

Original 2075

# Commonwealth of Pennsylvania



DEPARTMENT OF HEALTH  
HARRISBURG

ROBERT S. ZIMMERMAN, JR., MPH  
SECRETARY OF HEALTH

October 29, 2001

Mr. Robert E. Nyce  
Executive Director  
Independent Regulatory Review Commission  
14<sup>th</sup> Floor, Harristown II  
333 Market Street  
Harrisburg, Pennsylvania 17101

RECEIVED  
2001 OCT 29 AM 11:21  
INDEPENDENT REGULATORY REVIEW COMMISSION

Re: Department of Health Final-Form Regulation No. 10-154  
Drug and Alcohol Facilities and Services

Dear Mr. Nyce:

The Department of Health is withdrawing the above final-form regulation. I understand that the rulemaking period for this regulation ends December 13, 2001. The Department intends to revise and resubmit the regulation in final-form prior to that date.

On October 23, 2001, the Public Health and Welfare Committee of the Senate and the Health and Human Services Committee of the House of Representatives notified the Independent Regulatory Review Commission of their opposition to the regulation. The Department has met with staff members of the Committees and the Commission and intends to revise the regulation to address the concerns of the Committees.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink that reads "Robert S. Zimmerman, Jr." with a stylized flourish at the end.

Robert S. Zimmerman, Jr.

cc : The Honorable Harold F. Mowery  
The Honorable Vincent J. Hughes  
The Honorable Dennis M. O'Brien  
The Honorable Frank L. Oliver  
David J. DeVries, Chief Deputy Attorney General  
Howard Burde, Deputy General Counsel  
Mr. David Kerr, Governor's Policy Office  
Ms. Lois Hein, Governor's Office of Budget

**THE PHILADELPHIA ALLIANCE**

*Representing Community Providers of Services for People  
With Health, Mental Retardation and Chemical Dependency Needs.*

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INDEPENDENT REGULATORY  
REVIEW COMMISSION

Original: 2075  
Bush  
cc: Sandusky  
Smith  
Wilmarth  
de Bien  
Legal

December 13, 1999

Mr. John C. Hair  
Director  
Bureau of Community Program Licensure &  
Certification  
Department of Health  
132 Kline Plaza  
Suite A  
Harrisburg, PA 17104

Dear Mr. Hair:

I am writing this letter in opposition of the Dept./ of Health Proposed Standards for Drug & Alcohol Facilities published in the PA Bulletin Vol. 29, No. 48, November 13, 1999.

There are numerous areas that we believe will cause confusion and increase costs to the counties and the Commonwealth. We also are convinced that there was not an adequate cost benefit analysis to determine the true cost or these regulations (see Fiscal Impact Section 705.21)

Thirdly, and most importantly, we believe there will be a significant reduction in the capacity for the treatment, particularly for public patients where resources are most needed. History, research and common sense, has shown us that reduced capacity leads to increased incarcerations, crime, drug affected births and chronic relapse. We are supportive of Health & Safety Standards and members have served on Task Forces to that ends. But, the health and safety of citizens who will not be afforded timely treatment in regards to increased risk of HIV/AIDS and Hepatitis C, must be considered.

401 N. Broad St. • Mezzanine Level • Philadelphia, Pennsylvania 19108  
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Founded 1969

DEC 13 '99 17:28

610 239 9157 PAGE.001

Page 2

The following areas are of most concern:

◆ Section 705.1

Exempts existing programs with dormitory style. But, does not exempt existing facilities with 2 people in a 120 Square Foot area. This can cause significant reductions in space.

Example: A 110 Square Foot with a bunk bed, would only be allowed to accommodate 1 resident. This would cause programs such as Halfway House, Therapeutic Communities, and Women & Children programs to reduce their population to a point where they were no longer able to financially support themselves without closing and locating an alternative site or having to do massive construction.

Projects which would require zoning and large capital expenditures in the present climate? Where would this come from? Most of these regulations would particularly affect urban and rural areas where resources and/or space is at a premium and existing programs are at a premium.

◆ Section 705.5 (6) (B) - Sleeping Accommodations

We would recommend that at a minimum, existing projects be exempted and that the Department develop a program to upgrade existing programs and increase rates which would support such proposed improvements. A true evaluation of the existing programs and the costs should be clearly analyzed.

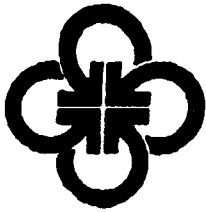
There are sections that need clarity such as: 705.5 (D), 705.11 and 705.21

Inner city programs that are facilities required to have protective security screens in facilities that are ground level and windows less than 2 feet from the grounds.....would safety locks suffice? Do these standards supersede compliment or conflict with Licensing & Inspections Codes and Children & Youth Standard? The comment in the purpose section that only six comments were received may indicate the need for further discussion and review of the process used to develop these regulations.

In conclusion, we believe caution should be taken and a serious cost benefit be done before proceeding.

Sincerely,

Michael Harle, President



**GAUDENZIA, Inc.** 106 W. Main Street, Norristown, PA 19401 (610) 239-9600  
FAX: (610) 239-9324

Robert P. Kelly  
Chairman of the Board

Michael Harle, M.H.S.  
President/Executive Director

Michael Baylson  
Counsel

A United Way Donor Option Agency

December 13, 1999

Original: 2075

Bush

cc: Sandusky  
Wilmarth  
Smith  
de Bien  
Legal

John Hair, Director  
Bureau of Community Program  
Licensure and Certification  
Department of Health  
132 Kline Plaza, Suite A  
Harrisburg, PA 17104

Independent Regulatory Review Commission  
333 Market Street, 14<sup>th</sup> Floor  
Harrisburg, PA 17101

Re: **Proposed Physical Plant Standards PA Bulletin, Volume 29, November 13, 1999**

Gentlemen:

We are responding at this late date because we received notice of the proposed regulations only recently. We have several licensed facilities and none of these facilities received the notice.

We have reviewed the proposed regulations amending physical plant standards for residential and non-residential services. We believe that most of the amendments do adequately protect the health and safety of the clients being served but, do have several concerns with several sections.

We do wish to comment on the following Sections together with some general comments:

**705.5 (a) (5) In bedrooms, a residential facility shall furnish the following for each resident.**

**(5) A chest of drawers**

**(6) Closet or wardrobe space with clothing racks and shelves accessible to the resident**

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A copy of the official registration and financial information may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.

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Conti  
Page 2

- 705.5 (b) For each resident sharing a bedroom, the residential facility shall provide a minimum of 60 square feet of space per bed, including space occupied by furniture. For each resident occupying a single bedroom, the facility shall have a minimum of 80 square feet of bedroom space, including space occupied by furniture**
- 705.5 (c) No more than four residents may sleep in one bedroom**
- 705.5 (d) When a residential facility uses bunk beds, each mattress shall be positioned to allow each occupants to sit up in bed.**

Section 705,5 (b) requiring a minimum of 60 square feet of space per bed, does not exempt existing facilities. Other regulatory agencies require much less square footage. If these regulations are made effective we would have at least three facilities unable to meet the requirement. The population of these facilities would be reduced by one-third immediately. These facilities have been licensed for a certain number of residents. This regulation conflicts with the current licensing capacity of the facility. More importantly this regulation would decrease the number of available treatment beds within the Commonwealth. Those operating at less capacity would have increased per diem costs. In essence, it would cost more per day to treat an individual and fewer individuals will receive treatment at the same costs to the Commonwealth as before these regulations.



Conti

Page 3

We recognize that Sections 705.5 (c) concerning four residents to a bedroom exempts existing facilities. However, in the case of Women and Children facilities where the children are residents with their addicted mother, it is often clinically appropriate to have the children in the bedroom with the mothers, thus increasing the number of individuals in excess of four.

The standard would result in future Women and Children programs being forced to provide bedrooms which would accommodate fewer than four women residents because the children would have to be counted with the bedroom number. This regulation would result in higher cost of construction which could not be adequately reimbursed through a fee for service arrangement.

Many of the proposed regulations do protect the safety and health of the resident of the facilities. However, several of the regulations clearly indicate that the writers of the regulations lack on the job experiences with these drug and alcohol programs. We agree that these regulations may affect 60,000 individuals but, disagree that all these individuals will benefit. These regulations result in the decommissioning of available beds thereby decreasing the availability of treatment services to those in need.

We also disagree with the comment regarding Fiscal Impact. The costs to the Commonwealth would be substantial. While available beds would decrease, the per diem costs of each bed would increase proportionately. To replace these beds is difficult not impossible. The phrase "Not In My Neighborhood" is imperative. Zoning for Drug and Alcohol facilities has



Conti.

Page 4

become more difficult each year. In some cities and townships the establishment of a drug and alcohol facility is impossible. When zoning is permitted, it is usually in neighborhoods with older buildings making renovations very expensive. Please note that applicable city fire and safety regulations do apply and these facilities do not operate without a Certificate of Occupancy. If a township or city issues a certificate of occupancy why not accept this as are proof that fire and safety issues have been adequately addressed.

In Summary, we could comment at length of several of these regulations but we believe that public hearing should be held so that all interested parties can be heard. We believe that the intent of the proposed regulations is to protect the health and safety of those persons being scemed. However in several instances the proposed regulations have the opposite effect. Treatment slots will be decreased and the costs of treatment will increase

Sincerely yours,

  
Michael Harle, President





# Treatment Trends, Inc.

18-22 S. SIXTH STREET, P.O. BOX 685 ALLENTOWN, PA 18105

• Confront • Keenan House • Lehigh & Northampton County TASC  
• Forensic Treatment Services • Richard S. Csanall Recovery House

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OFFICE OF  
HEALTH

99 DEC 16 2:23 PM

REFER TO A 120695005

REFER TO [REDACTED]

Robert S. Zimmerman  
Secretary of Health  
Department of Health  
Health and Welfare Building  
Room 802  
PO Box 90  
Harrisburg, Pa. 17108

Original: 2075  
Bush  
cc: Sandusky  
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12/1/99

cc Legal  
RECEIVED  
1999 DEC 21 AM 9:33  
DEPARTMENT OF HEALTH  
REVIEW COMMISSION

Subject: Proposed Regulations, Drug & Alcohol Physical Plant Standards

Dear Mr. Zimmerman:

I am writing to voice my objections to section 705.5 (b) Sleeping Accommodations.

*For each resident sharing a bedroom, the residential facility shall provide a minimum of 60 square feet of bedroom space per bed, including space occupied by furniture. For each resident occupying a single bedroom, the facility shall have a minimum of 80 square feet of bedroom space, including space occupied by furniture.*

These proposed changes emerged November 13, 1999 in the Pennsylvania Bulletin. They have been in the "pipeline" for over 2 years. The Pa. Bulletin states that over 900 entities have been contacted via a mailing list. Programs in Philadelphia and throughout the northeastern region have not been contacted. To many of us this is like being blindsided. Even at a recent meeting of the Alliance of Service Providers, the people working on the cross-licensing are on another set of providers and indicated that if this passed, it would be subject to review in 2.5 years. However, the damage would be done. Even BDAP licensing are onto other priorities, eg., the methadone regulations then halfway home regulations.

My concerns are as follows:

1. Capacity Loss and Impact
2. Cross systems inconsistency
3. Legitimate space constraints with older buildings

### Capacity Impact

Treatment Trends, Inc. just spent another \$160,000 to renovate it's residential facilities at Keenan House. The design was based on the American Correctional Association's standards, requiring 25 sq. feet unencumbered space in the sleeping areas. This renovation was a capacity increase from 70 residents to 85



residents. This was considered only because of the treatment demands for long term residential treatment. This new proposed space requirement does not recognize efficient space utilization afforded by bunk beds and dorm style sleeping. This hardship would reduce our bed expansion from 85 beds to 58 beds. If you ever came here you would see anything but what is described by these bureaucrats, our facilities are spacious and airy with adequate room and movement throughout the building.

This capacity reduction would mean fewer persons treated, a loss of revenue and ultimately loss of staff. When people cannot access treatment they continue their addiction, resulting in chronicity and crime. Ironically, as the state of Pennsylvania pushes managed care readiness, which requires 24-hr. access; in the same breath proposing regulations which cause a loss of capacity and in-turn, less access.

#### Cross Systems Inconsistency

I wonder if these regulations apply for all systems. Do homeless shelters, state hospitals, personal care boarding homes, prison work release centers, community correctional centers and other state funded facilities meet these requirements? If litigated, these regulations would be seen as discriminatory against ADA protected persons. Why would these regulations apply to one state funded system and not all state funded systems? I wonder how a judge would view such discrepancies system to system. If we were all held to the same standards; equal unfairness might apply. *Prima facie*, this looks like a great ADA case. There is not even a grandfather clause.

The renovation costs to expand our capacity were done by design, to comply with the American Correctional Association standards. The ACA recognizes that people simply go to sleep and the most important areas have to do with being awake. I do not believe the impact of this regulation has been well thought out, if anything this is indicative of a bureaucracy gone amok! The language supporting the rationale for the bedroom space is interesting, the bureaucrats state "sleeping accommodations are woefully poor in many residential facilities. Often clients feel dehumanized while residing in open, crowded, uncomfortable quarters". Our clients don't use language like that unless we are spoon feeding the words to them. For most people coming to treatment, this is a huge step up from homeless poverty, prison or a crack house. We have never had one complaint about our sleeping accommodations. These bureaucrats need to both "get a grip" and "loosen their grip".

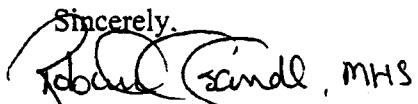
#### Legitimate Space Constraints

The climate in the cities regarding the NIMBY syndrome is atrocious. Zoning boards and the cumulative regulations create a climate that is difficult to negotiate. Efforts to expand services are usually thwarted by city and townships that don't want "those people" in their city or towns. When regulations reduce capacity we simply cost shift the problem to the prison systems.

Our space is converted warehouse; we have no place else to go. Not every facility is like the Betty Ford or Caron Foundation. . How much space do you really need to close your eyes and go to sleep? Let's keep our priorities straight, the space in which you lay down to close your eyes, has nothing to do with fire or safety. It can have everything to do with less treatment capacity and never even getting a space to lay down to sleep; because you'll never even get into the center.

Please consider these perspectives and loosen up the square footage requirements, consider grandfathering where other factors mitigate these excessive requirements. I also urge you to consider the discrepancies between state funded programs and the ADA implications of these proposed regulations. Thank you.

Sincerely,



Robert C. Csandl, MHS, CAC  
Executive Director  
Treatment Trends, Inc.

Enclosures: (1) Pa. Bulletin (p.5835- 5842)

Cc:

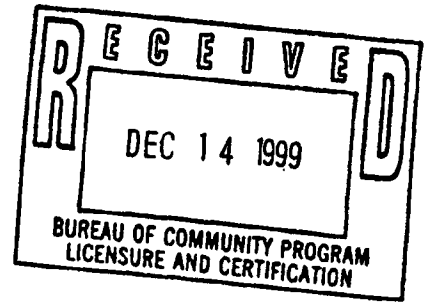
Bruce Groner, Chairperson, Treatment Trends, Inc.  
Dorothy Roth, Chairperson, TTI Legislative Committee  
Charlie Dent, Senator, Commonwealth of Pennsylvania  
James W. Gerlach, Senator, Commonwealth of Pennsylvania  
Pat Browne, Representative, Commonwealth of Pennsylvania  
Jennifer Mann, Representative, Commonwealth of Pennsylvania  
Lisa Boscola, Senator, Commonwealth of Pennsylvania  
Charlie Curie, Deputy Secretary of Welfare, Commonwealth of Pa.  
John Stoffa, Director of Human Services, County of Lehigh  
Sue Miosi, Director of MH/DA/MR, County of Lehigh  
Margaret Mary Hartnett, D&A Director, County of Lehigh  
Deb Beck, President, DASPOP  
Diane Fosco, D&A Director, County of Northampton  
Mike Harle, Executive Director, Gaudenzia, Inc.  
Irv Shandler, Executive Director, DRC  
Charles Beem, Executive Director, St. Lukes Addiction Services  
Tom Rogosky, Director of Bureau of Community Corrections  
Jim Black, Group Home Coordinator, Pa. DOC  
Paul O'Connor, Regional Director, Pa. DOC  
Ted Millard, Pa. Halfway Home Association  
Bruce Caldwell, Pa. Halfway Home Association  
Sheryl Williams, Licensing, Pa. Dept. of Health, BDAP  
Robert E. Nyce, Executive Director, IRRC  
Naomi Plakins, Esq.  
Daylin Leach, Esq.



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December 2, 1999

Mr. John C. Hair  
Director, Bureau of Community Program  
Licensure and Certification  
Department of Health  
132 Kline Plaza  
Suite A  
Harrisburg, PA 17104

Original: 2075

Bush

cc: Sandusky  
Wilmarth  
de Bien  
Smith  
Legal

Re: Proposed Physical Plant Standards

Dear Mr. Hair:

As someone who has been responsible for the safety program at Eagleville Hospital for over ten years, I was encouraged to see these new standards. The safety of our patients, residents and staff is of the highest priority. The proposed standards, for the most part, seem reasonable and attainable. Consequentially, I believe that the standard under 705.10(c)(ii)(4), Fire Safety, Fire extinguisher, which requires that all residents be instructed in the use of fire extinguishers upon admission, needs modification. This requirement as submitted has the potential to increase liability for the Hospital and places an undue burden on the resources of the Hospital to adequately train all residents in the safe use of a fire extinguisher.

The following are areas of concern:

- Managing a fire extinguisher may be an unreasonable expectation for residents who are in the process of detoxification.
- Many residents use poor judgement in their daily lives. Expecting that they will learn to make a safe decision with a brief introduction on how to use an extinguisher is a risk.
- A resident may feel he is capable of extinguishing a fire and will delay sounding the alarm thereby jeopardizing the other occupants of the building.
- Improper use of an extinguisher can cause physical harm to the resident and other individuals.
- Proper use of an extinguisher involves more than just point and shoot. Resident time should be directed toward recovery, leaving fire fighting to trained staff and fire fighters. Additional staff training time would be needed to train them to train residents in proper procedures.

HOSPITAL • 100 Eagleville Road • P O Box 45 • Eagleville, PA 19408-0045 • (610) 539-6000  
FOUNDATION • P O Box 265 • Eagleville, PA 19408-0265 • (610) 539-8009  
RIVERSIDE CARE, INC. • 131 Harmony Street • Coatesville, PA 19320 • (610) 383-9600  
1609 Woodbourne Road • Levittown, PA 19057 • (215) 945-7100  
1007 W. Lehigh Avenue • Philadelphia, PA 19133 • (215) 226-5890  
5828 Market Street • Philadelphia, PA 19139 • (215) 747-6480

Visit us on the web at [www.eaglevillehospital.org](http://www.eaglevillehospital.org)

Rather than instructing residents in the use of extinguishers, I believe basic fire safety information would be more appropriate. The information should be based on the facility's fire safety program. Basic instruction could include: what to do upon discovery of a fire, the location of fire pull stations, the location of fire exit routes, procedures for evacuating a building, and expectations for residents, e.g., meet at an assigned location, exit the building by the nearest safe exit, close doors and windows to contain the fire's spread, remain at the evacuation location until an "all clear" is given, etc. A condensed format covering the basics of the facility's fire safety program could be developed, then reviewed with each resident at admission and documented as part of the orientation process.

For clients in a less institutional setting, use of an extinguisher may be appropriate. But in a facility with multiple levels of treatment, the requirement offers many risks from the inappropriate use of an extinguisher, to the delay in activating emergency response. The amount of time in treatment and available resources for our clients is very limited. Clients need to focus on their recovery. The Hospital needs to direct its resources to this end, while relying on its fire safety program and trained staff to maintain a safe environment for its residents and staff.

Thank you for your consideration of this response.

Sincerely,

Alexis R. Schultz  
Administrative Coordinator



# THE COUNTY OF CHESTER

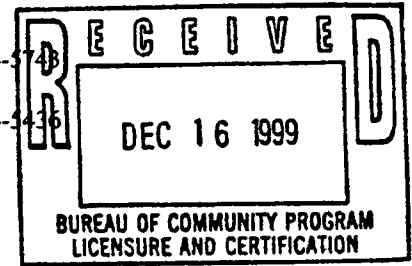


COMMISSIONERS:  
Colin A. Hanna, Chairman  
Karen L. Martynick  
Andrew E. Dinniman

DEPARTMENT OF DRUG AND ALCOHOL SERVICES  
Government Services Center, Suite 325  
601 Westtown Road  
P.O. Box 2747  
West Chester, PA 19380-0990

KIM P. BOWMAN, M.S.  
Executive Director

ADMINISTRATION:  
Phone: 610-344-6620 Fax: 610-344-5748  
CASE MANAGEMENT:  
Phone: 610-344-5630 Fax: 610-344-5436



December 13, 1999

Mr. John Hair, Director  
Bureau of Community Program Licensure and Certification  
Department of Health  
132 Kline Plaza, Suite A  
Harrisburg, PA 17104

Original: 2075  
Bush  
cc:

Sanduck  
Wilmarth  
de Bie  
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CLERK OF SUPERIOR COURT  
COMMISSION

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Dear John:

I am writing to comment on the proposed rulemaking to amend physical plant standards for drug and alcohol treatment facilities as contained in the November 13, 1999 Pennsylvania Bulletin. While I am able to support most of the proposed standards I have significant concerns with the space requirements for residential treatment facilities. I also have comments on the outpatient fire drill requirement.

