are at issue, the Medicaid agency is supposed to pay a claim for services, then pursue reimbursement from the liable third party. 42 U.S.C. § 1396a(a)(25)(E); 42 C.F.R. § 433.139(b)(3)(i) (2007). Thus, when a service is the responsibility of a third party, the other program is still a third party payer. Also, in Section I.A. of the preamble, it is noted that Medicaid has been used to fund services that are included under the IDEA. 72 Fed. Reg. at 45202. Such coverage is permissible and appropriate as the Medicaid statute specifically provides that the Secretary cannot prohibit or restrict coverage of Medicaid services simply

because the services are included in an individualized education plan for IDEA services. 42 U.S.C. § 1396b(c).

Finally, it is important to note that during consideration of the Deficit Reduction Act of 2005 (Pub. L. 109-171), Congress considered *but rejected* an "intrinsic element" test for rehabilitation services. *See* Jeff Crowley, Kaiser Commission on Medicaid and the Uninsured, *Medicaid's Rehabilitation Services Option: Overview and Current Policy Issues*, 1 (August 2007). This is indicative that the "intrinsic element" test does not reflect Congress' intent with regard to coverage of rehabilitation services.

Recommendation:

We concur with the recommendation of the Bazelon Center for Mental Health Law that § 441.45(b) should be withdrawn, because it conflicts with the EPSDT requirements and other parts of the Medicaid statute.

In the alternative:

Omit the intrinsic element test. Define and explain in § 441.45(b)(1)(ii) and (iii) what constitutes a "packaged" therapeutic foster care or child care service. Add the phrase "except for medically necessary rehabilitation services" to subsections (iii) and (iv).

Section 441.45(b)(1)(iv) should be amended to clarify that Medicaid coverage should not be denied merely because a service is provided in an individual education plan.

The responsibilities for states regarding third party payers, and the third party payers' own responsibilities, should be recognized and clarified in § 441.45(b)(1), and reference made to 42 C.F.R. § 433.139 (2007).

Proposed § 441.45(b)(2) - Habilitation Services

The proposed regulations exclude coverage of habilitation services for persons with mental retardations and related conditions under the rehabilitation option. 72 Fed. Reg. at 45212 (proposed § 441.45(b)(2)). *The Secretary claims that the authority to do so comes from section 6411(g) of OBRA 89. 72 Fed. Reg. at 45206 (Preamble, I.F.2); see also Id. at 45203 (Preamble, I.B). To the contrary, however, this exclusion is not authorized by the language of the statute. Therefore, it exceeds CMS authority and is invalid.*

When a court reviews an agency's construction of a statute that it administers, it must determine whether Congress has directly spoken to the precise question at issue. Chevron U.S.A. v. Nat'l Resources Defense Council, 467 U.S. 837, 842 (1984). If the intent of Congress is clear, that is the end of the matter; for the court as well as the agency must give effect to the unambiguously expressed intent of Congress. Id. at 842-843. Moreover, the rules of statutory construction provide that "a statute should be 'interpreted so that no words shall be discarded as meaningless, redundant, or mere surplusage.'" United States v. DBB, Inc., 180 F.3d 1277,

1285 (11th Cir. 1999) (citation omitted).

The statute prohibits the Secretary from taking any adverse action against a state that is offering day habilitation and related services under the rehabilitation or clinic service options until a "final regulation" that "specifies the types of day habilitation and related services that a state may cover [under the rehabilitation or clinic service option] on behalf of persons with mental retardation or with related conditions, and . . . any requirements respecting such coverage" is enacted. OBRA 89, § 6411(g)(1)(A). The Secretary has not authorized coverage of day habilitation or related services but instead, in contravention of the plain language of the statute, has excluded coverage of any habilitation services under 1905(a)(9) or (13). Such an interpretation reads out the reference to "the types of. . .services . . . a state may cover" in contravention of the rules of statutory construction. The only logical reading of this statutory provision is that Congress intended that some types of day habilitation services be covered pursuant to the rehabilitation or clinic option. If Congress intended to allow the Secretary to exclude the coverage of all habilitation services, it would have said so, for example, by including the phrase "if any" when referencing the services that may be covered.

The legislative history supports this reading. "HCFA should be encouraging states to offer community based services to this vulnerable population (i.e., individuals with mental retardation or related conditions), not restricting their efforts to do so." Omnibus Budget Reconciliation Act of 1989 (H.R. 3299): Report of the House Budget Committee (Explanation of the Commerce and Ways and Means Committees Affecting Medicare-Medicaid Programs) (Sept. 20, 1989), as reprinted by Medicare & Medicaid Guide (CCH), Extra Edition No. 596, p. 494 (Oct. 5, 1989).

The proposed regulatory provision is problematic for several additional reasons. It will result in erroneous deprivation of coverage and conflicts with the goals of the President's New Freedom Initiative.

First, the treatment of habilitation services seems to be based on the premise that individuals with mental retardation or similar conditions would never have a need for rehabilitation services. This is overly broad and will lead to automatic exclusion of services for this population when they may be appropriate.

Second, neither the regulations nor preamble acknowledge the different nature of some "related conditions," which include epilepsy, autism, and cerebral palsy. 42 C.F.R. § 435.1010 (2007). These diagnoses can cause loss of function that needs to be restored, thus, those individuals would need and could benefit from rehabilitation services.

Third, the proposed rules do not provide guidance for coverage of services for individuals with dual diagnoses of mental retardation/related conditions and mental illness. The proposed regulations acknowledge that physical impairments and mental health and/or substance related disorders can be appropriately treated with rehabilitation services. *See* 72 Fed. Reg. at 45212 (Proposed § 441.45(b)(2)). However, there is no explanation of how states may cover services for those with dual diagnoses and how they may justify doing so when claiming FFP. This is

likely to lead to denial of medically necessary covered services for a population that already faces significant barriers to care.

We commend CMS for suggesting other Medicaid options states may use to cover habilitation services under other service authorities. *Id.* at 45106 (Preamble, II.F.2). It is not correct, however, that the alternative coverage authorities suggested will offer coverage equal to coverage under the rehab or clinic services option. In order to qualify for services under a 1915(c) waiver, because individuals must meet an institutional level of care, which is not required under the rehabilitation or clinic service option. Moreover, states are permitted to limit eligibility for 1915(c) waiver services, as well as for home and community-based services under 1915(i). Across the country, more than 206 thousand people are on waiting lists for 1915(c) waiver services. (Kaiser Commission on Medicaid and the Uninsured). It is not realistic to suggest that these options will meet the need for services.

CMS states that habilitation services could be covered under other service options such as physician services, therapy services or "medical or remedial care provided by licensed practitioners." 72 Fed. Reg. at 45206 (citing 42 C.F.R. §§ 440.50, 440.60, and 440.110. Coverage under the physician services or therapy option, however, would be narrower because, unlike coverage of these services under the rehabilitation option, such services need to be provided by physicians or licensed therapists. Moreover, some habilitation services would not fall under either category. If the option of coverage under medical or remedial care would indeed encompass many of the services covered under rehabilitation, CMS should provide further explanation and examples of coverage.

Recommendation:

Withdraw § 441.45(b)(2) excluding coverage of habilitation services.

In the alternative:

Add language to § 441.45(b)(2) providing that a diagnosis of mental retardation or related conditions does not automatically exclude a person from coverage of mental health services.

Clarify that services for individuals with a dual diagnosis of mental retardation/related condition and mental illness may be covered, and provide further explanation of how that coverage can be achieved.

Add the following language to § 441.45(b)(2): "Habilitation services may also be provided under other Medicaid services categories, including but not limited to physician services, defined at 42 C.F.R. § 440.50; therapy services, defined at 42 C.F.R. § 440.110 (including physical, occupational, and speech/language or audiology therapy); and medical or other remedial care provided by licensed practitioners, defined at 42 C.F.R. § 440.60."

Elaborate on the statement in the preamble that habilitation services can be covered under 42 C.F.R. § 440.60 ("medical, remedial, or other care provided by a licensed practitioner").

Amend Proposed § 440.130(d)(4), listing the impairments to be addressed, by adding language to provide that services "may address the individual's physical **or mental** impairments, mental health impairments, and/or substance related services" to include individuals with developmental disabilities.

Proposed § 441.45(b)(4)

Among the excluded services listed are "services . . . provided to inmates living *in the secure custody* of law enforcement and residing in a public institution.". It is not clear whether this is intended to be a narrower category of individuals than those individuals living in a public institution, as defined by 42 C.F.R. § 435.1010 (2007). If so, this would be undesirable. If not, it would be unnecessary and confusing.

Recommendation: omit the phrase "in the secure custody of law enforcement."

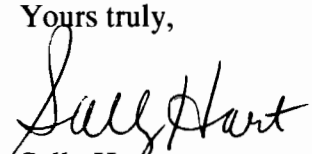
Proposed § 440.130(d)(3) - Written Rehabilitation Plan

Although we are concerned about some aspects of the written rehabilitation plan, we commend CMS for this requirement and believe that it will ultimately improve care for Medicaid beneficiaries. We do, however, agree with the concern expressed by NAMI in their comments that other service plans required under other programs, such as IEPs, should be able to qualify as rehabilitation plans if they meet the regulatory requirements.

Recommendation: Add the following language to this provision: "The requirement for a rehabilitation plan may be met by a treatment plan, individualized education program plan, or other plan if the written document meets the requirements in Section 440.130(d)(3).

Thank you for your consideration of these comments.

Yours truly,



Sally Hart

Staff Attorney,
William E. Morris Institute for Justice

561

FAX

Seminole County Public Schools
400 East Lake Mary Blvd.
Sanford, FL 32773

2007 OCT 24 PM 10:12

Date 10/9/07

Number of pages including cover sheet 3

To: Honorable Michael Leavitt,

Phone 202-690-7000

Fax Phone 202-690-7203

CC:

From: Joseph S. Greene

Phone **407-320-0422**

Fax Phone **407-320-0294**

REMARKS:

☐ Urgent ☒ For your review ☐ Reply ASAP ☐ Please comment

Please refer to the attached comment section on CMS 2261-P

Seminole County Public Schools

- Seminole County Public Schools earned a District Grade of A in 2007, as has been done every year since the inception of district grades in 1999.
- 97% (56 of 58) of all graded Seminole County schools earned an A or B in 2007.
- Newsweek recognized all 4-year Seminole County high schools in the top 5% in the nation based on the number of students enrolled in advanced placement or international baccalaureate classes.
- Since 1977, Seminole County SAT scores have exceeded the state and national averages.
- Over 80% of graduating seniors from Seminole County high schools attend a two-or-four year college or university.
- 55 schools were recognized as 5-Star Schools by the Department of Education for exemplary community involvement for the 2006-2007 school year.
- The district has spent more than $450 million on renovation and construction of new schools in the past ten years.
- In the past five years, more than $40 million has been spent on technology for the schools and classrooms.
- Over 23,700 volunteers donated 531,400 hours to 59 schools serving students from kindergarten through high school. This represents over $9.9 million worth of services donated to our schools by the community.

