

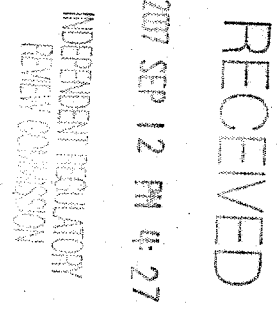
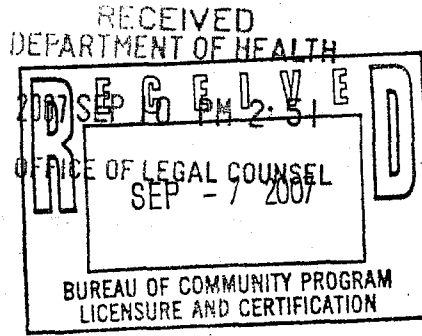


A Tradition of Dedication, Excellence and Vision

CORPORATE OFFICE  
61 Duke Street, PO Box 232  
Northumberland, PA 17857  
1-800-634-5232

HEALTH INFORMATION  
and  
REFERRAL CENTER  
1-888-4-SUNcare  
(1-888-478-6227)  
www.suncare.org

2623



September 6, 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 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.

It is 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.

Sun Home Health Services (SHHS) appreciates 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.

If Pennsylvania is to continue with its efforts to create a long-term care system that promotes independence and home and community-based care options; these regulations must provide fair and reasonable expectations of an industry that is reliant on market demand and private pay.

The three major concerns appear below:

**1. § 611.53. Child Abuse Clearance** – While SHHS fully supports requiring all direct care workers

who come in contact with children to have child abuse clearances, we do not agree that office personnel and owners should be required to have clearances. Agencies that may serve only a handful of children will more than likely drop those cases rather than take on the onerous financial burden of child abuse clearances for all staff. Back office staff that does not have access to files, including temporary employees or other contracted staff such as cleaning staff should not have to submit for a ChildLine verification.

**2. § 611.55. Training Requirements** – Subsection (d) details the requirements that any Competency training program must address, at a minimum.

- a. SHHS recommends that the Department reinsert after subsection (9) “The training program and competency examination, to be approved by the Department, also must include options for additional training or testing to ensure competency in the following subject areas.” Only subsections 1-9 should be required to be part of any competency exam or training program. Subject areas 10-16 are far more intensive and hands on in the homecare environment than are appropriate for someone performing only instrumental activities of daily living (IADLs). Requiring these subject areas for all direct care workers will add additional cost to the competency training programs.

**3. § 611.56. Health Evaluations** –

- a. (a) SHHS recommends that employees be able to provide evidence of a screening assessment within one (1) year prior to the person’s start date as was originally proposed.
- b. (a) The Department should remove conditions 1-5 or, at a minimum, the Department must define “screened” in reference to the additional communicable diseases or conditions listed as 1-5. Requiring that workers are screened for conditions 1-5 adds to the overhead cost for agencies. Also, the Department has not defined what would constitute “screened” for these additional conditions.

- c. As for (5), many of these symptoms can be attributed to a variety of conditions many of which do not put a consumer at risk. No health care provider is burdened with such prescriptive screening.
- d. We recommend adding a subsection (c) for *Individuals currently employed or rostered*. A home care agency or registry as of \_\_\_\_\_ ((*Editor's Note*: The blank refers to the effective date of adoption of this chapter.) shall achieve compliance with the health evaluations requirements imposed by this subpart by \_\_\_\_\_ (*Editor's Note*: The blank refers to 180 days after the effective date of adoption of this chapter).

The following are comments on additional chapters.

### **1. Section 611.11. License Required**

- a. Under home health an agency is allowed to have a central office and branch locations connected to that central office. We recommend that this be allowed under the homecare agency/registry regulations. Many agencies/registries may have a branch office with staff that serves multiple offices but the personnel files are housed in a central location.

### **2. Section 611.18. Change in ownership or management**

- a. Subsection (d) We recommend changing the notice to 90 days to allow for the employee to complete a probationary period with the employer to reduce the paperwork burden for agencies/registries and the Department.

### **3. Section 611.31. Inspections**

- a. We would recommend adding subsection (f) "On-site inspections may be scheduled in advance or unannounced". Many homecare agencies and registries operate out of their homes or small offices and the manager and/or owner are also caregivers that are out on the road providing care. Many times there is not an individual at an office to greet an inspector without some notice. Allowing surveyors the flexibility to schedule routine surveys in advance would benefit both the agency staff and the surveyor by ensuring that someone is on-site. Similar language is in the regulations for home health agencies.

### **4. Section 611.32. Retention of Records**

- a. We would recommend removing the word "on-site" in regard to the retention of records and replace it with "and be reasonably accessible". Many agencies do not have storage space, consequently older files are sent off-site to be stored. In other instances employee files and other personnel files are maintained at a central office rather than at each specific office location or staff may serve clients of multiple offices. It would be cost prohibitive to duplicate personnel files for multiple offices.

- b. The term "documentation" should include electronic records including electronic files of the necessary criminal background checks, etc.
- c. Electronic documentation that is Internet based but accessible from the office computers should be considered "reasonably accessible" or "on-site".

#### **5. Section 611.51. Hiring or rostering of direct care workers**

- a. Subsection (a)(2) We recommend that the Department define what is a satisfactory reference. A satisfactory reference should include dates of employment from a previous employer and personal references.
- b. Agencies/registries should be allowed to accept verbal references if they are documented by the agency/registry.
- c. Workers with more than two years of continuous employment at an agency should be grandfathered in regards to satisfactory references component.
- d. We recommend adding a subsection (c) for *Individuals currently employed or rostered*. A home care agency or registry as of \_\_\_\_\_ (*Editor's Note: The blank refers to the effective date of adoption of this chapter.*) shall achieve compliance with the hiring or rostering requirements imposed by this subpart by \_\_\_\_\_ (*Editor's Note: The blank refers to 120 days after the effective date of adoption of this chapter.*)

#### **6. Section 611.54. Provisional hiring**

- a. Subsection (4) should have the following statement added to the end of the sentence, "prior to assigning or referring a direct care worker to provide services to a consumer." Adding this language would allow agencies/registries to provisionally hire individuals and allow them to take training courses while provisionally hired. The current language prohibits provisionally hiring someone unless they have already received all the appropriate training.

#### **7. Section 611.57. Consumer protections**

- a. In subsection (C) it notes the information that must be provided prior to the commencement of services. Agencies should be permitted to provide this information verbally over the phone or in person to a consumer, their legal representative or responsible family member while allowing for a 3-5 day window to submit this information in writing. Many times consumers may be discharged from the hospital/nursing home on a Friday afternoon and need services that evening or weekend, or family members may order the services over the phone and are unavailable to receive an informational packet.

Also, direct care staff providing the initial visit may not have all the appropriate information to provide the consumer on the spot. Agencies must be given time to mail the appropriate information without delaying in-home care. Documentation of when information was provided as well as dates informational packets were mailed should be required.

SHHS is very interested in continuing to assist the Department and we look forward to continued cooperation throughout this process.

Sincerely,

*Betty Bollinger RN, BSN*

Betty Bollinger, RN, BSN  
Director of Custom Care Services

*Donna Jenkins, RN, BSN, BC*

Donna Jenkins, RN, BSN, BC  
Executive Vice President Home Health/Hospice

BB:pld

LetterRe:HomecareLicensure