The space requirements contained in the proposed standard would have a tremendous impact on the public treatment system and result in significantly increased costs. For programs which utilize bunkbeds, the square footage requirement would be excessive. For example a room with 2 bunkbeds would be required to be 240 square feet; this would be an exceptionally large room.

While the proposed rulemaking indicated that there would be no fiscal impact, I would disagree. The square footage requirement will result in the loss of beds in our public treatment system. This will mean that the cost of the remaining beds will increase; therefore, our rates for the programs will need to increase. Additionally, the loss of beds means less ability to admit clients. If we accept the current research of \$4 to \$7 in cost savings for each day in treatment, we must conversely accept that each day an untreated substance abuser is on the streets due to insufficient bed capacity we are incurring these costs.

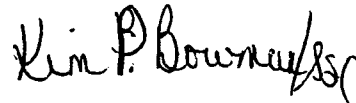
J.Hair/Ltr  
Page 2  
12/13/99

The requirement for fire drills every 60 days in outpatient facilities also appears excessive. Most public buildings do not have or meet a standard this high. The only consistent group in an outpatient is the staff who should be aware of emergency procedures and participate in drills. However, quarterly to semi-annual drills would appear more than sufficient.

I would strongly urge that these issues be revisited prior to finalizing these regulations.

Finally, I also think it is important to note that, based on our on-site monitoring, it has been our experience that the public drug and alcohol treatment system overall provides high quality services and are concerned about insuring client safety.

Sincerely,

Handwritten signature of Kim P. Bowman in cursive script.

Kim P. Bowman

KPB/slc

S:\kim\commentsphysplant.doc



# THE COUNTY OF CHESTER



COMMISSIONERS:  
Colin A. Hanna, Chairman  
Karen L. Martynick  
Andrew E. Dinniman

DEPARTMENT OF DRUG AND ALCOHOL SERVICES  
Government Services Center, Suite 325  
601 Westtown Road  
P.O. Box 2747  
West Chester, PA 19380-0990

KIM P. BOWMAN  
Executive Director

ADMINISTRATION:  
Phone: (610) 344-6620 Fax: (610) 344-5743  
CASE MANAGEMENT:  
Phone: (610) 344-5630 Fax: (610) 344-5436

## FAX

Date 12/13/99

Number of pages including cover sheet 3

To: John Hair, Director  
Dept of Health, BCPLC

Phone 717-783-8675

Fax Phone 717-787-3188

CC: \_\_\_\_\_

From: Kim P. Bowman

Phone 610/344-6620

Fax Phone 610/344-5743

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REGULATORY  
AND COMPLIANCE  
COMMISSION

### REMARKS:

- Urgent
- For your review
- Reply ASAP
- Please comment

Hard Copy to Follow: Yes: X No: \_\_\_\_\_





CROSSROADS

# Serenity Hall, Inc.

## EFFECTIVE RECOVERY

*For Adults Facing Alcohol or Drug Problems*

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Nick Rybak  
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cc: Sandusky  
de Bien  
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Wilmarth, Legal

December 13, 1999

Mr. John Hair, Director  
Bureau of Community Program Licensure and Certification  
Department of Health  
132 Kline Plaza  
Suite A  
Harrisburg, PA 17104

Dear Mr. Hair:

This letter is in response to the PA code changes for 701, 705, 709, 711 and 713.

We agree with the standardization of the physical plant requirements. We support the need to have drug and alcohol facilities that are safe and provide a pleasant environment for recovery. What is of concern is that in the section – fiscal impact, it identifies that there would be an impact, and it would be borne by drug and alcohol facilities, and annual maintenance would be minimal. We would disagree with these statements.

As a provider of residential services since 1966, our agency has complied with the proposed standards for many years. This is generally due to the JCAHO accreditation certification the agency has held since 1985. The costs have been borne by the organization via grants and fundraising activities. This is becoming more and more difficult with the majority of social service agencies in competition for the same type of physical plant improvement funds.

To implement these sections, we would request a review of the current fee for service system to allow such costs to be built into the daily rates of services. As of late, rates have been frozen, or established at the State level. The number of clients served continues to reduce, length of stay is reducing so the economy of scale has lost its effect and costs continue to rise for services.

Thank you for the opportunity to respond to this bulletin.

Sincerely,

Suzanne C. Mack  
Executive Director

cc: Namon McWilliams, Executive Director, Office of Drug and Alcohol Abuse  
DASPOP  
Independent Regulatory Commission

414 W. 5th Street ♦ Erie, PA 16507 ♦ 814/459-4775 ♦ Fax: 814/453-6118

DETOXIFICATION ♦ RESIDENTIAL TREATMENT ♦ DUAL DIAGNOSIS ♦ SHOUT OUTREACH  
PARTIAL DAY TREATMENT ♦ OUTPATIENT TREATMENT ♦ DR. DANIEL S. SNOW HALFWAY HOUSE

Original: 2075

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cc: Sandusky  
de Bien  
Smith

Wilmarth, Legal

**THE PHILADELPHIA ALLIANCE**

*Representing Community Providers of Services for People  
At-Risk Health, Mental Retardation and Chemical Dependency Needs.*

December 13, 1999

Mr. John C. Hair  
Director  
Bureau of Community Program Licensure &  
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Department of Health  
132 Kline Plaza  
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1999 DEC 14 AM 8:25

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REVIEW COMMISSION

Page 2

The following areas are of most concern:

◆ Section 705.1

Exempts existing programs with dormitory style. But, does not exempt existing facilities with 2 people in a 120 Square Foot area. This can cause significant reductions in space.

Example: A 110 Square Foot with a bunk bed, would only be allowed to accommodate 1 resident. This would cause programs such as Halfway House, Therapeutic Communities, and Women & Children programs to reduce their population to a point where they were no longer able to financially support themselves without closing and locating an alternative site or having to do massive construction.

Projects which would require zoning and large capital expenditures in the present climate? Where would this come from? Most of these regulations would particularly affect urban and rural areas where resources and/or space is at a premium and existing programs are at a premium.

◆ Section 705.5 (6) (B) - Sleeping Accommodations

We would recommend that at a minimum, existing projects be exempted and that the Department develop a program to upgrade existing programs and increase rates which would support such proposed improvements. A true evaluation of the existing programs and the costs should be clearly analyzed.

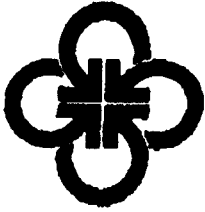
There are sections that need clarity such as: 705.5 (D), 705.11 and 705.21

Inner city programs that are facilities required to have protective security screens in facilities that are ground level and windows less than 2 feet from the grounds.....would safety locks suffice? Do these standards supersede compliment or conflict with Licensing & Inspections Codes and Children & Youth Standard? The comment in the purpose section that only six comments were received may indicate the need for further discussion and review of the process used to develop these regulations.

In conclusion, we believe caution should be taken and a serious cost benefit be done before proceeding.

Sincerely,

Michael Harle, President



**GAUDENZIA, Inc.** 106 W. Main Street, Norristown, PA 19401 (610) 239-9600  
FAX: (610) 239-9324

Robert P. Kelly  
Chairman of the Board

Michael Harlo, M.H.S.  
President/Executive Director

Michael Baylson  
Counsel

A United Way Donor Option Agency

December 13, 1999

Original: 2075

Bush

cc: Sandusky  
de Bien  
Smith  
Wilmarth  
LEgal

John Hair, Director  
Bureau of Community Program  
Licensure and Certification  
Department of Health  
132 Kline Plaza, Suite A  
Harrisburg, PA 17104

Independent Regulatory Review Commission  
333 Market Street, 14<sup>th</sup> Floor  
Harrisburg, PA 17101

**Re: Proposed Physical Plant Standards PA Bulletin, Volume 29, November 13, 1999**

Gentlemen:

We are responding at this late date because we received notice of the proposed regulations only recently. We have several licensed facilities and none of these facilities received the notice.

We have reviewed the proposed regulations amending physical plant standards for residential and non-residential services. We believe that most of the amendments do adequately protect the health and safety of the clients being served but, do have several concerns with several sections.

We do wish to comment on the following Sections together with some general comments:

**705.5 (a) (5) In bedrooms, a residential facility shall furnish the following for each resident.**

- (5) A chest of drawers**
- (6) Closet or wardrobe space with clothing racks and shelves accessible to the resident**

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INDEPENDENT REGULATORY  
REVIEW COMMISSIONConti  
Page 2

- 705.5 (b) For each resident sharing a bedroom, the residential facility shall provide a minimum of 60 square feet of space per bed, including space occupied by furniture. For each resident occupying a single bedroom, the facility shall have a minimum of 80 square feet of bedroom space, including space occupied by furniture**
- 705.5 (c) No more than four residents may sleep in one bedroom**
- 705.5 (d) When a residential facility uses bunk beds, each mattress shall be positioned to allow each occupants to sit up in bed.**

Section 705,5 (b) requiring a minimum of 60 square feet of space per bed, does not exempt existing facilities. Other regulatory agencies require much less square footage. If these regulations are made effective we would have at least three facilities unable to meet the requirement. The population of these facilities would be reduced by one-third immediately. These facilities have been licensed for a certain number of residents. This regulation conflicts with the current licensing capacity of the facility. More importantly this regulation would decrease the number of available treatment beds within the Commonwealth. Those operating at less capacity would have increased per diem costs. In essence, it would cost more per day to treat an individual and fewer individuals will receive treatment at the same costs to the Commonwealth as before these regulations.



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Conti

Page 3

We recognize that Sections 705.5 (c) concerning four residents to a bedroom exempts existing facilities. However, in the case of Women and Children facilities where the children are residents with their addicted mother, it is often clinically appropriate to have the children in the bedroom with the mothers, thus increasing the number of individuals in excess of four.

The standard would result in future Women and Children programs being forced to provide bedrooms which would accommodate fewer than four women residents because the children would have to be counted with the bedroom number. This regulation would result in higher cost of construction which could not be adequately reimbursed through a fee for service arrangement.

Many of the proposed regulations do protect the safety and health of the resident of the facilities. However, several of the regulations clearly indicate that the writers of the regulations lack on the job experiences with these drug and alcohol programs. We agree that these regulations may affect 60,000 individuals but, disagree that all these individuals will benefit. These regulations result in the decommissioning of available beds thereby decreasing the availability of treatment services to those in need.

We also disagree with the comment regarding Fiscal Impact. The costs to the Commonwealth would be substantial. While available beds would decrease, the per diem costs of each bed would increase proportionately. To replace these beds is difficult not impossible. The phrase "Not In My Neighborhood" is imperative. Zoning for Drug and Alcohol facilities has



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Conti.

Page 4

become more difficult each year. In some cities and townships the establishment of a drug and alcohol facility is impossible. When zoning is permitted, it is usually in neighborhoods with older buildings making renovations very expensive. Please note that applicable city fire and safety regulations do apply and these facilities do not operate without a Certificate of Occupancy. If a township or city issues a certificate of occupancy why not accept this as are proof that fire and safety issues have been adequately addressed.

In Summary, we could comment at length of several of these regulations but we believe that public hearing should be held so that all interested parties can be heard. We believe that the intent of the proposed regulations is to protect the health and safety of those persons being seemed. However in several instances the proposed regulations have the opposite effect. Treatment slots will be decreased and the costs of treatment will increase

Sincerely yours,

  
Michael Harle, President

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INDEPENDENT REGULATORY  
REVIEW COMMISSION



James M. Smith  
Regulatory Analyst  
Independent Regulatory Review Commission  
14<sup>th</sup> Floor, Harrisstown 2  
333 Market Street  
Harrisburg, PA 17101

Original: 2075  
Bush  
cc: Sandusky  
de Bien  
Smith  
Wilmarth  
Legal

Dear Jim:

As promised, the results of our mailings to the alcohol and drug addiction treatment programs are coming in. We've encouraged the effected programs to contact and copy both IRRC and the Department of Health with any concerns. In the event these documents were not yet forwarded to you, fax copies follow this letter.

As you can see, the proposed Regulations for Drug and Alcohol Facilities Physical Plant Standards are raising numerous concerns and I expect we will hear more of them after the IRRC deadline as well. In addition to these letters, we have received calls raising the same concerns about loss of bed capacity and contradictions with other standards.

I'll be calling you soon to discuss the issues delineated and plan for the next steps in the regulatory process.

Thank you for your call.

Sincerely,

Deb Beck, MSW  
President

December 13, 1999

Drug and Alcohol Service Providers Organization of Pennsylvania  
A subsidiary of the Pennsylvania Chemical Abuse Certification Board

298 South Progress Avenue Harrisburg, PA 17109-4626 717-657-7084 fax 717-657-8155



12/02/1999 17:15 6103661414



**St. Luke's  
Addictions Treatment Services, Inc.**

December 2, 1999

John Hair  
Director  
Bureau of Community Program Licensure and Certification  
Department of Health  
132 Kline Plaza, Suite A  
Harrisburg, PA 17104

RECEIVED  
1999 DEC 13 PM 1:26

INDEPENDENT REGULATORY  
REVIEW COMMISSION

Dear Mr. Hair:

Within this past week, another provider informed me of new regulations for Drug and Alcohol Facilities and Services - Section 705. Of extreme concern is the minimum number of square feet necessary per person. Sixty square feet per person will negatively effect programs to the extent of severely limiting total treatment capacity accessible to publicly funded clients.

I seriously question that "...clients feel dehumanized while residing in open, crowded, uncomfortable quarters." After having visited several high profile colleges in the Northeast and South, I am convinced that many college students in dormitories live in a shared room of less than 60 square feet per person. No client has ever made this comment at the Halfway Home.

It takes more than space to create a feeling. The memorable comment from the last Alumni/ae Association meeting of the Halfway Home is "this is the only real home I ever knew." This doesn't sound like "feeling dehumanized" to me.

The loss of one bed over a 12 month period often means the difference between being financially sound and not being financially sound (365 bed days x \$65 per day = \$23,725). If these regulations go into effect many programs will lose their financial feasibility. This regulation only makes sense if the department's intent to close halfway homes and treatment programs, especially those currently serving the poorest of the poor.

Even if agencies had the money had the money to expand, NIMBY attitudes of the general population prevents further expansion of most programs.

The square footage requirements must be reduced, especially for existing programs. If you have any questions or concerns, please call.

Sincerely,

The Rev. Charles L. Beem, M.Div., M.A.

Certified Addictions Counselor  
Certified Clinical Supervisor  
Diplomate, American College of Healthcare Executives  
Fellow, American College of Addiction Treatment Providers

Cc: IRRC (Independent Regulatory Review Commission, 333 Market Street, 14<sup>th</sup> Floor, Harrisburg, PA 17104).  
Drug and Alcohol Service Providers Organization of Pennsylvania

Administrative Office  
50 E. Broad Street  
Bethlehem, PA 18018  
610-758-9990

IOTA  
1107 Easton Avenue  
Bethlehem, PA 18018  
610-954-3650

Halfway Home  
119-121 N. 8th Street  
Allentown, PA 18101  
610-439-0218

Outpatient Services  
50 E. Broad Street  
Bethlehem, PA 18018  
610-866-0918

Outpatient Services  
158-160 S. Third Street  
Easton, PA 18042  
610-252-6324



# Treatment Trends, Inc.

18-22 S. SIXTH STREET P.O. BOX 685 ALLENTOWN, PA 18105

• Confront • Keenan House • Lehigh & Northampton County TASC  
• Forensic Treatment Services • Richard S. Csandl Recovery House

Gene Boyle  
Deputy Director  
BDAP  
PO Box 90  
Harrisburg, Pa.

12/1/99  
INDEPENDENT REGULATORY  
COMMISSION  
RECEIVED  
1999 DEC 13 PM 1:26

Subject: Proposed Regulations for Drug & Alcohol Facilities Physical Plant Standards

Dear Mr. Boyle:

I am writing to voice my objections to section 705.5 (b) Sleeping Accommodations.

*For each resident sharing a bedroom, the residential facility shall provide a minimum of 60 square feet of bedroom space per bed, including space occupied by furniture. For each resident occupying a single bedroom, the facility shall have a minimum of 80 square feet of bedroom space, including space occupied by furniture.*

My concerns are as follows:

1. Capacity Impact
2. Cross systems inconsistency
3. Legitimate space constraint

## Capacity Impact

Treatment Trends, Inc. just spent another \$160,000 to renovate it's residential facilities at Keenan House. The design was based on the American Correctional Association's standards, requiring 25 sq. feet unencumbered space in the sleeping areas. This renovation was a capacity increase from 70 residents to 85 residents. This was considered only because of the treatment demands for long term residential treatment. This new proposed space requirement does not recognize efficient space utilization afforded by bunk beds and dorm style sleeping. This hardship would reduce our bed expansion from 85 beds to 58 beds. If you ever came here you would see anything but what is described by these bureaucrats, our facilities are spacious and airy with adequate room and movement throughout the building.

This capacity reduction would mean fewer persons treated, a loss of revenue and ultimately loss of staff. When people cannot access treatment they continue their addiction, resulting in chronicity and crime. Ironically, as the state of Pennsylvania pushes managed care readiness, which requires 24-hr. access; in the same breath proposing regulations which cause a loss of capacity and in-turn, less access.

•Tel 610-439-8479 • Fax 610-439-0315 • E-mail [txtrends@fast.net](mailto:txtrends@fast.net)



A United Way Agency

### Cross Systems Inconsistency

I wonder if these regulations apply for all systems. Do homeless shelters, state hospitals, personal care boarding homes, prison work release centers, community correctional centers and other state funded facilities meet these requirements? If litigated, these regulations would be seen as discriminatory against ADA protected persons. Why would these regulations apply to one state funded system and not all state funded systems? I wonder how a judge would view such discrepancies system to system. If we were all held to the same standards; equal unfairness might apply. *Prima facie*, this looks like a great ADA case. There is not even a grandfather clause.

The renovation costs to expand our capacity were done by design, to comply with the American Correctional Association standards. The ACA recognizes that people simply go to sleep and the most important areas have to do with being awake. I do not believe the impact of this regulation has been well thought out, if anything this is indicative of a bureaucracy gone amok! The language supporting the rationale for the bedroom space is interesting, the bureaucrats state "sleeping accommodations are woefully poor in many residential facilities. Often clients feel dehumanized while residing in open, crowded, uncomfortable quarters". Our clients don't use language like that unless we are spoon feeding the words to them. For most people coming to treatment, this is a huge step up from homeless poverty, prison or a crack house. We have never had one complaint about our sleeping accommodations. These bureaucrats need to both "get a grip" and "loosen their grip".

### Legitimate Space Constraints

The climate in the cities regarding the NIMBY syndrome is atrocious. Zoning boards and the cumulative regulations create a climate that is difficult to negotiate. Efforts to expand services are usually thwarted by city and townships that don't want "those people" in their city or towns. When regulations reduce capacity we simply cost shift the problem to the prison systems.

Our space is converted warehouse; we have no place else to go. Not every facility is like the Betty Ford or Caron Foundation. How much space do you really need to close your eyes and go to sleep? Let's keep our priorities straight, the space in which you lay down to close your eyes, has nothing to do with fire or safety. It can have everything to do with less treatment capacity and never even getting a space to lay down to sleep; because you'll never even get into the center.

Please consider these perspectives and loosen up the square footage requirements, consider grandfathering where other factors mitigate these excessive requirements. I also urge you to consider the discrepancies between state funded programs and the ADA implications of these proposed regulations. Thank you.

Sincerely,

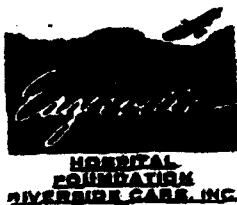


Robert C. Csandl, MHS, CAC  
Executive Director  
Treatment Trends, Inc.

Enclosures: (1) Pa. Bulletin (p.5835- 5842)

Cc:

Bruce Groner, Chairperson, Treatment Trends, Inc.  
Dorothy Roth, Chairperson, TTI Legislative Committee  
Charlie Dent, Senator, Commonwealth of Pennsylvania  
James W. Gerlach, Senator, Commonwealth of Pennsylvania  
Pat Browne, Representative, Commonwealth of Pennsylvania  
Jennifer Mann, Representative, Commonwealth of Pennsylvania  
Lisa Boscola, Senator, Commonwealth of Pennsylvania  
Charlie Curie, Deputy Secretary of Welfare, Commonwealth of Pa.  
John Stoffa, Director of Human Services, County of Lehigh  
Sue Miosi, Director of MH/DA/MR, County of Lehigh  
Margaret Mary Hartnett, D&A Director, County of Lehigh  
Deb Beck, President, DASPOP  
Diane Fosco, D&A Director, County of Northampton  
Mike Harle, Executive Director, Gaudenzia, Inc.  
Irv Shandler, Executive Director, DRC  
Charles Beem, Executive Director, St. Lukes Addiction Services  
Tom Rogosky, Director of Bureau of Community Corrections  
Jim Black, Group Home Coordinator, Pa. DOC  
Paul O'Connor, Regional Director, Pa. DOC  
Bruce Caldwell, Pa. Halfway Home Association  
Sheryl Williams, Licensing, Pa. Dept. of Health, BDAP  
Robert E. Nyce, Executive Director, IRRC  
Naomi Plakins, Esq.  
Daylin Leach, Esq.