Docket Management Comment Form

Docket: CMS-2261-P - Rehabilitation Services: State Plan Option

Temporary Comment Number: 212721

Submitter: Mr. Joseph Greene **Date:** 10/09/07

Organization: Seminole County Public Schools

Category: Other Health Care Professional

Issue Areas/Comments

General

The School District of Seminole County respectfully requests that CMS withdraw the rule and continue reimbursement at current levels and coverage criteria for rehab services provided in school pursuant to the IEP of a Medicaid eligible education student.

Provisions of the Proposed Rule

Provisions of the Proposed Rule

Depending on how this proposed rule is interpreted and its intent, the impact on school-based billing could be construed as another attempt by CMS to limit or even eliminate direct service reimbursement. The key words here are □interpretation□ and □intent.□ If you read through 42 CFR Parts 440 and 441[CMS 2261-P] in the Federal Register, there are several areas of concern that can be better clarified and depending upon what the objective of the proposed rule is attempting to communicate, school districts may be at risk of loosing Medicaid reimbursement.

Response to Comments

Response to Comments

Historically, in 1988, the U.S. Supreme Court ruled that Medicaid is a responsible party for medically necessary health services provided to Medicaid eligible students by LEAs pursuant to IDEA. Subsequently, Section 1903(c) was added to the Social Security Act allowing Medicaid reimbursement for school based health services. This proposed change contradicts existing law which allows Medicaid to be the primary payer for student health services. Again, the proposed language is not only convoluted but appears to be contradictory in several areas. The rule appears to impose a definition more restrictive than that in Federal law and ignores the reality that rehabilitation services can also be needed to maintain gains or prevent deterioration in an individual□s condition and functioning.

Regulatory Impact Analysis

Regulatory Impact Analysis

Here are school district concerns: " The rule states that Medicaid reimbursement will not be available for rehab services provided as either a Fee for Service benefit or administrative activities through non-Medicaid programs such as education. " CMS believes that school-based rehab services are the focus of education or IDEA rather than Medicaid. " Other states provide their school-based direct services under the state□s Early and Periodic Screening, Diagnostic and Treatment (EPSDT) programs. The impact of the proposed rule on those school-based Medicaid billing programs is unclear. The basic premise is that school-based health services are focused on education and therefore, not eligible for Medicaid reimbursement. " The proposed rule states that rehab services may be provided in a facility which does not include schools as an example of an acceptable service setting. " Under the proposed rule, a written

rehab plan would be required for each student receiving rehab services and this may include a plan of care that supersedes or would be in addition to the I.E.P. process. What□s more, the rules state that the participant must sign the rehab plan; which many of you know cannot be accomplished by our 3-5 year old population. " The rule would require districts to □pursue a different rehab strategy including the revision of the rehab goals. Services and/or methods□ if after one year there has been no measurable reduction of a student□s disability and restoration of functional level. This may require changes in how IEPs are developed or result in reductions in LEA Medicaid reimbursement. CMS states that services provided primarily to maintain a level of functioning in the absence of a rehabilitation goal defined in the rehab plan are not rehabilitation services subject to Medicaid reimbursement. Since many of the services districts perform are habilitative in nature, most physical impairments and mental health disorders are not included in the scope of related conditions that would be paid under this option. " The rehab option is defined as □the maximum reduction of physical or mental disability and restoration of a recipient to his best possible functional level.□ □It is important to note that this benefit is not a custodial care benefit for individuals with chronic conditions but should result in a change of status. What□s more CMS believes, □a written rehabilitation plan would ensure that services are provided within the scope of the rehabilitative services and would increase the likelihood that an individual□s disability would be reduced and functional level restored.□ " Rehabilitation services include individuals who had the capacity to perform an activity in the past rather than to actually have performed the activity. Habilitation typically refers to services that are for the purpose of helping persons acquire new functional abilities. " Academic settings may increase an individual□s integration into the community and enable the individual to learn social skills, the primary purpose of this activity is academic in nature. Thus, patient education in an academic setting is not covered under the rehab option.

Attachments
No Attachments

Print | Comment on Another Docket | Exit

Print - Print the comment
Exit - Leave the application

Campaign 502

October 1, 2007

Centers for Medicare & Medicaid Services
Attention: CMS-2261-P
P.O. Box 8018
Baltimore, MD 21244-8018

To Whom It May Concern:

Reference: File code CMS-2261-P

As a friend and strong supporter of Adventure House of Cleveland County North Carolina, I am deeply concerned over the Proposed Rule to amend the definition of Medicaid Rehabilitative Services as published in the Federal Register, August 13, 2007 (Volume 72, Number 155). I feel very strongly (as do a large number of Citizens of Cleveland County from whom you will be receiving correspondence expressing their concerns as well) that these proposed changes, if accepted, will create a major risk to the quality of services currently provided by Adventure House. The impact for which I feel is most certain, will be that current and future Club House Members will not receive the level of managed care that is currently being provided. This will result in a major burden for other medical providers, more specifically Hospital Emergency Services, and the major increase in service cost will be passed on to the Tax Payer. My major concern however, is the overall impact that these Proposed Rule Changes will have on the Quality of Service currently provided by Adventure House.

I have been in contact with Mr. Tommy Gunn, Executive Director of Adventure House of Cleveland County, to express my concerns. Although I am certainly not as knowledgeable as Mr. Gunn on Mental Health, I do have a good understanding that an erosion of Mental Health Services through Adventure House would have a major negative impact on the individuals served as well as our community at large. Mr. Gunn has shared with me his overall concerns as well as his written response which he has give me permission to use. I feel Mr. Gunn has very systematically outlined why the Recommended Changes should not be accepted, therefore I very strongly endorse the following.

I would like to comment on the Proposed Rule to amend the definition of Medicaid Rehabilitative Services as published in the Federal Register, August 13, 2007 (Volume 72, Number 155). I am a friend and supported of Adventure House which is a Day Rehabilitation Program based on the Clubhouse Model, located in a rural community of North Carolina. We serve adults with severe and persistent Mental Illness, with 80% of our Members (clients) having a diagnosis of Schizophrenia. We have been in business as a Non-Profit Organization for over 20 years, relying on Medicaid and state funding to provide needed services in our community. We currently have 115 active Members, with an average daily attendance of 65.

It is clear from the published "Summary" of this proposed Rule, that the intent of CMS is to severely restrict rehabilitative services to Medicaid eligible individuals with long term Mental Illness, through increased documentation requirements for already overburdened Providers and through extremely restrictive service definitions. CMS appears to want to cut funding for medically necessary services to the most vulnerable segment of this country's citizens- those with long term Mental Illness. We know these cuts will far exceed the projected reduction in Medicaid spending of $2.2 billion over five years, through putting small Providers out of business and through "Paybacks" as a result of audits of larger providers. It is shameful for CMS to refer to "important beneficiary protections," as having anything to do with the maintenance of case records. Our Members rely on Medicaid as their only health insurance and are alarmed by the degree to which their coverage could be reduced by the proposed Rule change.

Like it or not, Medicaid has become the single largest funding source for Mental Health services in this country. If CMS truly wants to cut Medicaid funding, the agency needs to stop blaming the states for viewing rehabilitation benefits as a "catch-all category" and accept responsibility for their approval of all state plans. CMS should then begin working with other federal, state and local agencies to develop alternative funding sources and develop a transition plan that will prevent the disruption of vital services to adults with severe Mental Illness. For CMS to proceed with their current strategy of a "Rule change," will result in precious funding being wasted on challenging the creative writing skills of Mental Health Professionals to document needed services in a manner that Medicaid will pay for. Or, worse yet, the funds will be misused to provide specific, time limited, and ineffective interventions to adults with Mental Illness in a misguided effort to at least offer them something, rather than abandoning them to isolation in the community, only to decompensate. Much more intensive and expensive services will then be needed to stabilize the individual only to again be abandoned. In my 30 years of community mental health work, the most effective program to stop this revolving door, the Clubhouse Model, is being directly threatened by the proposed Rule changes. We can not be effective under these proposed Rules as specified below.

PROVISIONS OF THE PROPOSED REGULATIONS

Section 440.130(d) (3)

The requirements outlined in this section focus on documentation. Taken individually, they all make sense from an accountability stand point. But CMS knows that such requirements are utilized not to improve services, but to extract large "Paybacks" from Providers. The more requirements there are, particularly vague requirements (such as "recovery goals" and "reasonable plans") that can be open to interpretation, the more Paybacks that can be imposed.

With private insurance, a claim is filed by the provider and the insurance carrier pays or rejects the claim. If rejected, the Provider corrects errors and provides additional documentation needed for reimbursement. If the claim is still denied, the patient is then billed for the "uncovered services."

Under Medicaid, the claim is paid. The Provider is then vulnerable to federal, state, and local auditors who require a 100% payback if they believe the documentation is inadequate. The proposed Rule arms these auditors with many more avenues to extract a payback. A simple oversight or clerical error results in a 100% payback. If the written rehabilitation plan contains an error, then all services provided under that plan are subject to payback. Put simply, Medicaid plays the "gotcha game," with no lesser penalty in their arsenal than a 100% payback. The Provider cannot then turn to the indigent patient and expect payment, nor can they payback the funds they expended providing the service. The result is that the Provider's focus is shifted from the client to the record as the most important element of their job. Clients become a bothersome interruption to the mandated and critical documentation work of the professional staff. This is already happening and can be seen in the dramatic increase in workshop offerings to Mental Health staff on record keeping and "Audit Proofing Your Records." "Quality Improvement" refers to records, not services, and the client suffers.

Recommendation: Develop a Rule change that would stop the "gotcha" game and truly benefit the clients served. Develop "fines" short of full paybacks and work to reduce the paper work demands on Providers so that they can focus on service delivery to their clients. Surely there is a way to pursue unscrupulous Providers without overwhelming good Providers with paper work.

Section 440.130(d)(l)(vi)

This section, and others, has to do with the expectation that there will be a "measurable reduction of disability and restoration" and the exclusion of services to "maintain a level of functioning." Severe and Persistent Mental Illness, such as schizophrenia, has a devastating effect on a person's whole life. One can not chop that life up into specific measurable goals, prescribe a specific intervention, in a predetermined amount and expect to impact that life. The proposed Rule goes even further in the wrong direction by disallowing most of the elements of that life as billable under Medicaid. In fact, I'm hard pressed to even think of an intervention that could not be interpreted as being vocational, prevocational, educational, social or recreational. Even "Housing" is listed, which may be interpreted as any intervention to support a person in living more independently. Then there are "services that are intrinsic elements of programs other than Medicaid" which are also disallowed. How can this be considered "Person Centered?"

I understand that CMS provides an example of what might appear to be a "social activity" which may in fact be addressing the rehabilitation goal of social skills development as identified in the rehabilitation plan. They go on to state that such an activity would need to be specifically related to an identified rehabilitative goal as documented in the rehabilitation plan with specific time-limited treatment goals and outcomes. Furthermore, the social activity would need to be provided by a qualified provider, be documented in the case record and meet all requirements of this proposed regulation. Can CMS not see the absurdity in this? How did CMS staff develop their

social skills without all of the above? Do they really think that a person with mental illness is so different from them as to require all of the above? Why would a Provider even attempt such billing, knowing that the goal must be time limited and the individual would often have no place to use the social skills developed upon goal attainment?

