

Kroh, Karen

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From: Mochon, Julie
Sent: Monday, December 19, 2016 8:35 AM
To: Kroh, Karen
Subject: Fw: Submission: Draft Chapter 6100 and associated regulatory chapter comments
Attachments: Scanned Letter J. Mochon & Draft 6100 comments 12.16.16.pdf

From: Carrie Kontis <Carriek@barberinstitute.org>
Sent: Friday, December 16, 2016 8:30 PM
To: Mochon, Julie
Cc: Jennifer Kennedy
Subject: Submission: Draft Chapter 6100 and associated regulatory chapter comments

Ms. Mochon,

Attached you will find a scanned copy of my introductory letter and comments related to the Draft Chapter 6100 and associated Regulations. I am also mailing the hard copy of the letter and comments to your attention.

I am appreciative of the opportunity ODP has given all stakeholders to comment on this important and system changing regulatory update.

Sincerely,

Carrie

Carrie Kontis
Vice President
Intellectual Disabilities Services for Adults
Barber National Institute
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December 16, 2016

Julie Mochon

Department of Human Services

Office of Developmental Programs

625 Forster Street – Room 502

Harrisburg, PA 17120

RE: Public Comment Proposed Chapter 6100 and associated Regulations

Ms. Mochon,

My name is Carrie Kontis; I am the Vice President of Intellectual Disabilities Services with the Barber National Institute. Please accept my submission related to the Draft Chapter 6100 and associated Regulations published and released for public comment on November 5, 2016.

Barber National Institute delivers services to over one thousand individuals with intellectual disabilities and autism in programs directly associated with the Office of Developmental programs. These services are licensed and unlicensed, Waiver funded and Base funded; include Chapter 2380 and 2390 traditional day services, residential group homes, Lifesharing through Family Living, Home and Community Habilitation, Supports Broker Services, Behavior Supports, Transitional Work Services and Supported Employment. We deliver these services in Erie, Pittsburgh, Philadelphia and smaller communities surrounding those urban centers.

I appreciate the opportunity to give feedback on these Draft Regulations which will shape the system of services for people with Intellectual Disabilities and Autism for many years to come.

Please contact me if you have any questions related to the submission. You may reach me via telephone at 814-878-4043 or via email at Carriek@barberinsititute.org .

Thank you,

Carrie Kontis

Enclosure: Comments on Draft Chapter 6100 and associated regulatory updates

Submission: Carrie Kontis, Barber National Institute

Citation

2380.17(g), 2390.18(g)

Caption

Incident report and investigation

Discussion

(b) The provider shall initiate an investigation of an incident within 24 hours of discovery by a staff person. © Department Certified Incident Investigator shall.....

Recommendation

(A3) Inpatient admission to hospital, visits to an emergency room (A.4.), and emergency closure (A. 12), medication administration errors prescription and over the counter (A. 16) should not require a certified investigation of each and every occurrence by certified investigator. The reasons for inpatient admissions, ER visits and emergency closures of homes are known at the time of diagnosis at the ER and known at the time of the closure of a home. Reasons for medication error, prescription and over the counter medication do not require a certified investigation. Agency Incident management committees review these reasons and causes. Investigation by certified investigators is not necessary and will cause a resource that is limited to be even more limited and overused. Investigations related to the other items listed in 6100.401 A. other than A. 3, A.4, A12, and A16 should be the priority of investigations.

2380.33(b)(3)

Program Specialist

PS shall be responsible for "providing and supervising activities for the individuals". This seems to indicate that the PS should act as DSP, and supervise DSPs.

PS shall be responsible for "ensuring implementation of the services and activities in the PSP".

2380.121c, 2390.191c

Medication Administration

The facility shall provide or arrange for assistive technology to support the individual's self-administration of medication. The purpose and explanation of these regulations included that they were to streamline, eliminate duplicative regulations and would not add any additional costs. As written this is an unfunded mandate.

ODP should modify this regulation and include that provider agencies will be able to utilize technology billables to ODP for covering the costs of assistive technology.

Prohibition of restraints

Specify "geriatric chair that restricts movement or function".

A geriatric chair is included as a mechanical restraint. There are geriatric chairs that don't restrict movement or function.

