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Authority

The provisions of this Chapter 4210 issued under section 201(2) of the Mental Health and Mental Retardation Act of 1966 (50 P.S. § 4201(2)), unless otherwise noted.

Source

The provisions of this Chapter 4210 adopted and effective November 15, 1968, unless otherwise noted.

Cross References

This chapter cited in 55 Pa. Code § 4215.21 (relating to preparation of annual plan and estimate of expenditures); and 55 Pa. Code § 5100.12 (relating to treatment facilities).

GENERAL PROVISIONS**§ 4210.1. Purpose.**

This chapter specifies the range of services that must be provided or arranged by the county Mental Health/Intellectual Disability (MH/ID) Program.

Authority

The provisions of this § 4210.1 amended under sections 201(2) and (8) and 202 of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. §§ 4201(2) and (8) and 4202).

Source

The provisions of this § 4210.1 amended June 17, 2016, effective June 18, 2016, 46 Pa.B. 3177. Immediately preceding text appears at serial page (375684).

§ 4210.2. Applicability.

This chapter applies to county Mental Health/Intellectual Disability (MH/ID) Programs.

Authority

The provisions of this § 4210.2 amended under section 201(2) of the Human Services Code (62 P.S. § 201(2)); and sections 201(2) and (8) and 202 of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. §§ 4201(2) and (8) and 4202).

Source

The provisions of this § 4210.2 amended June 17, 2016, effective June 18, 2016, 46 Pa.B. 3177. Immediately preceding text appears at serial page (375684).

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§ 4210.3. Legal base.

The legal authority for this chapter is section 201(2) of the act (50 P.S. § 4201(2)).

§ 4210.4. Definitions.

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

Act—The Mental Health and Intellectual Disability Act of 1966 (50 P.S. §§ 4101—4704).

Annual plan—The description, submitted to the Department, of the services to be provided through the county program, the facilities which will furnish services, and the terms under which services will be furnished.

Catchment area—A geographical territory of a city, county or combination of counties which has a minimum population of 75,000 and a maximum population of 200,000 and in which a full range of mental health and intellectual disability services is available.

Department—The Department of Human Services of the Commonwealth.

Mental health/intellectual disability (MH/ID) establishment—Premises or parts thereof, private or public, for the care of individuals who require care because of mental illness, an intellectual disability or inebriety. The term does not include the private home of a person who is rendering care to a relative.

Authority

The provisions of this § 4210.4 amended under sections 201(2) and (8) and 202 of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. §§ 4201(2) and (8) and 4202).

Source

The provisions of this § 4210.4 amended June 17, 2016, effective June 18, 2016, 46 Pa.B. 3177. Immediately preceding text appears at serial pages (375684) and (211811).

§ 4210.5. General purpose and principles.

The purpose of the act is to make it possible for every person with a mental disability to receive the kind of treatment he needs, when and where he needs it. The act requires that a range of services be available to persons with a mental illness or an intellectual disability so that they will receive a comprehensive treatment program through a continuum of care in their own communities and, whenever possible, while they remain in their own homes.

Authority

The provisions of this § 4210.5 amended under sections 201(2) and (8) and 202 of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. §§ 4201(2) and (8) and 4202).

Source

The provisions of this § 4210.5 amended June 17, 2016, effective June 18, 2016, 46 Pa.B. 3177. Immediately preceding text appears at serial page (211811).

§ 4210.6. Scope of the program.

(a) The minimum services to be made available by counties are specified in the act. These services may be provided outside the county program by the Department if a waiver has been granted under section 508 of the act (50 P.S. § 4508). These mental health and intellectual disability services must be available to persons of any age with a mental disability. Mental illness, mental impairment, intellectual disability or mental deficiency is a mental disability if it so lessens the capacity of a person to use customary self-control, judgment and discretion in the conduct of his affairs and social relations as to make it necessary or advisable for him to receive mental health or intellectual disability services.

(b) The services of the county program shall consist of services to:

- (1) Persons with impairment of psycho-social functioning who need institutionalization;
- (2) Persons whose institutionalization may be shortened or avoided if they receive treatment outside of an institution;
- (3) Persons with sufficiently impaired psycho-social functioning that they cannot maintain themselves acceptably in the community without treatment; or
- (4) Persons, particularly children, whose behavior is indicative of processes which will lead to impaired psycho-social functioning or impaired educational progress without treatment.

(c) Impairment of psycho-social functioning may be evidenced by but not limited to:

- (1) Prolonged or gross disturbance or variation from the normal course of development or ordinary patterns of interpersonal relationships.
- (2) Marked or prolonged change in psycho-sensory or psycho-motor activity, posture and facial expression, mood, social participation, acceptance of responsibility, fatigability.
- (3) Change in language pattern, sleep, recreation and work habits, or in sexual participation.
- (4) Excessive drinking or change in drinking patterns.
- (5) Impaired ability to concentrate.
- (6) Memory changes.
- (7) Excessive intake of drugs.
- (8) Pseudo-loss of function.

(9) Hallucinations or delusions.

(d) Reduction of the widespread impairment associated with mental disability not only requires the array of services specified in the act but also requires that these services be so organized and patterned as to provide continuity of care for persons in need of the services.

(e) For the program to be effective, not only are services to patients necessary; also essential are consultation to welfare, probation, court, health, school, and other agencies as well as specifically those organizations whose membership represents the low income consumer community to help them to:

(1) Identify their own clients who are in need of services because of serious mental disability.

(2) Strengthen their staffs' ability to help their clients solve their problems and thus prevent the development of seriously impaired psycho-social functioning.

(3) Differentiate their services from those of specialized mental health or intellectual disability facilities and to provide their agency services to persons with a mental disability as freely as to other members of the community.

(4) Be aware of the mental health and intellectual disability implications of their programs.

Authority

The provisions of this § 4210.6 amended under sections 201(2) and (8) and 202 of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. §§ 4201(2) and (8) and 4202).

Source

The provisions of this § 4210.6 amended June 17, 2016, effective June 18, 2016, 46 Pa.B. 3177. Immediately preceding text appears at serial pages (211811) to (211812).

