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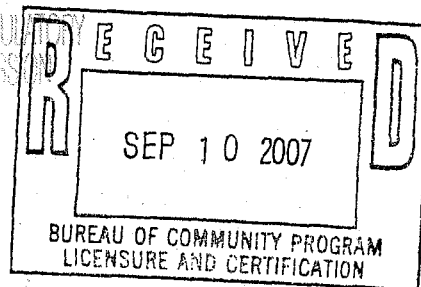


Pennsylvania Homecare Association

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OFFICE OF LEGAL COUNSEL

INDEPENDENT REGULATORY
REVIEW COMMISSION



September 4, 2007

Janice Staloski, Director
Pennsylvania Department of Health
Bureau of Community Program Licensure and Certification
132 Kline Plaza
Suite A
Harrisburg, PA 17104-1579

RE: Final draft regulations by the Department of Health amending the Health Care Facilities Act, providing for the licensure of home care agencies and home care registries.

Dear Ms. Staloski:

The Pennsylvania Homecare Association represents more than 300 agencies that deliver care and support directly in the homes of more than a million elderly and disabled citizens each year in Pennsylvania. As our state's elderly population continues to rise as well as the cost of nursing home care, state officials now recognize the value and cost effectiveness of helping people to remain in their own homes. The proposed regulations to license homecare agencies and registries now under review are critical to helping thousands of older and disabled Pennsylvanians to remain in their own homes.

For the last 17 years, our association, which represents the homecare agencies that will be licensed under this new law, has been the driving force behind the crafting of this legislation. Our advocacy efforts have been based on establishing minimum standards for homecare agencies and registries so that appropriate consumer protections are in place. It is also important to note that the homecare agencies services are private pay; not state-funded. Therefore, it's more important than ever to contain any undue financial burden as a result of regulatory oversight.

Over the last year, we have worked closely with lawmakers and state officials on crafting regulations that balance sufficient consumer protections with fair policy and minimal financial impact. We appreciate the Department of Health's continued assertion that these regulations are meant to provide minimum standards while allowing flexibility for both the providers and the Department in its oversight.

We also support the Department's pledge to make these regulations more of a social model, rather than a medical model. Act 69 clearly states that its purpose is to oversee homecare agencies providing *non-medical services*. However after reviewing the published draft regulations, our member agencies have **three major concerns** that focus on chapters relating to child abuse clearances; training requirements and health evaluations. These three issues will have a significant impact on homecare agencies' abilities to control administrative costs and hire qualified staff.

Community Health Services of Hanover & Spring Grove's also presents its major concerns which appear below:

1. **§ 611.53. Child Abuse Clearance** – Community Health Services supports the State in requiring child abuse clearances yet we strongly oppose having all employees from our organization obtain the clearance. We would support any regulation that required all direct care workers and any other employee, contractor or affiliate to the organization who have direct contact with the child to obtain a clearance.

2. **§ 611.55. Training Requirements** – Community Health Services supports the Department in requiring all direct care workers, whether assisting in ADL and/or IADLS, should comply with a competency examination or other training program that addresses, at a minimum, all of the 16 subject areas detailed in section (d:1-16).

3. **§ 611.56 Health Evaluations** - Community Health Services supports the State in requiring screening for communicable disease but would suggest the word "screened" to be better defined in subsection (a). Currently, our organization screens by verifying through a series of questions for signs and symptoms (for all diseases described under this section) except tuberculosis which is skin tested. We highly recommend that once a year direct care workers are screened for the diseases detailed in section 1-5 with the use of a sign and symptoms questionnaire. Verification should be completed by a registered nurse who should confirm completion of the screening with his or her signature. We support every 12 month screenings which are completed and kept in the direct care worker's personnel file.

Respectively,

David Pareja
Chief Program Officer
Community Health Services of Hanover & Spring Grove