2380.153(5)

6100.52, 2380.156, 2390.176 Rights team

All items in the regulation including are worded in a manner that assumes the Rights team can discover and resolve the reason for an individual's behavior with immediacy when in fact it may take behavioral re-analysis and root cause analysis for the particular behavior or could require techniques unable to be completed at the regulated program site. The ISP team with all persons represented need to do the analysis and develop resolutions.

The regulation should be folded in the requirements of the ISP team and assure a behavioral specialist is included in the team for review of all areas A-H. Eliminate the separate requirement of a rights team and have the ISP team review.

Orientation training

Requiring full orientation training for consultants, volunteers, and interns is an over reach. These people need to have basic information such as Incident management, describing what is suspected abuse and how and when to report and supporting individual rights.

This should be reworded to require only training on Incident Management and items outlined in 142 b (2) and Individual Rights. These identified staff, consultants, and volunteers do not need 12 or 24 hours of training, they need to understand what to report if they see a suspected abuse situation.

6100.142 ((b) (1)

6400.48

6500.47

2380.38

2390.41

Annual Training

The following staff persons shall complete 12 hours of training each year: management, program, administrative, fiscal, dietary, housekeeping, maintenance, and ancillary staff. Consultants, volunteers, paid and unpaid interns

This should be reworded to require only training on Incident Management and Individual Rights. These identified staff, consultants, and volunteers do not need 12 or 24 hours of training, they need to understand what to report if they see a suspected abuse situation.

6100.143 (2) (b)

6400.49

6500.48

2380.37

2390.42

6100.223 (17) Content of PSP Excluded unnecessary or inappropriate supports. If a support is unnecessary or inappropriate they should not be in the PSP to begin with. This regulation does not appear to apply as written. Eliminate 6100.223 (17)

6100.224 Implementation of the PSP The provider identified in the PSP shall implement the PSP, including revisions time. Consider revising the word "Provider" to "Provider(s)". Several providers may be providing services to one consumer at any given time.

6100.226 © Documentation of Support Delivery The Provider shall document support delivery each time a support is delivered. Residential habilitation providers provide residential care and should only need to confirm that an individual has received services for a residential day. The regulation should denote that specifically.

6100.226 E (6) Documentation of Support Delivery "The outcome of the support delivery". The regulation requires documentation of every time a support is delivered. If the Department actually means what it says in the regulation item then a documentation is to be done every time service is delivered even if that service is a 15 minute unit or a instance of multiple 15 minute units or even one day of residential service. Typically the "outcome" of that period of time does not result in the completion of an entire Outcome from the PSP to the point of ending the need for the outcome to worked on. Therefore the wording of this regulation item does not make sense. Eliminate 6100.226 E (6). Information necessary to substantiate a claim can be derived in the other regulatory items 6100.226 c-E (5) E (7)

6100.303 Reasons for a transfer or change in provider This section omits certain situations that at time may be unavoidable and lead to a transfer. The section should be revised to include instances where a natural disaster may cause the closure of a facility or home; when a provider chooses to close or liquidate a property.

Continuation of support

The provider is to provide support until a new provider is approved. What if the individual is a danger to self or others?

6100.305

Incident Management

Incident report for medications that are OTC. These medication errors are being tracked by our agency and followed up on as needed. Tracking these on EIM may not be beneficial as the errors related to these medications are not the same in comparison to a prescribed psychotropic medication.

6100.401

Removal of 6100.401 A.16 language on over the counter medications. Leave only prescription medications as the item to report for medication errors.

Incident Investigation

(b) The provider shall initiate an investigation of an Incident within 24 hours of discovery by a staff person. © Department Certified Incident investigator shall.....

6100.402 (b)
6100.402 (c)

(A3) Inpatient admission to hospital, Visits to an emergency room (A.4.), and emergency closure (A. 12), medication administration errors prescription and over the counter (A. 16) should not require a certified investigation of each and every occurrence by certified investigator. The reasons for inpatient admissions, ER visits and emergency closures of homes are known at the time of diagnosis at the ER and known at the time of the closure of a home. Reasons for medication error, prescription and over the counter medication do not require a certified investigation. Agency Incident management committees review these reasons and causes. Investigation by certified investigators is not necessary and will cause a resource that is limited to be even more limited and overused. Investigations related to the other items listed in 6100.401 A. other than A. 3, A.4, A12, and A16 should be the priority of investigations.