I am not trying to make the case that Medicaid should pay for playing Bingo. In fact, Adventure House backs social activities out of the program time billed to Medicaid. But, under the proposed Rule, Providers could bill Medicaid for Bingo, TV watching, horseback riding and practically anything else, as long as they met all the above requirements. CMS can not stop such abuse by increasing documentation requirements. Instead, CMS will further shift the focus on the requirements and the documentation and not on the clients, who would most likely exhibit good social skills if given the opportunity, or develop those skills (as most people have) by being provided with the opportunity to participate in a social setting.

Rehabilitation as it applies to adults with severe Mental Illness can not be seen as picking out a narrowly defined and measurable segment of a person's disability and then providing an intervention, in some kind of prescribed formula, which should be administered in calibrated dosages by qualified professionals to their ill patents. The rehabilitation services must be in some context that provides meaning and purpose. What good are measurable goals and allowable interventions to impact budgeting skills, when there is nothing in this world that the client can envision as worth budgeting for. Don't we understand that there is no reason to save to buy new clothes, when there is no place to go in them, or for a vacation, when there is no one with whom to go and nothing from which to take a vacation? Providing that context, that purpose, is the best way I have found to reduce the disabling effects of a major Mental Illness.

The proposed Regulations threaten our ability to provide a context within which real Rehabilitation happens. If CMS applied these regulations to persons who are not diagnosed with a Mental Illness, I truly believe they would become disabled. Their lives would be fragmented into measurable pieces. Large areas of their lives would be ignored because we are not able to identify measurable goals nor can we specify an anticipated outcome that would reasonably impact those areas. We <u>can</u> impact those areas! We do it every day with our friends, family and co-workers. We just can't document what we do to accomplish this under the requirements set forth in this proposed Rule change and to try would risk audit repercussions.

This objection to the proposed rule is IMPORTANT. In the Federal Register, CMS describes ball throwing as a billable service for a stroke victim needing to improve balance and coordination. There is an assumption here that the client has a life in which balance and coordination are needed and that this life includes activities that will sustain balance and coordination long after the professional intervention.

The same assumptions can not be made for an adult with a long term Mental Illness. Members have reported being in time limited programs where they hid improvement for fear of being discharged from the very service that helped them improve. They report

having no where to go upon discharge, nothing meaningful to do and no one with whom to share any goal attainment they may have made. They also fear the return of depressive and psychotic symptoms that they know may reoccur despite compliance with medications. The words "Recovery goals" appear to have been inserted into the proposed regulation, with no understanding of what that means. It appears to be just another documentation requirement to CMS. People rarely recover from severe Mental Illness. It is a biological illness with no known cure. The word "Recovery" as it applies to Mental Illness refers to the often life long struggle of an individual to recover their lives to the greatest extent possible despite the illness. To set recovery goals means to provide supports and services specifically listed as not covered under the proposed Medicaid rule. The exclusion of services that are "prevocational" is particularly troublesome, as many interventions and supports necessary for "recovery" fall within this realm.

CMS can not simply make a Rule and abandon the Medicaid eligible people with Mental Illness. We have discharged these people from institutions with promises of providing community based services that were nonexistent or grossly under funded. Now, the single largest funding source used to develop those services in the community is threatening to make a Rule change. It is inhumane and unethical to hide what CMS is doing behind the stated purpose of "rectifying the improper reliance on the Medicaid rehabilitation benefit" without identifying/developing an adequate and alternative funding source.

CMS has allowed or has looked the other way while states have utilized Medicaid funding to sustain and maintain the highest possible functional level for adults with severe Mental Illness. This MUST remain as an acceptable goal for delivering services under Medicaid.

Section 440.130(vii)(3)

In North Carolina, we know how CMS expects Providers to document progress towards goals in the rehabilitation plan. They expect a progress note for every encounter. CMS imposed a daily note requirement on Psychosocial Rehabilitation (PSR) programs last year, claiming that this was not new, but a long standing requirement that most states have failed to meet. They stated that they are now "cracking down on states to comply" and will expand this "crackdown" to other states as their State Plans are reviewed. CMS officials failed to explain how the state was at fault, when CMS has allowed monthly documentation for PSR services in North Carolina for over 17 years. Didn't CMS have to approve our State Plan?

I can not state this strongly enough. A progress note requirement for every encounter is an unnecessary and major burden, especially for services, like PSR, that are delivered to groups. This requirement has rendered our service record useless. The record can no longer be used to track the course of services being provided or for any clinical purpose due to the sheer volume of notes. Instead of producing 115 progress notes per month, Adventure House professional staff must now write over 2,000 notes per month, at a cost of $35,000 per year.

WE STRONGLY RECOMMEND that progress notes be required on a monthly basis, leaving it to the Provider to make more frequent notes in cases where that may be appropriate!!

Sincerely,
Ray Jeffords
Ray Jeffords
Concerned Citizen.

cc:
Mike Leavitt, U. S. Secretary of the Department of Human Services
Mike Easley, North Carolina Governor
U.S. Senator Richard Burr
U.S. Senator Elizabeth Dole
U.S. Representative Sue Myrick
U.S. Representative Patrick McHenry
Senator Nesbitt, Co-Chair of the N. C. Legislative Oversight Committee
Rep. Verla Insko, Co-Chair of the N. C. Legislative Oversight Committee
NC Rep. Debbie Clary
NC Rep. Tim Moore
Dempsey Benton, N.C, Secretary of the Department of Human Services
Mike Mosley, Director of the N.C. Division of Mental Health
Leza Wainwright, Deputy Director of the N.C. Division of Mental Health
William Lawrence, Jr., Director of the N.C. Division of Medical Assistance
Tara Larson, N.C. Division of Medical Assistance
Jo Perkins, N.C. Division of Vocational Rehabilitation
Carl Britton-Watkins, Chair of the N.C. Consumer Family Advisory Committee
Debra Dihoff, Director, NC-Alliance for the Mentally Ill
John Tote, Director, Mental Health Association of NC
Yvonne Copeland, NC Council of Community Programs
Tisha Gamboa, Director, N.C. Mental Health Consumer Organization
Joel Corcoran, Director, International Center for Clubhouse Development
Renee Gray, Director, Cleveland County Mental Health Association
Rhett Melton, Director of Pathways (LME)
Regina Moody, Chair Local Provider Association
Adventure House Board of Directors

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2007 OCT 24 PM 10:17

October 2, 2007

Centers for Medicare & Medicaid Services
Attention: CMS-2261-P
P.O. Box 8018
Baltimore, MD 21244-8018

Reference: File code CMS-2261-P

To Whom It May Concern:

Gateway House is submitting the following comments on the Proposed Rule to amend the definition of Medicaid Rehabilitative Services as published in the Federal Register, August 13, 2007 (Volume 72, Number 155).

Located in Greenville, South Carolina, Gateway House is a Day Rehabilitation Program based on the Clubhouse Model of Psychiatric Rehabilitation. Gateway House serves adults with severe and persistent mental illness, with 85% of our members (clients) having a diagnosis of Schizophrenia. We have been in business as a Non-Profit Organization for over 23 years, relying primarily on Medicaid and state funding to provide needed rehabilitation services to mentally ill citizens in our community. We currently have 145 active members, with an average daily attendance of 82.

It is clear from the published "Summary" of this proposed rule that the intent of CMS is to severely restrict rehabilitative services to Medicaid eligible individuals with long term mental illness through increased documentation requirements for already overburdened Providers and through extremely restrictive service definitions. CMS appears to want to cut funding for medically necessary services to the most vulnerable segment of this country's population- those with long term mental illness. Our members rely on Medicaid as their only health insurance and are alarmed by the degree to which their coverage could be reduced by the proposed rule change.

Medicaid has become the single largest funding source for mental health services in the United States. For CMS to proceed with their current strategy of a "Rule change" will result in precious funding being wasted on challenging the creative writing skills of mental health professionals to document needed services in a manner that will result in Medicaid reimbursement. Or, worse yet, the funds will be misused to provide specific, time limited, and ineffective interventions to adults with mental illness in a misguided effort to at least offer them something, rather than abandoning them to isolation in the community, only to decompensate. Much more intensive and expensive services will then be needed to stabilize the individual only to again be abandoned. In my 35 years of community mental health work, the most effective program to stop this revolving door,

the Clubhouse Model, is being directly threaten by the proposed Rule changes. We can not be effective under these proposed Rules as specified below.

PROVISIONS OF THE PROPOSED REGULATIONS

Section 440.130(d) (3)

The requirements outlined in this section focus on documentation. Taken individually, they all make sense from an accountability standpoint. However, the more vague requirements there are such as "recovery goals", "intrinsic services" and "reasonable plans" that are open to interpretation, the more paybacks that can be imposed. There is too much room for interpretation from state to state.

With recent changes in documentation requirements in South Carolina, each staff person at Gateway House is now spending approximately 20 hours per week writing daily and weekly progress notes. This adds up to over 1,000 hours of staff time monthly. The annual cost to Gateway House is approximately $300,000.00 compared to our total budget of $1,200,000.00. Instead of spending valuable time providing needed services to our members, we are spending half of our time doing extraneous paperwork.

Recommendation: Develop a Rule change that would stop the "gotcha" game and truly benefit the clients served. Develop "fines" short of full paybacks and work to reduce the paper work demands on Providers so they can focus on service delivery to their clients. Surely there is a way to pursue unscrupulous Providers without overwhelming good Providers with paperwork. Some states require monthly progress notes while other states require daily documentation. There needs to be consistency with documentation requirements as well as what is interpreted as allowable billable services. Some states allow for "creative interventions" which include providing psychological support services to mentally ill individuals working on job placements in the community, while other states will not allow any billing for job related services. It is confusing to us that bingo, hangman, coloring in coloring books, and other similar games, if documented properly, can be considered billable services, while providing onsite psychological support to help people disabled by a mental illness be able to adjust to a real job in the community is not billable. If we are serious about focusing on recovery, CMS needs to allow Providers to bill for services that will in fact lead to recovery as well as more independence.

Section 440.130(d)(l)(vi)

This section and others has to do with the expectation that there will be a "measurable reduction of disability and restoration" and the exclusion of services to "maintain a level of functioning." Severe and Persistent Mental Illness, such as schizophrenia, has a devastating effect on a person's whole life. One can not chop that life up into specific measurable goals, prescribe a specific intervention in a predetermined amount and expect to impact that life. The proposed Rule goes even further in the wrong direction by disallowing most of the elements of that life as billable under Medicaid. In fact, I'm hard pressed to even think of an intervention that could not be interpreted as being vocational,

prevocational, educational, social or recreational. Even "Housing" is listed, which may be interpreted as any intervention to support a person in living more independently. Then there are "services that are intrinsic elements of programs other than Medicaid" which are also disallowed. How can this be considered "Person Centered?"

We understand that CMS provides an example of what might appear to be a "social activity" which may in fact be addressing the rehabilitation goal of social skills development as identified in the rehabilitation plan. CMS goes on to state that such an activity would need to be specifically related to an identified rehabilitative goal as documented in the rehabilitation plan with specific time-limited treatment goals and measurable outcomes. Furthermore, the social activity would need to be provided by a qualified provider, be documented in the case record and meet all requirements of this proposed regulation. How does anyone develop social skills? Do we really think that a person with mental illness is so different from anyone else? Why would a Provider even attempt such billing, knowing that the goal must be time limited and the individual would often have no place to use the social skills developed upon goal attainment?

