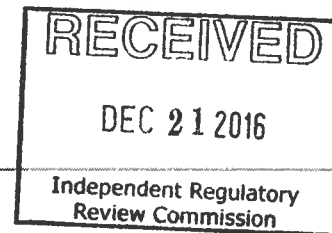


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**Kroh, Karen**

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**From:** Mochon, Julie  
**Sent:** Tuesday, December 20, 2016 8:35 AM  
**To:** Kroh, Karen  
**Subject:** FW: Proposed 6100 regulations  
**Attachments:** Proposed 6100 regulation comments 12-16.docx



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**From:** Grippin, Shannon A. [<mailto:sgrippin@cparc.org>]  
**Sent:** Monday, December 19, 2016 12:01 PM  
**To:** Mochon, Julie  
**Subject:** Proposed 6100 regulations

Please find my comments on the proposed 6100 regulations attached.

Thank you.

Shannon Grippin  
Director, Participant-Family Focused Programs  
The Arc of Cumberland & Perry Counties  
71 Ashland Ave  
Office 249-2611  
[www.cparc.org](http://www.cparc.org)  
*Empowering, Inspiring & Educating*

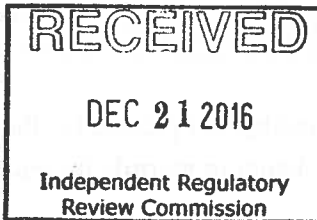
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Grippin

**2380.35 Staffing**



**(c) A minimum of two staff persons shall be present with the individuals at all times**

Comment: This should be revised to align with the recommendations in the waiver renewal for individuals to be in the community 75% of the time. With limits on the number of individuals that can be served in a facility or community location at one time, this regulation will create the need for double staffing when it may not be necessary.

**6100.42 Monitoring Compliance**

**(e) The provider shall complete a corrective action plan for a violation or an alleged violation of this chapter in the time frame required by the Department.**

Comment: Why is a corrective action needed for an alleged violation? Alleged is not a violation until it's founded and should not require a corrective action plan.

**6100.45 Quality Management**

**(b) The provider shall conduct a review of performance data in the following areas to evaluate progress and identify areas for performance improvement:**

**(1) Progress in meeting the desired outcomes of the PSP**

**(6) An analysis of the successful learning and application of training related to core competencies**

**(7) Staff satisfaction survey results and suggestions for improvement**

Comment: Areas of performance data for QM has been expanded which will require more staff time doing paperwork, which result in less time spent actually engaging the individuals in meaningful activities. Does (1) indicate that each service tracks every outcome listed in the PSP? This would be nearly impossible to track for individuals who receive multiple services.

(6) What core competencies are to be analyzed? Add a definition or clarification to standardize the analysis. (7) Staff satisfaction does not belong in a regulation.

**6100.47 – Criminal History Checks**

**(b) Criminal history checks shall be completed for the following persons who provide a support included in the PSP:**

**(3) Consultants**

Comment: Who is responsible for paying for these and confirming that they are complete? Is the provider responsible for keeping records for each consultant that an individual chooses to receive services from?

**6100.50. Communication.**

(b) The individual shall be provided with the assistive technology necessary to effectively communicate.

Comment: Please clarify who will fund the assistive technology.

**6100.52. Rights team.**

(b) The role of the rights team is to:

(1) Review each incident, alleged incident and suspected incident of a violation of individual rights as specified in §§ 6100.181—6100.186 (relating to individual rights).

(2) Review each use of a restraint as defined in §§ 6100.341—6100.345 (relating to positive intervention) to:

(d) Members of the rights team shall be comprised of a majority who do not provide direct support to the individual.

Comment: Suspected incident should be changed to founded incident. There should be guidelines on respecting confidentiality if the team consists of those who do not provide direct support to the individual. This will be difficult to ensure that proper releases are signed.

**6100.142. Orientation program.**

(a) Prior to working alone with individuals, and within 30 days after hire or starting to provide support to an individual, the following shall complete the orientation program as described in subsection (b):

(1) Management, program, administrative and fiscal staff persons.

(2) Dietary, housekeeping, maintenance and ancillary staff persons.

(b) The orientation program must encompass the following areas:

(1) The application of person-centered practices, including respecting rights, facilitating community integration, honoring choice and supporting individuals in maintaining relationships.

(2) The prevention, detection and reporting of abuse, suspected abuse and alleged abuse in accordance with the Older Adults Protective Services Act (35 P.S. §§ 10225.101—

10225.5102), 6 Pa. Code Chapter 15 (relating to protective services for older adults), 23 Pa.C.S. §§ 6301—6386 (relating to Child Protective Services Law), the Adult Protective Services Act (35 P.S. §§ 10210.101—10210.704) and applicable protective services regulations.

(3) Individual rights.

(4) Recognizing and reporting incidents.

(5) Job-related knowledge and skills.

Comment: Why do people who don't have direct contact and are never alone with the individuals have to have all of these trainings? A curriculum should be developed that all providers would be covering the same information with staff. Staff who transfer providers or work for two providers would be able to share the documentation and meet the requirements. An online training would be best so that all staff are receiving the information in exactly the same manner. Providers can supplement the training with agency policies.

