

Kroh, Karen #3160

#14-540-92

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**From:** Mochon, Julie  
**Sent:** Monday, December 19, 2016 8:33 AM  
**To:** Kroh, Karen  
**Subject:** Fw: Comments on the draft regulations  
**Attachments:** comments on regs.docx

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**From:** Paula Jones <[maxwell07@windstream.net](mailto:maxwell07@windstream.net)>  
**Sent:** Friday, December 16, 2016 3:06 PM  
**To:** Mochon, Julie; 'Ed Picchiarini'  
**Subject:** Comments on the draft regulations

Attached are the comments on the draft regulations from Armstrong Care, Inc.

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#3160

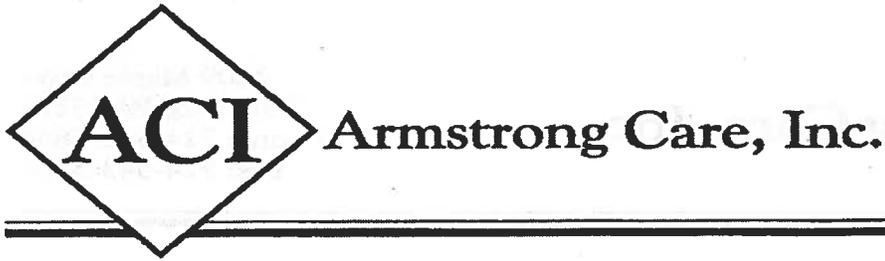
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Jones-

6100.44 Innovation Project Please define within the regulations, "innovation project".

6100.52(2) ii) Discover and resolve the reason for an individual's behavior

This is absolutely the goal and idealistic in nature, however, not realistic in all circumstances.

Recommended rule: "Attempt to discover and resolve, when possible, the reason for an individual's behavior."

6100.52(c) Members of the rights team shall include the affected individual, persons designated by the individual, a family member or an advocate appointed by the designated managing entity if the individual is unable to speak for himself, the individual's support coordinator or targeted support manager, a representative from the designated managing entity and a provider representative.

These members that are specified in the proposed regulations implies that everyone would have to have a different rights team, which would be extremely difficult to coordinate. It is strongly recommended to allow for one rights team for all individuals, being able to add the parent and the SC.

6100.182(g) Right of the Individual to control their own schedule.

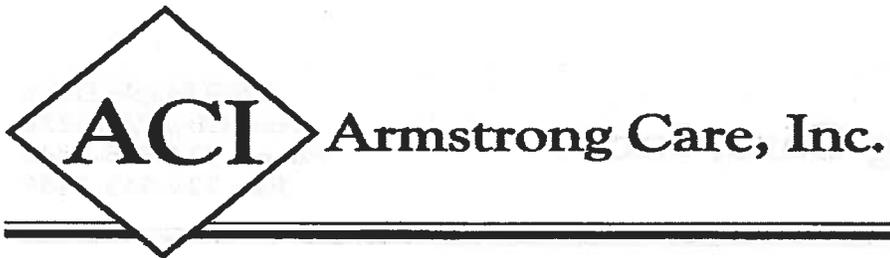
A sentence should be added that states "in accordance with the individual's PSP". Staffing is not always available for the individual to control their own schedule. Individual needs to control schedule within the confines of what services/staffing are provided. If an individual wanted to control their own schedule to go out at 3AM and there was only one staff in the home for two individuals being supported and the other individual was sleeping a provider would be in an impossible situation. The only way full control could be granted to individuals would be if the Department funded 1 to 1 support for everyone.

6100 182(h)& 6100 182(i) Rights of privacy of person and possessions.

There needs to be an exception process specified within the regulations. An individual should not have rights to privacy of person and possessions when those possessions may put others in harm's way. This should be amended to state unless the health and safety of others is being jeopardized then the individual has the right to privacy of person and possessions

6100.183(a) Right to have unscheduled and scheduled visitors at any time.

There needs to be an exception process defined as the provider's responsibility is to ensure the individual's health and safety. For example, the individual invites a person they have been talking to online to the home at 2:00am. The person could be dangerous, and the individual could be putting themselves, their housemates and supporters at risk. To align with the ideals of an everyday life, the individual must adhere



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to any home owner association rules as well as good neighbor practice. There are rules to live in any community and if we are teaching and striving for our individuals to have an everyday life, they are not exempt from these rules. With rights also come responsibilities, which is part of any member of a community

6100.183(i) Individual has the right to make informed health care decisions.

There must be an exception process. If the individual makes the informed health care decision to not adhere to doctor recommendations, or to not attend their regulatory required appointments (for example, their annual physicals, 90-day psychiatric medication review, annual mammogram, etc.), not only are they putting themselves at risk, but the provider is liable for these decisions and associated risks, it should be specified within these regulations that it is the providers right to discharge the individual from services based upon dangerous decisions that are made. If the individual has the right to informed healthcare decisions, this should discontinue the regulation of a needed desensitization plan for any health care decisions that are made, including refusals.

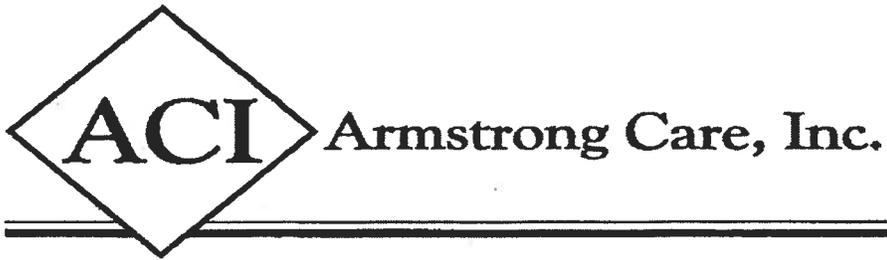
6100.261 Access to the community

6100.261(c) Although this ideal, this is really an idea of best practice, and does not have a place within regulations. There is no way to measure or comply with this regulation as every person has a different view of what degree of community access should be required, This, is extremely subjective, which would open providers to many areas of noncompliance based upon the view of each individual auditor. If this regulation is stating that individuals would have the right to community outings on demand, this would require 1:1 staffing support for all, which providers would need to be compensated for.

6100.345 Access to or the use of an individual's personal property.

6100 345(b)(1) For people who have an understanding the individual's funds should be able to be used as a natural consequence to pay for damages that they cause. This supports the ideals of an everyday life. if a person without IDD breaks the television in their home, they are not entitled to a new one, they should pay for a new television as a natural consequence to their actions. Whether the individual would be able to understand this and benefit from this type of natural consequence should be a PSP team decision and be part of the PSP.

61 00.345(b)(2) The provider should be included as part of the people present during consent being obtained. Revise for providers being able to state the facts of the case, Example: "Billy, you caused \$5,000 of damages by breaking the heater and people now do not have heat in the home." Providers should be able to state to the individual "you have the right to break things, however it then becomes your responsibility to pay for them." This is part of everyday living!



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6100.571 Fee schedule rates.

6100.571(b) Specify exactly what market based data is being used. Although we do like the system of refreshing the rates every 3 years, we feel as if this should be done annually.

Providers should not bear the responsibility of ensuring the full completion of physical examinations prior to the individual moving into the home. The current licensing - requirement from BHSI that each individualized space and question must be filled out for compliance is unrealistic and prohibits individuals from being able to move into their new homes in an efficient manner. Providers are currently being cited if something as small as 'N/A' is not written on a mammogram question for a male, which is an administrative burden and is not a health and safety issue.

Thank you for considering my comments on the 6100 proposed regulations.

Edward Germy, CEO  
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