We are not trying to make the case that Medicaid should pay for playing Bingo. But, under the proposed Rule, Providers could bill Medicaid for Bingo, TV watching, horseback riding and practically anything else, as long as they meet all the above requirements. CMS can not stop such abuse by increasing documentation requirements. Instead, CMS will further shift the focus on the requirements and the documentation and not on the clients who would most likely exhibit good social skills if given the opportunity, or develop those skills (as most people have) by being provided with the opportunity to participate in a social setting.

Rehabilitation as it applies to adults with severe mental illness can not be seen as picking out a narrowly defined and measurable segment of a person's disability and then providing an intervention, in some kind of prescribed formula, which should be administered in calibrated dosages by qualified professionals to their ill patients. The rehabilitation services must be in some context that provides meaning and purpose. What good are measurable goals and allowable interventions to impact budgeting skills, when there is nothing in this world that the client can envision as worth budgeting for. Don't we understand that there is no reason to save to buy new clothes, when there is no place to go in them, or for a vacation, when there is no one with whom to go with and nothing from which to take a vacation from?

Another concern relates to discharging patients once they reach a certain level of functioning. Clients have reported being in time limited programs where they hid improvement for fear of being discharged from the very service that helped them improve. They report having no where to go upon discharge, nothing meaningful to do and no one with whom to share any goal they may have attained They also fear the return of depressive and psychotic symptoms that they know may recur despite compliance with medications. The words "Recovery goals" appear to have been inserted into the proposed regulation, with no understanding of what it means. It appears to be just another documentation requirement. People rarely recover from severe mental

illness. It is a biological illness with no known cure. The word "Recovery" as it applies to mental illness refers to the often life-long struggle of an individual to recover their lives to the greatest extent possible despite their illness. To set recovery goals means to provide supports and services specifically listed as not covered under the proposed Medicaid rule. The exclusion of services that are "prevocational" is particularly troublesome, as many interventions and supports necessary for "recovery" fall within this realm.

CMS can not simply make a Rule and abandon the Medicaid eligible people with mental illness. We have discharged these people from institutions with promises of providing community based services that were, at the time of discharge, essentially nonexistent or grossly under funded. Now, the single largest funding source used to develop these services in the community is threatening to make a rule change. We contend that it would be inhumane and unethical to implement these Rule changes without first of all identifying and developing adequate and alternative funding sources.

CMS has allowed states to utilize Medicaid funding to sustain and maintain the highest possible functional level for adults with severe mental illness for years. This ***MUST*** remain as an acceptable goal under Medicaid for delivering services to individuals living with a serious and persistent mental illness..

Section 440.130(vii)(3)

In South Carolina, we know how the South Carolina Department of Health and Human Services and the South Carolina Department of Mental Health expect Providers to document progress towards goals in the rehabilitation or personal care plan. They expect a progress note for every daily activity, which is typically hourly, the focus of the activity, the start and end time for each hourly activity, the client's level of participation and response for each hourly activity, the number of minutes the client participated in the activity, and in addition to the above, a weekly summary of staff interventions provided, the client's general progress as well as their response to the interventions, a plan for the following week, a list of measurable objectives, identifying which ones were addressed during that week, and a list of objectives that will be worked on the following week. In South Carolina, DHHS and the DMH have allowed a weekly summary for over 23 years, but decided to implement the above documentation requirements several months ago due to audit exceptions. It has been stated that CMS is "cracking down" on all states and daily documentation has always been a CMS requirement. If this is true, why is there such a variation from state to state in terms of documentation requirements? Why can't CMS come up with a standardized progress note form and require each state to comply with it? Why can't CMS develop a reasonable documentation procedure that covers the requirements but does not "cripple" the Providers who are delivering the services?

We can not state this strong enough. A progress note requirement for every encounter is an unnecessary and major burden, especially for services like PSR that are delivered to groups. This requirement has rendered our service record useless. The record can no longer be used to track the course of services being provided or for any clinical purpose

due to the sheer volume of notes. Instead of producing about 120 one-page progress notes per week, the professional staff at Gateway House must now document approximately 10,000 activities (2,200 pages) on a monthly basis at a cost of nearly $300,000.00 annually.

WE STRONGLY RECOMMEND that on a national level, progress notes be required on a monthly basis.

The mission of Gateway House is to improve the quality of life for persons living with a serious and persistent mental illness. Unfortunately, it is becoming more and more difficult to respond to the many needs of our members and to fulfill our mission because of the paperwork and bureaucratic requirements and barriers. The varied interpretation and often misinterpretation of the Medicaid regulations; the fear of paybacks; being told to document one way one month and then to document another way the next month; and the subjectivity of an auditor's findings and recommendations leave Providers in a very vulnerable and defenseless situation.

We urge CMS to strongly reconsider the Proposed Rule changes and to further develop and refine a Medicaid system that recognizes the ongoing needs of persons living with a serious and persistent mental illness. A certified Clubhouse Model Program provides evidenced based rehabilitation services that help the mentally ill return to work, and/or to school. A member's involvement in a Clubhouse Model Program naturally decreases over time, especially after securing an independent job in the community or when returning to school. However, continued support services are often necessary in order for them to maintain their job or to remain in an educational setting in the community. For some, the severity of their mental illness will prevent them from being employed or pursuing a career. Therefore; ongoing services to sustain their level of functioning will be required in order to prevent and/or reduce psychiatric hospitalization; prevent homelessness; as well as prevent frequent visits to hospital emergency rooms and jails.

Sincerely,

Phil Emory
Executive Director

cc:
Mike Leavitt, United States Secretary of the Department of Human Services
Mark Sanford, South Carolina Governor
United States Senator Jim DeMint
United States Senator Lyndsey Graham
United States Representative J. Gresham Barrett
United States Representative Henry Brown
United States Representative James E. Clyburn
United States Representative Bob Inglis

United States Representative John Spratt
United States Representative Joe Wilson
South Carolina Senator Thomas C. Alexander
South Carolina Senator Ralph Anderson
South Carolina Senator Kevin L. Bryant
South Carolina Senator Michael L. Fair
South Carolina Senator Jim Ritchie, Jr.
South Carolina Senator David L. Thomas
South Carolina Senator Lewis Vaughn
South Carolina Representative Karl Allen
South Carolina Representative Bruce Bannister
South Carolina Representative Eric M. Bedingfield
South Carolina Representative Harry F. Cato
South Carolina Representative Glen Hamilton
South Carolina Representative Gloria Haskins
South Carolina Representative Bob Leach, Sr.
South Carolina Representative Dwight Loftis
South Carolina Representative Phil Owens
South Carolina Representative Rex Rice
South Carolina Representative Bill Sandifer, III
South Carolina Representative Phillip Shoopman
South Carolina Representative B.R. Skelton
South Carolina Representative Fletcher Smith
South Carolina Representative Garry Smith
South Carolina Representative Michael Thompson
South Carolina Representative W. Brian White
South Carolina Representative Bill Whitmire
John H. Magill, State Director, South Carolina Department of Mental Health
Emma Forkner, Director, South Carolina Department of Health and Human Services
Joel Corcoran, Executive Director, International Center for Clubhouse Development
Kelly Troyer, Director, Greenville, SC-NAMI
Gateway House Board of Directors

504-0

October 8, 2007

Centers for Medicare and Medicaid Services
Attention: CMS 2261-P
P.O. Box 8018
Baltimore, MD 21244-8018

To Whom It May Concern:

Reference: File Code CMS 2261-P

As a concerned citizen and Associate Director of Threshold, Inc., I write to submit the following comments on the proposed new regulations to govern Medicaid's rehabilitation service category that were recently published in the August 13, 2007 Federal Register (Volume 72, Number 155). Threshold operates a psychosocial rehabilitation program based on the Clubhouse Model for adults in Durham, NC, with a severe mental illness. Established in 1985 by concerned parents, Threshold is committed to facilitating personal well-being and community involvement through meaningful work and relationships.

I commend CMS for undertaking to attempt to "provide for important beneficiary protections such as a person-centered written rehabilitation plan and maintenance of case records," as is stated in the summary in the Federal Register. As a taxpayer, I think it is important that to ensure the fiscal integrity of the Medicaid program. The proposed rule changes are comprehensive and would significantly affect the public provision of services to children and adults with serious mental disorders and people with physical or developmental disabilities. As I understand it, the net effect of the changes would be to save the federal government an estimated $180 million in one year and $2.2 billion over a five-year period. However, the states and localities would see none of those dollars, which means they would have to either reduce services or pick up the slack for the lost federal revenue. I believe the proposed rules will do more harm than good, and I urge you to reconsider the sweeping changes you are about to make. I offer the specific comments concerning the proposed rules below.

Non-covered services: 441.45(b)

This section appears to introduce an entirely new concept into Medicaid, one that conflicts with current federal statutory requirements. It denies Medicaid coverage for covered services to covered individuals if such services are furnished through another program, including when they are considered "intrinsic elements" of that program. More

clarification is needed to show how this provision of the proposed rules would be applied, as the regulation provides no guidance on how to determine whether a service is an "intrinsic element" of another program.

Moreover, few of the cited programs have a clear legal obligation to provide these services or have the resources to do so. Without revision, this new rule would conflict with the federal statutory mandate to provide all medically necessary services covered by the state Medicaid plan, and for children, all medically necessary services covered by 42 U.S.C. § 1396d(a). See 42 U.S.C. §§ 1396a(a)(10), 1396d(r). The result of this new rule will be that Medicaid-eligible individuals will be denied services, both by Medicaid and by the other cited program (due to lack of resources in the other program). Thus, the rule effectively denies them medically necessary Medicaid services, in direct contradiction of the statute. This cannot be what CMS intended.

Recommendations:

It is strongly recommend that this entire section be dropped, because it conflicts with the Medicaid statute.

Alternatively, the section should be clarified and narrowed so as to focus on situations where an entity (e.g. an insurer) has a specific legal obligation to pay for the services for the specific Medicaid-covered individual. Programs operated through capped or discretionary appropriations from states or localities should be specifically excluded from this provision.

The preamble states that Medicaid-eligible individuals in programs run by other agencies are entitled to any rehabilitative service that would have been provided to individuals outside of those other programs. The preamble also makes clear that Medicaid rehabilitative services must be coordinated with services furnished by other programs. The regulation should include this language.

It is especially important that mental health providers be able to work with children and adults with serious mental disorders in all appropriate settings. Whether in a classroom or clubhouse setting, mental health rehabilitation services to address these problems should be covered.

Rehabilitative Services: 441.45(a)(2)-

This section limits rehabilitative services to those furnished for the maximum reduction of physical or mental disability and restoration of the individual to the best possible functional level, as defined in the law. However, it would be helpful to reiterate here when services may be furnished to retain or maintain functioning.

Recommendation:
Insert additional language into 441.45(a)(2) to describe when services may be furnished with the goal of retaining or maintaining functioning.