#### **6100.182. Rights of the individual.**

(g) An individual has the right to control the individual's own schedule and activities.

Comment: How does this align with the proposed plan for services to be in the community 75% of the time?

#### **6100.221. Development of the PSP.**

(f) The initial PSP and PSP revisions must be based upon a current assessment.

Comment: What areas are required in the assessment? Who is responsible for completing the assessment?

#### **6100.223. Content of the PSP.**

The PSP must include the following:

(8) The type, amount, duration and frequency for the support specified in a manner that reflects the assessed needs and choices of the individual. The schedule of support delivery shall be determined by the PSP team and provide sufficient flexibility to provide choice by the individual.

(10) Opportunities for new or continued community participation.

(11) Active pursuit of competitive, integrated employment as a first priority, before other activities or supports are considered.

Comment: How can the person have flexibility and choice while still meeting the requirement to pursue competitive employment and be in the community 75% of the time? Opportunities for community participation should change on a regular basis depending on the person's choice and activities available in the community. Requiring these to be listed in the PSP may limit individuals who want to try new things that aren't listed in their PSP.

#### **6100.224. Implementation of the PSP.**

**The provider identified in the PSP shall implement the PSP, including revisions.**

Comment: Who is identified as the "provider"? Staff names are difficult to list because of turnover. Listing job titles or positions is more reasonable.

#### **6100.225. Support coordination and TSM.**

Comment: It's positive that timelines were removed.

#### **6100.305. Continuation of support.**

**The provider shall continue to provide the authorized support during the transition period to ensure continuity of care until a new provider is approved by the Department and the new support is in place, unless otherwise directed by the Department or the designated managing entity.**

Comment: There should be a clause permitting shorter transition time for when the individual's immediate health or safety may be at risk. There should also be a limit on the amount of time a provider is expected to provide support after notice is given.

#### **6100.341. Use of a positive intervention.**

**(a) A positive intervention shall be used to prevent, modify and eliminate a dangerous behavior when the behavior is anticipated or occurring.**

Comment: Change "dangerous" to unsafe behavior.

#### **6100.342. PSP.**

**If the individual has a dangerous behavior as identified in the PSP, the PSP must include the following:**

**(2) A functional analysis of the dangerous behavior and the plan to address the reason for the behavior.**

Comment: Who completes the Functional Analysis? Does this mean a formal analysis done by someone who is trained?

**6100.401. Types of incidents and timelines for reporting.**

**(a) The provider shall report the following incidents, alleged incidents and suspected incidents through the Department's information management system within 24 hours of discovery by a staff person:**

Comment: Define suspected incident. Define the difference between "alleged" and "suspected".

**6100.402. Incident investigation.**

**(b) The provider shall initiate an investigation of an incident within 24 hours of discovery by a staff person.**

Comment: Do all incidents need to be investigated? It seems to be unreasonable to expect providers to investigate all incidents including medication errors and emergency closure due to winter weather conditions.

**6100.405. Incident analysis.**

**(b) The provider shall review and analyze incidents and conduct a trend analysis at least every 3 months.**

**(e) The provider shall analyze incident data continuously and take actions to mitigate and manage risks.**

Comment: This is confusing. Should analysis be continuous or every three months? Continuous will be very time consuming.

**6100.447. Facility characteristics relating to location of facility.**

**(a) A residential or day facility, which is newly-funded in accordance with this chapter on or after \_\_\_\_\_ (Editor's Note: The blank refers to the effective date of adoption of this proposed rulemaking.), may not be located adjacent or in close proximity to the following:**

Comment: Define close proximity.

**6100.461. Self-administration.**

**(c) The provider shall provide or arrange for assistive technology to support the individual's self-administration of medications.**

Comment: Clarify who will fund the assistive technology.

#### **6100.463. Storage and disposal of medications.**

**(d) Prescription medications and syringes, with the exception of epinephrine and epinephrine auto-injectors, shall be kept in an area or container that is locked.**

**(e) Epinephrine and epinephrine auto-injectors shall be stored safely and kept easily accessible at all times. The epinephrine and epinephrine auto-injectors shall be easily accessible to the individual if the epinephrine is self-administered or to the staff person who is with the individual if a staff person will administer the epinephrine.**

Comment: It's a positive change that epinephrine auto-injectors do not need to be locked.

#### **6100.467. Medication errors.**

**(b) A medication error shall be immediately reported as an incident as specified in § 6100.401 (relating to types of incidents and timelines for reporting) and to the prescriber.**

**(c) Documentation of medication errors and the prescriber's response shall be kept in the individual's record.**

Comment: It's unreasonable to contact the prescriber for every medication error. There should be exceptions when the prescriber has provided written instructions on what to do in the case of an error.

#### **6100.487. Loss or damage to property.**

**If an individual's personal property is lost or damaged during the provision of an HCBS, the provider shall replace the lost or damaged property, or pay the individual the replacement value for the lost or damaged property, unless the damage or loss was the result of the individual's actions.**

Comment: Clarify that items will be replaced if the damage was determined to be as a result of staff negligence or fault of the provider. Allow for repair of an item when possible verses replacement.