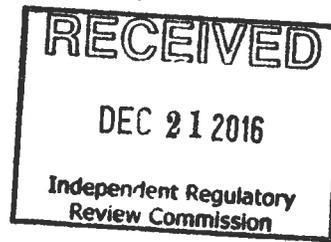




3160

#14-540-

125



December 19, 2016

Ms. Julie Mochon, Human Service Program Specialist Supervisor
Office of Developmental Programs
Room 502 Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
JMochon@pa.gov

Reference Regulation No. 14-540

Dear Ms. Mochon:

Attached please find comments regarding the proposed 6100 regulations. We applaud the process adopted for the development of the regulations. As a result of the opportunity to review the regulations prior to formal adoption, we have several recommendations. We believe our recommended changes will have a positive effect in three areas: first, providing more tightly defined expectations for providers, second, eliminating activities that are either duplicative or otherwise overly burdensome and finally, focusing the mandated activities on "Everyday Lives" for participants.

Thank you for your consideration.

Linda E. London
MH/ID Compliance Monitor
Goodwill Keystone Area

London@yourgoodwill.org

6100-London Comments	Recommendation	Reason
43	Request for Waivers: recommend adding "safety" or "health and well-being" as increase in benefits as a result of the waiver.	In some cases, a waiver from a particular regulation might be sought that could potentially limit "choice" etc. for an individual, but is necessary for safety or health reasons.
44	Innovation Project: recommend combining 8, 9 &10 "advisory committee" a very formal term, may not be appropriate.	Description of persons involved in planning and oversight, including staff, participants and community partners as applicable.
50	Specify who provides assistive technology as in (b)	self-explanatory
141	The provider will design an annual training plan based on needs of the populations served and the provider's quality improvement strategy.	Specifying that the training plan be based on needs as "specified in the individuals' PSPs" could be interpreted that every training must be related directly to a particular person's plan. This would be almost impossible in congregate settings, and would make monitoring of the training plan development and implementation extraordinarily burdensome.
142 & 143	management, administrative and fiscal staff persons	There is no reason to require either orientation or annual training hours for these groups as they are not involved in direct service provision.
185	Rights of the individual will be explained to the individual as part of the annual PSP review meeting. A signed receipt of the information will be included with the PSP.	In working to align the regulations, this section is now included in the 6100, 2390, 2380, 6400 regulations. As a result, it causes great duplication of effort. Each provider will have to review the individual rights with the person

		annually, so the individual who is in a program during the day, and residential facility, will have to participate in a review of the rights at least three times every year. This adds no value to the process.
221	An individual's services must be consistent with the PSP.	the term "service implementation plan" implies a second written formal plan, in contradiction to the "one plan" concept of the PSP
226	The provider shall document service delivery.	Clarify "each time a support is delivered". If based on units, i.e. services at a rate of 15 minute units could conceivably be interpreted to mean documentation every fifteen minutes. This would be highly disruptive to the provision of service activities in themselves.
305	Provider shall continue to provide the authorized service during the transition period and/or until the discharge date, unless the provider cannot do so while guaranteeing the safety, health and well-being of the individual and others in the same setting. The Department will reimburse the provider for any expenses over and above the normal rate for the services, when those expenses are incurred as part of the continuation of services during the transition period or discharge date.	self-explanatory
307	The provider will transfer copies of documents from the individual record to the new provider in accordance with confidentiality laws and as authorized by the individual.	(1) Confidential information cannot legally be released unless the standards of HIPAA and state confidentiality laws are