Definition of Restorative Services: 440.130(d)(1)(vi)-

This definition stipulates that restorative services are those that enable an individual to perform a function, and that the individual does not have to have actually performed the function in the past. Similar to the concerns raised regarding the Rehabilitation Services section are concerns that the definition of Restorative Services focuses on achieving a rehabilitation goal and not maintaining a functional level necessary to avoid the need for more intensive and expensive medically necessary and covered services. It is our understanding the CMS had both the authority and obligation to fund needed "rehabilitation and other services" for helping covered individuals "retain" improved functioning and that allows for independence from more intensive and expensive services.

Recommendation:

There should be clear language in this section that allows for funding services that are determined thorough approved rehabilitation plans to be necessary to achieve and maintain the least intensive service level and most independence possible, to include as an acceptable goal of a rehabilitation plan the retaining of functional level for individuals who can be expected to otherwise deteriorate.

Conclusion

Unfortunately, Medicaid has become the single largest funding source for mental health services in this country today. Sweeping mental health reform may indeed be needed, but essentially taking away the only funding source for mental health services on the ground will greatly damage the progress that has been made to provide critical services for some of our nation's most vulnerable citizens. The proposed rules would: over time only increase Medicaid costs due to more expensive psychiatric hospitalizations; effectively disallow important aspects of psychosocial rehabilitation by removing any long-term solutions; and create such needless and burdensome paperwork that it will adversely impact service delivery to those that Medicaid is charged with protecting. Cutting corners now will only make things worse in the long run. I strongly urge you to carefully reconsider the proposed changes or to at least carefully consider the comments here and from others who provide services in the mental health area.

Sincerely,

MSW, P-LCSW

Allison G. Swiller MSW, P-LCSW
Associate Director, Threshold

October 8, 2007

505

Centers for Medicare and Medicaid Services
Attn: CMS-2261-P
Po Box 8018
Baltimore, MD 21244-8018

To Whom It May Concern:
Reference; File Code CMS 2261-P
I wanted to tell you how the proposed changes to rehabilitation will affect my life. I have a severe and persistent mental illness. Because this is a chronic condition, I need long term support to be a productive citizen and reduce my need to got back to the hospital.
Before I had the support of Threshold clubhouse, a psychosocial rehabilitation program that provides long term supports I was living in a room and board house where I was experimenting with alcohol and other things. Since attending Threshold my life has changed in a positive way. It has helped me clean my thoughts up and I now live in a group home. Threshold treats me like I am a human being and a grown up. I am hoping to ultimately live in my own apartment. Threshold has helped me with working towards this goal by refreshing my life skills.
The proposed regulations would mean losing these vitally important supports and would have a great impact on my life and the lives of my friends/co-workers who also have a mental illness. As a citizen and a consumer, I am asking you to not implement these changes.

Sincerely,

Earl Michael Owen

506

The proposed changes to rehabilitation regulations will put me back on the streets of Durham, N.C. Before I started coming to Threshold, I walked the street of Durham, sip to 8 hours. I was on the way back into the hospital, or I could have committed suicide. I have tried to committe suicide three time already.

I am schizophrenia. Someday I am very paranoid.

I need Threshold clubhouse, the people here understand me and other people like me. I need their supports.

They have helped me find a job, to make some extary money for myself.

If these proposed regulation go through it will change my life and 45 to 50 other people here at Threshold clubhouse. many of us voted, every one pays taxes in one form or another.

please don't change things, or I will be back in the hospital and on the streets.

Stephen M. Taylor

It will affect my life because I have friends and everybody that give me good advices and very friendly and encouraging people.

I have bioplar & Schizorephina it causes me to hear things and see things that are not real.

I am working on how to mantain my stress and working on being Indepedt and letting things go & flow by God. I am also working on my long term goals and short term goals.

Threshold help & support making everthing is alright and that you get ther services that's going work in your life.

Centers for Medicare + Medicaid Services
ATT: CMS-2266-P
PO Box 8018 Baltimore, MD 21244-8018

508

Because I have been an ongoing member here since its inception I have seen it grow from a physical help as well as a mental help. To look at the overall help, it has been an overall growth experience. It grew from a house to a more convenient physical setting that seemed to adhere more to the needs of its members.

Cary L. Williams

Centers for medicare & medicaid Services
P.O. Box 8018
Baltimore, M.D 21244-8018
Attention: CMS-2241-8018
To whom it may Concern
Reference: File Code CMS-2241-P

From: Name withheld:
I am very interested and may enlisted with all the Threshold program.
The threshold program always welcomes and it teaches me how to efficiently communicate with people.
If you should down threshold I would probably be somewhere out in streets.

Thankyou,

P. O. Box 8018, Baltimore, MD 21244-8018

To: whom it may concern:

References: Files cards CMS-2241-P

Action: CMS-2241-P 10/03/07

1:34 pm

Dear Sir/Madam for medicare & medicaid Services

I have been a member of Threshold Program for approximately one, (1½ years) 1/2. I enjoy working, communicating and talking with clients, and people of the outside equipment. I believe and truly feel this is a great program, and it has done a lot for me; and I feel the best way to keep this program open is to get and generate funds from Both Canada and the U.S. Government. I am an retired school teacher; this program does fulfill my life significantly by this restablishment was to close down, there would be a void and empty space in many a person's life who works here.

Thankyou,

Shirley Nwajeri

511

10/3/07

To who it may concern,

I want to tell you how the proposed changes to rehabilitation regulations will affect my life. I attend Threshold Clubhouse. If Threshold is closed, I will not be able to attend social activities. It will end a major source of my daily interaction with others which is a major part of my rehabilitation. It will also affect my ability to work at in the community which I enjoy immensely. I have a severe and persistent mental illness. Becaus this is a chronic condition, I need long term support to be a productive citizen and reduce my need to go back to the hospital.

Before I had the support of Threshold Clubhouse, a psychosocial rehabilitation program that provides long-term supports, my life was troubled with long term hospitalization. The proposed regulation would mean losing these supports and would have a terrible impact on my life and the lifes of others with mental illnesse. As a citizen and consumer, I am asking you not to implement these changes.

Sincerely, Kathy Amey-Herbert

I want to tell you how the proposed changes to rehabilitation regulations will affect my life. I attend Threshold Clubhouse. If Threshold is closed, I will not be able to attend social activities. It will end a major source of my daily interaction with others which is a major part of my rehabilitation. It will also affect my ability to work at in the community which I enjoy immensely. I have a severe and persistent mental illness. Because this is a chronic condition, I need long term support to be a productive citizen and reduce my need to go back to the hospital.

Before I had the support of Threshold Clubhouse, a psychosocial rehabilitation program that provides long-term supports, my life was troubled with long term hospitalization. The proposed regulation would mean losing these supports and would have a terrible impact on my life and the lives of others with mental illnesses. As a citizen and consumer, I am asking you not to implement these changes.

Sincerely,

Kathy Amey-Herbert

512

Centers for Medicare & Medicaid Services
Attention: CMS-2261-P
P.O. Box 8018
Baltimore, MD 21244-8018

To Whom It May Concern,

Hi, this is Annie Knapp. I am a member of Threshold. Threshold is a rehabilitation program that helps adults with mental illness reintegrate into the community. When I heard about the legislature cutting back on our service, I was enraged.

Threshold was the best thing that happened to me. The first day I came here, I had a major breakthrough. Every paranoid thought I had in high school disappeared, and that happened because I learned that the staff here all really cared about my recovery.

See, although Threshold is a rehabilitation program it helps with individuals diagnosis'. Our clubhouse was honored to be the best recovery model in the state for Severe Persistent Mental Illnesses. And yet, individuals with SPMI al over the state will not have services to help with their illnesses.

I have advocated for Threshold with a Special Edition Advocacy Newsletter to get the word out to legislators and others in the community as well to show them what we do. With this cut in funding we will not be doing what we accomplished to do.

Plus with the new Parity Law that was passed; what good will it do? We now have some help, but people with Mental Illnesses will *not* be treated the same way as others with physical illnesses. This is a dysfunction of the brain!

Our National level will not be in service! Our clubhouses will not be in service! Where will these people with these problems go?

Is this what you want to do? Cut out all services for the mentally ill? Do you want to have our community not have community services for people with mental health needs?

Please help us! We need to serve our clients to the best of our ability Please do not take away that privilege.

Signed,

Annie Knapp

Annie Knapp

Center for Medicare & Medicaid Services
Attention: CMS-2261-P
PO Box 8018
Baltimore, MD 21244-8018
Reference: File code CMS 2261-8018

October 4, 2007

To Whom It May Concern:

My name is Bruce Cutler. I have heard of these changes in the rules governing Medicare and Medicaid services. These rule changes will put an end to services such as Threshold, a "clubhouse" rehabilitation program in the Fountain House model.

I am a person who has been diagnosed as having schizophrenia.

Without the support of the program (Threshold), I think that many people here would be going back into the hospital. This would cost the states far more than these changes could ever save them.

In conclusion, I would like to ask that you not go ahead with these proposed changes.

Sincerely,

Bruce Cutler

Bruce Cutler

514

October 2, 2007

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-2261-P
P.O Box 8018
Baltimore, MD 21244-8018

WJCS
Westchester Jewish
Community Services

To Whom It May Concern:

Reference: File code CMS-2261-P

The Coalition of Behavioral Health Agencies, Inc. is submitting the following comments on the Proposed Rule for Coverage for Rehabilitative Services under the Medicaid program, as published in the Federal Register, August 13, 2007.

As a member of the Coalition of Behavioral Health Agencies, Inc. we are endorsing the enclosed comments and the commentary provided by its Executive Director, Phillip A. Saperia, Executive Director.

Sincerely,

Jeff Apotheker
Director

845 North Broadway, White Plains, NY 10603-2427 Tel: (914) 761-0600 Fax: (914) 761-5367
E-mail: hdq@wjcs.com Website: www.wjcs.com

Comments re: PROVISIONS OF THE PROPOSED REGULATIONS

Section 440.130: Diagnostic, screening, preventive and rehabilitative services

440.130(d)(1)(i)
The final rule should clarify the requirements of an acceptable "individualized recovery goal."

The proposed regulations do not include the criteria for a Medicaid reimbursable "individualized recovery goal". A client's goal may be to: (1) reduce frequency of hospitalization, (2) prevent hospitalization, and/or (3) remain in the community. Often times, once an individual stabilizes he or she may wish to maintain contact with the behavioral health care system because it is a resource and a support for them. It is unclear if these are acceptable recovery goals.

Recommendation:
We urge CMS to clarify the requirements of a Medicaid reimbursable "individualized recovery goal".

440.130(d)(1)(v) Definition of Rehabilitation Plan
The final rule should clarify the definition of an individual providing "input" and "active participation".

This section provides a general definition of the rehabilitation plan, including the role of the individual in the planning process. We applaud CMS for including requirements that are designed to ensure the individual's participation in this process, but believe the wording could be improved. There is a significant difference between an individual providing "input" and an individual having "active participation." By including both terms in different places, the regulation confuses this issue.

Recommendation:
We urge CMS to clarify the role of the individual and the definition of "input" and "active participation". We also urge CMS to ensure that the active participation of "collaterals" meets all of the necessary HIPAA requirements for the privacy rule.

440.130(d)(1)(vi) Definition of Restorative Services
The final rule should clarify the meaning of restorative services.