6100.441

Request for and Approval of
Changes

There is no language in this section regarding a process for expediting changes in location or capacity that are initiated as a result of emergency circumstances

There may be instances where a program location or capacity is forced to change due to circumstances beyond the providers control. These situations impact the consumer but require a provider agency to in many if not most situations continue services of some type but in a different location. In these cases a 24 hour turn around time for approval from ODP should be instituted.

6100.443 (a)

Access to the bedroom and the
home

This is a safety concern due to lost keys, homes needing rekeyed, individuals giving away keys to friends and family. The premise for the regulation update includes that there is zero increase in unfunded mandates, this is clearly an unfunded mandate.

Strike this area from the regulations or at the least this area should require a safety assessment and be part of the approved PSP.

6100.443 (b)

Access to the bedroom and the
home

This regulation does not include an exclusions for the health and safety of an individual if they have medical or behavioral health needs to require routine monitoring by staff or in the event of an emergency.

Strike this area from the regulations or include assurance that new funding will be made available by new service definition that allows residential habilitation programs to obtain reimbursement through technology service code billing.

6100.444

Lease or ownership

"In residential habitation, the individual shall have a legally enforceable agreement such as the lease or residency agreement for the physical space ...". This draft regulation will add another barrier to expanding Lifesharing and efforts to retain Lifesharing providers will be further hampered by this draft. A "lease" is an impractical requirement for any Lifesharing or residential habitation arrangement. This is a direct threat to the Independent Contractor status of Lifesharing providers. It also brings up a question of whether a consumer is competent to sign a lease.

Strike this section and instead include under the room and board agreement that an individual's room and board agreement is not able to be terminated without 30 days written notice, unless a dangerous behavior which puts other housemembers at risk is presented. At that point, arrangements may be made to substitute shelter in the agreement for a hotel or motel shelter for a 30 day period with appropriate supervision as required for the health and safety of the individual or per court order or PFA.

6100.462

Medication administration

Requiring Lifesharers to complete the same medication training that employees go through is counterproductive and causes barriers to retaining and recruiting Lifesharing providers. The number of medication errors in Life sharing homes is very low. There is not a need to change the current regulation.

ODP should modify this regulation as it relates to Life sharing providers. Instead requiring Life sharing providers to review the medication review authored by the ODP HCQU in the southern part of Western Region. It was developed with Life sharing provider families and the Life sharing State Coalition

6100.647

Allowable Costs

Allowable Costs should include costs that support ODP requirements related to community access and community activity completion for the individual's served. The CMS requirements to assure access and accessibility for Individual's served is difficult to foster when ODP does not allow any funding to be used to support individual activities that must be attended by staff persons. Many individuals are unable to access the community or community resources without a staff person supporting them through the entire activity.

Include costs associated with direct care staff support and attendance with the Individual's served to fulfill their person centered plans and community access.

6100.659 (a) (1)

Rental of Administrative space

Landlords will not put the statement that the rent may not exceed the rental charge for similar space in that geographical area. The requirements part of each regulatory chapter already cause barriers with obtaining rental space. This regulation item will have the effect of causing further difficulty obtaining satisfactory rental spaces for various programs including day

Delete 6100.659 (a) (1)

6100.461 (a)

Self-administration

Providing assistance to an individual that self medicates is not what has been considered self-medication in the past and has resulted in state Bureau of Human Licensing citations. This will cause issue with staff supervision as persons move to more independent settings such as Supported Living.

Strike the reference to "with assistance as necessary"

6100.462 Medication administration
Requiring Lifesharers to complete the same medication training that employees go through is counterproductive and causes barriers to retaining and recruiting Lifesharing providers. The number of medication errors in Life sharing homes is very low. There is not a need to change the current regulation.

6100.463 Storage and Disposal of Meds
" ...kept in their original containers and may not be removed more than two hours in advance of the scheduled administration

6100.466 c Medication records
Removing medications from their original containers in advance of the time of administration may prove to be dangerous. Suggest that this portion of the statement be removed
Remove requirement to notify prescriber within 24 hours of any medication refusal. Errors should only be reported to the physician in the event that it is a health and safety risk.
Requiring the report of a medication refusal to the prescriber within 24 hours and the exclusion based on instruction from a prescriber is not a medical necessity, an substitute physician or a pharmacist may be contacted in the event there is a medical side effect of a serious nature ; reporting to a perscriber is not typical the "everyday life" of typical persons.