		<p>met</p> <p>(2) Not all documentation in a client record is created or "owned" by the provider. A provider can only release information which it generated</p> <p>(3) In some instances, an individual record could be years' worth of material, which would be overwhelming and of no value</p> <p>(4) Since the SC has to make the referral and handle the authorization of the service, and the SC receives copies of documentation, it would more logically fall to the SC to give the needed information to the new provider.</p>
345	Personal funds or property may not be used as payment for damages unless the individual consents or is ordered to do so by a legal authority such as a court.	If an individual causes damage and is ordered by either civil or criminal action, then the individual must comply by law whether or not he or she consents.
461	Remove (b) in entirety	Tracking the times of medication, "offering" the medication at the prescribed times; opening and storing the medication are all components of medication administration, NOT self-administration. If the individual requires this level of assistance, he or she is not self-medicating.
571	The department will refresh the market based data annually.	Self-explanatory
223	(8) the service type, the number of units of service to be provided within the period identified by the PSP, and general schedule of services.	(8) – For example: Service Type: Transitional Employment; Units of Service for Plan year 16-17: 4300 units; General schedule: up to 25 hours weekly.

		<p>The phrase "amount, duration and frequency" has caused more problems for Goodwill as a provider than any other single requirement. Varying guidance we have received has included: (1) The ISP should specify the number of units within the time frame, i.e. 125 units weekly. (2) The ISP should specify days and times of service, i.e. Monday, Tuesday Wednesday, Thursday, Friday from 9 am to 2 pm. (3) the ISP should specify Monday, Tuesday, Wednesday, Thursday, Friday, 5 hours per day. (4) The ISP should just list total units for the year i.e. 4600 units. Every SC writing the ISP has their own idea as to which is more appropriate. Where this becomes a problem is the requirement that any variation from the schedule must be explained in the documentation. For a program such as Goodwill, attendance hours are often dictated by transportation or other factors that are beyond Goodwill's control. For example, Tom is scheduled to attend Monday through Friday, from 9:00 am to 2:30 pm according to the ISP. Tom arrives consistently around 9:30 am and leaves by 2:00 because those are the hours his transportation provider can transport. Neither Tom nor Goodwill has control over this, yet Goodwill has to document every day why he is short 1 hour in service, because there is a variance from the amount and duration. Another example: Tom is scheduled to attend the program service Monday through Friday; but his attendance is sporadic, sometimes due to medical appointments or family obligations, and sometimes he just doesn't show up and no information is provided. Once again, Goodwill has to document because it is a variation in amount, duration and</p>
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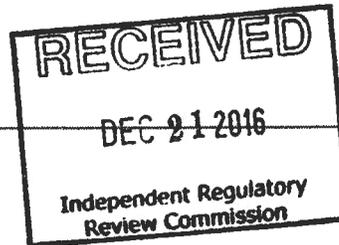
		<p>frequency. In fact, a simple attendance document is used to track this (i.e. absent or present) but it is not considered sufficient. So the provider ends up documenting not only when services are provided, but documenting when they aren't as well. There has to be some way of resolving this so that documentation isn't so overburdening. We have been in the situation when, as the result of our lead AE provider monitoring, we have had to change our documentation as to how to record amount, frequency and duration; only to have another AE recommend it being changed back in a subsequent monitoring. And depending on the AE's involved, it may or may not have to be changed back. It is similar in licensing, when one year something is changed as the result of a non-compliance and the next, it is changed back as the result of yet another non-compliance.</p>
52	Eliminate	<p>The rights team is duplicative of activities of both incident management, and incident review as well as Human Rights committee which must approve any restrictive procedures. Another committee adds no value and is overly burdensome.</p>

3160

#14-540-125

Kroh, Karen

From: Mochon, Julie
Sent: Tuesday, December 20, 2016 8:34 AM
To: Kroh, Karen
Subject: FW: 6100 comments
Attachments: 6100 cover letter 12-19-16.doc; Linda 6100 comments.xlsx.docx



From: Linda London [<mailto:llondon@yourgoodwill.org>]
Sent: Monday, December 19, 2016 11:38 AM
To: Mochon, Julie
Subject: 6100 comments

Ms. Mochon:

Attached please find a cover letter and comments related to the 6100 regulation review by the IRRC. I understand that the deadline for comments is today. Please feel free to contact me should you have any questions.

Linda London, MCP
MH/ID Compliance Monitor

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