The proposed definition stipulates that restorative services are those that enable an individual to perform a function, and that the individual does not have to have actually performed the function in the past. This language is critical, as loss of function may have occurred long before restorative services are provided. This would be particularly true for children, as some functions may not have been possible (or age-appropriate) at an earlier date. The regulation needs modification to make the meaning of this section clearer.

The proposed regulations state that "services that provide assistance in maintaining functioning may be considered rehabilitative only when necessary to help an individual achieve a

rehabilitation goal as defined in the rehabilitation plan." While rehabilitation services should not be custodial, for people with serious mental or emotional disabilities, continuation of rehabilitative services are at times essential to retain their functional level. We are concerned that states and providers will interpret the current proposed regulations as prohibiting the coverage of services necessary for retention of improved functioning as well as maintaining the highest possible functional level. Failure to provide a supportive level of rehabilitation would result in deterioration necessitating a reinstatement of intensive services.

CMS in the Medicare program explicitly acknowledges the importance of maintenance of current functioning as an acceptable goal:

> For many other psychiatric patients, particularly those with long-term, chronic conditions, control of symptoms and maintenance of a functional level to avoid further deterioration or hospitalization is an acceptable expectation of improvement. "Improvement" in this context is measured by comparing the effect of continuing treatment versus discontinuing it. Where there is a reasonable expectation that if treatment services were withdrawn the patient's condition would deteriorate, relapse further, or require hospitalization, this criterion is met."
>
> Medicare Hospital Manual, Chapter II, Section 230.5 Hospital Outpatient Psychiatric Services; Medicare Intermediary Manual, Part 3, Chapter II, Section 3112.7 Outpatient Hospital Psychiatric Services.

The preamble and section 441.45(b) of the proposed regulations exclude prevocational services as covered rehabilitation services. However, rehabilitative services should include prevocational services when they are provided to individuals who have experienced a functional loss and have a specific rehabilitation goal of regaining that functioning. Examples include communication and social skills building and cognitive interventions such as taking instructions and/or guidance, asking for help, working at an appropriate pace, staying on task, increased attention span, and increasing memory.

Recommendation:
We urge CMS to indicate in the final rule that a child does not have to demonstrate that he or she was once capable of performing a specific task in the past if it were not possible or age-appropriate for the child to have done so. Specifically, the language should state that restorative services include services to enable a child to achieve age-appropriate growth and development and that it is not necessary that the child actually have performed the activity in the past. (Note, this phrasing is taken from current CMS regulation of managed care plans at 42CFR 438.210(a)(4)(ii)(B)). An example of the above point may be a child who was developmentally on track to perform a function, but did not because it was not yet age-appropriate.

Secondly, we strongly urge CMS to allow the "retaining of functional level" to be an acceptable individualized recovery goal and to reimburse services that enable an individual to maintain their functional level.

Lastly, we urge CMS to cover pre-vocational services that are tied to an individual's recovery goal.

440.130(d)(1)(vii) Definition of medical services
The final rule should include diagnosis as a covered rehabilitation service.

The proposed regulations state" medical services specified in the rehabilitation plan that are required for the diagnosis, treatment, or care..." However, it is extremely difficult to create an effective and meaningful plan of services without an assessment of the person's functional capacity. Typically, clinical assessments focus on clinical signs and symptoms (such as hallucinations) and are insufficient for preparation of a rehabilitation plan and do not provide a good basis of measuring change.

The proposed definition also includes the word "care" after treatment, but that term is nowhere else defined. Does it mean clinical care? The word rehabilitation should be inserted here to make clear the term "medical services" includes rehabilitation. This is important because the term "medically necessary" is used in this regulation to indicate necessary rehabilitation services.

Recommendation:
We urge CMS to revise the final rule to cover functional assessments as a rehabilitation service. Specifically, we ask CMS to add to section (vii) the word "assessment" before the word "diagnosis" and replace the word "care" with the word "rehabilitation."

440.130(d)(1)(viii)(2)Scope of Services
The final rule should clarify the definition of scope of services.

The proposed definition of scope of services is limited to medical or remedial services. However, the term restorative services are also used in this regulation to describe covered rehabilitation services.

Recommendation:
We urge CMS to insert the word "restorative" after "medical" in the first sentence of the definition of scope of services. The same change is needed to (d)(3)(vi).

The preamble phrase "services are to be provided at the least intrusive level to sustain health and ensure the maximum reduction of physical or mental disability and restoration of the individual to the best possible functional level" should be added to the definition of the scope of services. We also urge CMS to indicate in the final rule that services be required to be provided in a coordinated manner and in the most integrated, appropriate setting.

440.130(viii)(3) Written Rehabilitation Plan
The final rule should clarify the requirements of the written rehabilitation plan.

The inclusion of this section is to be commended, and generally we agree with the intention as well as the specific language. However, some of the language in this provision is unclear and needs clarification. The proposed requirements will be burdensome, both administratively and

financially, for agencies serving individuals in need of rehabilitative services. They will also create another level of complexity for documentation compliance and audits.

For example, how does CMS expect providers to indicate progress towards the goals in the rehabilitation plan? Need there be a progress note for every encounter? (Since CMS is currently requiring providers to account for and bill services in 15-minute increments, a progress note for every encounter will become a major burden, especially when services are delivered to a group.) We would recommend that progress notes be required at least monthly, leaving it to states to require, or providers to make, more frequent notes in cases where that may be appropriate. The guiding factor should be that the service record include information that is necessary for clinical purposes and that this information is presented in a way that meaningfully demonstrates the nature and course of services being provided.

Is it allowable for a service planning team to create a single plan of services that address both treatment issues and rehabilitation issues? Frequently, in mental health service delivery, clinical issues (such as medication and therapy) are planned in conjunction with rehabilitation needs (skill building, etc.). Requiring two separate planning processes and two separate planning documents is burdensome not only on providers but also on the individual consumer. Clearly, multiple service plans do not facilitate coordination or accountability.

The requirement to "indicate the anticipated provider(s) of the service(s) and the extent to which the services may be available from alternative provider(s) of the same service" is very problematic. First, it is unlikely and time-consuming for a practitioner to list all potential providers of a service. This can also become a conflict of interest because it is typically the clinician who is providing the service who will develop the rehabilitation plan. Lastly, if an individual chooses to go to another provider, that provider typically does not want to be handed a rehabilitation plan developed by someone else.

The proposed regulations recommend the use of "person-centered planning", which requires the active participation of the individual, involvement of the consumer's family, or other responsible individuals. However, requiring the signature of the client or representative can be problematic. There may be instances in which a person, because of the symptoms of their illness, may not believe they are sick or comply with the treatment plan. There is also no guarantee that the individual will appoint a representative, or that the consumer when in crisis could identify this person.

Recommendation:
We urge CMS to include the following requirements regarding the written rehabilitation plan:

- that the plan be written plainly in multiple languages so that it is understandable to all individuals;

- that the plan indicate the individual's level of participation, as well as his or her concurrence with the plan;

- that the plan allow for a qualified provider to sign the treatment plan when the client or their representative is unable to do so or has no family or designated representative;

- that the plan of services be based on a strengths-based assessment of needs;

- that the plan include intermediate rehabilitation goals;

- that the plan include, if necessary, provisions for crisis intervention;

- that the plan include individualized anticipated review dates that correspond with the anticipated achievement of long-range and intermediate rehabilitation goals;

- provide certification that the individual has been informed about their rights regarding advance directives;

- that the plan allow providers to provide information on potential alternate providers of the same service instead of listing all of the alternative providers in the treatment plan.

We also urge CMS to indicate in the final rule the use of a single treatment and rehabilitation plan and a single planning team and service planning meetings. The content of the plan needs to be flexible in order for providers to feel comfortable providing flexible level of services without risking disallowances.

We urge CMS to revise the language under paragraph (v) to require that the plan be developed by a team, led by "a qualified provider working within the State scope of practice act". The plan should require the active participation of the individual (unless it is documented that he/she is unable to actively participate due to his or her medical condition), the individual's family (if a minor or if the adult's individual desires), individual's authorized decision maker (of the individual's choosing) in the development, review and modification of the goals and services provided. We also urge CMS to ensure that the active participation of "collaterals" meet all of the necessary HIPAA requirements for the privacy rule.

440.130(4) Impairments to be addressed

The final rule should state that all individuals are eligible for coverage of rehabilitation services.

The proposed regulations state that "services may address an individual's physical impairments, mental health impairments and/or substance-related disorder treatment needs." The preamble

states that "because rehabilitative services are an optional service for adults, states have the flexibility to determine whether they will be limited to certain services for specific populations."

Limiting services to only one group, based on diagnosis or disability violates Medicaid's requirement that services be furnished in sufficient amount, duration and scope to reasonably achieve their purpose. Not providing coverage of rehabilitative services to individuals with a mental illness would also violate Title II of the Americans with Disabilities Act, 42 U.S.C. § 12132.

Recommendation:
We urge CMS to delete the word "or" after the word "and" in Section 440.130(4).

440.130(5) Settings
The final rule should include a more extensive list of settings where rehabilitative services can be provided.

Recommendation:
We urge CMS to add to the list of appropriate settings for rehabilitation services described in the preamble and to include the list in all sections of the proposed regulations. Specifically, we urge CMS to include schools, therapeutic foster care homes, and mobile crisis vehicles to the list of appropriate settings where rehabilitation services can be provided.

Section 441.45: Rehabilitative Services

441.45(a)(2)
The final rule should clarify the definition of a rehabilitative service.

This section limits rehabilitative services to those furnished for the maximum reduction of physical or mental disability and restoration of the individual to their best possible functional level, as defined in the law.

Recommendation:
We urge CMS to insert additional language into 441.45(a)(2) to describe when services may be furnished with the goal of retaining or maintaining functioning (see previous comments). We also urge CMS to include the language in the preamble (page 45204) regarding how to determine whether a particular service is a rehabilitation service, based on its purpose.

441.45(b) Non-covered services
The final rule should not deny Medicaid coverage for services provided to Medicaid-covered individuals if such services are furnished through another program.

This section introduces a whole new concept into Medicaid, one that conflicts with current federal statutory requirements. It denies Medicaid coverage for services provided to Medicaid-

covered individuals if such services are furnished through another program, including when they are "intrinsic elements" of that program. There is little clarity on how to determine whether a service is an "intrinsic element" of another program or how it would be applied.

Without revision, this new rule would conflict with the federal statutory mandate to provide all medically necessary services covered by the state Medicaid plan, and for children, all medically necessary services covered by 42 U.S.C. § 1396d(a). See 42 U.S.C. §§ 1396a(a)(10), 1396d(r)). The result of this new rule will be that Medicaid-eligible individuals will be denied services, both by Medicaid and by the other programs due to lack of resources (i.e. therapeutic foster care, foster care or child care institutions for a foster child). What is the legal basis for denying federal financial participation (FFP) for the Medicaid-covered individual? Thus, the rule effectively denies individual's medically necessary Medicaid services, in direct contradiction of current federal statute.

Recommendation:
We strongly urge CMS to remove this entire section, because it conflicts with Medicaid statute. Alternatively, the section should be clarified and narrowed so as to specifically focus on situations where an entity (e.g. an insurer) has a specific legal obligation to pay for the services for the specific Medicaid-covered individual. Programs operated through capped or discretionary appropriations from states or localities should be specifically excluded from this provision.