Cross References

This section cited in 55 Pa. Code § 4210.22 (relating to functions); 55 Pa. Code § 4210.141 (relating to general requirements); and 55 Pa. Code § 4210.181 (relating to purpose).

GENERAL REQUIREMENTS

§ 4210.11. Community mental health and intellectual disability centers.

For that portion of a county served by a community mental health or intellectual disability center, the local authorities shall contract with them for the services specified in the act, to be made available by counties, which the center can provide. If the local authorities do not wish to contract with an existing center on the grounds that its operations are inconsistent with the county program, the annual plan must substantiate the allegations in detail.

Authority

The provisions of this § 4210.11 amended under sections 201(2) and (8) and 202 of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. §§ 4201(2) and (8) and 4202).

Source

The provisions of this § 4210.11 amended June 17, 2016, effective June 18, 2016, 46 Pa.B. 3177. Immediately preceding text appears at serial page (211812).

Cross References

This section cited in 55 Pa. Code § 4210.26 (relating to methods of providing base service units).

§ 4210.12. Court committed patients.

Regulations and programs pertaining to intake, transfer, leave of absence and discharge of patients are subject to specific court orders relating to individual court committed patients under the provisions of Article IV of the act (50 P.S. §§ 4401—4426). It is the responsibility of the administrator to designate appropriate mental health and intellectual disability facilities to which the court may commit patients. The designations may be made by way of prior blanket notification to the court or on an ad hoc basis.

Authority

The provisions of this § 4210.12 amended under sections 201(2) and (8) and 202 of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. §§ 4201(2) and (8) and 4202).

Source

The provisions of this § 4210.12 amended June 17, 2016, effective June 18, 2016, 46 Pa.B. 3177. Immediately preceding text appears at serial page (337569).

BASE SERVICE UNIT**§ 4210.21. Patient services.**

(a) To ensure that persons thought to be in need of service has available to him the professional staff competent to assess and evaluate his need, to plan a comprehensive treatment program and to make available the necessary services on a continuing basis, the administrator shall arrange for the professional and nonprofessional staff necessary to carry out these responsibilities for catchment areas under his jurisdiction. The staff and their responsibilities shall hereinafter be referred to as the base service unit.

(b) It is the responsibility of the administrator through the base service unit to ensure continuity of care for patients, and to maintain a continuing relationship with the patient and with a facility or provider of service responsible for service

to the patient at any stage of his illness from intake to closure. The base service unit shall facilitate and coordinate the patient's movement from service to service. Facilities and providers of service participating in the county program shall have the obligation to take whatever action is necessary to ensure that continuity of care is both possible and maintained.

Notes of Decisions

Liability

While a base service unit can be liable for damages resulting from its gross negligence, plaintiffs failed to assert any facts from which such a finding could be made, and the trial court properly sustained the preliminary objection of the base service unit. *F.T.P. v. Ferrara*, 804 A.2d 1221 (Pa. Super. 2002); appeal denied 847 A.2d 1286 (Pa. 2004).

§ 4210.22. Functions.

Within its assigned area, the base service unit shall carry out at least the following functions:

- (1) Provide an intake study and make recommendations to the Administrator under § 4210.6 (relating to scope of the program) or make appropriate referrals.
- (2) Develop a comprehensive treatment program for persons determined to be in need of service.
- (3) Be responsible for the continuity of the treatment program for patients and coordinate the services he receives.
- (4) Maintain continuous liaison with State facilities in which patients from the area served by the base service unit are receiving inpatient care, so that collaborative planning is undertaken for these patients.
- (5) Furnish as much treatment service as feasible on its own initiative or at the request of a provider of service.
- (6) Maintain central files for each patient in its area.

§ 4210.23. Relationship to resources not under the direct jurisdiction of the local authorities.

It is important that movement of the patient between the services of the county program and other resources including those of the State must not result in a fragmentation of services or in an interruption of the continuity of care for the patient. It is the responsibility of the base service unit to develop a comprehensive treatment plan taking into consideration available resources. In order to carry out these responsibilities and ensure continuity of care for the patient, each base service unit shall designate at least one staff member to maintain the necessary liaison with other resources providing services to patients from the base service unit area.

§ 4210.24. Responsibility of base service units for evaluation of parolees under the jurisdiction of the Board of Probation and Parole.

Persons under the supervision of the Board of Probation and Parole with a suspected mental disability are to be regarded as persons at risk and shall be given priority for evaluation when the Board of Probation and Parole authorities have reasonable grounds to believe a mental disability exists. Referrals shall be scheduled for examination. The results of the examination shall then determine the priority for intervention under § 4210.191 (relating to description).

Source

The provisions of this § 4210.24 adopted September 12, 1975, effective September 13, 1975, 5 Pa.B. 2398.

§ 4210.25. Composition.

(a) Base service units shall consist of the professional and nonprofessional personnel required to carry out its functions and responsibilities. The composition of base service units shall be subject to the Department's review and approval. The nature and size of the staff shall be tailored to meet the individual needs of each catchment area and thus may vary even among catchment areas within the same county.

(b) Staff of the base service unit shall consist of, at a minimum, professionals qualified to make psychiatric, psychological, and social evaluations. Program staff shall, as far as possible, be recruited from sections of the community served in order to preclude subcultural barriers to effective communication and therapy.

(c) Responsibility for the medical treatment of patients shall be assumed by a physician member of the base service unit whose specialty is appropriate to the condition of the patient. The treatment plan shall be carried out by members of the base service unit working collaboratively, but each case shall be the immediate responsibility of one of the members of the base service unit.

§ 4210.26. Methods of providing base service units.

(a) To the extent that a community mental health or intellectual disability center can staff a base service unit, the local authorities shall contract with it to carry out the responsibilities and provide the functions of the base service unit in the manner determined by the administrator under the same conditions as described for services in § 4210.11 (relating to community mental health and intellectual disability centers). To the extent that a center cannot fully staff a base service unit, the local authorities shall contract with the center for those services which it can furnish and, in the same contract, with other persons or facilities as necessary and appropriate to complete the staffing of a base service unit.

(b) The local authorities may staff base service units fully or partly by employing personnel directly on the staff of the administrator.

(c) The local authorities may contract for supplemental services required by base service units.