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1999 DEC 13 PM 1:27

INDEPENDENT REGULATORY REVIEW COMMISSION

December 2, 1999

Mr. John C. Hair  
 Director, Bureau of Community Program  
 Licensure and Certification  
 Department of Health  
 132 Kline Plaza  
 Suite A  
 Harrisburg, PA 17104

Re: Proposed Physical Plant Standards

Dear Mr. Hair:

As someone who has been responsible for the safety program at Eagleview Hospital for over ten years, I was encouraged to see these new standards. The safety of our patients, residents and staff is of the highest priority. The proposed standards, for the most part, seem reasonable and attainable. Consequentially, I believe that the standard under 705.10(c)(ii)(4), Fire Safety, Fire extinguisher, which requires that all residents be instructed in the use of fire extinguishers upon admission, needs modification. This requirement as submitted has the potential to increase liability for the Hospital and places an undue burden on the resources of the Hospital to adequately train all residents in the safe use of a fire extinguisher.

The following are areas of concern:

- Managing a fire extinguisher may be an unreasonable expectation for residents who are in the process of detoxification.
- Many residents use poor judgement in their daily lives. Expecting that they will learn to make a safe decision with a brief introduction on how to use an extinguisher is a risk.
- A resident may feel he is capable of extinguishing a fire and will delay sounding the alarm thereby jeopardizing the other occupants of the building.
- Improper use of an extinguisher can cause physical harm to the resident and other individuals.
- Proper use of an extinguisher involves more than just point and shoot. Resident time should be directed toward recovery, leaving fire fighting to trained staff and fire fighters. Additional staff training time would be needed to train them to train residents in proper procedures.

HOSPITAL • 100 Eagleview Road • P O Box 46 • Eagleview, PA 19408-0046 • (610) 393-6000  
 FOUNDATION • P O Box 295 • Eagleview, PA 19408-0295 • (610) 539-8000  
 RIVERSIDE CARE, INC. • 131 Harmony Street • Coopersville, PA 19330 • (610) 393-6800  
 1800 Woodbourne Road • Levittown, PA 19007 • (215) 645-7100  
 1007 W. Lehigh Avenue • Philadelphia, PA 19139 • (215) 529-6900  
 6625 Market Street • Philadelphia, PA 19139 • (215) 747-6400

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Rather than instructing residents in the use of extinguishers, I believe basic fire safety information would be more appropriate. The information should be based on the facility's fire safety program. Basic instruction could include: what to do upon discovery of a fire, the location of fire pull stations, the location of fire exit routes, procedures for evacuating a building, and expectations for residents, e.g., meet at an assigned location, exit the building by the nearest safe exit, close doors and windows to contain the fire's spread, remain at the evacuation location until an "all clear" is given, etc. A condensed format covering the basics of the facility's fire safety program could be developed, then reviewed with each resident at admission and documented as part of the orientation process.

For clients in a less institutional setting, use of an extinguisher may be appropriate. But in a facility with multiple levels of treatment, the requirement offers many risks from the inappropriate use of an extinguisher, to the delay in activating emergency response. The amount of time in treatment and available resources for our clients is very limited. Clients need to focus on their recovery. The Hospital needs to direct its resources to this end, while relying on its fire safety program and trained staff to maintain a safe environment for its residents and staff.

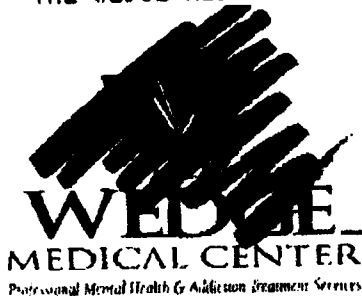
Thank you for your consideration of this response.

Sincerely,

Alexis R. Schultz  
Administrative Coordinator

THE WEDGE MEDICAL C. 215924485

12/01 '99 23:31 NO.559 01/02



GETTING TO THE HEART OF THE MATTER

Patrick J. Palmer  
Chief Executive Officer

December 2, 1999

Mr. John Hair, Director  
 Bureau of Community Program Licensure  
 and Certification  
 Department of Health  
 132 Kline Plaza, Suite A  
 Harrisburg, PA 17104

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 1999 DEC 13 PM 1:27  
 INDEPENDENT REGULATORY  
 REVIEW COMMISSION

Dear Mr. Hair:

I am writing pursuant to the Pennsylvania Department of Health Bulletin, Vol. 29, No. 46, dated November 13, 1999. As a non-residential treatment provider in the city of Philadelphia, I am in general agreement with the changes proposed in this Bulletin for non-residential treatment facilities. However, after reviewing the Bulletin, I do have several comments:

Regarding Section 705.23 (1), "Counseling or activity areas and office space", the proposed regulatory change seems to lack specificity. The spirit of the proposed change is clear, and more importantly, necessary. However, in its current form, there seems to be broad latitude for interpretation. If this could be more clearly defined, it would not only be helpful to our planning process, but moreover, could potentially prevent disagreement between the Department and providers as to what is objectively considered "adequate" space for counseling areas.

Section 705.22 (2), "Building exterior grounds", is also somewhat vague. Some issues inherent to this concern are obvious, but again, there seems to be an interpretive aspect that may lead to disagreement regarding what is and is not considered a hazard. Having centers in a highly populated urban area present many issues that are not common in other locals, and could be potentially interpreted as being in non-compliance with this regulation.

Lastly, the proposed rule change as noted in Section 705.26 (2), "Heating and cooling", seems to apply to portable (non-kerosine) electric heaters that have already received approval by federal regulators concerning their safety. Two of our "leased" facilities are located in older buildings where, although the heating is generally adequate, there are

THE WEDGE MEDICAL C. 215924485

12/01 '99 23:31 NO.559 02/02

certain areas that require supplemental help to insure appropriate temperature is consistently maintained. This is especially true on very cold or windy days. The requirement to insure that all supplemental heating devices are permanently mounted could cause us to incur great expense, and in some cases could be prohibited by the owner(s) of the buildings. It would be of great assistance to us if this proposed change could be re-visited, perhaps, with the assistance of professional feedback from fire specialists, to see if, under certain conditions, (approved) non-mounted heaters could be utilized.

I appreciate the Department's continued vigilance and mission to insure public safety, and am available to discuss my comments should you feel it necessary.

Thank you for allowing me to express my opinion.

Sincerely,



**PATRICK J. PALMER**  
Chief Executive Officer

cc: **IRRC**  
333 Market Street  
Harrisburg, PA 17101



() **IMPORTANT**  
 () **CONFIDENTIAL**  
 () **PLEASE DELIVER  
 AS SOON AS POSSIBLE**



**FAX COVER SHEET**

10 PAGES INCLUDING COVER SHEET

DATE: 12/13/99 TIME: 1PM

TO: James Smith  
\_\_\_\_\_  
\_\_\_\_\_

FROM: Mary Jo Mather  
Executive Director  
\_\_\_\_\_

**MESSAGE:**

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HARD COPY TO FOLLOW ( ) YES ( ) NO  
 FAX REQUIRES A RESPONSE ( ) YES ( ) NO

Drug and Alcohol Service Providers Organization of Pennsylvania  
 A subsidiary of the Pennsylvania Chemical Abuse Certification Board  
 ▼  
 298 South Progress Avenue Harrisburg, PA 17109.4626 717.657.7084 fax 717.657.3155

# Community Outpatient & Residential Programs (CORP) of Philadelphia

c/o NET 499 N. 5th Street - Suite A  
Philadelphia, PA 19123  
(215) 451-7000

Original: 2075  
Bush  
cc: Sandusky  
Wilmerth  
Smith  
de Bien  
Legal

December 13, 1999

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1999 DEC 21 AM 9:33  
REGULATORY  
REVIEW

John C. Hair, Director  
Bureau of Community Program Licensure & Certification  
Department of Health  
132 Kline Plaza, Suite A  
Harrisburg, PA 17104

Dear Mr. Hair:

This is to comment on proposed amendments to PA Code CHS 701, 705, 709, 711 and 713. The Community Outpatient & Residential Providers of Philadelphia (CORP) is composed of over thirty providers of drug and alcohol services in the City of Philadelphia. We deliver the vast majority of such services in our community.

CORP supports the concept of reviewing outmoded regulations, inconsistent with modern standards for physical plant, health and safety of employees and patients.

We are concerned about a number of issues:

The length of time the regulations were going through internal state processes is disproportionate to the length of time available for public comment (one month). Many of our members do not remember the draft proposed regulations "sent to over 900 entities on the Divisions general mailing list". None have had the chance to thoroughly review the proposed amendments. Given the importance of the issue, an extension of the comment period is required in the interests of all stakeholders.

The tone and structure of the regulations appears so detailed as to eliminate ambiguities in interpretation and so, to serve as a blueprint. At the same time we can foresee endless petty discussions about definitions of such words as "solid construction", "sized appropriately", "comfortable", "good condition", etc.

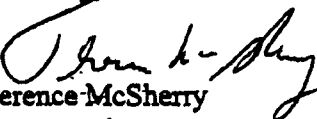
Of wider importance than style, the proposed regulations will have the effect of reducing the bed capacity, increasing the bed day rates and costs as a result of the 60 feet/resident standard being applied retroactively to residential facilities. A significant number of long standing, long licensed and high quality programs will be adversely affected by this ruling. While adoption as a going forward standard is possible, the "retrofit or close" effect of this section of the regulations would be

very hurtful, especially as demand for those kinds of programs has risen, especially in the area of women's and children's services.

Finally, the present consideration of these regulations appears inconsistent with the Cross System Licensing team initiative of the Ridge Administration, which has proceeded to implement a work plan which includes residential facility regulations. We suggest strongly that either the time table for the Cross System project be amended and accelerated or that the proposed rules be held for late consideration. The Cross System project holds promise for adding an unprecedented level of internal consistency and has already proven itself to value and use stakeholders input in their work product.

As stated above, the press of time does not allow the kind of line by line review these proposed regulations merit. Our members hope there is further opportunity to impact the process.

Sincerely,

  
Terence McSherry  
Convenor

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LICENSURE AND CERTIFICATION

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(215) 491-7111

DATE: 12/13/99

Number of Pages: 3  
(including cover sheet)

TO: John Dair, Director  
(717) 787-3188

FROM: Lerence Mc Sherry  
CORP

MESSAGE: \_\_\_\_\_  
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DIVISION

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**A COMPREHENSIVE APPROACH TO THE TREATMENT OF BEHAVIORAL HEALTH PROBLEMS  
AND THE PROVISION OF SERVICES TO YOUTH & FAMILIES IN NEED.**



# Treatment Trends, Inc.

18-22 S. SIXTH STREET P.O. BOX 685 ALLENTOWN, PA 18105

- Confront • Keenan House • Lehigh & Northampton County TASC
- Forensic Treatment Services • Richard S. Csandl Recovery House

December 7, 1999

Mr. Charlie Curie, Deputy Secretary of Welfare  
 333 Health and Welfare Building  
 P.O. Box 2675  
 Harrisburg, PA 17105

Original: 2075  
 Bush  
 cc: Sandusky  
 Smith  
 de Bien  
 Wilmarth

RECEIVED  
 1999 DEC 13 AM 9:02  
 INDEPENDENT REGULATORY  
 REVIEW COMMISSION

Dear Mr. Curie:

I am writing in response to the proposed physical plant changes for the licensure of residential and non-residential drug and alcohol services. While I agree that standards for the physical plant are necessary, I disagree with the method of implementation of and the severity of the changes. The proposed change that I find most damaging to existing facilities is that in Section 705.5 (b) Sleeping accommodations.

“For each resident sharing a bedroom, the residential facility shall provide a minimum of 60 square feet of bedroom space per bed, including space occupied by furniture”

This space requirement will undoubtedly place a severe hardship on many existing treatment facilities and halfway houses. Most non-profit organizations operate under stringent budget constraints. When they are forced to eliminate beds to meet arbitrary space standards such as this, the loss in revenue will force many to reduce staff, placing further limits on treatment availability. The loss of only a few beds could force small agencies (especially non-profits) to close. I would request that existing agencies be grandfathered, permitting them to continue utilizing current sleeping accommodations, unless of course, those facilities are so small or deteriorated that they should not be inhabited.

Treatment Trends, Inc. has recently renovated most of the existing facilities in Keenan House, a non-hospital residential drug and alcohol treatment facility. The most recent remodeling effort eliminated wasted hallway space and combined several small bedrooms into larger dormitory style rooms. The newly renovated sleeping accommodations were designed according to American Correctional Association (ACA) Standards for Adult Community Residential Services. The ACA sleeping accommodations requirement is 25 square feet of unencumbered space per client, a much lower space requirement than that proposed in 705.5 (even when furnishings are included)! How can these two organizations operate under such vastly different standards?

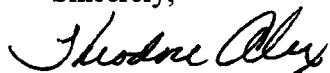
The latest TTI renovations provide clients with light, clean, comfortable and modern bedrooms with easy access to large, modern shower/bathroom facilities. These renovations also allow for more spacious lounge and group treatment areas. In order to finance these changes (the latest costing approximately \$160,000), Treatment Trends, Inc., has adjusted its budget. by increasing its bed capacity from 70 to 85 clients. This increase not only allowed Keenan House to upgrade its services, but also helped to meet the demand for increased services by local and surrounding counties.



As mentioned above, an agency must adjust its budget to meet the expense of capital improvements. This is accomplished by adjusting either its per diem or the number of clients it can appropriately serve at one time. When the number of clients (beds) must be reduced, staff must be terminated and treatment capability is reduced, stressing an already taxed system. When a facility attempts to increase their per diem by this magnitude (more than 5%) in a year, a budget amendment must be approved by the Department of Health. This process, which is not guaranteed, would increase our debt and potentially double the length of time required to repay the loan. Such a per diem increase would also endanger contracts we possess with other agencies. Increasingly stringent staffing requirements have already placed heavy burdens on Drug and Alcohol facilities by producing unfunded mandates from the State.

In closing, I would ask minimally that these proposed standards be revised to compare to those of the American Correctional Association. When measuring the impact of these standards on existent facilities, it appears that the ones most adversely affected are the non-profits, those lacking huge financial excesses and acres of ground with which to expand. By simply stating in the proposed standard that the plan would require the reduction of the number of beds (with no flexibility for existing facilities), it has become clearly evident that this type of community-based organization is no longer valued. In my opinion, this plan clearly discriminates against smaller programs and non-profits, as well as a protected group of clients who utilize these services.

Sincerely,



Theodore Alex  
Associate Director, TTI

cc: Bruce Groner, Chairperson, Treatment Trends, Inc.  
Dorothy Roth, Chairperson, TTI Legislative Committee  
Charles Dent, Senator, Commonwealth of Pennsylvania  
Pat Browne, Representative, Commonwealth of Pennsylvania  
James W. Gerlach, Senator, Commonwealth of Pennsylvania  
Jennifer Mann, Representative, Commonwealth of Pennsylvania  
Lisa Boscola, Senator, Commonwealth of Pennsylvania  
John Stoffa, Director of Human Services, County of Lehigh  
Sue Miosi, Director of MH/MR/DA, County of Lehigh  
Margaret Mary Hartnett, D & A Administrator, County of Lehigh  
Deb Beck, President, DASPOP  
Diane Fosco, D & A Administrator, County of Northampton  
Mike Harle, Executive Director, Gaudenzia, Inc.  
Irv Shandler, Executive Director, DRC  
Charles Beem, Executive Director, St. Lukes Addiction Services  
Tom Rogowsky, Director, Bureau of Community Corrections  
James Black, Contract Facility Coordinator, PA DOC  
Paul O'Connor, Regional Director, PA DOC  
Bruce Caldwell, PA Halfway Home Association  
Cheryl Williams, Director, Division of Drug and Alcohol Program Licensure  
Robert E. Nyce, Executive Director, IRRC  
Naomi Plakins, Esquire  
Daylin Leach, Esquire



# Pennsylvania Halfway House Association

1999 DEC 21 AM 9:33 Box 165 ♦ Morrisville, PA 19067 ♦ Phone (215) 736-2861 ♦ Fax (215) 736-1966

INDEPENDENT REGULATORY  
REVIEW COMMISSION

Original: 2075

Bush

cc:

Sandusky

Wilmarth

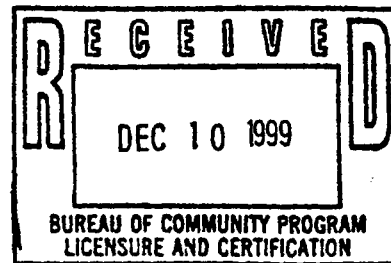
Smith

de Bien

Legal

December 7, 1999

Mr. John Hair, Director  
Bureau of Community Program Licensure and Certification  
Department of Health  
132 Kline Plaza, Suite A  
Harrisburg, PA 17104



Re: Proposed Physical Plant Standards  
Drug and Alcohol Facilities and Services

Dear Mr. Hair:

As President of the Pennsylvania Halfway House Association, I am taking the opportunity to respond to the proposed physical plant standards as published in the Pennsylvania Bulletin, Vol. 29, No. 46, November 13, 1999.

Our Association members are in support of the proposed regulations that are designed to protect the health and safety of the clients and employees in the facilities. At the same time, however, certain proposed regulations could adversely impact our unique modality

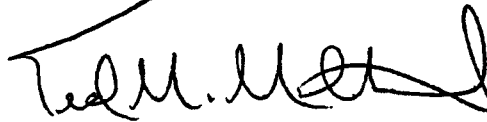
The halfway house modality, as described in the Pennsylvania Client Placement Criteria (PCPC) for Adults, Second Edition, January 1999, is usually an independent physical structure within the local community that gives no indication of being an institutional setting. To meet this description, facilities have located this modality in established neighborhoods. The listed dimensions in Section 705.5. (6)(b) and (6)(d) would create a conflict in our ability to serve persons within the PCPC definition due to the limitations of existing bedrooms in terms of floor space and ceiling height.

We respectfully request that the halfway house modality receive an exemption from the proposed Section 705.5. (6)(b) and (6)(d) standards.

Page 2  
December 7, 1999

If you have any questions, or would like the opportunity to further explore this request, please contact me at your convenience.

Sincerely,

A handwritten signature in black ink, appearing to read "Ted M. Millard". The signature is written in a cursive style with a long horizontal stroke at the beginning and a large loop at the end.

Ted M. Millard, President  
PA Halfway House Association

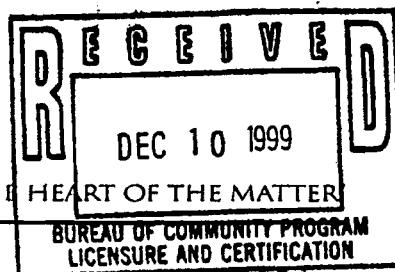




RECEIVED

1999 DEC 21 AM 9:33

INDEPENDENT REGULATORY  
REVIEW COMMISSION



Patrick J. Palmer  
Chief Executive Officer

December 2, 1999

**Mr. John Hair, Director**  
Bureau of Community Program Licensure  
and Certification  
Department of Health  
132 Kline Plaza, Suite A  
Harrisburg, PA 17104

Original: 2075

Bush

cc: Sandusky  
Wilmarth  
Smith  
de Bien  
Legal

Dear Mr. Hair:

I am writing pursuant to the Pennsylvania Department of Health Bulletin, Vol. 29, No. 46, dated November 13, 1999. As a non-residential treatment provider in the city of Philadelphia, I am in general agreement with the changes proposed in this Bulletin for non-residential treatment facilities. However, after reviewing the Bulletin, I do have several comments:

Regarding **Section 705.23 (1)**, "Counseling or activity areas and office space", the proposed regulatory change seems to lack specificity. The spirit of the proposed change is clear, and more importantly, necessary. However, in its current form, there seems to be broad latitude for interpretation. If this could be more clearly defined, it would not only be helpful to our planning process, but moreover, could potentially prevent disagreement between the Department and providers as to what is objectively considered "adequate" space for counseling areas.

**Section 705.22 (2)**, "Building exterior grounds", is also somewhat vague. Some issues inherent to this concern are obvious, but again, there seems to be an interpretive aspect that may lead to disagreement regarding what is and is not considered a hazard. Having centers in a highly populated urban area present many issues that are not common in other locals, and could be potentially interpreted as being in non-compliance with this regulation.