We strongly urge CMS to include a list of settings (therapeutic foster care, foster care or child care institutions for a foster child) where children can receive medically-necessary rehabilitation services as long as they are provided by qualified Medicaid providers. Specifically, this language should be included in Section 441.45(b)(1).

We also urge CMS to include language in Section 441.45(b) that will indicate Medicaid rehabilitative services must be coordinated with services furnished by other programs (similar to language in the preamble)

441.45(b)(1)(i) Therapeutic foster care
The final rule should list therapeutic foster care as a covered rehabilitation service for children with serious mental disorders.

Therapeutic foster care is the least restrictive out-of-home placement for a child with a serious mental disorder. Therapeutic foster care is a widely covered evidence-based practice with more than half a dozen controlled clinical trials demonstrating improved outcomes (see the Report on Mental Health from the U.S. Surgeon General). This mental health intervention is designed for children both in and outside of the foster care system; it is not a service exclusively for children in the foster care system. The alternative for most children would be immediate placement in an institutional setting, such as a residential treatment program or psychiatric hospital, a significantly more costly setting.

The proposed regulations deny payment for therapeutic foster care as a single program, requiring instead that each component be billed separately. If states are not able to provide and bill for services as a package, the effectiveness of treatment will decrease while administrative costs rise.

Recommendation:
We strongly urge CMS to list therapeutic foster care as a covered rehabilitation service for children with serious mental disorders at imminent risk of placement in a residential treatment facility. Covered services should not, however, include room and board costs.

In discussing therapeutic foster care, the preamble states that states must define all of the services to be provided and the payment methodology for a covered service. Accordingly, states should be given the discretion to define therapeutic foster care as a single service and pay through a case rate, daily rate or other appropriate mechanism.

We also urge CMS to include language in Section 441.45(b)(1)(i) to clarify that mental health rehabilitation providers are eligible to provide and bill for rehabilitation services for children in therapeutic foster care.

441.45(b)(2)
The final rule should clarify the difference between "exclusion for habilitation services as opposed to the exclusion from Federal Financial Participation (FFP) for rehabilitative services."

The Omnibus Reconciliation Act of 1989 (OBRA 89) prohibited CMS (the HCFA) from disallowing claims for day habilitation services until CMS issued a new regulation that specified the types of habilitation services that would only be covered. Therefore, the provision in the proposed regulations that would exclude coverage for habilitation services for persons with mental retardation and related conditions is unprecedented, inconsistent with Congressional intent, and not justified.

It should be noted that the exclusion of habilitation services does and should not equal exclusion from FFP for any rehabilitative services provided to persons with mental retardation or related conditions (i.e. cerebral palsy and epilepsy) that would gain functionality from rehabilitative services. Individuals with serious mental illness may experience periods of cognitive impairment as a result of their illness. If they do experience cognitive impairment, will the rehabilitation services they receive be covered?

If CMS approves this change, it is going to require a considerable amount of time and planning to transfer coverage of habilitation services from the rehabilitation option into another appropriate Medicaid authority. The proposed rule does not specify how CMS will provide technical assistance during the transition period.

Recommendation:

We urge CMS to provide clarification as to the difference between exclusion for habilitation services as opposed to the exclusion from FFP for rehabilitative services provided to persons with mental retardation and related conditions.

441.45(b)(3)
The final rule should clarify when recreational and/or social activities are a covered rehabilitation service.

The preamble includes examples of when recreational or social activities may be covered rehabilitation services due to a focus on skill building or other rehabilitative needs. However, the proposed regulations do not include any examples or any specific language explaining when these activities are covered services. This is a serious omission, as the regulation alone may be interpreted in the field as denying any recreational or social activities no matter how therapeutic or focused they are on restoring functioning.

In addition, personal care services are not considered a rehabilitation service. However, some services related to personal care, such as skills training in personal care, are a covered rehabilitative service. The proposed regulations are unclear regarding when personal care services are covered rehabilitation services.

Recommendations:
We urge CMS to include language in section 441.45(b)(3) that is similar to that in the preamble that describes when a recreational or social activity is appropriately considered a rehabilitation service. The final rule should also clarify how personal care furnished as an integral part of personal care skills training is covered and how it is to be documented.

Individuals in Secure Custody and Residing in Public Institutions
The final rule should not include the phrase "in secure custody" and "system".

The addition of the phrase "in secure custody of" law enforcement is unnecessary as the regulation also requires that the individual be residing in a public institution. The law only stipulates that FFP not be available for individuals in a public institution and does not reference secure custody. Similarly, the addition of the word "system" to public institution is confusing and unnecessary.

Recommendation:
We urge CMS to delete the phrase "in secure custody" and "system".

441.45(b)(7) Services for individuals who are not Medicaid eligible
The final rule should clarify when services for individuals who are not Medicaid eligible are a covered rehabilitation service.

This section ensures that services furnished for the treatment of non-Medicaid eligible individuals are not covered rehabilitation services. In the preamble (page 45207) there is an explanation of when services may be provided to non-Medicaid eligible individuals if it is

directed exclusively toward the treatment of the Medicaid-eligible child or adult. No such explanation, however, is included in this section of the proposed regulations.

Recommendation
We urge CMS to include language in Section 441.45(b)(7), similar to that in the preamble, explaining when services may be provided to non-Medicaid eligible individuals if it is directed exclusively toward the treatment of the Medicaid-eligible child or adult.

OTHER ISSUES

Payment and Accounting for Services

Although not specifically described in this regulation, the language used supports recent efforts by CMS to require providers to account and bill for services through 15-minute increments and the denial of payment through daily rates, case rates and similar arrangements.

This new shift in rate setting methodology is inconsistent with evidence-based mental health practices that are based on delivering services together in a flexible and coordinated way. The shift in documentation and billing procedures significantly increases the amount of time that clinicians must spend completing paperwork, thus reducing the amount of time available to spend with clients. Furthermore, if providers are asked to bill services individually, they will be moving away from the evidence-based model (i.e. therapeutic foster care). Current evidence-based practices include assertive community treatment, multisystemic therapy, day rehabilitation services, therapeutic foster care and others.

There are alternative ways to hold states accountable for ensuring that non-covered activities are not reimbursed. For example, it is possible to devise rate structures that do not pay providers for time spent on non-covered activities.

Recommendation:
We strongly urge CMS to work with other federal agencies, the states and the field to devise payment methodologies that support best practices and the most successful outcomes for children and adults with mental disorders. We strongly urge CMS NOT to require providers to bill for services separately that are part of a "package of services".

EPSDT Mandate

The proposed regulations ignore the Title XIX mandate that children under age 21 are eligible for all federal Medicaid-covered services, regardless of whether that service is defined in the state plan or covered for adults.

Recommendation:
We strongly urge CMS to do the following:

- Insert a new paragraph to Section 441.45(a) that will make clear that states must ensure that children receive all federally-covered Medicaid rehabilitation services when medically necessary to correct or ameliorate a physical or mental illness or condition.

- Clarify Section 441.45(a)(5) to state that even when the state plan does not include certain rehabilitative services, these services must nonetheless be made available to children when medically-necessary.

- To reference the federal EPSDT mandate in Section 441.45(b)(4), which refers to services having to be targeted under the State's plan.

CONCLUSION

We would like to thank CMS for the opportunity to submit comments on the provisions of the proposed rule for the Coverage for Rehabilitative Services.

A reduction in federal support for rehabilitation services would force States to make a choice between continuing service provision at the same level at a greater cost in state/local dollars; decreasing the amount and quality of essential services individuals receive; reducing eligibility, benefits, or payments to providers; cutting back on other state programs and using those funds to replace federal Medicaid dollars lost; or a combination of all of the above.

If funding for rehabilitation services is eliminated, overall expenditures for both the Federal Government, States and localities may actually increase because consumers will be re-directed into more costly Medicaid-funded settings, including in-patient psychiatric beds. Other individuals may end up in homeless shelters or in jail, settings which are exorbitantly expensive for taxpayers and personally debilitating for consumers. We are deeply concerned that the proposed rule will harm vulnerable beneficiaries with severe mental illnesses.

To the extent that any of these provisions become final, CMS must work with States to develop implementation timelines that allow for adequate time for administrative and programmatic changes to be made at both the state and provider level. At a minimum, States should be granted a one-year planning and implementation period from the time of approval of their State Plan Amendment. **We strongly urge CMS to postpone the implementation of the proposed rule until there has been a full analysis of the financial and regulatory impact of the proposed regulations.**

If you have any questions, please contact Heather R. Mermel, Policy Associate, at (212) 742-1600 ext. 109.

Sincerely,

Phillip A. Saperia
Executive Director

cc: Members of the New York State Congressional Caucus
The Honorable Spitzer, Governor of the State of New York

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Adventure House

October 3, 2007

Centers for Medicare & Medicaid Services
Attention: CMS-2261-P
P.O. Box 8018
Baltimore, MD 21244-8018

To Whom It May Concern:

Reference: File code CMS-2261-P

Adventure House is submitting the following comments on the Proposed Rule to amend the definition of Medicaid Rehabilitative Services as published in the Federal Register, August 13, 2007 (Volume 72, Number 155). Adventure House is a Day Rehabilitation Program based on the Clubhouse Model, located in a rural community of North Carolina. We serve adults with severe and persistent Mental Illness, with 80% of our Members (clients) having a diagnosis of Schizophrenia. We have been in business as a Non-Profit Organization for over 20 years, relying on Medicaid and state funding to provide needed services in our community. We currently have 115 active Members, with an average daily attendance of 65.

It is clear from the published "Summary" of this proposed Rule, that the intent of CMS is to severely restrict rehabilitative services to Medicaid eligible individuals with long term Mental Illness, through increased documentation requirements for already overburdened Providers and through extremely restrictive service definitions. CMS appears to want to cut funding for medically necessary services to the most vulnerable segment of this country's citizens- those with long term Mental Illness. We know these cuts will far exceed the projected reduction in Medicaid spending of $2.2 billion over five years, through putting small Providers out of business and through "Paybacks" as a result of audits of larger providers. It is shameful for CMS to refer to "important beneficiary protections," as having anything to do with the maintenance of case records. Our Members rely on Medicaid as their only health insurance and are alarmed by the degree to which their coverage could be reduced by the proposed Rule change.

Like it or not, Medicaid has become the single largest funding source for Mental Health services in this country. If CMS truly wants to cut Medicaid funding, the agency needs to stop blaming the states for viewing rehabilitation benefits as a "catch-all category" and accept responsibility for their approval of all state plans. CMS should then begin

CLEVELAND PSYCHOSOCIAL SERVICES, INC.
924 N. Lafayette Street, Shelby, North Carolina 28150 Telephone 704-482-3370
"a clubhouse model rehabilitation program"

working with other federal, state and local agencies to develop alternative funding sources and develop a transition plan that will prevent the disruption of vital services to adults with severe Mental Illness. For CMS to proceed with their current strategy of a "Rule change," will result in precious funding being wasted on challenging the creative writing skills of Mental Health Professionals to document needed services in a manner that Medicaid will pay for. Or, worse yet, the funds will be misused to provide specific, time limited, and ineffective interventions to adults with Mental Illness in a misguided effort to at least offer them something, rather than abandoning them to isolation in the community, only to decompensate. Much more intensive and expensive services will then be needed to stabilize the individual only to again be abandoned. In my 30 years of community mental health work, the most effective program to stop this revolving door, the Clubhouse Model, is being directly threatened by the proposed Rule changes. We can not be effective under these proposed Rules as specified below.