6400.141 © (9) Prostate Exam
The exception has been made for pap smears for our female clients and we are requesting the same exceptions be made for DRE for men. Some physicians will not attempt DRE due to the recommendation in column C and feel it is an extremely invasive procedure and one that many of our residents are unable to consent to because of their disability. Insert language that states a physician may document reasons that the DRE and PSA are allowable for the specific consumer.
The American Cancer Society, the American College of Preventative Medicine and the American College of Family Practitioners all agree that there is "insufficient evidence to recommend routine screening with DRE and PSA. Clinicians caring for men, especially African American men and those with positive family histories, should provide information about potential benefits and risks of prostate screening. If the client is unable to decide, the clinician should make the final decision."

6400.18 (A3) (A4) (A12)	Reporting of unusual incidents	The home shall initiate an investigation of an incident within 24 hours of discovery by a staff person.	All hospital admissions, Inpatient admission to a hospital, Emergency Closures should not require an investigation. These items are typically easily and quickly explained. Investigations should be reserved for situations that can't be explained or potential abuse. Increasing the number of investigations that are not necessary could cause an already limited resource to be overused. This will cause and increase in cost which is unfunded by ODP and is unnecessary.
6400.32 (e)	Rights of the Individual	An individual has the right to make choices and accept risks.	A consumer has right to make their own choices and accept risks, however, a disclaimer must be included in the regulation "unless it poses an immediate threat to their health and/or safety".
6400.32(f)	Rights of the Individual	An individual has the right to lock the individual's bedroom door.	An individual that has demonstrated self injurious behavior and/or suicidal tendencies presents a risk to have their bedroom door locked without allowing Lifesharing providers or staff persons the ability to have access to the bedroom. ODP should include a caveat to this regulation as follows: PSP teams may make exceptions is presented in writing in the ISP for Individuals with self injurious behaviors or suicidal tendencies.
6400.32(g)	Rights of the Individual	An individual has the right to access food at any time.	For individuals who have a medical condition that requires restrictions to certain foods or free access to food, special consideration should be given. Modification to this regulation needs to include exception when health and safety risks are posed such as Prader Willi or food binging behaviors documented by the physician or psychiatrist and included in the PSP.
6400.44	Program Specialist	LANGUAGE CHANGE	Modify the word "ISP" in this section to reflect the new term "PSP".
6400.45	Staffing	LANGUAGE CHANGE	Modify the words "The home" in this section to reflect something such as "The Provider Agency" or "The Program".
6400.50	Annual training plan	LANGUAGE CHANGE	Modify the words "The home" in this section to reflect something such as "The Provider Agency" or "The Program".

6400.52(b) (1) (2) (3) (4) (5)	Annual training	The following staff persons shall complete 12 hours of training each year:	This should be reworded to require only training on Incident Management and Individual Rights. These identified staff, consultants, and volunteers do not need 12 or 24 hours of training, they need to understand what to report if they see a suspected abuse situation.
6400.162	Medication Administration	LANGUAGE MODIFICATION	This section is redundant as to who is authorized to administer medication to a consumer. Remove item a. A home staff whose staff persons or others are qualified.....
6400.162	Medication Administration	Types of medications that can be administered	With the aging population that exists, many consumers may have conditions that require treatments such as the administration of oxygen, breathing treatments, catheterizations, tube feedings, etc. Consideration should be given to add these to this section.
6400.181(b)	Assessment	If the program specialist is making a recommendation to revise a service or outcome in the ISP, the individual shall have an assessment completed as required under this section.	Modify this regulation to state that the "....individual shall be reassessed in the area requesting modification." A whole new assessment shouldn't be required.
6400.181	Assessment	LANGUAGE CHANGE	Modify the word "ISP" in this section to reflect the new term "PSP".
6400.185	Content of PSP	The PSP, including revisions, must include the following:	There appears to be a need to indicate who a POA or Legal Guardian might be (if application). Additionally, a PSP should indicate if a person is able to sign for themselves in relation to selection of services and/or health care needs. Many health care providers are not allowing our population to sign for their own medical procedures because of the ID diagnosis.
6400.186	Implementation of the PSP	LANGUAGE CHANGE	Modify the word "ISP" in this section to reflect the new term "PSP".

6400.196(a) Rights team Eliminate new additional requirement of a rights team. Instead have the established PSP team review.

