

14-540-49

Kroh, Karen # 3160

From: Mochon, Julie
Sent: Thursday, December 15, 2016 10:31 AM
To: Kroh, Karen
Subject: FW: comments to proposed rulemaking (2390 and 6100)
Attachments: 6100 Proposed Rule Making Comments.docx; 2390 Proposed Rule Making Comments.docx

From: Guercio, Monica [<mailto:GuercioM@FSWP.org>]
Sent: Thursday, December 15, 2016 10:27 AM
To: Mochon, Julie
Subject: comments to proposed rulemaking (2390 and 6100)

Hi Julie,
I have attached comments for 2390 and 6100 regulations. Please know how much your efforts are appreciated with the endeavor you have taken on. I believe the 2390 comments go to another address but was not certain of it. Thank you again.

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Community Integration Coordinator



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6100 Proposed Rule Making Comments

6100.3 - Definitions: Recommend definition of restraint be consistent with the definition of manual restraint in 2390.173. Also suggest including the definition of "household members".

6100.47 – Criminal history checks: Clarification needed on who is considered a household member. Would this include biological families? If so, do not feel that families/household members should be required to have background checks as they are not licensed programs.

6100.52 – Rights team: Individual rights are of utmost importance and providers assure that rights are protected through an ODP approved Risk Management Committee that fulfills the functions of a Rights Team. Concerned about the efficiency in having a team meeting every three months. This process could potentially become time consuming and costly. It also anticipates that issues will continue. If it has already been finalized through the certified investigation process, what is the necessity of continued meetings? Suggest that there be stipulations and a timeline established when meetings can cease.

6100.143 – Annual training: Question who household members are and if members are biological families do not feel they should be required to have specified trainings as they are not a licensed program.

6100.183 – Additional rights of the individual in a residential facility: section (a) – Agree that individuals should have the right to receive scheduled/unscheduled visitors but should somehow reflect that the unscheduled visits do not impact the rights of other housemates/roommates. Suggest that something be included stating that visits should not infringe on other's rights.

(h) Access to food at any time: need to consider if there are dietary considerations as defined in the PSP.

6100.261 – Access to the community: Transportation is often a needed support for access into the community; funds need to be available if providers are transportation source if no other means are available.

6100.302 – Transition to a new provider: Section (b) (2) - It should not be the current provider's responsibility to make transportation arrangements for an individual to visit a new provider. Feel that that should fall on the responsibility of the SC. Suggest changing it to read that the provider shall assist the SC in arranging transportation.

6100.303 – Reasons for a transfer or a change in a provider: Suggest including that if a team meeting was held and all support members are in agreement with the transfer of program.

6100.305 – Continuation of support: Need to consider the extra supports and cost that may be required to fully support the individual's needs. Suggest including that the continuation of support is contingent on an agreed discharge plan so that things do not become stagnant with transition.

6100.307 – Transfer of records: Need to define who is responsible for the cost for copy of records. If it is the new provider requesting, are they responsible for payment; if the individual is requesting are they responsible?

6100.341 – Use of positive intervention: Positive intervention can seem vague when relating to a behavioral issue. Suggest considering using behavioral intervention verses positive intervention as it is more direct to the issue at hand. This basically defines the need for a behavioral support plan as it is currently referred to.

6100.401 – Types of incidents and timelines for reporting: Currently, medication errors do not need to be reported in 24 hours; they are reported within 72 hours. Suggest making a side note of this unless this is going to be changing.

6100.461 – Self-administration: Suggest including under the supervision of a person who has participated in an approved medication administration training.

6100.571 – Fee schedule rates: Suggest the department will consider the cost/expense a provider will incur due to the increase need for additional staff, vehicles, etc. that will be required to meet the new community participation requirements. Also, there are various levels of Program Specialist, i.e. Master's Degree, Bachelor's Degree, Associates degree. Suggest that rate setting take into account the level of education as wages for a Master's would be higher than that of a Bachelor's and Associate's subsequently. Providing quality services and quality staff to provide the services will increase cost to providers. Suggest an increase in rates to assure that support is given to providers to support the needs of individuals and quality of services provided.

2390 Proposed Rule Making Comments

Beginning in the definitions but throughout the regulations, the word "client" is utilized. Providers have moved from this language and generally utilize the word "individual". Suggest replacing "client" with "individual".

Definition of SC: Coordinator should be capitalized. Definition includes SCO. Suggest including the definition of SCO.

2390.172 – PSP: Include this in section 2390.152 – Development

2390.173 – Prohibition of restraints: Recommend definition of manual restraint be consistent with the definition of 6100.3 definition of restraint.

2390.192 – Medication Administration: There is a possibility of an individual who is not able to self-administer and providers who do not have a licensed physician, dentist, physician's Assistance, nurse, etc. as outlined in section (b) (1) available to administer. Suggest including a person who has completed the medication administration training as specified in 2390.199.