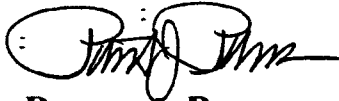
Lastly, the proposed rule change as noted in **Section 705.26 (2)**, "Heating and cooling", seems to apply to portable (non-kerosine) electric heaters that have already received approval by federal regulators concerning their safety. Two of our "leased" facilities are located in older buildings where, although the heating is generally adequate, there are

certain areas that require supplemental help to insure appropriate temperature is consistently maintained. This is especially true on very cold or windy days. The requirement to insure that all supplemental heating devices are permanently mounted could cause us to incur great expense, and in some cases could be prohibited by the owner(s) of the buildings. It would be of great assistance to us if this proposed change could be re-visited, perhaps, with the assistance of professional feedback from fire specialists, to see if, under certain conditions, (approved) non-mounted heaters could be utilized.

I appreciate the Department's continued vigilance and mission to insure public safety, and am available to discuss my comments should you feel it necessary.

Thank you for allowing me to express my opinion.

Sincerely,

A handwritten signature in black ink, appearing to read "Patrick J. Palmer". The signature is stylized and written over a faint circular stamp or watermark.

**PATRICK J. PALMER**

Chief Executive Officer

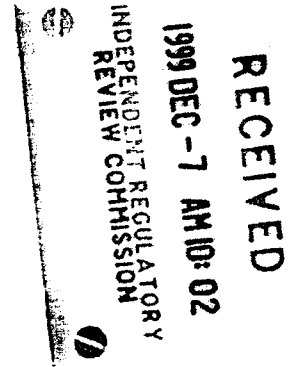
cc: IRRC  
333 Market Street  
Harrisburg, PA 17101

 **St. Luke's  
Addictions Treatment Services, Inc.**

December 2, 1999

John Hair  
Director  
Bureau of Community Program Licensure and Certification  
Department of Health  
132 Kline Plaza, Suite A  
Harrisburg, PA 17104

Original: 2075  
Bush  
cc: Sandusky  
de Bien  
Smith  
Wilmarth  
Legal



Dear Mr. Hair:

Within this past week, another provider informed me of new regulations for Drug and Alcohol Facilities and Services – Section 705. Of extreme concern is the minimum number of square feet necessary per person. Sixty square feet per person will negatively effect programs to the extent of severely limiting total treatment capacity accessible to publicly funded clients.

I seriously question that "...clients feel dehumanized while residing in open, crowded, uncomfortable quarters." After having visited several high profile colleges in the Northeast and South, I am convinced that many college students in dormitories live in a shared room of less than 60 square feet per person. No client has ever made this comment at the Halfway Home.

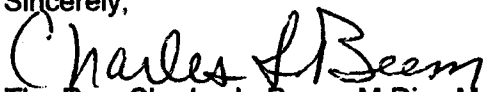
It takes more than space to create a feeling. The memorable comment from the last Alumni/ae Association meeting of the Halfway Home is "this is the only real home I ever knew." This doesn't sound like "feeling dehumanized" to me.

The loss of one bed over a 12 month period often means the difference between being financially sound and not being financially sound (365 bed days x \$65 per day = \$23,725). If these regulations go into effect many programs will lose their financial feasibility. This regulation only makes sense if the department's intent to close halfway homes and treatment programs, especially those currently serving the poorest of the poor.

Even if agencies had the resources to expand, NIMBY attitudes of the general population prevents further expansion of most programs.

The square footage requirements must be reduced, especially for existing programs. If you have any questions or concerns, please call.

Sincerely,

  
The Rev. Charles L. Beem, M.Div., M.A.  
Executive Director

Sincerely,

  
William Stauffer, CAC  
Program Director – Halfway Home of Lehigh Valley

Cc: IRRC (Independent Regulatory Review Commission, 333 Market Street, 14<sup>th</sup> Floor, Harrisburg, PA 17104).

Drug and Alcohol Service Providers Organization of Pennsylvania  
Senator Charles Dent, Senate Box 203034, 457 Capital Bldg. Harrisburg, PA 17120  
Representative Jennifer Mann, House Box 202020, 121B East Wing, Harrisburg, PA 17120-2020

**Administrative Office**  
50 E. Broad Street  
Bethlehem, PA 18018  
610-758-9990

**IOTA**  
1107 Eaton Avenue  
Bethlehem, PA 18018  
610-954-3650

**Halfway Home**  
119-121 N. 8th Street  
Allentown, PA 18101  
610-439-0218

**Outpatient Services**  
50 E. Broad Street  
Bethlehem, PA 18018  
610-866-0918

**Outpatient Services**  
158-160 S. Third Street  
Easton, PA 18042  
610-252-6324



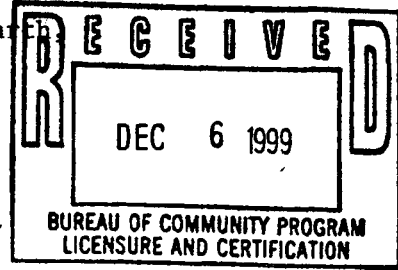
**St. Luke's  
Addictions Treatment Services, Inc.**

December 2, 1999

John Hair  
Director  
Bureau of Community Program Licensure and Certification  
Department of Health  
132 Kline Plaza, Suite A  
Harrisburg, PA 17104

Original: 2075  
Bush  
cc: Sandusky, de Bien, Smith, Wilmar  
Legal

**RECEIVED**  
1999 DEC 21 AM 9:33  
INDEPENDENT REGULATORY  
REVIEW COMMISSION



Dear Mr. Hair:

Within this past week, another provider informed me of new regulations for Drug and Alcohol Facilities and Services – Section 705. Of extreme concern is the minimum number of square feet necessary per person. Sixty square feet per person will negatively effect programs to the extent of severely limiting total treatment capacity accessible to publicly funded clients.

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Even if agencies had the resources to expand, NIMBY attitudes of the general population prevents further expansion of most programs.

The square footage requirements must be reduced, especially for existing programs. If you have any questions or concerns, please call.

Sincerely,

*Charles L. Beem*  
The Rev. Charles L. Beem, M.Div., M.A.  
Executive Director

Sincerely,

*William Stauffer*  
William Stauffer, CAC  
Program Director – Halfway Home of Lehigh Valley

Cc: IRRC (Independent Regulatory Review Commission, 333 Market Street, 14<sup>th</sup> Floor, Harrisburg, PA 17104).  
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Original: 2075  
Bush  
cc: Sandusky  
Smith  
de Bien  
Wilmarth  
Legal

December 2, 1999

IRRC  
333 Market Street  
14<sup>th</sup> Floor  
Harrisburg, PA 17101

RECEIVED  
1999 DEC 14 AM 8:41  
INDEPENDENT REGULATORY  
REVIEW COMMISSION

Re: Department Of Health, Drug and Alcohol Facilities and Services  
Proposed Physical Plant Standards

Dear Sir/Madam:

For your information, the attached letter was sent to Mr. John C. Hair, Director, Bureau of Community Program Licensure and Certification, regarding the proposed rulemaking.

Sincerely,

Alexis R. Schultz  
Administrative Coordinator

Attachment

---

HOSPITAL • 100 Eagleville Road • P O Box 45 • Eagleville, PA 19408-0045 • (610) 539-6000  
FOUNDATION • P O Box 265 • Eagleville, PA 19408-0265 • (610) 539-6009  
RIVERSIDE CARE, INC. • 131 Harmony Street • Coatesville, PA 19320 • (610) 383-9600  
1609 Woodbourne Road • Levittown, PA 19057 • (215) 945-7100  
1007 W. Lehigh Avenue • Philadelphia, PA 19133 • (215) 226-5890  
5828 Market Street • Philadelphia, PA 19139 • (215) 747-6480

Visit us on the web at [www.eaglevillehospital.org](http://www.eaglevillehospital.org)



December 2, 1999

Mr. John C. Hair  
Director, Bureau of Community Program  
Licensure and Certification  
Department of Health  
132 Kline Plaza  
Suite A  
Harrisburg, PA 17104

Re: Proposed Physical Plant Standards

Dear Mr. Hair:

As someone who has been responsible for the safety program at Eagleville Hospital for over ten years, I was encouraged to see these new standards. The safety of our patients, residents and staff is of the highest priority. The proposed standards, for the most part, seem reasonable and attainable. Consequentially, I believe that the standard under 705.10(c)(ii)(4), Fire Safety, Fire extinguisher, which requires that all residents be instructed in the use of fire extinguishers upon admission, needs modification. This requirement as submitted has the potential to increase liability for the Hospital and places an undue burden on the resources of the Hospital to adequately train all residents in the safe use of a fire extinguisher.

The following are areas of concern:

- Managing a fire extinguisher may be an unreasonable expectation for residents who are in the process of detoxification.
- Many residents use poor judgement in their daily lives. Expecting that they will learn to make a safe decision with a brief introduction on how to use an extinguisher is a risk.
- A resident may feel he is capable of extinguishing a fire and will delay sounding the alarm thereby jeopardizing the other occupants of the building.
- Improper use of an extinguisher can cause physical harm to the resident and other individuals.
- Proper use of an extinguisher involves more than just point and shoot. Resident time should be directed toward recovery, leaving fire fighting to trained staff and fire fighters. Additional staff training time would be needed to train them to train residents in proper procedures.

---

HOSPITAL • 100 Eagleville Road • P O Box 45 • Eagleville, PA 19408-0045 • (610) 539-6000  
FOUNDATION • P O Box 265 • Eagleville, PA 19408-0265 • (610) 539-6009  
RIVERSIDE CARE, INC. • 131 Harmony Street • Coatesville, PA 19320 • (610) 383-9600  
1609 Woodbourne Road • Levittown, PA 19057 • (215) 945-7100  
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5828 Market Street • Philadelphia, PA 19139 • (215) 747-6480

Visit us on the web at [www.eaglevillehospital.org](http://www.eaglevillehospital.org)

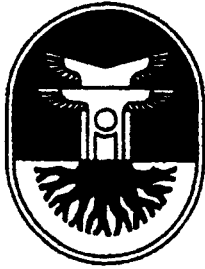
Rather than instructing residents in the use of extinguishers, I believe basic fire safety information would be more appropriate. The information should be based on the facility's fire safety program. Basic instruction could include: what to do upon discovery of a fire, the location of fire pull stations, the location of fire exit routes, procedures for evacuating a building, and expectations for residents, e.g., meet at an assigned location, exit the building by the nearest safe exit, close doors and windows to contain the fire's spread, remain at the evacuation location until an "all clear" is given, etc. A condensed format covering the basics of the facility's fire safety program could be developed, then reviewed with each resident at admission and documented as part of the orientation process.

For clients in a less institutional setting, use of an extinguisher may be appropriate. But in a facility with multiple levels of treatment, the requirement offers many risks from the inappropriate use of an extinguisher, to the delay in activating emergency response. The amount of time in treatment and available resources for our clients is very limited. Clients need to focus on their recovery. The Hospital needs to direct its resources to this end, while relying on its fire safety program and trained staff to maintain a safe environment for its residents and staff.

Thank you for your consideration of this response.

Sincerely,

Alexis R. Schultz  
Administrative Coordinator



# Treatment Trends, Inc.

18-22 S. SIXTH STREET, P.O. BOX 685 ALLENTOWN, PA 18106

• Confront • Keenan House • Lehigh & Northampton County TASC  
• Forensic Treatment Services • Richard S. Csanad Recovery House

RECEIVED 1  
OFFICE OF  
SECRETARY OF HEALTH

99 DEC 21 2:23 PM

REFER TO 120695005

REFER TO [REDACTED]

Robert S. Zimmerman  
Secretary of Health  
Department of Health  
Health and Welfare Building  
Room 802  
PO Box 90  
Harrisburg, Pa. 17108

Original: 2075  
Bush  
cc: Sandusky  
Wilmarth  
Smith  
de Bien  
legal

12/1/99

Legal RECEIVED  
1999 DEC 21 AM 9:33  
REVIEW COMMISSION

Subject: Proposed Regulations, Drug & Alcohol Physical Plant Standards

Dear Mr. Zimmerman:

I am writing to voice my objections to section 705.5 (b) Sleeping Accommodations.

*For each resident sharing a bedroom, the residential facility shall provide a minimum of 60 square feet of bedroom space per bed, including space occupied by furniture. For each resident occupying a single bedroom, the facility shall have a minimum of 80 square feet of bedroom space, including space occupied by furniture.*

These proposed changes emerged November 13, 1999 in the Pennsylvania Bulletin. They have been in the "pipeline" for over 2 years. The Pa. Bulletin states that over 900 entities have been contacted via a mailing list. Programs in Philadelphia and throughout the northeastern region have not been contacted. To many of us this is like being blindsided. Even at a recent meeting of the Alliance of Service Providers, the people working on the cross-licensing are on another set of providers and indicated that if this passed, it would be subject to review in 2.5 years. However, the damage would be done. Even BDAP licensing are onto other priorities, eg., the methadone regulations then halfway home regulations.

My concerns are as follows:

1. Capacity Loss and Impact
2. Cross systems inconsistency
3. Legitimate space constraints with older buildings

### Capacity Impact

Treatment Trends, Inc. just spent another \$160,000 to renovate it's residential facilities at Keenan House. The design was based on the American Correctional Association's standards, requiring 25 sq. feet unencumbered space in the sleeping areas. This renovation was a capacity increase from 70 residents to 85





residents. This was considered only because of the treatment demands for long term residential treatment. This new proposed space requirement does not recognize efficient space utilization afforded by bunk beds and dorm style sleeping. This hardship would reduce our bed expansion from 85 beds to 58 beds. If you ever came here you would see anything but what is described by these bureaucrats, our facilities are spacious and airy with adequate room and movement throughout the building.

This capacity reduction would mean fewer persons treated, a loss of revenue and ultimately loss of staff. When people cannot access treatment they continue their addiction, resulting in chronicity and crime. Ironically, as the state of Pennsylvania pushes managed care readiness, which requires 24-hr. access; in the same breath proposing regulations which cause a loss of capacity and in-turn, less access.

#### Cross Systems Inconsistency

I wonder if these regulations apply for all systems. Do homeless shelters, state hospitals, personal care boarding homes, prison work release centers, community correctional centers and other state funded facilities meet these requirements? If litigated, these regulations would be seen as discriminatory against ADA protected persons. Why would these regulations apply to one state funded system and not all state funded systems? I wonder how a judge would view such discrepancies system to system. If we were all held to the same standards; equal unfairness might apply. *Prima facie*, this looks like a great ADA case. There is not even a grandfather clause.

The renovation costs to expand our capacity were done by design, to comply with the American Correctional Association standards. The ACA recognizes that people simply go to sleep and the most important areas have to do with being awake. I do not believe the impact of this regulation has been well thought out, if anything this is indicative of a bureaucracy gone amok! The language supporting the rationale for the bedroom space is interesting, the bureaucrats state "sleeping accommodations are woefully poor in many residential facilities. Often clients feel dehumanized while residing in open, crowded, uncomfortable quarters". Our clients don't use language like that unless we are spoon feeding the words to them. For most people coming to treatment, this is a huge step up from homeless poverty, prison or a crack house. We have never had one complaint about our sleeping accommodations. These bureaucrats need to both "get a grip" and "loosen their grip".

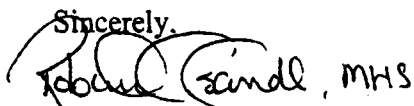
#### Legitimate Space Constraints

The climate in the cities regarding the NIMBY syndrome is atrocious. Zoning boards and the cumulative regulations create a climate that is difficult to negotiate. Efforts to expand services are usually thwarted by city and townships that don't want "those people" in their city or towns. When regulations reduce capacity we simply cost shift the problem to the prison systems.

Our space is converted warehouse; we have no place else to go. Not every facility is like the Betty Ford or Caron Foundation. . How much space do you really need to close your eyes and go to sleep? Let's keep our priorities straight, the space in which you lay down to close your eyes, has nothing to do with fire or safety. It can have everything to do with less treatment capacity and never even getting a space to lay down to sleep; because you'll never even get into the center.

Please consider these perspectives and loosen up the square footage requirements, consider grandfathering where other factors mitigate these excessive requirements. I also urge you to consider the discrepancies between state funded programs and the ADA implications of these proposed regulations. Thank you.

Sincerely,



Robert C. Csandl, MHS, CAC  
Executive Director  
Treatment Trends, Inc.

Enclosures: (1) Pa. Bulletin (p.5835- 5842)

Cc:

Bruce Groner, Chairperson, Treatment Trends, Inc.  
Dorothy Roth, Chairperson, TTI Legislative Committee  
Charlie Dent, Senator, Commonwealth of Pennsylvania  
James W. Gerlach, Senator, Commonwealth of Pennsylvania  
Pat Browne, Representative, Commonwealth of Pennsylvania  
Jennifer Mann, Representative, Commonwealth of Pennsylvania  
Lisa Boscola, Senator, Commonwealth of Pennsylvania  
Charlie Curie, Deputy Secretary of Welfare, Commonwealth of Pa.  
John Stoffa, Director of Human Services, County of Lehigh  
Sue Miosi, Director of MH/DA/MR, County of Lehigh  
Margaret Mary Hartnett, D&A Director, County of Lehigh  
Deb Beck, President, DASPOP  
Diane Fosco, D&A Director, County of Northampton  
Mike Harle, Executive Director, Gaudenzia, Inc.  
Irv Shandler, Executive Director, DRC  
Charles Beem, Executive Director, St. Lukes Addiction Services  
Tom Rogosky, Director of Bureau of Community Corrections  
Jim Black, Group Home Coordinator, Pa. DOC  
Paul O'Connor, Regional Director, Pa. DOC  
Ted Millard, Pa. Halfway Home Association  
Bruce Caldwell, Pa. Halfway Home Association  
Sheryl Williams, Licensing, Pa. Dept. of Health, BDAP  
Robert E. Nyce, Executive Director, IRRC  
Naomi Plakins, Esq.  
Daylin Leach, Esq.



# Treatment Trends, Inc.

18-22 S. SIXTH STREET P.O. BOX 685 ALLENTOWN, PA 18105

• Confront • Keenan House • Lehigh & Northampton County TASC  
• Forensic Treatment Services • Richard S. Csanadi Recovery House

Gene Boyle  
Deputy Director  
BDAP  
PO Box 90  
Harrisburg, Pa.

Original: 2075  
Bush  
cc: Sandusky  
de Bien  
Smith  
Wilmarth  
Legal

12/1/99  
INDEPENDENT LABORATORY  
REVIEW COMMISSION  
1999 DEC -6 AM 8:48  
RECEIVED

Subject: Proposed Regulations for Drug & Alcohol Facilities Physical Plant Standards

Dear Mr. Boyle:

I am writing to voice my objections to section 705.5 (b) Sleeping Accommodations.

*For each resident sharing a bedroom, the residential facility shall provide a minimum of 60 square feet of bedroom space per bed, including space occupied by furniture. For each resident occupying a single bedroom, the facility shall have a minimum of 80 square feet of bedroom space, including space occupied by furniture.*

My concerns are as follows:

1. Capacity Impact
2. Cross systems inconsistency
3. Legitimate space constraint

### Capacity Impact

Treatment Trends, Inc. just spent another \$160,000 to renovate it's residential facilities at Keenan House. The design was based on the American Correctional Association's standards, requiring 25 sq. feet unencumbered space in the sleeping areas. This renovation was a capacity increase from 70 residents to 85 residents. This was considered only because of the treatment demands for long term residential treatment. This new proposed space requirement does not recognize efficient space utilization afforded by bunk beds and dorm style sleeping. This hardship would reduce our bed expansion from 85 beds to 58 beds. If you ever came here you would see anything but what is described by these bureaucrats, our facilities are spacious and airy with adequate room and movement throughout the building.

This capacity reduction would mean fewer persons treated, a loss of revenue and ultimately loss of staff. When people cannot access treatment they continue their addiction, resulting in chronicity and crime. Ironically, as the state of Pennsylvania pushes managed care readiness, which requires 24-hr. access; in the same breath proposing regulations which cause a loss of capacity and in-turn, less access.





### Cross Systems Inconsistency

I wonder if these regulations apply for all systems. Do homeless shelters, state hospitals, personal care boarding homes, prison work release centers, community correctional centers and other state funded facilities meet these requirements? If litigated, these regulations would be seen as discriminatory against ADA protected persons. Why would these regulations apply to one state funded system and not all state funded systems? I wonder how a judge would view such discrepancies system to system. If we were all held to the same standards; equal unfairness might apply. *Prima facie*, this looks like a great ADA case. There is not even a grandfather clause.