Authority

The provisions of this § 4210.26 amended under sections 201(2) and (8) and 202 of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. §§ 4201(2) and (8) and 4202).

Source

The provisions of this § 4210.26 amended June 17, 2016, effective June 18, 2016, 46 Pa.B. 3177. Immediately preceding text appears at serial page (211815).

Cross References

This section cited in 55 Pa. Code § 4210.101 (relating to services provided by a base service unit).

SHORT TERM INPATIENT SERVICES

§ 4210.31. Description.

Short term inpatient services consist of care in a licensed inpatient facility for a continuous period up to 60 days for the following:

- (1) Diagnostic study and evaluation.
- (2) Intensive treatment at the onset of illness or during periods of unusual stress.
- (3) Close supervision as well as intensive treatment for those unable to manage themselves because of deep depression, severely disturbed behavior or extreme confusion.

Cross References

This section cited in 55 Pa. Code § 4210.61 (relating to description).

§ 4210.32. Where services may be provided.

Short term inpatient services may be furnished by mental health/intellectual disability (MH/ID) establishments by the Department to give short term inpatient care, or by State general hospitals approved to furnish such services.

Authority

The provisions of this § 4210.32 amended under sections 201(2) and (8) and 202 of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. §§ 4201(2) and (8) and 4202).

Source

The provisions of this § 4210.32 amended June 17, 2016, effective June 18, 2016, 46 Pa.B. 3177. Immediately preceding text appears at serial page (211815).

EMERGENCY SERVICES

§ 4210.41. Description.

(a) Emergency services consist of observation, treatment and close supervision which are available at any hour of the day or night to persons with a mental disability who are in need of immediate care, and must not be denied a person requiring such care. Emergency care may be required to prevent aggressive behavior by the patient toward himself or others. It must be made available on a voluntary basis to others where prompt treatment increases the likelihood of recovery from emotional disturbance. Inpatient hospital care must be available to the emergency service.

(b) When it becomes necessary to make an involuntary commitment for emergency detention, section 405 of the act (50 P.S. § 4405) becomes applicable. The approval by the administrator or his delegate for such action is a governmental function which cannot be contracted for by a purchase of service agreement. Action under section 405 may be taken only when the situation is so urgent that a petition under section 406 of the act (50 P.S. § 4406) would cause a delay likely to endanger the patient or others.

Cross References

This section cited in 55 Pa. Code § 4210.41a (relating to clarification of contracted purchase of service—statement of policy).

§ 4210.41a. Clarification of contracted purchase of service—statement of policy.

(a) A “purchase of service agreement” under § 4210.41(b) (relating to description) means a written agreement for a contracted service to be provided to a county by a service provider. The term does not include per diem employment agreements between a county mental health program and a qualified professional regarding the issuance of warrants for involuntary emergency evaluation and treatment under section 302 of the Mental Health Procedures Act (50 P.S. § 7302) for involuntary commitment for emergency detention.

(b) As used in this section, the term “qualified professional” shall have the meaning given to it in section 103.1 of the Mental Health Procedures Act (50 P.S. § 7103.1).

Source

The provisions of this § 4210.41a added April 12, 2024, effective April 13, 2024, 54 Pa.B. 1956.

§ 4210.42. Where services may be provided.

Emergency services shall be provided by a community mental health or intellectual disability center where feasible or by other licensed or approved facilities with whom the local authorities may contract to provide these services. Comprehensive community-wide 24 hour a day emergency services may be directly operated by the Administrator.

Authority

The provisions of this § 4210.42 amended under sections 201(2) and (8) and 202 of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. §§ 4201(2) and (8) and 4202).

Source

The provisions of this § 4210.42 amended June 17, 2016, effective June 18, 2016, 46 Pa.B. 3177. Immediately preceding text appears at serial page (211816).

§ 4210.43. Telephone consultation—emergency service.

Twenty-hour telephone consultation may be organized in the same manner as emergency service and may be furnished by the same facilities.

OUTPATIENT SERVICES**§ 4210.51. Description.**

Outpatient services consist of the following: diagnosis, evaluation and treatment of persons with a mental disability who live outside of a mental health or intellectual disability institution while receiving services. This includes working with the patient, his family and significant other persons, utilizing such personnel and modalities as are appropriate to the needs of the patient. As one of the services in the continuum of care established by the county program, outpatient services may precede or follow inpatient care for some individuals and for others may continue while they receive rehabilitative services including sheltered workshop or training services.

Authority

The provisions of this § 4210.51 amended under sections 201(2) and (8) and 202 of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. §§ 4201(2) and (8) and 4202).

Source

The provisions of this § 4210.51 amended June 17, 2016, effective June 18, 2016, 46 Pa.B. 3177. Immediately preceding text appears at serial page (211816).

§ 4210.52. Where services may be provided.

Outpatient services may be furnished under the county program by the base service unit, by community mental health and intellectual disability providers, by community clinics or by clinics conducted by hospitals or by institutions for persons with a mental disability. Facilities providing outpatient services must be licensed as mental health/intellectual disability (MH/ID) establishments to give outpatient services or, if operated by the State, meet the standards for these services.

Authority

The provisions of this § 4210.52 amended under section 201(2) of the Human Services Code (62 P.S. § 201(2)); and sections 201(2) and (8) and 202 of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. §§ 4201(2) and (8) and 4202).

Source

The provisions of this § 4210.52 amended June 17, 2016, effective June 18, 2016, 46 Pa.B. 3177. Immediately preceding text appears at serial page (211817).

PARTIAL HOSPITALIZATION**§ 4210.61. Description.**

Partial hospitalization consists of inpatient services which are distinguished from short term inpatient services as described in § 4210.31 (relating to description) in that this inpatient care is provided on a planned and regularly scheduled basis for parts of days or nights or parts of a week.

§ 4210.62. Where services may be provided.

Partial hospitalization services may be furnished by mental health/intellectual disability (MH/ID) establishments licensed by the Department to give partial hospitalization care, or by State general hospitals approved to furnish services.

Authority

The provisions of this § 4210.62 amended under sections 201(2) and (8) and 202 of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. §§ 4201(2) and (8) and 4202).

