

Kroh, Karen

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#3160

From: Mochon, Julie
Sent: Thursday, December 08, 2016 2:25 PM
To: Kroh, Karen
Subject: Fw: 6100 Draft comments
Attachments: AWC 6100 draft comments 12.8.2016.docx; Incident Reporting & Investigations 6100 draft comments 12.8.16.docx

From: Pam Baker <pamb@barberinstitute.org>
Sent: Thursday, December 8, 2016 2:20 PM
To: Mochon, Julie
Subject: 6100 Draft comments

Julie-I have attached for your review my comments pertaining to Agency with Choice and Incident Reporting. I have tried to be as concise as possible taking into consideration all the comments you will be reviewing. please let me know if you have any questions or comments-thank you, Pam

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Citation: 6100.143 Annual Training

Discussion: Agency with Choice (AWC) is a Participant Directed service. In accordance with the Every Day Lives Document and description of Participant Direction of Services in Appendix E in the draft waiver renewal: The AWC must fully embrace and apply the philosophies of self-determination and self-directed support services by providing participants/surrogates with a high level of choice and control over services and the workers who provide them.

Adding mandated requirements creates barriers to flexibility and choice in a program that was designed to promote both and may impede participants to choose to self-direct some or all of their services.

- 1) Requiring a set number of hours does not guarantee training specific to the individual or the needs of the individual will be met. Mandated hours do not support the goal of individuals/families in maintaining choice and individuality in choosing the type and duration of training they want for their support service workers.
- 2) Support service workers who were unable to obtain the 24 hours would be unable to work, creating a hardship for families who may not have additional staff to work and be unable to utilize services.
- 3) AWC & Vendor Fiscal options-both are "administrative services" yet there are added requirements for those who choose agency assistance. It would seem the discussion for type of training for support service workers would apply to both options.
- 4) Financial-current unit rate does not support 24 hours of annual training for every support service worker. By increasing the unit rate to cover additional costs, participants in the PFDS waiver would see a decrease in services over which they would have no control.
- 5) Could the unintended consequence be an additional burden to families who live in a rural area, or have a family member with a significant medical or behavioral challenge?

Recommendations: Remove AWC/OHCDS from this section as it is geared primarily for licensed providers. If maintained, a separate section establishing minimum requirements for support service workers working with a self-directed model: AWC or Vendor/Fiscal. Participants would have the option of requesting additional training specific to their needs.

Citation: 6100.802 Agency with Choice Recommendation: Removal from 6100 regulations. Develop a separate agreement for AWC administrative providers.

Citation: 6100.804 OHCDS

Recommendation: Removal from 6100 regulations. Develop a separate agreement for OHCDS providers.

Citation: 6100.401 Types of incidents and timelines for reporting.

Recommendation: Remove exploitation as a separate category as it is not an option in the EIM system. It is however, covered under existing categories. Maintain medication errors and restraints as currently required, within 72 hours of discovery.

Citation: 6100.402 Incident investigation

Discussion: Not all incidents require an investigation as implied by this title and description

Recommendation: Change title: Incident Response and investigations; (b) add: an investigation of **certain** incidents within 24 hours of **the occurrence or** discovery of the following incidents:

- 1) Death
- 2) Abuse
- 3) Neglect
- 4) Misuse of Funds
- 5) Rights Violation
- 6) Improper or unauthorized use of restraint
- 7) Individual to Individual sexual abuse
- 8) Individual to Individual serious injury
- 9) Hospitalization/ER visit as currently defined in the IM Bulletin