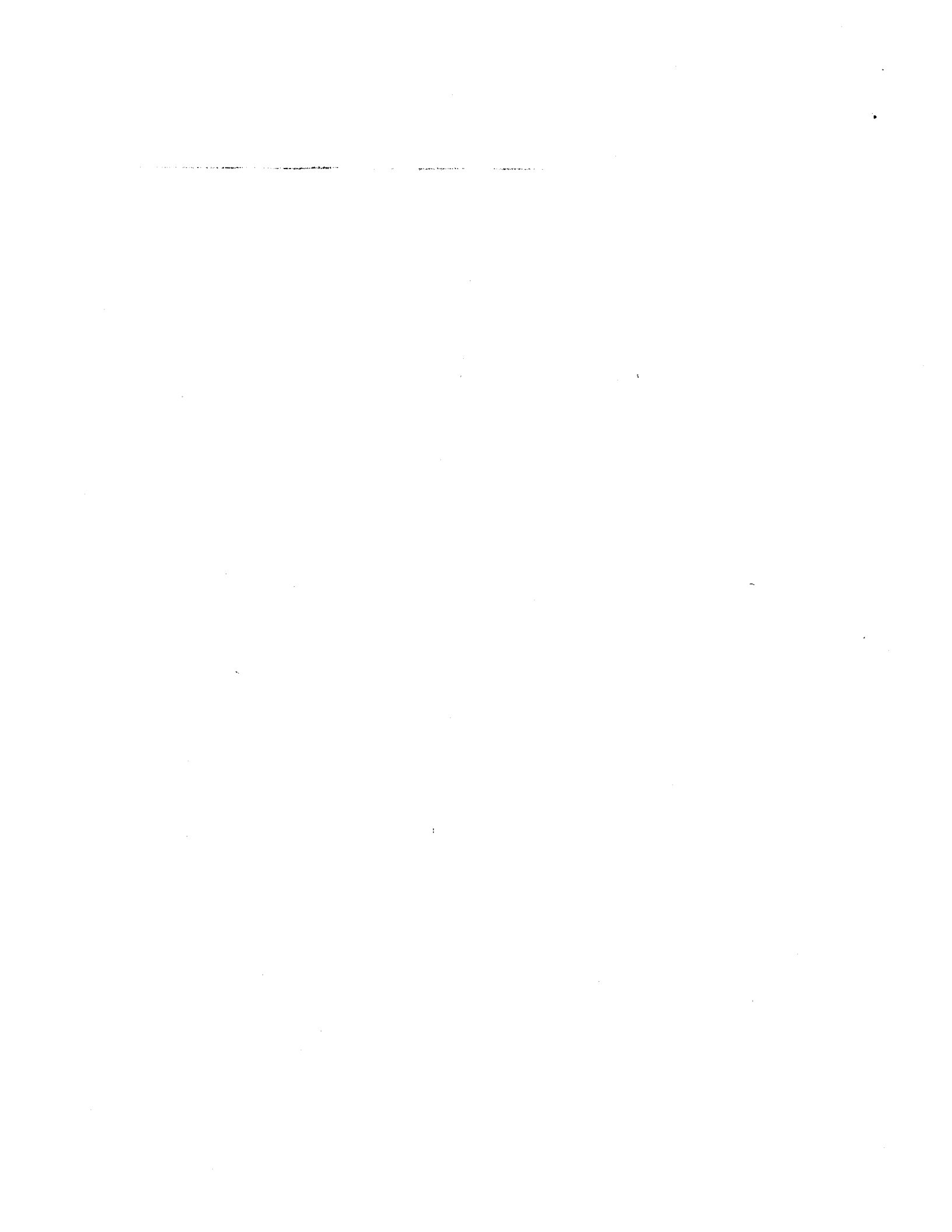
The renovation costs to expand our capacity were done by design, to comply with the American Correctional Association standards. The ACA recognizes that people simply go to sleep and the most important areas have to do with being awake. I do not believe the impact of this regulation has been well thought out, if anything this is indicative of a bureaucracy gone amok! The language supporting the rationale for the bedroom space is interesting, the bureaucrats state "sleeping accommodations are woefully poor in many residential facilities. Often clients feel dehumanized while residing in open, crowded, uncomfortable quarters". Our clients don't use language like that unless we are spoon feeding the words to them. For most people coming to treatment, this is a huge step up from homeless poverty, prison or a crack house. We have never had one complaint about our sleeping accommodations. These bureaucrats need to both "get a grip" and "loosen their grip".

### Legitimate Space Constraints

The climate in the cities regarding the NIMBY syndrome is atrocious. Zoning boards and the cumulative regulations create a climate that is difficult to negotiate. Efforts to expand services are usually thwarted by city and townships that don't want "those people" in their city or towns. When regulations reduce capacity we simply cost shift the problem to the prison systems.

Our space is converted warehouse; we have no place else to go. Not every facility is like the Betty Ford or Caron Foundation. How much space do you really need to close your eyes and go to sleep? Let's keep our priorities straight, the space in which you lay down to close your eyes, has nothing to do with fire or safety. It can have everything to do with less treatment capacity and never even getting a space to lay down to sleep; because you'll never even get into the center.

Please consider these perspectives and loosen up the square footage requirements, consider grandfathering where other factors mitigate these excessive requirements. I also urge you to consider the discrepancies between state funded programs and the ADA implications of these proposed regulations. Thank you.



Sincerely,



Robert C. Csandl, MHS, CAC  
 Executive Director  
 Treatment Trends, Inc.

Enclosures: (1) Pa. Bulletin (p.5835- 5842)

Cc:

Bruce Groner, Chairperson, Treatment Trends, Inc.  
 Dorothy Roth, Chairperson, TTI Legislative Committee  
 Charlie Dent, Senator, Commonwealth of Pennsylvania  
 James W. Gerlach, Senator, Commonwealth of Pennsylvania  
 Pat Browne, Representative, Commonwealth of Pennsylvania  
 Jennifer Mann, Representative, Commonwealth of Pennsylvania  
 Lisa Boscola, Senator, Commonwealth of Pennsylvania  
 Charlie Curie, Deputy Secretary of Welfare, Commonwealth of Pa.  
 John Stoffa, Director of Human Services, County of Lehigh  
 Sue Miosi, Director of MH/DA/MR, County of Lehigh  
 Margaret Mary Hartnett, D&A Director, County of Lehigh  
 Deb Beck, President, DASPOP  
 Diane Fosco, D&A Director, County of Northampton  
 Mike Harle, Executive Director, Gaudenzia, Inc.  
 Irv Shandler, Executive Director, DRC  
 Charles Beem, Executive Director, St. Lukes Addiction Services  
 Tom Rogosky, Director of Bureau of Community Corrections  
 Jim Black, Group Home Coordinator, Pa. DOC  
 Paul O'Connor, Regional Director, Pa. DOC  
 Bruce Caldwell, Pa. Halfway Home Association  
 Sheryl Williams, Licensing, Pa. Dept. of Health, BDAP  
 Robert E. Nyce, Executive Director, IRRRC  
 Naomi Plakins, Esq.  
 Daylin Leach, Esq.





# PROPOSED RULEMAKING

## DEPARTMENT OF HEALTH

[28 PA. CODE CHS. 701, 705, 709, 711 AND 713]

### Drug and Alcohol Facilities and Services

The Department of Health (Department) proposes to amend physical plant standards for the licensure of residential and nonresidential services under Articles IX and X of the Public Welfare Code (62 P. S. §§ 901-922, 1001-1031 and 1051-1059) and the Pennsylvania Drug and Alcohol Abuse Control Act (71 P. S. §§ 1690.101-1690.114).

The Department proposes to replace and revise physical plant standards by adopting Chapter 705 (relating to physical plant standards for residential services), amending § 701.1 (relating to general definitions) and deleting §§ 709.27, 709.74, 711.45, 711.57, 711.67, 711.77, 711.83 and 713.27, to read as set forth in Annex A.

#### *Purpose of the Proposed Rulemaking*

The purpose of these proposed amendments is to establish current physical plant standards for the licensure of residential and nonresidential services to protect the health and safety of clients being served in drug and alcohol programs within this Commonwealth and employees working in those facilities. These standards would reduce the risk of health hazards and problems such as overcrowding, infectious diseases, rodent and other pest hazards to humans, unclean kitchen and food storage areas, and unsafe child care areas.

The Department's Division of Drug and Alcohol Program Licensure (Division) inspects drug and alcohol facilities and applies physical plant standards from Chapters 709, 711 and 713 (relating to standards for licensure of freestanding treatment facilities; standards for certification of treatment activities which are a part of a health care facility; and standards for approval of prevention and intervention activities). The Division inspects drug and alcohol facilities on at least an annual basis. There are no known local physical plant inspection procedures that are in place as a substitute for these standards.

Chapter 705 is being created to replace current physical plant regulations which are found throughout Part V. Existing physical plant regulations as applied to drug and alcohol treatment and rehabilitation facilities and services are not consistent with current health, safety, fire and panic code requirements. They are insufficient to provide minimal health and safety protection for clients and employees.

Currently, regulations relating to physical plants are located in eight separate subchapters, each dealing with a different type of facility. These regulations are, for the most part, identical. A more logical approach is to consolidate all physical plant regulations into one chapter where they can be easily referenced, and delete the separate physical plant regulations located throughout.

A draft of the proposed rulemaking was sent to over 900 entities on the Division's general mailing list. This list includes all drug and alcohol treatment providers, various drug and alcohol related associations and various State departments including the Department of Public Welfare and the Department of Labor and Industry. Only six comments were received. One was from a shelter provider. The Department no longer licenses shelters. The other comments were generally favorable.

#### *Requirements of the Proposed Rulemaking*

##### *A. Residential facilities.*

*Section 705.1. General requirements for inpatient nonhospital facilities (residential treatment and rehabilitation).*

This section would establish general requirements for all inpatient nonhospital facilities (residential facilities). A definition of "residential facilities" is added to § 701.1. This section would require that all residential facilities obtain a certificate of occupancy from the Department of Labor and Industry or its local equivalent and would also require compliance with other applicable Federal, State and local laws. It would exempt existing residential facilities from provisions of the proposed rulemaking which are considered to be too burdensome to impose on facilities already in operation, because they could require very extensive capital expenditures or structural additions or changes.

Existing residential facilities would be exempt from certain requirements related to sleeping accommodations. Residential facilities which currently have "dormitory style" rooms for residents would not be required to construct walls and build extra doors to satisfy the requirement that no more than four residents sleep in one bedroom. Many residential facilities currently have as many as 20 residents sleeping in one large dormitory style room. For them to comply with the proposed § 705.5(c) (relating to sleeping accommodations) requirement that no more than four residents sleep in one bedroom, could possibly require large scale construction. In fact, compliance might not be feasible at all in some cases. The minimum square feet requirements of proposed § 705.5(b) would have to be maintained, however, which might require the reduction of the number of residents in these large rooms in some cases.

Existing facilities would also be exempt from proposed § 705.5(e) and (f). Some residential facilities have a floor plan whereby two bedrooms are situated one in front of the other so that passing through the front bedroom is the only way to reach the second bedroom. Likewise, the second bedroom can only access the front bedroom and does not have direct access to a hallway. These situations need to be exempt because to enforce requirements that a bedroom may not be used as a regular means of egress or that it have a direct access to a corridor or external exit, could require major construction at an existing residential facility or, if not feasible at all, would cause a second bedroom to go unused.

##### *Section 705.2. Building exterior and grounds.*

This section would provide for the maintenance of the outside of the residential facility and the grounds around the premises. Compliance would promote safe and secure facilities. Residential facilities would be required to be kept hazard-free from things such as the accumulation of debris or snow or ice at locations where they would pose threats to clients and employees and their children. Minimal sanitation requirements would be imposed relating to the accumulation and removal of garbage and rubbish.

##### *Section 705.3. Living rooms and lounges.*

This section would provide for minimum comfort in living spaces outside the counseling rooms and bedrooms. Some residential facilities have no living space or provide living spaces that are cold, unpainted and furnished with

only a few items of furniture, some of which are broken or worn to the point of being nonfunctional. This section would require a living space atmosphere in which clients can maintain their dignity while relaxing in their free time.

*Section 705.4. Counseling areas and office space.*

This section would replace and revise current standards in §§ 709.27, 711.45, 711.57, 711.67, 711.77, 711.88 and 713.27, relating to office space, counseling areas, activity areas and interview areas. The current regulations only provide that facilities have counseling areas. Counseling areas are often cramped and uncomfortable. Also, in some residential facilities, the contents or occupants of counseling rooms can be seen from outside the area, and discussions can be heard from outside the rooms. These situations compromise client confidentiality which is absolutely crucial to the provision of drug and alcohol abuse treatment services. These minimal provisions would prohibit these conditions and significantly improve the ability to maintain client confidentiality.

*Section 705.5. Sleeping accommodations.*

This section would provide for minimal adequate comfort, space and storage for clients to maintain their personal items, and provide for safe and comfortable sleeping arrangements at residential facilities. It would also provide for a certain amount of privacy, in that only four clients would be permitted in one bedroom. It would also prohibit bedrooms from being used as hallways or other rooms. Sleeping accommodations are woefully poor in many residential facilities. Often clients feel dehumanized while residing in open, crowded, uncomfortable quarters.

*Section 705.6. Bathrooms.*

This section would vastly upgrade the health and safety requirements for bathrooms and lavatories within residential facilities. The only existing requirement is that residential facilities are required to have provisions for lavatories. There are no standards or guidelines regarding sanitation, ventilation or even whether hot and cold water is required. As a result, the conditions of bathrooms and lavatories in some residential facilities are unsanitary and pose significant threats to the health and safety of residents. This section would impose minimal standards for the benefit of both clients and employees of the regulated facilities.

*Section 705.7. Kitchens.*

This section would provide for the maintenance of safe and sanitary food preparation, storage and serving areas. The current regulations, §§ 709.27, 711.45, 711.57, 711.67, 711.77 and 711.88, only require the provision of food service areas. They impose no requirements relative to proper food handling, preparation and storage. This section would raise standards to a minimal level to improve and protect the health and well-being of persons preparing and consuming food at residential facilities.

*Section 705.8. Heating and cooling.*

This section would assure minimum temperature standards in residential facilities. Many residential facilities are in disrepair, and lack adequate heating, cooling or ventilation controls. During various seasons throughout the year the temperatures in these facilities may be far outside the temperature range proposed in this section.

*Section 705.9. General safety and emergency procedures.*

This section would set forth general provisions for basic safety of clients and employees, and for emergency proce-

dures. It would require smoking areas to be designated. It would require that pets be cared for in a safe and sanitary manner. It also would require that each residential facility have procedures in place in the event of emergencies and disasters. Finally, it would require that the facility provide notice to the Department within 48 hours of any incident which would disrupt services.

*Section 705.10. Fire safety.*

This section would provide the necessary detail and guidance for fire safety. Current §§ 709.27, 711.45, 711.57, 711.67, 711.77, 711.88 and 713.27, only require that a residential facility have provisions for fire escapes, emergency exits, fire extinguishers and fire drills. No other guidance is provided. These missing details leave facilities unsure as to how to comply; thus, often this results in no compliance at all. The lack of detail also leaves the Department with no standards to uniformly enforce, and permits the continuation of unsafe and hazardous conditions. This section would specify minimum requirements residential facilities need to meet regarding these important safety features, and it would enable uniformity in compliance and enforcement across this Commonwealth.

*Section 705.11. Child care.*

This section would address subject matter not addressed in the current regulations. It would require minimal safety standards relating to child care, some or all of which have been found to be lacking at various residential facilities throughout this Commonwealth. Based on conditions of various facilities throughout this Commonwealth, it was determined that minimal standards were required for residential facilities which admit children for services or custodial care while parents are receiving services. One example of a current problem is that in several facilities children can gain access to windows which lack any type of protection to prevent accidental falls. Currently, facilities are not required to provide even basic, minimal safety protection for children. The potential risks could be fatal.

*B. Nonresidential facilities.*

*Sections 705.21—705.29. Physical plant standards for nonresidential facilities.*

These sections would parallel the physical plant standard regulations for residential facilities. The differences are that these sections would impose no provisions for sleeping accommodations since no overnight admissions occur in nonresidential (outpatient) facilities. A definition of "nonresidential facilities" is added to § 701.1. Also, there would be no provisions for living rooms since again, clients do not stay in these facilities. Clients are only present during the time they are receiving services on an outpatient basis. The provisions regarding bathrooms would be slightly different, since showers and bathtubs are not required for outpatient services.

*Affected Persons*

All staff, clients and children who are at the regulated facilities would be affected. More than 60,000 individuals would benefit from the added protections provided by these amended regulations.

*Fiscal Impact*

The proposed amendments to the physical plant requirements would have some initial fiscal impact which would be borne by the drug and alcohol facilities. Once in compliance, however, annual maintenance costs would be minimal. There would be no measurable costs imposed

upon local or State government. Existing facilities would be exempted from certain requirements which might impose costs too great for them to absorb and continue to function effectively.

**Paperwork Requirements**

There would be no measurable increase in paperwork since a paperwork system for licensing drug and alcohol facilities is already in place. The current licensure forms would require slight modification to account for the regulatory changes.

**Effective Date**

The proposed rulemaking will become effective immediately upon publication as final rulemaking.

**Sunset Date**

No sunset date is necessary. The Department will monitor the appropriateness of these regulations on a continuing basis.

**Statutory Authority**

The authority for this proposal is Articles IX and X of the Public Welfare Code (relating to the licensure of facilities) as transferred to the Department of Health by Reorganization Plan Number 2 of 1977 (71 P. S. § 751-25) (relating to the transfer of drug and alcohol facility licensure authority from the Department of Public Welfare to the Governor's Council on Drug and Alcohol Abuse), and Reorganization Plan under section 4 of 1981 (71 P. S. § 751-31) (relating to the transfer of the powers and duties of the Governor's Council on Drug and Alcohol Abuse to the Department of Health) and the Pennsylvania Drug and Alcohol Abuse Control Act (relating to the control, prevention, treatment and rehabilitation aspects of drug and alcohol abuse problems).

**Regulatory Review**

Under section 5(a) of the Regulatory Review Act (71 P. S. § 745.5(a)), on November 1, 1999, the Department submitted a copy of the proposed amendments to the Independent Regulatory Review Commission (IRRC) and to the Chairpersons of the House Committee on Health and Human Services and the Senate Committee on Public Health and Welfare. In addition to submitting the proposed amendments, the Department has provided IRRC and the Committees with a copy of a detailed Regulatory Analysis Form prepared by the Department in compliance with Executive Order 1996-1, "Regulatory Review and Promulgation." A copy of this material is available to the public upon request.

If IRRC has objections to any portion of the proposed amendments, it will notify the Department within 10 days after expiration of the review period granted to the Standing Committees. The notification shall specify the regulatory review criteria which have not been met by that portion. The Regulatory Review Act specifies detailed procedures for review, prior to final publication of the amendments, by the Department, the General Assembly and the Governor, of objections raised.

**Contact Person**

Interested persons are invited to submit all comments, suggestions or objections regarding the proposal to John C. Hair, Director, Bureau of Community Program Licensure and Certification, Department of Health, 132 Kline Plaza, Suite A, Harrisburg, PA 17104, (717) 783-8665, within 30 days after publication of this notice in the *Pennsylvania Bulletin*. Persons with a disability who wish to submit comments, suggestions or objections regarding the proposed amendments may do so by using VTT (717)

783-6514 for speech or hearing impaired persons or the Pennsylvania AT&T Relay Service at (800) 654-5984 [T]. Persons who require an alternative format of this document may contact John Hair so that necessary arrangements may be made.

DANIEL F. HOFFMANN,  
*Secretary*

**Fiscal Note:** 10-154. No fiscal impact; (8) recommends adoption.

**Annex A**

**TITLE 28. HEALTH AND SAFETY**  
**PART V. DRUG AND ALCOHOL FACILITIES AND SERVICES**

**CHAPTER 701. GENERAL PROVISIONS**

**Subchapter A. DEFINITIONS**

**§ 701.1. General definitions.**

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

\* \* \* \* \*

**Nonresidential facility**—A facility that does not provide sleeping accommodations and provides one or more of the following activities: outpatient, partial hospitalization, intake, evaluation or referral activities.

\* \* \* \* \*

**Residential facility**—An inpatient, nonhospital facility or inpatient freestanding psychiatric hospital that provides sleeping accommodations and provides one or more of the following activities: residential treatment and rehabilitation services, transitional living services or short-term detoxification services, 24 hours a day.

\* \* \* \* \*

*(Editor's Note: The following chapter is new. It has been printed in regular type to enhance readability.)*

**CHAPTER 705. PHYSICAL PLANT STANDARDS**

**RESIDENTIAL SERVICES**

- |         |   |
|---------|---|
| Sec.    |   |
| 705.1.  | General requirements for inpatient nonhospital facilities (residential treatment and rehabilitation). |
| 705.2.  | Building exterior and grounds.  |
| 705.3.  | Living rooms and lounges.   |
| 705.4.  | Counseling areas and office space.  |
| 705.5.  | Sleeping accommodations.  |
| 705.6.  | Bathrooms.  |
| 705.7.  | Kitchens.   |
| 705.8.  | Heating and cooling.  |
| 705.9.  | General safety and emergency procedures.  |
| 705.10. | Fire safety.  |
| 705.11. | Child care.   |

**PHYSICAL PLANT STANDARDS FOR NONRESIDENTIAL SERVICES**

- |         |   |
|---------|---|
| 705.21. | General requirements for nonresidential treatment facilities. |
| 705.22. | Building exterior and grounds.                                |
| 705.23. | Counseling or activity areas and office space.                |
| 705.24. | Bathrooms.  |
| 705.25. | Kitchens.   |
| 705.26. | Heating and cooling.  |
| 705.27. | General safety and emergency procedures.                      |
| 705.28. | Fire safety.  |
| 705.29. | Child care.   |

## RESIDENTIAL SERVICES

**§ 705.1. General requirements for inpatient non-hospital facilities (residential treatment and rehabilitation).**

(a) The residential facility shall comply with applicable Federal, State and local laws and ordinances.