Source

The provisions of this § 4210.62 amended June 17, 2016, effective June 18, 2016, 46 Pa.B. 3177. Immediately preceding text appears at serial page (211817).

REHABILITATIVE AND TRAINING SERVICES**§ 4210.71. Description.**

(a) Rehabilitative and training services are ancillary to mental health and intellectual disability care provided on an inpatient or outpatient basis.

(b) These services consist of vocational evaluation, work adjustment training, job placement and group living experiences to assist an individual handicapped by mental disability, who may or may not have a physical disability, to reach his best level of social and vocational adaptation. According to the capacity of each individual, services may be successful if they result in competitive employment, transitional or indefinite employment in a sheltered workshop or work activity center, ability to maintain a home, or in enabling the client to achieve his maximum possible level or independent living.

(c) These services consist of group programs for teaching or improving self care, personal behavior and social adjustment for persons with a mental disability. Through group training, day care centers may prepare children with a mental disability to attend special classes in the public schools. For other children and for adults these services make continued community living possible by raising the level of social competency and by decreasing the necessity of constant supervision given by their families and others. The services shall include extended work activity programs in sheltered workshops or work activity centers.

Authority

The provisions of this § 4210.71 amended under sections 201(2) and (8) and 202 of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. §§ 4201(2) and (8) and 4202).

Source

The provisions of this § 4210.71 amended June 17, 2016, effective June 18, 2016, 46 Pa.B. 3177. Immediately preceding text appears at serial pages (211817) to (211818).

§ 4210.72. How services may be provided.

(a) Where the base service unit determines in a case that rehabilitative or training services are needed, it shall secure these services through the Bureau of Vocational Rehabilitation of the Department of Labor and Industry or, in the case of patients who have a visual loss of 30% or more, through the Office of Family Services of the Department. Where rehabilitative or training services are secured in this manner, payment shall not be made under the county program.

(b) Where the services cannot be provided as stated in subsection (a), the base service unit shall arrange for the services to be provided, under the county program, by approved voluntary agencies.

AFTERCARE SERVICES**§ 4210.81. Description.**

Aftercare services consist of the services prescribed by a base service unit when furnished to persons who have been inpatients and may also entail appropriate community placement for those who have no homes or for whom immediate return home is inadvisable. Before an inpatient is released from a facility, arrangements will be made for whatever care he needs by the base service unit.

**INTERIM CARE OF INDIVIDUALS WITH AN
INTELLECTUAL DISABILITY****§ 4210.91. Description.**

(a) All of the patient services described previously shall be available to persons with an intellectual disability. In addition, interim care is exclusively for those persons with an intellectual disability.

(b) Inpatient care of persons with an intellectual disability is the responsibility of State operated institutions. The final determination as to whether a person is in need of inpatient care is the responsibility of the Department. When the Department determines that a person is eligible for care in a State operated facility, but that there is no room for him at the time of that determination, the Department will place the person on a waiting list. Interim care is intended for a person who, having been removed from his home, is on a waiting list.

Authority

The provisions of this § 4210.91 amended under sections 201(2) and (8) and 202 of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. §§ 4201(2) and (8) and 4202).

Source

The provisions of this § 4210.91 amended June 17, 2016, effective June 18, 2016, 46 Pa.B. 3177. Immediately preceding text appears at serial page (211818).

§ 4210.92. Where interim care may be provided.

The Department will approve interim care placement in an appropriate licensed mental health/intellectual disability establishment. Placements may be made in institutions similarly licensed by neighboring states when the placement brings services closer to the person's home and when equally appropriate facilities are not available in this Commonwealth.

Authority

The provisions of this § 4210.92 amended under sections 201(2) and (8) and 202 of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. §§ 4201(2) and (8) and 4202).

Source

The provisions of this § 4210.92 amended June 17, 2016, effective June 18, 2016, 46 Pa.B. 3177. Immediately preceding text appears at serial page (211818).

§ 4210.93. Application to State institution.

When the base service unit determines in a case that a person appears to be in need of inpatient care for individuals with an intellectual disability it shall forward a completed Preliminary Application, ID-71, to the appropriate State school and hospital.

Authority

The provisions of this § 4210.93 amended under sections 201(2) and (8) and 202 of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. §§ 4201(2) and (8) and 4202).

Source

The provisions of this § 4210.93 amended June 17, 2016, effective June 18, 2016, 46 Pa.B. 3177. Immediately preceding text appears at serial page (288959).

§ 4210.94. Acceptance under county program for interim care.

When the base service unit receives notification from the Department that a person's name has been placed on the waiting list, and when the person has been

removed from his home, the base service unit shall arrange interim care for the person with the approval of the Department. The Department shall be notified when the interim care placement has been accomplished.

§ 4210.95. Review of interim care.

The base service unit shall monitor the condition of each person in interim care and assess the current available resources from which he could benefit as alternatives to residential care. When appropriate, the base service unit arranges for the use of alternative resources and so notifies the Department.

INTAKE PROCEDURES

§ 4210.101. Services provided by a base service unit.

(a) All intake into the county program shall be through the base service unit. Within 15 days of the initial interview, if the client is found in need of services from the county program, the Intake and Proposed Service Plan, Form MH/ID 10, is completed and forwarded in two copies to the administrator.

(b) When recommending treatment, a base service unit develops a service plan best suited to the needs of the patient and the available service resources. The base service unit classifies the patient's mental disability to reflect the severity of his functional disorder and priority for intervention according to the Intervention Priority Scale in § 4210.191 (relating to description).

(c) If service is to be provided by the base service unit, the Intake and Proposed Service Plan, Form MH/ID 10, serves only to inform the administrator that intake has taken place and what is planned for the patient. No additional approval is necessary for the base service unit to proceed with its proposed service plan. In addition this form provides the basic information necessary for the patient service accountability system described in § 4210.121 (relating to patient service accountability system).

(d) If the recommendation of the base service unit on Form MH/ID 10 is for a service to be provided by a facility already under contract to the local authorities, the base service unit shall make arrangements directly with the facility to provide the services required by the patient.

