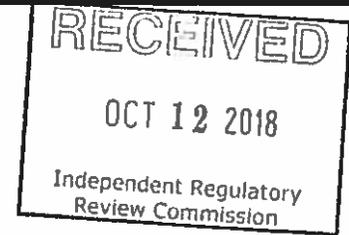


3160

Kathy Cooper

From: Martin Bentley Krebs <mkrebs@able-services.org>
Sent: Friday, October 12, 2018 11:03 AM
To: IRRC
Cc: par@par.net
Subject: Final Form Comments



Department of Human Services Regulation #14-540: Home and Community-Based Supports and Licensing
IRRC Number: 3160

I am submitting the following comments concerning the proposed ODP Final Form Regulations:

Incident Management 6100.401-402: Our agency has significant concerns about the incident management sections of the proposed regulations. It is our feeling that they will have a negative impact on provider agencies. Certified investigators are already required to conduct thorough investigations for the most serious incidents, and these require time and attention to detail — as they should — and requiring these to be done for the additional categories proposed in the regulations places an excessive burden on agencies in the following ways:

- 1) There would be a significant increase in the number of required investigations, requiring provider agencies to create full-time certified investigator positions to handle the increased workload. At the present time, investigators fill their roles in addition to their full-time jobs, but the additional number of investigations being called for would, in all practicality, eliminate this as a possibility. Agencies would also have to undertake the time and financial obligations of sending more staff to be trained (currently four full days). Considering the high rate of staff turnover that many providers are experiencing, this would be an exponentially increasing cost for providers to bear.
- 2) One area of particular concern is the addition of individual-to-individual abuse to the category now requiring investigations. Without definitions from ODP, provider agencies are left with the dilemma of interpreting just what falls into these categories. Recent trainings have expanded the incidents falling into the I-to-I category to include nearly every negative interaction between individuals. The population we serve has a high level of need, which causes a wide range of behavior issues, including negative comments, pushing or touching someone (even after being asked to stop), running into or stepping on someone and the victim felt it was intentional, and the list goes on. These have all been included in the category of "abuse" reported through the EIM system, and the reality for most providers is that these happen on a daily basis. It doesn't take a math scholar to fully grasp the implications of adding these types of incidents to the list of those requiring certified investigations — this could either bankrupt provider agencies or, worse yet, cause some types of tangible abuse to go unreported based on the interpretation of the legal definition.
- 3) Injury Requiring Treatment Beyond First Aid as the result of an accident is another area of concern. This has been added to the list of incidents that require a certified investigation. These incidents, which occur frequently, are already reported through the EIM, and adding a required investigation for each would place an additional burden on the provider agencies. The certified investigation is a thorough and detailed process involving many hours of collecting evidence, taking interviews, writing reports, conducting peer reviews of the process; again, the exponential increase of available resources directed toward this process is staggering. How are agencies of any size expected to absorb the additional costs?

Annual Training 6100.143: Requiring 12 hours of training for administrative, fiscal, dietary, housekeeping, maintenance, and ancillary staff is yet another financial and administrative burden placed squarely on the shoulders of provider agencies. There are costs in time spent by staff completing the training, staff administering the training, and staff tracking/documenting the training hours for each employee on an annual basis. This is a substantial cost burden in addition to the ones previously mentioned, but the training hours are not (necessarily) connected to the services we provide for our participants — these hours seem to be arbitrary in terms of anything that relates to their job. Do we

really need additional requirements that allow for housekeeping staff learning how to use a new vacuum or a member of the accounting department training on a new software program? Agencies should be allowed to conduct trainings — relevant trainings — on the topics required for all employees in a way that works best for their available resources.

Medication Administration Training 6100.468(c)(2): Among the many areas of vague or conflicting language in the regulations is the one pertaining to the frequency of training recertification in the use of auto-injectors being modified to accommodate the same timeline as CPR recertification. The language states that training in the use of these injectors is now being taught as part of the AHA and Red Cross CPR training courses, which helps those agencies whose trainers are already certified to conduct those trainings. The language in the actual reg, however, states that the training is to be “provided by a professional who is licensed, certifies, or registered by the Department of State in the health care field.” This is in conflict with the previously stated definition, as many certified CPR/first aid trainers have certifications that come from the American Red Cross and not the Department of State, and they are not considered members of the health care field. Can they provide the training or not? Did anyone proofread these regs. before they were published? (If they did, they missed a good bit!)

The consideration of these regulations being accepted “as is” is a double-edged sword for those of us on the front lines of this field. Little input from those who directly provide the services seems to have been gathered, and many of the proposed changes do not seem to have much thought put into their implementation. The imagined scenario of a board room filled with disconnected executives making intelligent-sounding proposals with little or no practical application is well-earned in the case of these changes. It’s really difficult to support the accommodation and increased financial liability of these changes when the general feeling is that no one thought to ask those who will be affected the most on how they will affect the level of service we are able to provide. Those affected most negatively are the very people whose lives we’re claiming to improve.

They deserve better.

--

Martin Bentley Krebs
Program Specialist
Able-Services, Inc.
3100 North George Street
York, PA 17406
P: 717-384-6130 ext. 3150
F: 717-855-2533



This e-mail message, including any attachments, is intended only for the use of the individual(s) to whom it is addressed, and may contain information that is privileged, confidential, and prohibited from disclosure under applicable law. If you are not the intended recipient, please delete/destroy all electronic and hard copies of this e-mail immediately and notify the sender that the e-mail was sent in error. Thank you!