(b) The residential facility shall have a certificate of occupancy from the Department of Labor and Industry or its local equivalent.

(c) A residential facility licensed prior to \_\_\_\_\_  
(Editor's Note: The blank refers to the effective date of adoption of this proposal.) is exempt from § 705.5(c), (e) and (f) (relating to sleeping accommodations).

**§ 705.2. Building exterior and grounds.**

The residential facility shall:

(1) Maintain all structures, fences and playground equipment, when applicable, on the grounds of the facility so as to be free from danger to health and safety.

(2) Keep the grounds of the facility in good condition and shall ensure that the grounds are free from any hazard to health and safety.

(3) Keep exterior exits, stairs and walkways lighted at night.

(4) Store securely all garbage and rubbish in noncombustible, covered containers and remove it on a regular basis, at least once every week.

**§ 705.3. Living rooms and lounges.**

The residential facility shall:

(1) Contain at least one appropriately furnished living room or lounge which creates a relaxed and comfortable atmosphere for the free and informal use of clients and their families.

(2) Maintain furnishings in a state of good repair.

**§ 705.4. Counseling areas and office space.**

The residential facility shall:

(1) Maintain adequate space for both individual and group counseling sessions.

(2) Maintain counseling areas with comfortable furnishings which are appropriate for the intended purpose and which are in good repair.

(3) Ensure sufficient privacy so that counseling sessions cannot be seen or heard outside the counseling room. Counseling room walls shall extend from the floor to the ceiling.

(4) Provide office space, including clerical space, separate and apart from counseling areas and which will not present a distraction or interference to counseling.

**§ 705.5. Sleeping accommodations.**

(a) In bedrooms, a residential facility shall furnish the following for each resident:

(1) A bed frame of solid construction and sized appropriately to the needs of the resident.

(2) A clean, comfortable mattress and foundation in good repair.

(3) A clean, comfortable pillow.

(4) Bed covering appropriate for climate.

(5) A chest of drawers.

(6) Closet or wardrobe space with clothing racks and shelves accessible to the resident.

(b) For each resident sharing a bedroom, the residential facility shall provide a minimum of 60 square feet of bedroom space per bed, including space occupied by furniture. For each resident occupying a single bedroom, the facility shall have a minimum of 80 square feet of bedroom space, including space occupied by furniture.

(c) No more than four residents may sleep in one bedroom.

(d) When a residential facility uses bunk beds, each mattress shall be positioned to allow each occupant to sit up in bed.

(e) Each bedroom shall have direct access to a corridor or external exit.

(f) A bedroom may not be used as a regular means of egress.

(g) Sole entrances to stairways or basements may not be located in a resident's bedroom.

(h) Each bedroom shall be ventilated by operable windows or have mechanical ventilation.

(i) A residential facility shall prohibit smoking and use of candles in bedrooms.

(j) A residential facility may locate bedrooms in the basement if the following criteria are met:

(1) The bedroom shall have appropriate wall, floor and ceiling coverings such as tile, linoleum, paneling or dry wall.

(2) The bedroom shall have a protective fire wall between the residents and any furnace.

(3) There shall be a minimum of two independent and accessible exits from the basement, each located reasonably remote from the other in a manner to reduce the possibility that both will be blocked in an emergency situation.

**§ 705.6. Bathrooms.**

The residential facility shall:

(1) Provide a bathroom containing one sink, one flush toilet and one bathtub or shower for every eight residents.

(2) Provide a wall mirror, a soap dispenser, and either individual paper towels or a mechanical dryer in each bathroom.

(3) Provide an adequate supply of hot and cold running water to meet the needs of the residents in each bathroom.

(4) Provide privacy in toilets by doors, and in showers and bathtubs by partitions, doors or curtains.

(5) Ventilate toilet and wash rooms by exhaust fan or window.

(6) Provide toilet paper at each toilet at all times.

(7) Maintain each faucet and toilet in a functional, clean and sanitary manner at all times.

**§ 705.7. Kitchens.**

The residential facility:

(1) Shall have at least one kitchen with a refrigerator, a sink, a stove, an oven and adequate cabinet space for storage needs.

(2) Shall clean and disinfect food preparation areas and appliances following each prepared meal.

(3) Shall thoroughly clean all eating, drinking and cooking utensils after each usage and store the utensils in a clean enclosed area.

(4) Shall ensure that storage areas for foods are cleanable and free of food particles, dust and dirt.

(5) Shall properly refrigerate or store in closed or sealed containers which are labeled by content and date of preparation, all prepared food items.

(6) Shall store all food items off the floor.

(7) May not permit pets in the kitchen and dining areas.

(8) Shall prohibit smoking in kitchen areas.

**§ 705.8. Heating and cooling.**

The residential facility:

(1) Shall have a heating and cooling ventilation system that is adequate to maintain an indoor temperature of at least 65°F in the winter and no more than 90°F in the summer.

(2) May not permit in the facility heaters that are not permanently mounted or installed.

**§ 705.9. General safety and emergency procedures.**

The residential facility shall:

(1) Be free of rodent and insect infestation.

(2) Require that pets housed in the residential facility are cared for in a safe and sanitary manner.

(3) Limit smoking to designated smoking areas.

(4) Provide written procedures for staff and residents to follow in case of an internal or external emergency or disaster.

(i) These procedures shall be developed with the assistance of qualified fire and safety personnel.

(ii) Procedures shall also include provisions for the transfer of residents and staff to a safe location within the residential facility for the evacuation of residents and staff when necessary, and for assignments of staff during emergencies.

(5) Notify the Department within 48 hours of a fire, other disaster or situation which affects the continuation of services.

**§ 705.10. Fire safety.**

(a) Exits.

(1) The residential facility shall:

(i) Ensure that stairways, hallways and exits from rooms and from the residential facility are unobstructed.

(ii) Maintain at least two independent and accessible exits on every floor; each located remote enough from the other to reasonably ensure that both will not be blocked in an emergency situation.

(iii) Provide guards to prevent falls from the open sides of stairs, ramps, balconies and stair landings higher than 30 inches above the floor or grade below.

(iv) Provide a hand railing on each stairway.

(v) Clearly indicate exits by the use of signs.

(vi) Light interior exits and stairs at all times.

(2) Portable ladders and rope escapes are not considered exits, but may be used in addition to standard exits.

(b) *Smoke detectors and fire alarms.* The residential facility shall:

(1) Maintain a minimum of one automatic smoke detector on each floor, including the basement and attic.

(2) On floors with resident bedrooms, maintain a smoke detection device which shall be located outside the bedrooms. On floors with no resident bedrooms, the smoke detection device shall be located in a common area or hallway. All detection devices shall be interconnected.

(3) Maintain a manual fire alarm system that is audible throughout the facility in a residential facility where four or more residents reside.

(4) Maintain automatic smoke detectors and fire alarms of a type approved by the Department of Labor and Industry or by the Underwriters Laboratories.

(c) *Fire extinguisher.* The residential facility shall:

(1) Maintain a portable fire extinguisher with a minimum of an ABC rating, which shall be located on each floor. If there is more than 2,000 square feet of floor space on a floor, the residential facility shall maintain an additional fire extinguisher for each 2,000 square feet or fraction thereof.

(2) Maintain at least one portable fire extinguisher with a minimum of an ABC rating in each kitchen.

(i) This fire extinguisher shall meet the requirement of paragraph (1), for at least one portable fire extinguisher for a 2,000 square foot area.

(ii) A residential facility shall place the fire extinguisher in the kitchen area near an exit and away from the cooking area.

(3) Ensure fire extinguishers are inspected and approved annually by the local fire department or fire extinguisher company. The date of the inspection shall be indicated on the extinguisher or inspection tag.

(4) Instruct all staff and residents in the use of the fire extinguishers upon resident admission or staff employment. This instruction shall be documented by the residential facility.

(d) *Fire drills.* The residential facility shall:

(1) Conduct a fire drill every 60 days. The residential facility shall keep a written record of the date, hypothetical location of the fire, amount of time it took for evacuation, the number of staff and residents participating in the fire drill and comments regarding special incidents.

(2) Conduct fire drills at different times of the day and night. Hypothetical locations of the fire shall be different for each drill.

(3) Ensure that all personnel on all shifts are trained to perform assigned tasks during emergencies.

**§ 705.11. Child care.**

When a residential facility admits children for services or for custodial care, the following requirements apply:

(1) *Building exterior and grounds.* The residential facility shall:

(i) Fence off or have natural barriers to protect children for all areas determined to be unsafe, including steep grades, cliffs, open pits, swimming pools, high voltage boosters or roads.

(ii) Provide access to outdoor recreational space and suitable recreational equipment.

(2) *Interior space.* The residential facility shall:

(i) Provide an interior play area which meets the developmental and recreational needs of the children in care.

(ii) Maintain security screens for all windows.

(iii) Maintain protective caps over each electrical outlet within reach of small children.

(iv) Secure all storage areas where potentially dangerous substances are kept with safety latches or locks.

### NONRESIDENTIAL SERVICES

#### § 705.21. General requirements for nonresidential treatment facilities.

The nonresidential facility shall:

(1) Have a certificate of occupancy from the Department of Labor and Industry or its local equivalent.

(2) Comply with other applicable Federal, State and local laws and ordinances.

#### § 705.22. Building exterior and grounds.

The nonresidential facility shall:

(1) Maintain all structures, fences and playground equipment, when applicable, on the grounds of the facility so as to be free from danger to health and safety.

(2) Keep the grounds of the facility in good condition and ensure that the grounds are free from any hazard to health and safety.

(3) Keep exterior exits, stairs and walkways lighted at night if in use.

(4) Store securely all garbage and rubbish in noncombustible, covered containers, and remove it on a regular basis, at least once every week.

#### § 705.23. Counseling or activity areas and office space.

The nonresidential facility shall:

(1) Maintain adequate space for both individual and group counseling sessions.

(2) Maintain counseling areas with comfortable furnishings which are appropriate for the intended purpose and which are in good repair.

(3) Ensure sufficient privacy so that counseling sessions cannot be seen or heard outside the counseling room. Counseling room walls shall extend from the floor to the ceiling.

(4) Provide office space, including clerical space, separate and apart from counseling areas and which will not present a distraction or interference to counseling.

#### § 705.24. Bathrooms.

The nonresidential facility shall:

(1) Provide lavatories which are conveniently located throughout the facility.

(2) Maintain lavatory facilities in a functional, clean and sanitary manner.

(3) Ventilate toilet and wash rooms by exhaust fan or window.

(4) Provide toilet paper at each toilet at all times.

(5) Furnish each bathroom with a sink, wall mirror, a soap dispenser, and either individual paper towels or a mechanical dryer.

(6) Provide privacy in toilets by doors.

#### § 705.25. Kitchens.

The nonresidential facility providing meals to clients:

(1) Shall have at least one kitchen with a refrigerator, a sink, a stove, an oven and adequate cabinet space for storage needs.

(2) Shall clean and disinfect food preparation areas and appliances following each prepared meal.

(3) Shall thoroughly clean all eating, drinking and cooking utensils after each usage and store the utensils in a clean enclosed area.

(4) Shall ensure that storage areas for foods are cleanable and free of food particles, dust and dirt.

(5) Shall properly refrigerate or store in closed or sealed containers which are labeled by content and date of preparation all prepared food items.

(6) Shall store food items off the floor.

(7) May not permit pets in the kitchen and dining areas.

(8) Shall prohibit smoking in kitchen areas.

#### § 705.26. Heating and cooling.

The nonresidential facility:

(1) Shall have a heating and cooling ventilation system that is adequate to maintain an indoor temperature of at least 65°F in the winter and no more than 90°F in the summer.

(2) May not permit in the nonresidential facility heaters that are not permanently mounted or installed.

#### § 705.27. General safety and emergency procedures.

The nonresidential facility shall:

(1) Be free of rodent and insect infestation.

(2) Require that pets which are housed in a nonresidential facility be cared for in a safe and sanitary manner.

(3) Limit smoking to designated smoking areas.

(4) Provide written procedures for staff and clients to follow in case of an internal or external emergency or disaster.

(i) These procedures shall be developed with the assistance of qualified fire and safety personnel.

(ii) Procedures shall also include provisions for the evacuation of buildings or for the transfer of clients and staff to a safe location within the building, and for assignments of staff during emergencies.

(5) Notify the Division of Drug and Alcohol Program Licensure within 48 hours of a fire, other disaster or situation which affects the continuation of services.

#### § 705.28. Fire safety.

(a) Exits.

(1) The nonresidential facility shall:

(i) Ensure that stairways, hallways and exits from rooms and from the nonresidential facility are unobstructed.

(ii) Maintain at least two independent and accessible exits on every floor, each located remote enough from the other to reasonably ensure that both will not be blocked in an emergency situation.

(iii) Clearly indicate exits by the use of signs.



(iv) Provide guards to prevent falls from the open sides of stairs, ramps, balconies and stair landings higher than 30 inches above the floor or grade below.

(v) Provide a hand railing for each stairway.

(vi) Light interior exits and stairs at all times.

(2) Portable ladders and rope escapes are not considered exits, but may be used in addition to standard exits.

(b) *Smoke detectors and fire alarms.* The nonresidential facility shall:

(1) Maintain a minimum of one automatic smoke detector on each floor, including the basement and attic.

(2) Place the smoke detection device in a common area or hallway. Detection devices shall be interconnected.

(3) Maintain automatic smoke detectors and fire alarms of a type approved by the Department of Labor and Industry or by the Underwriters Laboratories.

(c) *Fire extinguishers.* The nonresidential facility shall:

(1) Maintain a portable fire extinguisher with a minimum of an ABC rating which shall be located on each floor. If there is more than 2,000 square feet of floor space on a floor, there shall be an additional fire extinguisher for each 2,000 square feet or fraction thereof.

(2) Maintain at least one portable fire extinguisher with a minimum of an ABC rating in each kitchen.

(i) This fire extinguisher meets the requirements of one portable fire extinguisher for a 2,000 square foot area.

(ii) The extinguisher shall be located near an exit and away from the cooking area.

(3) Ensure fire extinguishers are inspected and approved annually by the local fire department or fire extinguisher company. The date of the inspection shall be indicated on the extinguisher or inspection tag.

(4) Instruct the staff in the use of the fire extinguisher upon staff employment. This instruction shall be documented by the facility.

(d) *Fire drills.* The nonresidential facility shall:

(1) Conduct a fire drill every 60 days. The nonresidential facility shall keep a written record of the date, hypothetical location of fire, amount of time it took for evacuation, the number of staff and residents participating in the fire drill and comments regarding special incidents.

(2) Conduct fire drills at different times of the day and night. Hypothetical locations of the fire shall be different for each drill.

(3) Ensure that the personnel on all shifts are trained to perform assigned tasks during emergencies.

**§ 705.29. Child care.**

When a nonresidential facility admits children for services or for custodial care, the following requirements apply:

(1) *Building exterior and grounds.* The nonresidential facility shall:

(i) Fence off or have natural barriers to protect children for all areas determined to be unsafe including steep grades, open pits, swimming pools, high voltage boosters or roads.

(ii) Provide access to outdoor recreational space and suitable recreational equipment.

(2) *Interior space.* The nonresidential facility shall:

(i) Provide an interior play area which meets the developmental and recreational needs of the children in care.

(ii) Maintain security screens for all windows.

(iii) Maintain protective caps over each electrical outlet within reach of small children.

(iv) Secure all storage areas where any potentially dangerous substances are kept with safety latches or locks.

**CHAPTER 709. STANDARDS FOR LICENSURE OF FREESTANDING TREATMENT FACILITIES**

**Subchapter C. GENERAL STANDARDS FOR FREESTANDING TREATMENT ACTIVITIES**

**§ 709.27. [ Physical plant ] (Reserved).**

[ The project shall have provisions for the following requirements:

(1) Counseling areas.

(2) Office space.

(3) Lavatories.

(4) Fire escapes/emergency exits.

(5) Fire extinguishers.

(6) Fire drills.

(7) General maintenance.

(8) Food service areas, if applicable.

(9) Disaster plan.

(10) Certificate of Occupancy from the Department of Labor and Industry or its equivalent.

(11) Compliance with applicable local ordinances and regulations. ]

**Subchapter G. STANDARDS FOR INPATIENT NONHOSPITAL ACTIVITIES—TRANSPORTATION LIVING FACILITIES (TLFs)**

**§ 709.74. [ Physical plant ] (Reserved).**

[ The transitional living facilities need not comply with § 709.27 (relating to physical plants), but shall make provisions for activity areas. ]

**CHAPTER 711. STANDARDS FOR CERTIFICATION OF TREATMENT ACTIVITIES WHICH ARE A PART OF A HEALTH CARE FACILITY**

**Subchapter C. STANDARDS FOR INTAKE EVALUATION AND REFERRAL ACTIVITIES**

**§ 711.45. [ Physical plant ] (Reserved).**

[ When the project is not physically located with a health care facility, it shall be site visited annually for the following requirements:

(1) Interview areas.

(2) Office space.

(3) Lavatories.

(4) Fire escapes/emergency exits.

(5) Fire extinguishers.

(6) General maintenance.

(7) Certificate of Occupancy from the Department of Labor and Industry or its equivalent.

(8) Compliance with applicable local ordinances or regulations. ]

**Subchapter D. STANDARDS FOR INPATIENT  
NONHOSPITAL ACTIVITIES—RESIDENTIAL  
TREATMENT AND REHABILITATION**

§ 711.57. [ Physical plant ] (Reserved).

[ When the project is not physically located within a health care facility, it shall be site visited annually for the following requirements:

- (1) Counseling areas.
- (2) Office space.
- (3) Lavatories.
- (4) Fire escapes/emergency exits.
- (5) Fire extinguishers.
- (6) General maintenance.
- (7) Food service areas, if applicable.
- (8) Certificate of Occupancy from the Department of Labor and Industry or its equivalent.
- (9) Compliance with applicable local ordinances and regulations. ]

**Subchapter E. STANDARDS FOR INPATIENT  
NONHOSPITAL ACTIVITIES—SHORT-TERM  
DETOXIFICATION**

§ 711.67. [ Physical plant ] (Reserved).

[ When the project is not physically located within a health care facility, it shall be site visited annually for the following requirements:

- (1) Counseling areas.
- (2) Office space.
- (3) Lavatories.
- (4) Fire escapes/emergency exits.
- (5) Fire extinguishers.
- (6) General maintenance.
- (7) Food service areas, if applicable.
- (8) Certificate of Occupancy from the Department of Labor and Industry or its equivalent.
- (9) Compliance with applicable local ordinances and regulations. ]

**Subchapter F. STANDARDS FOR INPATIENT  
NONHOSPITAL ACTIVITIES—TRANSITIONAL  
LIVING FACILITIES (TLFS)**

§ 711.77. [ Physical plant ] (Reserved).

[ When the project is not physically located within a health care facility, it shall be site visited annually for the following requirements:

- (1) Activity areas.
- (2) Office space.
- (3) Lavatories.
- (4) Fire escapes/emergency exits.
- (5) Fire extinguishers.
- (6) General maintenance.
- (7) Food service areas, if applicable.

(8) Certificate of Occupancy from the Department of Labor and Industry or its equivalent.

(9) Compliance with local applicable ordinances and regulations. ]

**Subchapter G. STANDARDS FOR PARTIAL  
HOSPITALIZATION ACTIVITIES**

§ 711.88. [ Physical plant ] (Reserved).

[ When the project is not physically located within a health care facility, it shall be site visited annually for the following requirements:

- (1) Counseling areas.
- (2) Office space.
- (3) Lavatories.
- (4) Fire escapes/emergency exits.
- (5) Fire extinguishers.
- (6) General maintenance.
- (7) Food service areas, if applicable.
- (8) Certificate of Occupancy from the Department of Labor and Industry or its equivalent.
- (9) Compliance with local applicable ordinances and regulations. ]

**CHAPTER 713. STANDARDS FOR APPROVAL OF  
PREVENTION AND INTERVENTION ACTIVITIES**

**Subchapter C. GENERAL STANDARDS FOR  
PREVENTION AND INTERVENTION ACTIVITIES**

§ 713.27. [ Physical plant ] (Reserved).

[ The project shall have provisions for the following requirements:

- (1) Activity or counseling area.
- (2) Office space.
- (3) Lavatories.
- (4) Fire escapes/emergency exits.
- (5) Fire extinguishers.
- (6) Disaster plan.
- (7) General maintenance.
- (8) Certificate of Occupancy from the Department of Labor and Industry or its equivalent.
- (9) Compliance with local ordinances or regulations. ]

[Pa.B. Doc. No. 99-1916. Filed for public inspection November 12, 1999, 9:00 a.m.]