(e) If the recommendation of the base service unit on Form MH/ID 10 is to arrange for supplemental services, the administrator uses Form MH/ID 10 as his basis for issuing an Authorization for Service, Form MH/ID 11. This authorization for service shall constitute a contract as described in § 4210.26(c) (relating to methods of providing base service units).

(f) In those instances where the patient is already under care by other than a base service unit and is referred for intake into the county program, arrangements should be made, whenever possible and indicated, for him to continue this treat-

ment with the referring practitioner or facility to maintain continuity of care. The base service unit requests the administrator's authorization of this proposed service plan.

(g) If any portion of the cost of the patient's care under the proposed service plan is to be paid from funds of the county program, the administrator's decision is governed by the availability of funds and the requests for services to other patients. The administrator is guided in his decision by the base service unit's classification of the patient's mental disability according to the intervention priority scale. When the funds available do not permit the carrying out of the proposed service plan in relation to other demands, the administrator notes this on the Intake and Proposed Service Plan, Form MH/ID 10, and requests the base service unit to work out an alternate service plan if indicated and necessary.

Authority

The provisions of this § 4210.101 amended under sections 201(2) and (8) and 202 of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. §§ 4201(2) and (8) and 4202).

Source

The provisions of this § 4210.101 amended June 17, 2016, effective June 18, 2016, 46 Pa.B. 3177. Immediately preceding text appears at serial pages (288959) to (288960).

§ 4210.101a. Clarification of eligibility determinations—statement of policy.

(a) The essential feature of mental retardation is significantly subaverage general intellectual functioning that is accompanied by significant limitations in adaptive functioning in at least two of the following skill areas: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety. The onset must occur before the individual's 22nd birthday.

(1) Except as specified in subsection (b)(2), significantly subaverage general intellectual functioning shall be determined by a standardized, individually administered, intelligence test in which the overall full scale IQ score of the test and of the verbal/performance scale IQ scores are at least two standard deviations below the mean taking into consideration the standard error of measurement for the test. The full scale IQ shall be determined by the verbal and performance IQ scores (See Appendix A—DSM IV).

(2) Diagnosis of mental retardation is made by using the IQ score, adaptive functioning scores and clinical judgment when necessary. Clinical judgment is defined as reviewing the person's test scores, social and medical history, overall functional abilities, and any related factors to make an eligibility determination. Clinical judgment is used when test results alone cannot clearly determine eligibility. The factors considered in making an eligibility determi-

nation based on clinical judgment shall be decided and documented by a licensed psychologist, a certified school psychologist, a physician or a psychiatrist. In cases when individuals display widely disparate skills or achieve an IQ score close to 70, clinical judgment should be exercised to determine eligibility for mental retardation services.

(3) If eligibility cannot be determined through a review of the individual's record and social history, necessary testing (for example, adaptive functioning) shall be completed by a licensed psychologist, a certified school psychologist, a physician or a psychiatrist. This includes determining the eligibility for an individual who is 22 years of age or older, has never been served in the mental retardation service system and has no prior records of testing. Clinical judgment may be used to determine whether the age of onset of mental retardation occurred prior to the individual's 22nd birthday.

(b) Everyone can be evaluated or assessed.

(1) Standard tests with adaptations for the individual's visual, motor and language impairments are available and valid. Other efforts to adapt the IQ test to the individual's particular visual, motor and language impairments shall be described and documented.

(2) Developmental scales may be used for people who do not or cannot participate in testing. The use of these scales reflects a necessity to use scoring matrices for populations outside the sample used to develop the normative data. They should only be used when no other standard testing technique is available.

(c) Genetic conditions and syndromes defined by particular physical features or behaviors such as Klinefelter syndrome are not, by themselves, sufficient to qualify for a mental retardation eligibility determination.

(d) The policy for legal and illegal aliens is as follows:

(1) Citizenship is not an eligibility requirement for receipt of mental retardation services and supports in this Commonwealth. The only distinction in this matter is between those who are lawfully in this country (both citizens and aliens) and those who are here unlawfully (illegal aliens).

(2) Illegal aliens are not eligible for the Medicaid Program unless an emergency medical condition is present (42 U.S.C.A. § 1396b(v)). Counties are not required to provide mental retardation services for illegal aliens.

(e) An individual who is currently eligible for mental retardation services will remain eligible for mental retardation services unless eligibility testing indicates otherwise.

(f) An individual moving into this Commonwealth from another location will receive a mental retardation eligibility determination for mental retardation services based on the clarification described in this section.

(g) Except for waiver services, appeals from a denial of eligibility follow the county administrative process designed for appeals under 2 Pa.C.S. §§ 551—555

and 751—754 (relating to Local Agency Law) and appealing through the courts. The Local Agency Law is a State law governing procedures for appeals of local agency determinations.

(h) Fiscal issues, such as access to testing and payment for testing, should be referred to the appropriate Office of Mental Retardation Regional Office for resolution.

Appendix A

The following information is quoted from the Diagnostic and Statistical Manual (DSM) IV:

“The essential feature of Mental Retardation is significantly subaverage general intellectual functioning (Criterion A) that is accompanied by significant limitations in adaptive functioning in at least two of the following skill areas: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety (Criterion B). The onset must occur before age 18 years (Criterion C). Mental Retardation has many different etiologies and may be seen as a final common pathway of various pathological processes that affect the functioning of the central nervous system.

General intellectual functioning is defined by the intelligence quotient (IQ or IQ-equivalent) obtained by assessment with one or more of the standardized, individually administered intelligence tests (e.g., Wechsler Intelligence Scales for Children—Revised, Stanford-Binet, Kaufman Assessment Battery for Children). Significantly subaverage intellectual functioning is defined as an IQ of about 70 or below (approximately 2 standard deviations below the mean). It should be noted that there is a measurement error of approximately 5 points in assessing IQ, although this may vary from instrument to instrument (e.g., Wechsler IQ of 70 is considered to represent a range of 65—75). Thus, it is possible to diagnose Mental Retardation in individuals with IQs between 70 and 75 who exhibit significant deficits in adaptive behavior. Conversely, Mental Retardation would not be diagnosed in an individual with an IQ lower than 70 if there are no significant deficits or impairments in adaptive functioning. The choice of testing instruments and interpretation of results should take into account factors that may limit test performance (e.g., the individual’s socio-cultural background, native language, and associated communicative, motor, and sensory handicaps). When there is significant scatter in the subtest scores, the profile of strengths and weaknesses, rather than the mathematically derived full-scale IQ, may more accurately reflect the person’s learning abilities. When there is a marked discrepancy across verbal and performance scores, averaging to obtain a full-scale IQ can be misleading.