Wording in a manner that assumes the Rights team can discover and resolve the reason for an individual's behavior with immediacy when in fact it may take behavioral re-analysis and root cause analysis for the particular behavior or could require techniques unable to be completed by such a small team. The full ISP team should be convened to handle review of this nature.

6400.213 Content of Records LANGUAGE CHANGE Modify the word "ISP" in this section to reflect the new term "PSP".

6500.1 Introductions Life sharing Every entry using the descriptor of Life sharing (two words) should be changed to Lifesharing (one word). The descriptor Lifesharing has been used for years in the Lifesharing community and is symbolic of the joining together of life and sharing, just as a Lifesharing provider and an individual join together to form a new partnership. The State Coalition on Lifesharing endorses and requests Lifesharing be described using the descriptor of Lifesharing. We support this change and ask for ODP to make the change.

6500.2d Applicability The department is not inspecting homes prior to licensing. Self inspections are completed prior to an individual moving in. Individual - person with an intellectual disability or autism who resides or receives residential respite care in a family living life sharing home and who is not a relative of the owner OF THE FAMILY MEMBERS. Keep current practice of using increased capacity for established and qualified Lifesharing agencies

6500.4 (f) Definitions Correct typo- who is not a relative of the owner OR the family members.

6500.17 Self- Assessment of homes Regulation does not include required compliance for a life sharing homes that is the legal entity. if a home is the legal entity it is required to complete the self-assessment of each home the legal entity is licensed to operate within 3 to 6 months prior to the expiration date of the agency's certificate of compliance.

6500.20 Incident Report and Investigation 1.15(f) The home shall initiate an investigation of an incident within 24 hours of discovery by a staff person.

In Lifesharing homes there are no staff only Independent Contractors and report of the incident would be made by the Independent Contractor or Agency Program Specialist. The Agency would initiate an investigation of the incident within 24 hours.

6500.20 Incident Report and Investigation 1.15 (h) "identified by STAFF"

Identified by staff should be expanded to include that an incident can be identified by the lifesharing provider, the Individual or program specialist

6500.20 Reporting of unusual incidents The home shall initiate an investigation of an incident within 24 hours of discovery by a staff person.

Visits to an emergency room (A.4.), and emergency closure (A. 12) (A. 16) Over the counter medication administration should not require a certified investigation of each and every occurrence by certified investigator. The reasons for ER visits and emergency closures of homes are known at the time of diagnosis at the ER and known at the time of the closure of a home. Reasons for medication error, prescription and over the counter medication do not require a certified investigation. Agency Incident management committees review these reasons and causes. Investigation by certified investigators is not necessary and will cause a resource that is limited to be even more limited and overused. Investigations related to the other items listed in 6500.20 A. other than A.4, A12, and A16 should be the priority of investigations.

6500.22 (d) Incident analysis wording "staff"

Include that agency will educate staff, lifesharing providers and individuals

6500.32 Rights of the Individual Individual has the right to lock the Individual's bedroom door.

An individual that has demonstrated self injurious behavior and/or suicidal tendencies presents a risk to have their bedroom door locked without allowing Lifesharing providers or staff persons the ability to have access to the bedroom. ODP should include a caveat to this regulation as follows: PSP teams may make exceptions is presented in writing in the ISP for individuals with self injurious behaviors or suicidal tendencies.

6500.43 d. 1	Lifesharing specialist	Coordinating and completing assessments	Assessment include hundreds of skill and task competencies, The life sharing specialist could have up to 16 persons on their caseload, expecting them to be able to complete an assessments for up to 16 persons and thousands of tasks when they are not the person to directly observe many of the tasks included in the assessment such as personal hygiene, dressing, meal preparation is not best practice. The person or persons that provide direct observation and or support of such tasks should "complete" the actual assessment. The regulation should be changed to read coordination and assurance of completion of assessments.
6500.44 (a)	Supervision	An individual may be left unsupervised for specified periods of time if the absence of direct supervision is consistent with the individual's assessment and is part of the individual's PSP, as an outcome which requires the achievement of a higher level of independence.	Add the word OR as indicated in the following: An individual may be left unsupervised for specified periods of time if the absence of direct supervision is consistent with the individual's assessment and is part of the individual's PSP, OR as an outcome which requires the achievement of a higher level of independence.
6500.45	CPR FIRST AID HEIMLICH	(b) (a) & (c) (b) indicate training is prior to the individual living in the home and annually thereafter.	CPR/ First Aid training certifies the recipient a varying certification period which could be longer than one year.
6500.48	Annual Training	item b. 5. contains the descriptor "dangerous behavior", this descriptor will be interpreted in a multitude of different ways by BHSL, families, agency staff and support coordinators and should be defined by ODP to avoid confusion.	Dangerous behavior is defined as behavior that results in injury to the individual, injury to others or legal or criminal acts that could result in charges or incarceration.
6500.48	Annual Training	© & (d) Trainings need to be agency approved and included in the agency training plan.	For Lifesharing all are independent contractors who are able to acquire trainings outside of the agency. To maintain independent contractor status the program specialist should only need to review what was obtained.