ORIGINAL: 2075

2001 SEP 11 AM 8:19

REVIEW COMMISSION

September 10, 2001

To Whom It May Concern:

This letter is written in response to a review of the Department of Health adopted amendments to 28 Pa. Code Part V as it pertains to drug and alcohol facilities and services.

In particular, I want to comment on the adverse impact the changes in section 705.5 Sleeping Accommodations, subsection (b) concerning square footage per bed will make upon Teen Challenge Training Center, Inc. in Rehrersburg, and its related induction centers.

If the 50sq. ft. per client in a multiple occupancy room becomes part of the standards, two of our four induction centers will lose between 25-30% of their available beds. In other words, a center currently approved for 20 beds will be forced to remove 5 beds to come into compliance.

Here at the Training Center where clients continue the drug and alcohol part of our program for the first two months, we will be obligated to reduce our approved D&A bed count from 80 to 62. The average D&A room has a total area of 184.5 sq. ft. (excluding closet space; 196 sq. ft. with closet space).

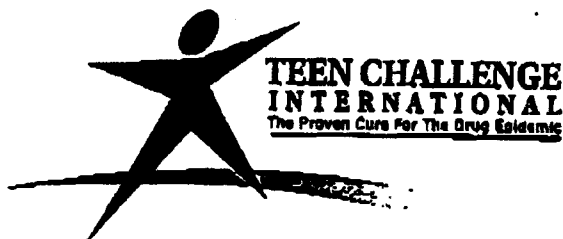
Is it possible to reconsider the Departments stance on a blanket refusal to consider grandfathering existing facilities with regard to the 50 sq. ft. requirement? If the standard was set at 45 sq. ft. per client, our problem at the Training Center will be resolved and the reduction of beds at the induction center will not be as severe.

Thank you for your consideration to our concerns.

Sincerely,

Richard Weitzel,  
Student Services Director

cc: Fiona Wilmerth, Deb Beck, Representative Dennis O'Brien, Melanie Brown, Representative Frank Oliver, Sandra Bennett, Senator Harold Mowery, H. Scott Johnson, Senator Vincent Hughes, Niles Schore, John Hair



Teen Challenge Training Center  
 PO Box 98, Rehrersburg, PA 19550  
 717.933.4181 fax: 717.933.5919

Pages, including this one: 2  
 Date: 9-10-01  
 To: Fiona Wilmerth Dept. \_\_\_\_\_  
 From: Richard Weitzel Co. Dept.: \_\_\_\_\_  
 Fax Number: 717-783-2664  
 Re: \_\_\_\_\_

MEMO:

*Response letter to adopted amendments  
 to 28 Pa. Code Part V,  
 section 705.5 (b).*

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REVIEW COMMISSION

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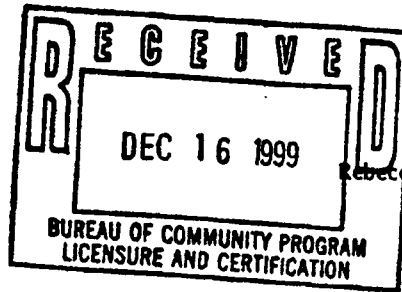


CROSSROADS

Serenity Hall, Inc.

EFFECTIVE RECOVERY

For Adults Facing Alcohol or Drug Problems



EXECUTIVE DIRECTOR  
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Nick Rybak

Charles Pauley

Norman Stiteler

December 13, 1999

Original: 2075

Bush

cc:

Sandusky

de Bine

Wilmarth

Smith

Legal

Mr. John Hair, Director  
Bureau of Community Program Licensure and Certification  
Department of Health  
132 Kline Plaza  
Suite A  
Harrisburg, PA 17104

Dear Mr. Hair:

This letter is in response to the PA code changes for 701, 705, 709, 711 and 713.

We agree with the standardization of the physical plant requirements. We support the need to have drug and alcohol facilities that are safe and provide a pleasant environment for recovery. What is of concern is that in the section - fiscal impact, it identifies that there would be an impact, and it would be borne by drug and alcohol facilities, and annual maintenance would be minimal. We would disagree with these statements.

As a provider of residential services since 1966, our agency has complied with the proposed standards for many years. This is generally due to the JCAHO accreditation certification the agency has held since 1985. The costs have been borne by the organization via grants and fundraising activities. This is becoming more and more difficult with the majority of social service agencies in competition for the same type of physical plant improvement funds.

To implement these sections, we would request a review of the current fee for service system to allow such costs to be built into the daily rates of services. As of late, rates have been frozen, or established at the State level. The number of clients served continues to reduce, length of stay is reducing so the economy of scale has lost its effect and costs continue to rise for services.

Thank you for the opportunity to respond to this bulletin.

Sincerely,

Suzanne C. Mack  
Executive Director

cc: Namon McWilliams, Executive Director, Office of Drug and Alcohol Abuse  
DASPOP  
Independent Regulatory Commission

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414 W. 5th Street ♦ Erie, PA 16507 ♦ 814/459-4775 ♦ Fax: 814/453-6118

DETOXIFICATION ♦ RESIDENTIAL TREATMENT ♦ DUAL DIAGNOSIS ♦ SHOUT OUTREACH  
PARTIAL DAY TREATMENT ♦ OUTPATIENT TREATMENT ♦ DR. DANIEL S. SNOW HALFWAY HOUSE

Licensed by the Pennsylvania Department of Health, Division of Drug and Alcohol Program Licensing, and accredited by the Joint Commission of Health Care Organization (JCAHO)



CROSSROADS

# Serenity Hall, Inc.

**EFFECTIVE RECOVERY**  
For Adults Facing Alcohol or Drug Problems

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Carol King  
Jack Kraeling  
Cheryl Maruso  
Julia George-Williams  
Nick Rybak  
Charles Pauley  
Norman Stiteler

**FAX**

TO:

*John Haw*

OF:

*Parent of Community Program*

FAX:

*917-787-3188*

FROM:

*Suzanne Mack*

PAGES:

*2*

INCLUDING THIS SHEET

DATE:

*12/13*

TIME:

*3:45*

AM/PM

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If you have any questions regarding the above, you may contact us at (814)459-4775. Thank you.

414 W. 5th Street ♦ Erie, PA 16507 ♦ 814/459-4775 ♦ Fax: 814/453-6118

DETOXIFICATION ♦ RESIDENTIAL TREATMENT ♦ DUAL DIAGNOSIS ♦ SHOUT OUTREACH  
PARTIAL DAY TREATMENT ♦ OUTPATIENT TREATMENT ♦ DR. DANIEL S. SNOW HALFWAY HOUSE

Licensed by the Pennsylvania Department of Health, Division of Drug and Alcohol Program Licensing, and accredited by the Joint Commission of Health Care Organization (JCAHO).

SENATOR CHARLES W. DENT  
16TH DISTRICT

SENATE BOX 203016  
460 MAIN CAPITOL BUILDING  
HARRISBURG, PA 17120-3016  
(717) 787-1349  
FAX (717) 772-3458

ALLENTOWN OFFICE  
801 HAMILTON MALL  
ALLENTOWN, PA 18101  
(610) 821-8468  
FAX (610) 821-6798

EMAIL: cdent@pasen.gov

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HOUSE OF REPRESENTATIVES  
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REVIEW COMMISSION

Senate of Pennsylvania

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December 27, 1999

Original: 2075  
Bush  
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de Bien

Honorable Robert Zimmerman, Secretary  
Department of Health  
Room 802 Health & Welfare Building  
Harrisburg, PA 17108

**SUBJECT: Proposed Regulations for Drug & Alcohol Facilities Physical Plant Standards**

Dear Secretary Zimmerman:

**COPY**

I am extremely concerned about comments I have received from constituents who object to Section 705.5 (B) as it relates to sleeping accommodations for individuals seeking treatment for their addictions.

The proposed square feet requirement per person in all likelihood will cause severe operational difficulties for various substance abuse treatment providers in the Lehigh Valley community. The proposed regulations suggest that individuals seeking treatment are somehow "dehumanized" while living in these settings. I find it very hard to believe that substance abusers – many of whom came right off the street – would find a clean environment, not terribly dissimilar to a college dormitory setting, to be a hardship. In fact, the treatment settings that I am familiar with are safe, healthy and a tremendous improvement for people with addictions when compared to their previous living arrangements. Moreover, I am unaware of ever receiving complaints about living conditions in one of these treatment facilities.

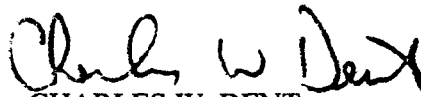
I respectfully urge the department to seriously reconsider these proposed regulations and the impact they will have on the various treatment providers throughout Pennsylvania.

Secretary Robert Zimmerman  
December 27, 1999  
PAGE TWO

I would very much like to discuss this issue with you. Thank you in advance for your consideration of this important issue.

With best wishes,

Sincerely,



CHARLES W. DENT  
Senator, 16<sup>th</sup> District  
Commonwealth of PA

CWD/ljm

cc: Gene Boyle, Director  
Bureau of Drug/Alcohol Programs

Robert Nyce, Executive Director  
Independent Regulatory Review Commission

JENNIFER L. MANN, MEMBER  
132ND LEGISLATIVE DISTRICT

121B EAST WING  
HOUSE BOX 202020  
HARRISBURG, PENNSYLVANIA 17120-2020  
PHONE: (717) 705-1869  
FAX: (717) 787-0861

1227 LIBERTY STREET  
SUITE 202, 2ND FLOOR  
ALLENTOWN, PENNSYLVANIA 18102  
PHONE: (610) 821-6577  
FAX: (610) 821-6325



House of Representatives  
COMMONWEALTH OF PENNSYLVANIA  
HARRISBURG

COMMITTEES

DEMOCRATIC POLICY  
ENVIRONMENTAL RESOURCES  
AND ENERGY  
FINANCE  
URBAN AFFAIRS, DEMOCRATIC  
SECRETARY

December 13, 1999

Director John C. Hair  
Bureau of Community Program  
Licensure and Certification  
Department of Health  
132 Kline Plaza, Suite A  
Harrisburg, PA 17104

Original: 2075  
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Dear Director Hair:

Our office recently received a call from Bill Stauffer of the Halfway House of the Lehigh Valley, a residential treatment center within our legislative district. The Halfway House of the Lehigh Valley informed our office of proposed changes from the Department of Health to 28 PA. Code CHS. 701, 705, 709, 711 and 713, and there concerns with the changes.

Of specific concern to Mr. Stauffer and the Halfway House of the Lehigh Valley, was section 705.5, which deals with sleeping accommodations. As you know, Subsection 6(b.) would require residential facilities to provide a minimum of sixty (60) square feet per resident for residents sharing a room, or a minimum of 80 square feet for a single bedroom.

The Halfway House currently if licensed for 36 residents, but if this proposal is enacted it is the likely that they will lose in the area of \$150,000 yearly. This will cause the Halfway House of the Lehigh Valley's program to become very unstable, possibly even threaten their ability to offer their services.

I would greatly appreciate if you consider the comments, suggestions, and objections that the Halfway House of the Lehigh Valley sent to you. If you did not receive a letter directly from them, please accept this as our suggestions on the proposed regulation. Thank you for your consideration.

Sincerely,

Jennifer L. Mann  
State Representative  
132<sup>nd</sup> Legislative District

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**Jennifer L. Mann**  
State Representative, 132nd District

INDEPENDENT REGULATORY  
REVIEW COMMISSION

Allentown Office  
1227 Liberty Street  
Suite 202, 2nd Floor  
Allentown, PA 18102  
Phone#: 610-821-5577  
Fax#: 610-821-6325

Harrisburg Office  
House Box 202020  
121-B East Wing  
Harrisburg, PA 17120  
Phone#: 717-705-1869  
Fax#: 717-787-0861

FAX TRANSMITTAL SHEET

DATE: 12/13/99

FAX#: (717)787-3188

TO: DIRECTOR JOHN C. HAIR

FROM: CRAIG ROGAN

MESSAGE: Dear Director Hair:

If you have any questions, please feel  
free to call. Thanks for everything!

Sincerely,  
Craig Rogan

# OF PAGES (Including Cover): 2



SENATOR CHARLES W. DENT  
16TH DISTRICT

SENATE BOX 203016  
460 MAIN CAPITOL BUILDING  
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FAX: (610) 502-1570

E-MAIL: [cdent@pasen.gov](mailto:cdent@pasen.gov)



Senate of Pennsylvania

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STATE GOVERNMENT  
APPROPRIATIONS

Original: 2075

October 25, 2001

Robert E. Nyce, Executive Director  
Independent Regulatory Review Commission  
14<sup>th</sup> Floor, Harristown 2  
333 Market Street  
Harrisburg, PA 17101

Dear Bob:

Enclosed please find correspondence that I received from Theodore Alex, Associate Director of Treatment Trends, Inc., regarding the Department of Health's proposed regulations regarding mental health and drug and alcohol program, Chapter 2600. Treatment Trends, Inc. provides a valuable service to members of my community, and Mr. Alex highlights excellent points regarding certain problematic aspects of the proposed regulations.

I respectfully request that you consider Mr. Alex's comments as you move through the review process in connection with these regulations, and provide me with an update regarding the status of these regulations in light of Mr. Alex's comments.

Thank you for your consideration of this request.

With best wishes,

Sincerely,

CHARLES W. DENT  
Senator, 16<sup>th</sup> District  
Commonwealth of PA

CWD/scm  
Enclosure

cc: Theodore Alex  
Senator Mowery  
John Dillinsnider

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2001 OCT 29 AM 9:00  
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# *Treatment Trends, Inc.*

*18-22 S. SIXTH STREET P.O. BOX 685 ALLENTOWN, PA 18105*

*\* Confront \* Keenan House \* Lehigh & Northampton County TASC  
\* Forensic Treatment Services \* Richard S. Csandl Recovery House*

May 11, 2001

The Honorable Senator Charles Dent  
Commonwealth of Pennsylvania  
Senate Box 203016  
460 Capitol Building  
Harrisburg, PA 17120

RECEIVED  
2001 OCT 29 AM 9:00  
SENATE COMMISSIONER

Dear Senator Dent:

On December 28, 1999 I wrote several letters in response to the proposed physical plant standards for the licensure of Drug and Alcohol facilities promulgated by the Department of Health {28 PA Code Chs. 701, 705, 709, 711 and 713}. Because of the swift action by many legislators in office at the time and the overwhelming response by drug and alcohol providers, these regulations were placed on hold, but obviously not abolished.

Now, as joint licensure of mental health and drug and alcohol programs is looming as a possibility, these same regulations, along with some additional and equally harmful ones, are being proposed again. The proposed regulations are listed jointly as Chapter 2600. Adult Residential Regulations. They are then broken down into various Subchapter Requirements, first as General Requirements, and then more specifically according to the types of programs.

The most damaging of these regulations is located in § 2600.100. Consumer bedrooms (b), (d) and (i).

- (b) "Each shared bedroom shall have at least 60 square feet of floor space per consumer measured wall to wall, including space occupied by furniture."
- (d) "No more than two consumers may share a bedroom."
- (i) "Bunk beds are prohibited."

These requirements will place a severe hardship on many existing residential treatment facilities and halfway houses. Most non-profit residential treatment programs operate under strict budgetary constraints, directly related to their capacity (beds). When existent programs must comply with arbitrary standards such as these, they are forced to either severely reduce bed capacity, or undergo extensive renovations, both very costly options. The loss of only a few residential beds, when annualized, will undoubtedly force agencies to eliminate staff positions, reducing treatment capacity and taxing an already stressed system. Small agencies may even be forced to close because of the loss of revenue. Additionally, in a time when recruitment and retention of staff is already a major

concern, losing even one good counselor is not an acceptable option.

Treatment Trends, Inc. has renovated most of its Keenan House facility to provide modern, clean, light treatment and living spaces. Clients are provided with comfortable lounge areas, a beautiful dining area, computer and educational classrooms, as well as recreational space outside of their bedrooms. Keenan House, by providing a very comprehensive schedule of treatment and recreational activities, assures that client bedrooms are predominately for sleeping. There is no reason to eliminate bunk beds or limit bedrooms to two individuals. In addition, the requirement of 60 square feet per client is unnecessary. The American Correctional Association, ACA, Standards for Adult Community Residential Services requires only 25 square feet of unencumbered space per client. The ACA space requirement is much more realistic (even when furnishings are included) and does not force most agencies to eliminate beds.

**§2600.1032. Staffing ratios** presents another dilemma, which will arbitrarily cause financial hardship.

(d) "There will be 24 hour per day awake coverage with at least one staff person on site for up to every 15 consumers.

This regulation would force many residential treatment providers to increase staffing patterns (and hire more full time employees) during a time when clients are sleeping. This will inevitably force agencies to increase their per diems to meet another arbitrary demand. At Keenan House, staff to client ratios are well above this 15:1 standard during active periods (7:00 a.m. to 12 midnight). In addition, clinical staff are assigned to work during evenings and weekends to provide services above and beyond the regular treatment day.

**§2600.187. Administration of medication.**

This area presents some confusing information. Section (a) states that prescription medication may only be administered by:

1. A licensed physician, dentist, physician's assistant, registered nurse, certified registered nurse practitioner, LPN or licensed paramedic;
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the facility;
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the facility.

However, **§2600. 185. Medication records section (d)** states that

"The information in subsection ( c ) shall be recorded at the same time each dosage of medication is administered or self-administered."

The latter indicates that medication may be self-administered, which is done at many facilities. If appropriate procedures for storage, administration, disposal and error reporting are in place and practiced, I see no reason for more restrictive standards. Once again, implementation of these proposed standards (hiring additional nursing staff) would place a heavy financial burden on non-profit treatment providers.

**§2600. 1033. Exceptions for staff qualifications.**

This section was not explained. However, **2600.1031 (h)**, is very explicit in stating the requirements

for a counselor. As written, these standards make no allowance for any non-degreed individual to work as a counselor assistant, in an effort to gain the credentials required to become a counselor. Oftentimes, individuals are hired, and are closely supervised, while pursuing degrees towards meeting the licensing standards. This should not be described as an exception, but should be written as the norm.

In closing, I would ask minimally that the proposed standards for consumer bedrooms be rewritten to allow for existing agencies to be grandfathered, permitting them to maintain their capacities. Actually, the standards, if changed, should be written to accommodate existing facilities that are offering quality services and safe, clean facilities. Additionally, more restrictive staffing regulations, higher staff to client ratios and increased restrictions on self-administration of medications all place unnecessary financial burdens on treatment providers. Non-profit organizations can ill afford to absorb financial losses caused by senseless over regulation by the State.

I thank you for your past support and hard work in fighting these unnecessary standards. I also appreciate your continuing efforts in protecting the existing services as well as the clients we are trying to help.

Sincerely,

A handwritten signature in black ink that reads "Theodore Alex, MPA". The signature is written in a cursive, flowing style.

Theodore Alex, MPA  
Associate Director  
Treatment Trends, Inc.

Origina: 2075

31ST DISTRICT  
**HAROLD F. MOWERY, JR.**

SENATE BOX 203031  
MAIN CAPITOL BUILDING  
HARRISBURG, PA 17120-3031  
(717) 787-8224  
FAX (717) 772-0876  
EMAIL: hmowery@psen.gov

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1023 MUMMA ROAD  
LEMOYNE, PA 17043  
717-765-7423  
1-800-734-6267

DISTRICT OFFICE:  
POST OFFICE BOX 320  
NEW BLOOMFIELD, PA 17068  
717-852-4000



*Senate of Pennsylvania*

December 3, 2001

**COMMITTEES**

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**LAW & JUSTICE**  
**RULES & EXECUTIVE NOMINATIONS**

**CAPITOL PRESERVATION COMMITTEE**  
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**LEGISLATIVE DATA PROCESSING COMMITTEE**  
**LEGISLATIVE SPORTSMEN'S CAUCUS**  
**PENNSYLVANIA INFRASTRUCTURE  
INVESTMENT AUTHORITY**  
**SENATE FIRE FIGHTERS LEGISLATIVE  
CAUCUS**

Mr. John R. McGinley, Jr., Chairman  
Independent Regulatory Review Commission  
333 Market Street  
14th Floor, Harrisstown 2  
Harrisburg, PA 17101

Re: Department of Health – Final Regulations No. 10-154  
Physical Plant Regulations for Residential and Non-Residential Treatment Activities

Dear Mr. McGinley:

We are writing in support of the Department's resubmitted Final Regulation 10-154, and to recommend that the Independent Regulatory Review Commission approve the regulation. We have reviewed the final form regulation that was resubmitted on November 14, 2001, and believe that it addresses the objections previously raised by the Senate Public Health and Welfare Committee that resulted in a vote of disapproval.