Impairments in adaptive functioning, rather than a low IQ, are usually the presenting symptoms in individuals with Mental Retardation. *Adaptive functioning* refers to how effectively individuals cope with common life demands and how

well they meet the standards of personal independence expected of someone in their particular age group, socio-cultural background, and community setting. Adaptive functioning may be influenced by various factors, including education, motivation, personality characteristics, social and vocational opportunities, and the mental disorders and general medical conditions that may coexist with Mental Retardation. Problems in adaptation are more likely to improve with remedial efforts than is the cognitive IQ, which tends to remain a more stable attribute.

It is useful to gather evidence for deficits in adaptive functioning from one or more reliable independent sources (e.g., teacher evaluation and educational, developmental, and medical history). Several scales have also been designed to measure adaptive functioning or behavior (e.g., the Vineland Adaptive Behavior Scales and the American Association on Mental Retardation Adaptive Behavior Scale). These scales generally provide a clinical cutoff score that is a composite of performance in a number of adaptive skill domains. It should be noted that scores for certain individual domains are not included in some of these instruments and that individual domain scores may vary considerably in reliability. As in the assessment of intellectual functioning, consideration should be given to the suitability of the instruments to the person's socio-cultural background, education, associated handicaps, motivation, and cooperation. For instance, the presence of significant handicaps invalidates many adaptive scale norms. In addition, behaviors that would normally be considered maladaptive (e.g., dependency, passivity) may be evidence of good adaptation in the context of a particular individual's life (e.g., in some institutional settings)."¹

¹ Reprinted with permission from the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision. Copyright 2000 American Psychiatric Association

Source

The provisions of this § 4210.101a adopted June 14, 2002, effective June 15, 2002, 32 Pa.B. 2895.

Notes of Decisions

Eligibility for Mental Retardation Services

Diagnosis of mental retardation should be based on factors other than IQ score to determine eligibility for mental retardation services; clinical judgment is required when necessary, as in the case of nineteen year old child with IQ of 103 but with marked discrepancy across his performance and verbal scores. *Lycoming-Clinton v. Department of Public Welfare*, 884 A.2d 382, 385 (Pa. Cmwlth. 2005).

LIABILITY

§ 4210.111. Determination of liability.

Liability is determined under the provisions of section 504 of the act (50 P.S. § 4504), and decisions may be appealed under section 606 of the act (50 P.S. § 4606).

§ 4210.112. Utilization of resources other than the county program.

State funds shall not be expended under the county program on behalf of a patient until the patient shall have exhausted his available resources. As part of the determination of the patient's financial liability for services under the county program, the base service unit shall determine the resources available to the patient and his family for payment of the cost of the patient's care. The base service unit shall assist the patient and his family in making application for benefits available to them for payment of the cost of the patient's care. These benefits include but are not limited to those provided by:

- (1) Private health insurance plans.
- (2) Programs of State rehabilitation agencies.
- (3) The Veterans Administration.
- (4) Medicare.
- (5) The medical assistance program.

§ 4210.113. Client liability.

(a) When the patient is not eligible for payment of a portion of the cost of his care through a benefit, he and his legally responsible relatives are liable for payment of that portion of the cost of his care not covered by payment through a benefit. The extent of this liability shall be determined according to the procedure described in Chapter 4305 (relating to liability for community mental health and intellectual disability services).

(b) The extent of liability so determined is the total liability of the patient and his legally responsible relatives for all services rendered during the specified time and as such includes drugs.

Authority

The provisions of this § 4210.113 amended under sections 201(2) and (8) and 202 of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. §§ 4201(2) and (8) and 4202).

Source

The provisions of this § 4210.113 amended June 17, 2016, effective June 18, 2016, 46 Pa.B. 3177. Immediately preceding text appears at serial page (211821).

RECORDS**§ 4210.121. Patient service accountability system.**

Essential to a modern public service program is the type of data necessary for planning, evaluation, and the assuring of program accountability. The system described here attempts to provide that information for use at all levels concerning one element of the total program, such as, patient services. It is felt that the indirect services can better be evaluated through budget documents, analysis of contracts, narrative reports, and other means at the county level. The assumption is made that the feedback provided by analysis of the data will result in program self-audit and review by all echelons toward the end of always meeting more

effectively the objectives of the act and that other types of administrative controls are both unnecessary and undesirable.

Cross References

This section cited in 55 Pa. Code § 4210.101 (relating to services provided by a base service unit).

§ 4210.122. Patient records and reports.

(a) For administrative and epidemiological purposes, the base service unit shall maintain a central file for each patient in its area. This record will include as a minimum:

(1) A history of all movement of the patient through services provided directly by the base service unit as well as all other services provided to him through the county program.

(2) Brief progress notes prepared as services are provided reporting the status of the patient's treatment either by the base service unit or by other providers of service.

(b) All of this required information is contained in the following five reports:

- (1) Monthly Contract Report.
- (2) Service Rendered Report.
- (3) Authorization for Service.
- (4) Intake and Proposed Service Plan.
- (5) Prescription and Pharmacist Invoice.

(c) Details on the preparation and distribution of these forms are contained in a separate manual, Patient Service Accountability System.

(d) In addition the base service unit shall maintain a confidential clinical case record file for each patient under treatment by its own staff.

§ 4210.123. Report of services provided.

(a) All services provided are reported on Service Rendered Report, Form MH/ID 13. Regardless of where services are provided, this form must be processed through the base service unit which serves the area in which the patient resides so that the base service unit can continue to monitor the services provided. Where the service is on a continuing basis, the service rendered report may be a monthly summary. If the base service unit certifies Form MH/ID 13 indicating that the report is in keeping with the proposed service plan, Form MH/ID 13 shall be forwarded to the administrator for payment.