6500.121 © (9)

Prostate Exam

The American Cancer Society, the American College of Preventative Medicine and the American College of Family Practitioners all agree that there is "insufficient evidence to recommend routine screening with DRE and PSA. Clinicians caring for men, especially African American men and those with positive family histories, should provide information about potential benefits and risks of prostate screening. If the client is unable to decide, the clinician should make the final decision."

The exception has been made for pap smears for our female clients and we are requesting the same exceptions be made for DRE for men. Some physicians will not attempt DRE due to the recommendation in column C and feel it is an extremely invasive procedure and one that many of our residents are unable to consent to because of their disability.

6500.132

Medication Administration

To retain and protect the IRS tax exempt status and DOL designation as independent contractors ODP can not characterize Lifesharing providers as "staff". ODP should include language Identifying Lifesharing providers as Lifesharing Independent Contractors in this regulation and for all references in 6500 and 6100.

State Lifesharing Independent Contractors should be added to this regulation language

6500.133

Storage and disposal of medications

6500.133 b. A prescription medication may not be removed from its original labeled container more than 2 hours in advanced of the scheduled administration should be eliminated. This area should not be regulated. Best practice requires medications are not removed from original packaging until the actual point of administration to avoid any chance of medication errors.

Delete the regulation 6500.133 (b)

6500.138 (a)

Adverse Reaction

Family members who administer prescription medications or insulin injections to individuals shall receive training by the individuals source of health care about the

Include pharmacist as a source of healthcare.

6500.135	Prescription medications	<p>(b)A prescription order shall be kept. Delete the regulation 6500.135 B. The Life sharing individual typically sees a community based practitioner often in their office. Doctor orders are held in the doctor's office files and typically not copied for agency files. This regulation requiring the actual doctor's order to be kept in the record is unnecessary and should be deleted.</p>
6500.139	Medication Administration Training	<p>The Lifesharing Independent Contractor Add regulation specifying that lifesharing Independent Contractors should be permitted to administer medications after review by a physician or pharmacist and not be required to take the ODP medication testing. The current 6500 regulation allows this difference and it should be maintained.</p>
6500.151 (b)	Assessment	<p>(b) Revision of a service or outcome in an PSP should not require a complete assessment of all skills for an individual. Only the skills required for the revision of a service or specific outcome should be revised.</p>
6500.151 (a)	Assessment	<p>An assessment completed within one year prior to admission can not be coordinated or completed by a program specialist. This regulation contradicts the regulation 6500.151 (d) and should be changed to read within 1 year prior to admission if reviewed and signed off by a Life sharing program specialist at the time of the admission or 60 calendar days after admission and annually there after.</p>
6500.152	Development annual update and revision of ISP PSP team	<p>ISP references should be changed to Change references to ISP to PSP</p>
6500.153	153 (3) Life sharing Independent Contractor should be listed in the regulation along with any direct service "staff" persons.	<p>Eliminate references to Life sharing providers as "staff". Use the language Independent Contractor</p>

6500.166 (A-H)

Rights team

All items in the regulation including item 6500.166 b (2) (iii) are worded in a manner that assumes the Rights team can discover and resolve the reason for an individual's behavior with immediacy when in fact it may take behavioral re-analysis and root cause analysis for the particular behavior or could require techniques unable to be completed at the Life sharing regulated home. The home is a that of an Independent Contractor and recommendations do need to be reviewed.

The regulation should be folded in the requirements of the ISP team and assure a behavioral specialist is included in the team for review of all areas A-H. Eliminate the separate requirement of a rights team and have the ISP team review.