Sincerely,  
  
Harold F. Mowery, Chairman  
Senate Public Health & Welfare Committee

Sincerely,  
  
Vincent J. Hughes, Minority, Chairman  
Senate Public Health & Welfare Committee

HFM/hsj

cc: Robert E. Nyce  
s:\health 01-02\correspondence\irrc - reg 10-154 approval.doc

2001 DEC 03 PM 4:22  
REGISTRATION DIVISION

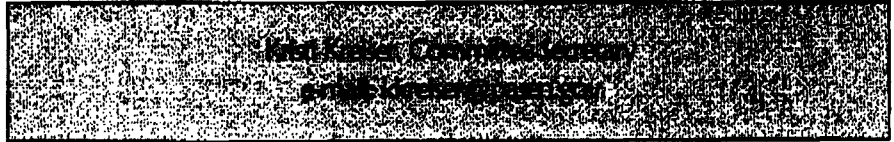


**Senate Public Health & Welfare Committee  
Senator Harold F. Mowery, Jr., Chairman**

Room 169 - Main Capitol Building  
Harrisburg, PA 17120

Phone (717) 787-8524 Fax (717) 772-0576

e-mail: [hmowery@pasen.gov](mailto:hmowery@pasen.gov) web site: [www.halmowery.com](http://www.halmowery.com)



# FAX

To: John R. McGinley, Jr. From: Kristi Kreiser

Fax: 783-2664 Pages: 2 including cover

Phone: Date: 12/3/2001

Re:

- Urgent
- For Review
- FYI
- Please Reply
- Per Your Request

● Notes/Comments:

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 2001 DEC -3 PM 4: 22  
 REVIEW OF ADMISSION

**DENNIS M. O'BRIEN, MEMBER**

ROOM 100 MAIN CAPITOL  
HOUSE BOX 202020  
HARRISBURG, PA 17120-2020  
PHONE: (717) 787-5689  
FAX: (717) 787-1339

PHILADELPHIA OFFICE:  
9811 ACADEMY ROAD, LOWER LEVEL  
PHILADELPHIA, PA 19114-1715  
PHONE: (215) 632-5150  
FAX: (215) 281-2094



*House of Representatives*  
COMMONWEALTH OF PENNSYLVANIA  
HARRISBURG

October 24, 2001

Original: 2075

Independent Regulatory Review Commission  
The Honorable Robert E. Nyce  
333 Market St., 14<sup>th</sup> Floor Harristown 2  
Harrisburg, PA 17101

Dear Bob:

The Health and Human Services Committee met on Tuesday, October 23, 2001 and voted unanimously to disapprove the Department of Health Regulation 10-154. Our reasons for this decision are outlined in correspondence of that date for your review.

Sincerely,

A handwritten signature in black ink, appearing to read "Dennis M. O'Brien".

DENNIS M. O'BRIEN, Chairman  
Health and Human Services Committee

DMO'B:MB:mp

**COMMITTEES**

HEALTH AND HUMAN SERVICES  
CHAIRMAN  
JUDICIARY  
POLICY

INDEPENDENT REGULATORY  
REVIEW COMMISSION

2001 OCT 24 PM 4:20

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**DENNIS M. O'BRIEN, MEMBER**

ROOM 100 MAIN CAPITOL  
HOUSE BOX 202020  
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PHONE: (717) 787-5689  
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*House of Representatives*

COMMONWEALTH OF PENNSYLVANIA  
HARRISBURG

October 23, 2001

**COMMITTEES**

HEALTH AND HUMAN SERVICES  
CHAIRMAN  
JUDICIARY  
POLICY

Original: 2075

IRRC

Chairman John R. McGinley, Jr.  
333 Market St., 14<sup>th</sup> Floor Harristown 2  
Harrisburg, PA 17101

Dear Chairman McGinley:

The Health and Human Services Committee of the Pennsylvania House of Representatives is writing in response to the physical plant standards (Part V. Drug and Alcohol Facilities and Services) proposed by the Department of Health for the licensure of residential and non-residential drug and alcohol services.

The committee stands opposed to the regulations as the department is currently proposing them. We believe that physical plant standards are necessary for these facilities, but disagree with the extent of the proposed regulations. The regulations would have a serious impact on the ability of providers to offer drug and alcohol abuse treatment to citizens of the Commonwealth.

Our main concern lies within Section 705.5 (b) and 705.7, which deal with square foot requirements for patient rooms and the standards for a kitchen within the facility. These mandates will reduce the ability of the facilities to offer services to people in desperate need of drug and alcohol services by reducing the treatment capacity of these treatment centers.

In addition, square footage requirements and restrictions on congregate and dorm-style sleeping areas need to be re-considered for programs specializing in the treatment of pregnant addicted women, women with dependent children and for deteriorated criminal justice populations.

We would like to recommend to the department and the Independent Regulatory Review Commission that the proposed regulations include a "grandfathering clause" to include all facilities that do not meet the standards as they are currently being proposed. This will allow our current facilities to maximize their treatment potential and not cause a shortage of drug and alcohol treatment services in Pennsylvania.

Sincerely,

A handwritten signature in black ink, appearing to read "Dennis M. O'Brien".

DENNIS M. O'BRIEN, Chairman  
Health and Human Services Committee

DMO'B:JR:mp

Vertical stamp: RECEIVED  
OCT 23 11 05 AM '01



Original: 2075

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Senate of Pennsylvania

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AMERICAN - ITALIAN CAUCUS  
PENNSYLVANIA TECHNOLOGY  
INVESTMENT AUTHORITY

October 22, 2001

Fiona Wilmarth  
IRRC  
333 Market Street, 14<sup>th</sup> Floor  
Harrisburg PA 17101

Dear Ms. Wilmarth;

Recently, Mr. Robert C. Csandl, Executive Director of Treatment Trends, Inc., contacted me regarding the proposed regulations governing physical plant standards at Drug and Alcohol Treatment facilities. While I greatly appreciate your commitment to more effective treatment, I must concur with many of Mr. Csandl's concerns. I encourage your organization to revisit this matter, taking the points addressed by Mr. Csandl under close consideration.

As the minority chair of the Senate Consumer Protection and Professional Licensure Committee, I am very concerned with the safety and effectiveness of these facilities. The obvious goal of such programs is to provide the best possible care for individuals suffering from alcohol and drug related illnesses. This goal can not be reached if we impose needless, over-zealous regulations that force productive treatment facilities to close their doors.

Treatment Trends, Inc. continually renovates its Allentown facilities to both better serve its clients and to exceed all Department of Health regulations. The last phase of renovations coming less than three years ago. I understand the proposed regulations will dramatically reduce the facilities population and thus seriously jeopardizing the future of Treatment Trends. If our goal is maintain the most effective treatment policy available, we can not regulate our facilities out of existence.

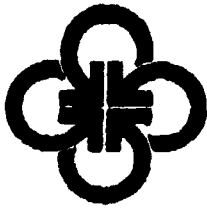
Again, I admire your efforts in formulating a more efficient and effective drug and alcohol treatment policy. I am confident with further review a more promising solution can be reached. If you have any questions regarding this correspondence, please feel free to contact me.

Sincerely,

LISA BOSCOLA  
State Senator  
18th Senatorial District

LMB/gaj

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2001 OCT 29 AM 8:58  
REVIEW COMMISSION



Original: 2075

GAUDENZIA, Inc.

106 W. Main Street, Norristown, PA 19401 (610) 239-9600  
FAX: (610) 239 9324

A United Way Donor Option Agency

Robert P. Kelly  
Chairman of the BoardMichael Harle, M.H.S.  
President/Executive DirectorMichael Baylson  
Counsel

September 10, 2001

Independent Regulatory Review Commission  
333 Market Street  
Harrisburg, Pennsylvania 17101Attention: Fiona Wilmarth, Analyst  
Fax: (717) 787-1339

Dear Ms. Wilmarth

We are responding at this late date because we have recently been informed that the proposed regulations published nearly two years ago, have been forwarded to you in final form on August 24, 2001.

On December 13, 1999 we responded to the proposed regulation to you and Mr. John Hair, Director, Bureau of Community Program Licensure and Certificate. A copy of that letter is attached for your review.

Several of our comments in that letter have been used verbatim in the comments made by the Department of Health. That document is dated August 16, 2001. The Department of Health has responded to those comments and have made changes based upon both comments and their responses.

As of 2:00 p.m. this day, September 9, 2001, we have been unable to obtain a copy of the final form regulation sent to you and the Legislative Committees on August 24, 2001. Therefore, it is not possible for us to comment on the proposed changes to the regulations offered by the Department of Health. This problem raises the issue of fairness in the promulgation of these regulations.

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INDEPENDENT REGULATORY REVIEW COMMISSION



**Page 2**

Since December 1999, we have not been informed of the status of these proposed regulations. When we do discover that the process has been jump started, our ability to review the final form regulations has been surpassed because we are not able to retrieve a copy of the final Regulations from the Department of Health.

Nevertheless, we wish to reiterate our comments in our December 13, 1999 letter. We would also add the following to the response of the Department of Health.

The Department of Health states that "this regulation (Section 705.5) will not affect programs with women and children. As proposed in November 1999, existing facilities were exempt from the proposed regulation of "no more than four residents may sleep in one bedroom." The Department of Health's response does not take into consideration the research available.

Research clearly indicates that dormitory style living arrangements provides women with the added monitoring of their peers to help them with controlling any impulses to use harmful disciplinary practices. Women and Children programs should be exempt from the regulation of no more than four residents per bedroom. Not only should existing programs be exempt, but also new programs for women and children. The Department of Health comments that the program growth in this area is not anticipated, is not well funded. Growth in these programs is limited by lack of funding and not need.

The Department of Health's response to the "grandfathering" clause is not finded. The Department suggests that "grandfathering" would not address the current overcrowding issue. Licensed Programs have Certificates of Occupancy to operate.



**Page 3**

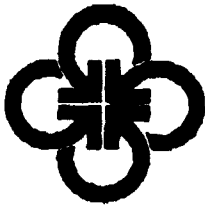
A Certificate of Occupancy takes into consideration the health and safety requirements of the occupants. Is the Department of Health attempting to second guess the occupancy requirements of the Certificate of Occupancy?

We have other concerns, but without the final form regulations, our comments may not be appropriate. Hopefully, we will be able to secure a copy of the final form regulations within the next few days. However, we are concerned that we may not have an adequate opportunity to respond.

Sincerely yours,



Michael J. Moyle  
Director of Fiscal and Corporation Operation



**GAUDENZIA, Inc.** 106 W. Main Street, Norristown, PA 19401 (610) 239-9600  
FAX: (610) 239-9324

Robert P. Kelly  
Chairman of the Board

Michael Harle, M.H.S.  
President/Executive Director

Michael Baylson  
Counsel

A United Way Donor Option Agency

December 13, 1999

John Hair, Director  
Bureau of Community Program  
Licensure and Certification  
Department of Health  
132 Kline Plaza, Suite A  
Harrisburg, PA 17104

Independent Regulatory Review Commission  
333 Market Street, 14<sup>th</sup> Floor  
Harrisburg, PA 17101

**Re: Proposed Physical Plant Standards PA Bulletin, Volume 29, November 13, 1999**

Gentlemen:

We are responding at this late date because we received notice of the proposed regulations only recently. We have several licensed facilities and none of these facilities received the notice.

We have reviewed the proposed regulations amending physical plant standards for residential and non-residential services. We believe that most of the amendments do adequately protect the health and safety of the clients being served but, do have several concerns with several sections.

We do wish to comment on the following Sections together with some general comments:

**705.5 (a) (5) In bedrooms, a residential facility shall furnish the following for each resident.**

- (5) A chest of drawers
- (6) Closet or wardrobe space with clothing racks and shelves accessible to the resident

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A copy of the official registration and financial information may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.

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INDEPENDENT REGULATORY REVIEW COMMISSION



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Page 2

- 705.5 (b) For each resident sharing a bedroom, the residential facility shall provide a minimum of 60 square feet of space per bed, including space occupied by furniture. For each resident occupying a single bedroom, the facility shall have a minimum of 80 square feet of bedroom space, including space occupied by furniture**
- 705.5 (c) No more than four residents may sleep in one bedroom**
- 705.5 (d) When a residential facility uses bunk beds, each mattress shall be positioned to allow each occupants to sit up in bed.**

Section 705,5 (b) requiring a minimum of 60 square feet of space per bed, does not exempt existing facilities. Other regulatory agencies require much less square footage. If these regulations are made effective we would have at least three facilities unable to meet the requirement. The population of these facilities would be reduced by one-third immediately. These facilities have been licensed for a certain number of residents. This regulation conflicts with the current licensing capacity of the facility. More importantly this regulation would decrease the number of available treatment beds within the Commonwealth. Those operating at less capacity would have increased per diem costs. In essence, it would cost more per day to treat an individual and fewer individuals will receive treatment at the same costs to the Commonwealth as before these regulations.



GAUDENZIA

Conti

Page 3

We recognize that Sections 705.5 (c) concerning four residents to a bedroom exempts existing facilities. However, in the case of Women and Children facilities where the children are residents with their addicted mother, it is often clinically appropriate to have the children in the bedroom with the mothers, thus increasing the number of individuals in excess of four.

The standard would result in future Women and Children programs being forced to provide bedrooms which would accommodate fewer than four women residents because the children would have to be counted with the bedroom number. This regulation would result in higher cost of construction which could not be adequately reimbursed through a fee for service arrangement.

Many of the proposed regulations do protect the safety and health of the resident of the facilities. However, several of the regulations clearly indicate that the writers of the regulations lack on the job experiences with these drug and alcohol programs. We agree that these regulations may affect 60,000 individuals but, disagree that all these individuals will benefit. These regulations result in the decommissioning of available beds thereby decreasing the availability of treatment services to those in need.

We also disagree with the comment regarding Fiscal Impact. The costs to the Commonwealth would be substantial. While available beds would decrease, the per diem costs of each bed would increase proportionately. To replace these beds is difficult<sup>ly</sup> not impossible. The phrase "Not In My Neighborhood" is imperative. Zoning for Drug and Alcohol facilities has



GAUDENZIA

Conti.

Page 4

become more difficult each year. In some cities and townships the establishment of a drug and alcohol facility is impossible. When zoning is permitted, it is usually in neighborhoods with older buildings making renovations very expensive. Please note that applicable city fire and safety regulations do apply and these facilities do not operate without a Certificate of Occupancy. If a township or city issues a certificate of occupancy why not accept this as are proof that fire and safety issues have been adequately addressed.

In Summary, we could comment at length of several of these regulations but we believe that public hearing should be held so that all interested parties can be heard. We believe that the intent of the proposed regulations is to protect the health and safety of those persons <sup>s</sup> being ~~scanned~~. However in several instances the proposed regulations have the opposite effect. Treatment slots will be decreased and the costs of treatment will increase

Sincerely yours,

  
Michael Harle, President



# GAUDENZIA, INC. CORPORATE OFFICE

Original: 2075

FACSIMILE TRANSMITTAL SHEET

TO: Fiona Wilmarth FROM: Mickey Moyle

COMPANY: 717-783-2664 DATE: 9-10-01

FAX NUMBER: \_\_\_\_\_ TOTAL NO. OF PAGES INCLUDING COVER: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ SENDER'S FAX NUMBER: (610) 239-9195

RE: \_\_\_\_\_ SENDERS PHONE NUMBER: (610) 239-9600

URGENT  FOR REVIEW  PLEASE COMMENT  PLEASE REPLY  PLEASE RECYCLE

NOTES/COMMENTS:

RECEIVED  
2001 SEP 10 PM 4:45  
REVENUE COMMISSION

106 WEST MAIN STREET  
NORRISTOWN, PA 19401



Original: 2075

**ADMINISTRATIVE OFFICE**

October 2, 2001

**President**

**Lawrence J. Devlin**

**Executive Director**

**Terence McSherry**

499 North Fifth Street  
Philadelphia, PA 19123  
TEL: (215) 451-7000  
FAX: (215) 451-7110

Independent Regulatory Review Commission  
Attn: Richard Sandusky & Fiona Wilmarth  
333 Market Street  
Harrisburg, PA 17101

Dear Mr. Sandusky and Ms. Wilmarth:

**BEHAVIORAL HEALTHCARE SERVICES**

This letter is to provide comment on the regulation submitted by the Department of Health amending the Physical Plant Standards for Drug and Alcohol Facilities.

**PHILADELPHIA AREA**

**Adult Services**

- Wharton Residential
- Community Counseling
- Intensive Outpatient
- Ambulatory Medical Stabilization

NorthEast Treatment Centers would be adversely affected by the implementation of the sections of the proposed regulations referring to the per person floor space sleeping accommodations. Implementation of the regulations would result in the loss of nine beds of our present capacity, which would entail a loss of revenue per year for this program of \$272, 000. The magnitude of this loss would immediately cause the closure of 36 beds. It is highly unlikely that any other funding source would absorb the approximately \$30.00 per bed charge increase which would offset this deficit.

**Youth & Family Services**

- Children & Youth Dependent Services
- Juvenile Justice Treatment Services
- Mental Health Services

The net result therefore would be the loss of the entire 36 bed capacity to the Philadelphia treatment system. For your information the residential program at NET has been in existence at this site and in this configuration for 20 years. We have met occupancy requirements of our Philadelphia Department of Licenses and Inspection and are accredited by the Joint Commission on Accreditation of Health Care Organizations for the services provided in this and other programs.

**DELAWARE STATE**

**Adult Services**

- Recovery Center of Delaware
- Kirkwood Detox Center
- Alternatives
- NET Counseling Center
- Continuum for Recovery
- Reflections Women's Program
- CJS Outpatient Services
- Glasshouse Men's Program

We understand the implementation of the proposed standards relates to the desire to insure the health, safety and well-being of client in residential facilities, a goal which we share. At the same time, however, we have not experienced any significant health or safety incidents with the current number of beds and the current allocations of floor space for sleeping accommodations. The balance to be struck in your deliberation is between a theoretical harm vs. a certainty that the present delivery system for this service will be very adversely affected by the implementation of these regulations.

**Youth & Family Services**

- Kacy Church Day Treatment Center
- Iron Hill Residential Treatment Services
- Red Lion Residential Treatment Services
- Treatment Foster Families

Thank you for the opportunity to express our opinions on these regulations. The particular concern which we address regarding this sections regarding sleeping accommodations is not to be considered as any adverse comment on the other areas of the proposed regulation, which have many positive aspects. I also want to thank you for notifying our agency and we stand ready to answer any questions which you might pose.

Sincerely,

Terence McSherry  
President

**A comprehensive approach to the treatment of behavioral health problems and the provision of social services to adults, youth and families.**

cc: Tim E. Wilson, Philadelphia Alliance  
Mark Bencivengo, CODAAP  
Lynn Cooper, PCPA

**Many programs accredited by Joint Commission on Accreditation of Healthcare Organizations**



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e-mail: arcmanor@alltel.net A United Way Agency web: www.arcmanor.org

Original: 2075

October 23, 2001

John R. McGinley, Jr. Esq., Chairman  
Independent Regulatory Review Commission  
333 Market Street 14<sup>th</sup> Floor  
Harrisburg PA 17101

RECEIVED  
2001 OCT 26 AM 9:06  
INDEPENDENT REGULATORY  
REVIEW COMMISSION

Dear Mr. McGinley,

Thank you for the opportunity to provide input to the proposed regulations for drug and alcohol facilities.

I have reviewed the revised Drug & Alcohol Physical Plant Standards which were resubmitted to the Independent Regulatory Review Commission on October 15, 2001. I have the following concerns:

**705.5 (h) - Each bedroom shall have a window with a source of natural light.**

In our ten-bed residential non-hospital facility, we have ten rooms used for bedrooms. Five of the rooms do not have windows. However, they have lighting and proper ventilation. The structure of our facility is brick and block, and placing windows in those five bedrooms would be difficult and expensive if not impossible. I suggest current facilities be grandfathered for this regulation.

**705.9 - General safety and emergency procedures (4)(III). The evacuation and transfer of residents impaired by alcohol or other drugs.**

Clarification is needed. Is impairment defined as individuals currently under the influence of alcohol or drugs, or is impairment defined as people who have physical, emotional and behavioral impairments as a result of drug and alcohol use?

**705.10 - Fire safety (d)(1)(5). Fire drills.**

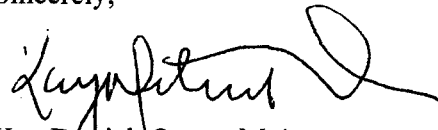
The standard to conduct fire drills on a monthly basis is excessive. Current regulations require fire drills every two months, and this has been adequate given that the average length of stay is fifteen days.

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The regulation requiring facilities to do unannounced fire drills during sleeping hours will be disruptive for clients in treatment. The idea of doing fire drills at various times of the day make sense. Doing it unannounced can, however, create panic, anxiety and difficulty for clients. I suggest being able to announce fire drills in advance during sleeping hours.

I hope that you will consider this input. If you would like to discuss this with me, I can be reached at (724) 548-7607.

Sincerely,

A handwritten signature in black ink, appearing to read "Kay Detrick Owen". The signature is fluid and cursive, with a large loop at the end.

Kay Detrick Owen, M.A.  
Executive Director

KO/ds

cc: Lynn Cooper, PCPA  
Charlene Givens, Armstrong/Indiana Drug & Alcohol Commission