(b) At all times, there must be due respect for confidentiality. Service rendered reports should include only basic data concerning the course of service to the patient and his progress in general, and must not contain therapy notes or information communicated by the patient which could be considered confidential.

Authority

The provisions of this § 4210.123 amended under sections 201(2) and (8) and 202 of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. §§ 4201(2) and (8) and 4202).

Source

The provisions of this § 4210.123 amended June 17, 2016, effective June 18, 2016, 46 Pa.B. 3177. Immediately preceding text appears at serial page (211822).

REFERRAL AND INFORMATION SERVICES**§ 4210.131. Description.**

These services acquaint inquiring persons with the care-giving resources available in the community. Assistance is given in applying to appropriate resources, and referrals are made to the base service unit when indicated.

§ 4210.132. Where services may be provided.

(a) The act requires the local authorities to provide one or more central places for referral and information services. If the administrator's office is easily accessible, close to public transportation and permits necessary privacy, it is a preferred location for the referral and information services; otherwise they must be located where these conditions can be met.

(b) Referral and information services given under the county program augment, but do not supplant, similar services traditionally provided by every agency in the health and welfare field.

CONSULTATION AND EDUCATION SERVICES**§ 4210.141. General requirements.**

For the county program to be effective, consultation and education services are essential. The administrator shall arrange for the consultation and education services as are necessary to carry out the functions described in § 4210.6 (relating to scope of the program), by developing a county-wide program for these services. This program shall reflect:

- (1) The requests received by the administrator from community agencies and groups for consultation and education services.
- (2) Consultation and education services which the administrator plans to provide.
- (3) Consultation and education services which the administrator has arranged to be provided by community mental health or intellectual disability centers, by other facilities serving persons with a mental disability and by individual practitioners in the fields of mental health and intellectual disability.

Authority

The provisions of this § 4210.141 amended under sections 201(2) and (8) and 202 of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. §§ 4201(2) and (8) and 4202).

Source

The provisions of this § 4210.141 amended June 17, 2016, effective June 18, 2016, 46 Pa.B. 3177. Immediately preceding text appears at serial pages (211822) to (211823).

§ 4210.142. Consultation service.

Consultation service is an organized method by which professional advice is given by a practitioner in the mental health or intellectual disability fields to a practitioner of another discipline or field regarding the mental health or intellectual disability aspects of a problem and the most effective way of dealing with these aspects. The problem may be that of an individual, a specific group or a community. Consultation service by extending the expertise of a mental health or intellectual disability practitioner enables the consultee to become a more effective care-giving person thus making possible a greater use of mental health and intellectual disability professionals as well as identifying those persons who are a high risk. In addition to dealing with individual care-giving persons, mental health and intellectual disability consultation service can also be of great benefit in helping a variety of agencies and groups to be aware of the mental health and intellectual disability implications of their programs and to develop more appropriate and effective services.

Authority

The provisions of this § 4210.142 amended under sections 201(2) and (8) and 202 of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. §§ 4201(2) and (8) and 4202).

Source

The provisions of this § 4210.142 amended June 17, 2016, effective June 18, 2016, 46 Pa.B. 3177. Immediately preceding text appears at serial page (211823).

§ 4210.143. Education service.

Education service is an organized method by which a practitioner in the field of mental health or intellectual disability furnishes professional groups, community agencies and the general public with information about mental health and intellectual disability. By disseminating mental health and intellectual disability information, education service facilitates both primary and secondary prevention by the early identification of those members of the population who are at risk. When possible, provisions should be made by the administrator through base service units or other contractual facilities for sufficient out-reaching personnel with

the objective of bringing persons so identified into the care-taking network. In the field of tertiary prevention, education is important in helping the public accept persons with a mental disability, provide employment and in other ways enhance their returning to and remaining in the community in useful roles.

Authority

The provisions of this § 4210.143 amended under sections 201(2) and (8) and 202 of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. §§ 4201(2) and (8) and 4202).

Source

The provisions of this § 4210.143 amended June 17, 2016, effective June 18, 2016, 46 Pa.B. 3177. Immediately preceding text appears at serial page (211823).

§ 4210.144. How services may be provided.

(a) The administrator may provide for consultation and education services through the following:

(1) Utilizing his own staff.

(2) Contracting with community mental health and intellectual disability centers and with other facilities serving persons with a mental disability.

(3) Payment of a fee to individual practitioners in the fields of mental health and intellectual disability.

(b) Although consultation and education services are provided as a specific element of the county program, both the administrator and the providers of these services shall conduct a continuing investigation of sources available for funding consultation and education services, and assist the prospective recipients in their effort to secure funding.

Authority

The provisions of this § 4210.144 amended under sections 201(2) and (8) and 202 of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. §§ 4201(2) and (8) and 4202).

Source

The provisions of this § 4210.144 amended June 17, 2016, effective June 18, 2016, 46 Pa.B. 3177. Immediately preceding text appears at serial page (211824).

TRAINING OF PERSONNEL

§ 4210.151. Description.

Training of personnel may include:

(1) In-service instruction regarding objectives, regulations, procedures and other matters specific to the county program.

(2) Staff development through attendance at State, regional and National meetings in the fields of mental health and intellectual disability.

Authority

The provisions of this § 4210.151 amended under sections 201(2) and (8) and 202 of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. §§ 4201(2) and (8) and 4202).

Source

The provisions of this § 4210.151 amended June 17, 2016, effective June 18, 2016, 46 Pa.B. 3177. Immediately preceding text appears at serial page (211824).

§ 4210.152. In-service instruction.

The Department shares in the cost of in-service instruction of staff of the administrator and of facilities furnishing services under the county program. Administrators are required to develop training programs that include program staff recruited from the low income population.

§ 4210.153. Staff development.

Expenses for staff development may be authorized by the local authorities for the administrator, the program personnel of his staff and the program personnel of services provided under contract with the local authorities to attend State, regional and National meetings in the fields of mental health and intellectual disability.

Authority

The provisions of this § 4210.153 amended under sections 201(2) and (8) and 202 of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. §§ 4201(2) and (8) and 4202).

Source

The provisions of this § 4210.153 amended June 17, 2016, effective June 18, 2016, 46 Pa.B. 3177. Immediately preceding text appears at serial page (211824).