PROVISIONS OF THE PROPOSED REGULATIONS

Section 440.130(d) (3)

The requirements outlined in this section focus on documentation. Taken individually, they all make sense from an accountability stand point. But CMS knows that such requirements are utilized not to improve services, but to extract large "Paybacks" from Providers. The more requirements there are, particularly vague requirements (such as "recovery goals" and "reasonable plans") that can be open to interpretation, the more Paybacks that can be imposed.

With private insurance, a claim is filed by the provider and the insurance carrier pays or rejects the claim. If rejected, the Provider corrects errors and provides additional documentation needed for reimbursement. If the claim is still denied, the patient is then billed for the "uncovered services."

Under Medicaid, the claim is paid. The Provider is then vulnerable to federal, state, and local auditors who require a 100% payback if they believe the documentation is inadequate. The proposed Rule arms these auditors with many more avenues to extract a payback. A simple oversight or clerical error results in a 100% payback. If the written rehabilitation plan contains an error, then all services provided under that plan are subject to payback. Put simply, Medicaid plays the "gotcha game," with no lesser penalty in their arsenal than a 100% payback. The Provider cannot then turn to the indigent patient and expect payment, nor can they payback the funds they expended providing the service. The result is that the Provider's focus is shifted from the client to the record as the most important element of their job. Clients become a bothersome interruption to the mandated and critical documentation work of the professional staff. This is already happening and can be seen in the dramatic increase in workshop offerings to Mental Health staff on record keeping and "Audit Proofing Your Records." "Quality Improvement" refers to records, not services, and the client suffers.

Recommendation: Develop a Rule change that would stop the "gotcha" game and truly benefit the clients served. Develop "fines" short of full paybacks and work to reduce the paper work demands on Providers so that they can focus on service delivery to their clients. Surely there is a way to pursue unscrupulous Providers without overwhelming good Providers with paper work.

Section 440.130(d)(l)(vi)

This section, and others, has to do with the expectation that there will be a "measurable reduction of disability and restoration" and the exclusion of services to "maintain a level of functioning." Severe and Persistent Mental Illness, such as schizophrenia, has a devastating effect on a person's whole life. One can not chop that life up into specific measurable goals, prescribe a specific intervention, in a predetermined amount and expect to impact that life. The proposed Rule goes even further in the wrong direction by disallowing most of the elements of that life as billable under Medicaid. In fact, I'm hard pressed to even think of an intervention that could not be interpreted as being vocational, prevocational, educational, social or recreational. Even "Housing" is listed, which may be interpreted as any intervention to support a person in living more independently. Then there are "services that are intrinsic elements of programs other than Medicaid" which are also disallowed. How can this be considered "Person Centered?"

I understand that CMS provides an example of what might appear to be a "social activity" which may in fact be addressing the rehabilitation goal of social skills development as identified in the rehabilitation plan. They go on to state that such an activity would need to be specifically related to an identified rehabilitative goal as documented in the rehabilitation plan with specific time-limited treatment goals and outcomes. Furthermore, the social activity would need to be provided by a qualified provider, be documented in the case record and meet all requirements of this proposed regulation. Can CMS not see the absurdity in this? How did CMS staff develop their social skills without all of the above? Do they really think that a person with mental illness is so different from them as to require all of the above? Why would a Provider even attempt such billing, knowing that the goal must be time limited and the individual would often have no place to use the social skills developed upon goal attainment?

I am not trying to make the case that Medicaid should pay for playing Bingo. In fact, Adventure House backs social activities out of the program time billed to Medicaid. But, under the proposed Rule, Providers could bill Medicaid for Bingo, TV watching, horseback riding and practically anything else, as long as they met all the above requirements. CMS can not stop such abuse by increasing documentation requirements. Instead, CMS will further shift the focus on the requirements and the documentation and not on the clients, who would most likely exhibit good social skills if given the opportunity, or develop those skills (as most people have) by being provided with the opportunity to participate in a social setting.

Rehabilitation as it applies to adults with severe Mental Illness can not be seen as picking out a narrowly defined and measurable segment of a person's disability and then providing an intervention, in some kind of prescribed formula, which should be administered in calibrated dosages by qualified professionals to their ill patents. The rehabilitation services must be in some context that provides meaning and purpose. What good are measurable goals and allowable interventions to impact budgeting skills, when there is nothing in this world that the client can envision as worth budgeting for. Don't we understand that there is no reason to save to buy new clothes, when there is no place to go in them, or for a vacation, when there is no one with whom to go and nothing from which to take a vacation? Providing that context, that purpose, is the best way I have found to reduce the disabling effects of a major Mental Illness.

The proposed Regulations threaten our ability to provide a context within which real Rehabilitation happens. If CMS applied these regulations to persons who are not diagnosed with a Mental Illness, I truly believe they would become disabled. Their lives would be fragmented into measurable pieces. Large areas of their lives would be ignored because we are not able to identify measurable goals nor can we specify an anticipated outcome that would reasonably impact those areas. We <u>can</u> impact those areas! We do it every day with our friends, family and co-workers. We just can't document what we do to accomplish this under the requirements set forth in this proposed Rule change and to try would risk audit repercussions.

This objection to the proposed rule is IMPORTANT. In the Federal Register, CMS describes ball throwing as a billable service for a stroke victim needing to improve balance and coordination. There is an assumption here that the client has a life in which balance and coordination are needed and that this life includes activities that will sustain balance and coordination long after the professional intervention.

The same assumptions can not be made for an adult with a long term Mental Illness. Members have reported being in time limited programs where they hid improvement for fear of being discharged from the very service that helped them improve. They report having no where to go upon discharge, nothing meaningful to do and no one with whom to share any goal attainment they may have made. They also fear the return of depressive and psychotic symptoms that they know may reoccur despite compliance with medications. The words "Recovery goals" appear to have been inserted into the proposed regulation, with no understanding of what that means. It appears to be just another documentation requirement to CMS. People rarely recover from severe Mental Illness. It is a biological illness with no known cure. The word "Recovery" as it applies to Mental Illness refers to the often life long struggle of an individual to recover their lives to the greatest extent possible despite the illness. To set recovery goals means to provide supports and services specifically listed as not covered under the proposed Medicaid rule. The exclusion of services that are "prevocational" is particularly troublesome, as many interventions and supports necessary for "recovery" fall within this realm.

CMS can not simply make a Rule and abandon the Medicaid eligible people with Mental Illness. We have discharged these people from institutions with promises of providing

community based services that were nonexistent or grossly under funded. Now, the single largest funding source used to develop those services in the community is threatening to make a Rule change. It is inhumane and unethical to hide what CMS is doing behind the stated purpose of "rectifying the improper reliance on the Medicaid rehabilitation benefit" without identifying/developing an adequate and alternative funding source.

CMS has allowed or has looked the other way while states have utilized Medicaid funding to sustain and maintain the highest possible functional level for adults with severe Mental Illness. This MUST remain as an acceptable goal for delivering services under Medicaid.

Section 440.130(vii)(3)

In North Carolina, we know how CMS expects Providers to document progress towards goals in the rehabilitation plan. They expect a progress note for every encounter. CMS imposed a daily note requirement on Psychosocial Rehabilitation (PSR) programs last year, claiming that this was not new, but a long standing requirement that most states have failed to meet. They stated that they are now "cracking down on states to comply" and will expand this "crackdown" to other states as their State Plans are reviewed. CMS officials failed to explain how the state was at fault, when CMS has allowed monthly documentation for PSR services in North Carolina for over 17 years. Didn't CMS have to approve our State Plan?

I can not state this strongly enough. A progress note requirement for every encounter is an unnecessary and major burden, especially for services, like PSR, that are delivered to groups. This requirement has rendered our service record useless. The record can no longer be used to track the course of services being provided or for any clinical purpose due to the sheer volume of notes. Instead of producing 115 progress notes per month, Adventure House professional staff must now write over 2,000 notes per month, at a cost of $35,000 per year.

WE STRONGLY RECOMMEND that progress notes be required on a monthly basis, leaving it to the Provider to make more frequent notes in cases where that may be appropriate!!

Sincerely,

Tommy Gunn, M.S.
Executive Director

cc:
Mike Leavitt, U. S. Secretary of the Department of Human Services
Mike Easley, North Carolina Governor

U.S. Senator Richard Burr
U.S. Senator Elizabeth Dole
U.S. Representative Sue Myrick
U.S. Representative Patrick McHenry
Senator Nesbitt, Co-Chair of the N. C. Legislative Oversight Committee
Rep. Verla Insko, Co-Chair of the N. C. Legislative Oversight Committee
NC Rep. Debbie Clary
NC Rep. Tim Moore
Dempsey Benton, N.C, Secretary of the Department of Human Services
Mike Mosley, Director of the N.C. Division of Mental Health
Leza Wainwright, Deputy Director of the N.C. Division of Mental Health
William Lawrence, Jr., Director of the N.C. Division of Medical Assistance
Tara Larson, N.C. Division of Medical Assistance
Jo Perkins, N.C. Division of Vocational Rehabilitation
Carl Britton-Watkins, Chair of the N.C. Consumer Family Advisory Committee
Debra Dihoff, Director, NC-Alliance for the Mentally Ill
John Tote, Director, Mental Health Association of NC
Yvonne Copeland, NC Council of Community Programs
Tisha Gamboa, Director, N.C. Mental Health Consumer Organization
Joel Corcoran, Director, International Center for Clubhouse Development
Renee Gray, Director, Cleveland County Mental Health Association
Rhett Melton, Director of Pathways (LME)
Regina Moody, Chair Local Provider Association
Adventure House Board of Directors

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Sixth Avenue Psychiatric
Rehabilitation Partners
714 6th Avenue West
Hendersonville NC 28739

October 3, 2007

Centers for Medicaid & Medicare Services
Department of Health and Human Services
Attn: CMS-2261-P
P. O. Box 8018
Baltimore, MD 21244-8018

To Whom It May Concern:

I have received various skills from Sixth Avenue West Clubhouse that I would not have received if I were not a member. It has been a wonderful program by which I have learned to get along with friends and staff. It is nice and helpful to have relationships with members and other people that come here.

Probably in years to come it will hold a special place in my life after having come to Sixth Avenue West Clubhouse. If it wasn't for attending the Clubhouse I would be left out of learning things about being accepted and believing in myself. I have made great accomplishments being a member here at our program while being involved in unit skill building tasks.

I face daily challenges at the Clubhouse that I feel help prepare me for situations that may occur during daily living. I have a lot of thanks for the friends and staff here at the Clubhouse that I rely on each day.

The Clubhouse is very therapeutic for my recovery. We need the continued support of Medicaid to help pay for our services here as they would for any other physical healthcare services.

Sincerely,

Jann Burke

Jann Burke