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INDEPENDENT REGULATORY  
REVIEW COMMISSION

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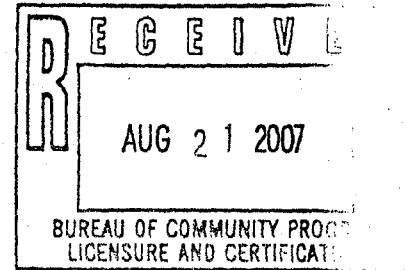
**CARE FOR PEOPLE, INC.**

**139 West High Street**

**Box 139**

**Bellefonte, PA 16823**

**1 800 322 9292**



August 20, 2007

Ms. Janice Staloski, Director  
Bureau of Community Program Licensure and certification  
132 Kline Plaza, Suite A  
Harrisburg, Pa 17104-1579

RE: Proposed Rulemaking, Department of Health (28PA.CODE CH.611)

Dear Ms. Staloski:

Following are issues regarding licensing home health registries that we cannot live with:

**611.56 Health Evaluations (page 22):** We are most concerned with the time constraints as far as compliance with the health evaluations is concerned. In February, well after the first draft of the proposed regulations was published, we called the Department of Health and were told that, more than likely, a TB test would be what was required. We notified our caregivers to have that done and have spent the last few months trying to get all of them to send their test results in to us. Proposed now are screenings for five other diseases or conditions. It is not clear how these "screenings" are to be done, i.e., by laboratory tests or by a doctor's physical examination looking for symptoms in the caregivers. Many of the caregivers have no health insurance. Most have work schedules that make it very hard to make appointments. The PA Department of Health has published on their website that they hope the regulations will be in force by October of this year after which the licensing process can begin. This is unacceptable.

How can our caregivers be compliant with these health evaluation requirements when we have no idea what the final requirements will be and will not know for at least another month after the 30-day public comment period. This is unacceptable.

**611.55 Training Requirements (page 21):** Due to the new training requirements it makes no sense to roster caregivers who do not have the C.N.A certification or, at the least, C.N.A> training. This drastically reduces the number of people who will be able to provide care to our

clients. It will certainly eliminate the older caregivers--the senior citizens who are registered or would register with us to take care of their peers. They provide good, dependable care but have no interest in training or in competency exams. We believe that the depth and scope of the subjects listed in the proposed rulemaking is excessive for caregivers who provide only home-companion care. This is unacceptable.

What happens to a client who is very comfortable with her older caregiver who will not take a competency examination? The decision of which caregiver works for a client is not CARE FOR PEOPLE'S but the client's.

At this time, there is no examination or training specifically for homemaker-companions. Since we cannot refer new caregivers to our clients until they have passed a competency examination, time here is a crucial factor. This is unacceptable.

How do we get a competency examination written by us approved by the Department of Health? The time involved and the cost of training, we believe, will also be factors that reduce even further the number of people who will be able to provide care to our clients when there already is a shortage of good caregivers.

#### **611.51 Rostering of direct care workers (page 18)**

##### **(b) Documentation of face-to-face interviews**

CARE FOR PEOPLE has been in business for nearly eighteen years and although face-to-face interviews have been standard operating procedure, it is not possible to put a date on interviews so long after the fact. This is not acceptable.

How do we handle documentation of caregivers already on our rosters? We cannot affix a date to something that happened five, ten or fifteen years ago.

#### **611.57 Consumer protections (page 23)**

##### **(a) Consumer rights.**

(2) To receive 10-days advance written notice of intent of the home care registry to terminate service. This is not acceptable.

Occasionally there are instances when there are not more caregivers to refer to a particular client. This situation can arise because the client refuses any caregivers referred to them or the caregivers aren't willing to continue to work for the Client.

In cases like these, we cannot give 10 days notice before the case is over. The best we can do is to refer them to another agency.

##### **(b) Information to be provided.**

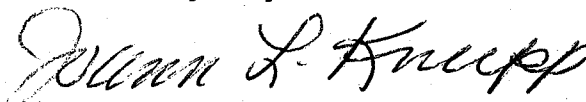
There are cases where the request for care comes from a hospital or a facility when the client is being discharged immediately. There is not time to get an information packet to the family members in such instances. Another example is when the person requesting service for a family member lives out of town and a packet of information cannot be gotten to her before they want service started.

Can the family verbally give permission for the case to start without have first received the information?

Overall, we foresee reduced availability of care for the older citizens of PA if the proposed regulations go through as currently written. No home care registry can become immediately compliant and obtaining a license to conduct business requires compliance. We hope that there will be many constructive comments that offer solutions to these issues and those of others.

As the co-owner of CARE FOR PEOPLE, I would like to be invited to sit on the Board that makes these decisions.

Yours very truly,

A handwritten signature in cursive script that reads "JoAnn L. Knupp".

JoAnn L. Knupp, Co-Owner

jlk

cc: Senator Jake Corman, Centre County  
Representative Kerry Benninghoff, Centre County