RESEARCH

§ 4210.161. Description.

For the purpose of this chapter, research consists of the investigation of epidemiological, clinical and operational data for the purpose of:

- (1) Finding the causes of mental disability.
- (2) Preventing mental disability from developing or progressing.
- (3) Identifying successful methods of assisting patients to reach or regain their optimum level of community functioning.

§ 4210.162. Clearance with the Department.

Because research is highly technical in nature and because a variety of research programs are always under way in State facilities, a proposal for research to be supported by State funds must be presented in detail to and cleared by the Department before it is included in the annual plan. In developing research programs, facilities should not only seek support through the county program but in keeping with the intent of the act, shall be urged by the administrator to seek support for research programs from both Federal and foundation sources.

OTHER PREVENTIVE PROGRAMS**§ 4210.171. Description.**

Preventive programs include other services or programs designed to prevent mental disability or the necessity of admitting or committing persons with a mental disability to an inpatient facility. Although counties must discuss with the Department a proposal for a preventive program believed to be authorized under the act before including it in their annual plans, counties are urged to explore innovative ways of accomplishing this objective.

PROGRAM AND SERVICES EVALUATION**§ 4210.181. Purpose.**

The purpose of the evaluation is to:

- (1) Determine the extent to which the county program has made services available for all persons with a mental disability whose psycho-social functioning is seriously impaired, as described in § 4210.6 (relating to scope of the program).
- (2) Determine whether or not optimum use is being made of the financial and service resources available.
- (3) Evaluate the efficiency and adequacy of the services furnished by the facilities and the base service units.
- (4) Suggest ways of correcting deficiencies.

§ 4210.182. Responsibility for the program and services evaluation.

- (a) Under the act, the evaluation is a joint responsibility of the administrator and the Board.
- (b) The responsibility of the administrator for the evaluation shall be to:
 - (1) Review and evaluate facilities, and to cooperate with the Department in the maintenance of established standards.
 - (2) Analyze and evaluate mental health and intellectual disability needs and services in the county.
 - (3) Recommend improvements to the Board and local authorities.

(c) The Board shall have the following responsibility for the evaluation:

- (1) To recommend a system of program evaluation.
- (2) To appoint a utilization review committee composed of at least one member of the Board and a multidiscipline group selected from the base service units and nearby State facilities to assist the administrator in his evaluation.
- (3) Based on the analysis prepared by the administrator, to review and evaluate the county's mental health and intellectual disability needs, services, facilities and special problems in relation to the local health and welfare needs, services and programs.
- (4) To make recommendations to the local authorities regarding the program and other matters relating to mental health and intellectual disability services in the county.

Authority

The provisions of this § 4210.182 amended under sections 201(2) and (8) and 202 of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. §§ 4201(2) and (8) and 4202).

Source

The provisions of this § 4210.182 amended June 17, 2016, effective June 18, 2016, 46 Pa.B. 3177. Immediately preceding text appears at serial pages (211825) to (211826).

§ 4210.183. Special note on services to the economically, socially, and culturally disadvantaged.

As part of the evaluation process, the administrator and Board are both responsible for assessing the effectiveness of the various elements of the county program in meeting the needs of these groups. Factors to be assessed are the accessibility of services to these groups, the proportion of the total service effort directed to these groups, and the efforts being made to insure service to these members of the community. The evaluation must contain a section specifically addressed to this assessment.

§ 4210.184. Extent and time of evaluation.

- (a) As part of the evaluation process developed by the Board and the administrator, the following must be included as a minimum:
 - (1) Of the seven patient services plus referral and information, an annual evaluation of outpatient services and at least two others, so that at the end of each 4 year period all of these services will have been evaluated once.
 - (2) A comparison of the administrator's statistical records regarding referrals of patients to State institutions with those regarding referrals to the various services in the community.

- (3) A review by the utilization review committee of a significant sample of the records of patients treated by the base service units and by the facilities furnishing the services being evaluated.
- (b) The evaluation shall be completed prior to the preparation of the annual plan by the Board, the administrator and the local authorities. A copy of the evaluation report is attached to the plan.

INTERVENTION PRIORITY SCALE

§ 4210.191. Description.

The base service unit classifies the patient's mental disability to reflect the severity of his functional disorders and priority for intervention. This is noted on I, II, III or IV on Intake and Proposed Service Plan, Form MH/ID 10, under the following Intervention Priority Scale:

- (1) The patient is in need of specialized care due to an urgent mental disability requiring immediate intervention because:
- (i) He is potentially harmful to others (assaultive, homicidal);
 - (ii) He is potentially harmful to himself (self-destructive, suicidal); or
 - (iii) He is socially endangering himself or others (addiction to drugs or alcohol, sexual acting out, promoting or contributing to the delinquency of others, creating a public disturbance, inability to furnish self-care).
- (2) The patient is in need of specialized care due to a grave mental disability, not necessarily requiring immediate intervention for the reasons specified in paragraph (1), but which seriously disrupts his ability to function.
- (3) The patient is in need of specialized care due to a crisis situation which suggests a variable degree of urgency. This may include but is not limited to:
- (i) The family is actively harmful to the patient;
 - (ii) There is no family or the family is inadequate which poses problems of placement;
 - (iii) The family members are unaccepting of a mental disability; or
 - (iv) Other members of the family have a health impairment or mental disability.
- (4) The patient is in need of specialized care because of an adjustment problem which may need long term attention but does not require immediate intervention—vocational dislodgement or conflict, separation requested by a school or other adjustment problems.

Authority

The provisions of this § 4210.191 amended under sections 201(2) and (8) and 202 of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. §§ 4201(2) and (8) and 4202).

Source

The provisions of this § 4210.191 amended June 17, 2016, effective June 18, 2016, 46 Pa.B. 3177. Immediately preceding text appears at serial page (211827).

Cross References

This section cited in 55 Pa. Code § 4210.24 (relating to responsibility of base service units for evaluation of parolees under the jurisdiction of the Board of Probation and Parole); and 55 Pa. Code § 4210.101 (relating to services provided by a base service unit).

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(381554) No. 502 Sep. 16

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