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**Kroh, Karen**

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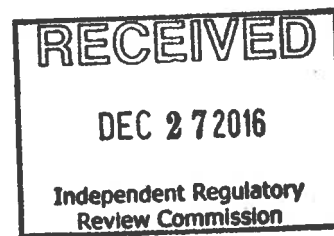
**From:** Mochon, Julie  
**Sent:** Wednesday, December 21, 2016 8:50 AM  
**To:** Kroh, Karen  
**Subject:** FW: comments  
**Attachments:** Comments on Chapter 2380.docx.doc; Comments on Chapter 2390.docx.doc

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**From:** HC [mailto:highlandchocolates@partnerspip.com]  
**Sent:** Tuesday, December 20, 2016 4:45 PM  
**To:** Mochon, Julie  
**Subject:** comments

Please see attached for comments on the chapter 2380 and 2390 regs.

Lacey Kennedy



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KEY for reviewing Partners In Progress Comments on Chapter 2380:

Strikethrough = text suggested to be deleted. (Text that the Department proposes to delete has also been stricken for consistency and ease of reading).

Blue text = text suggested to be added.

**CHAPTER 2380. ADULT TRAINING FACILITIES**

**GENERAL PROVISIONS**

**§ 2380.3. Definitions.**

**Comment and Suggestion 2380.3.**

See comment and suggestion under Chapter 6100.3. Comment is identical unless otherwise noted. All modifications, deletions, and additions of definitions should match those in Chapter 6100.

In the definition for *adult training facility*, what is the Department's rationale for excluding persons who are 60 years of age or older?

"Provider" should replace use of the term "facility" where applicable.

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

Adult—A person 18 years of age or older.

Adult training facility or facility—A building or portion of a building in which services are provided to four or more individuals, ~~who are 59 years of age or younger and~~ who do not have a dementia-related disease as a primary diagnosis, for part of a 24-hour day, excluding care provided by relatives. Services include the provision of functional activities, assistance in meeting personal needs and assistance in performing basic daily activities.

~~[Content discrepancy—A difference between what was determined at the ISP meeting by the plan team and what is documented in the written ISP.]~~

~~[Documentation—Written statements that accurately record details, substantiate a claim or provide evidence of an event.]~~

Fire safety expert—A local fire department, fire protection engineer, State certified fire protection instructor, college instructor in fire science, county or State fire school, volunteer fire person trained by a county or State fire school or an insurance company loss control representative.

~~[ISP—Individual Support Plan—The comprehensive document that identifies services and expected outcomes for an individual.]~~

~~—Individual—An adult with disabilities who receives care in an adult training facility and who has developmental needs that require assistance to meet personal needs and to perform basic daily activities. Examples of adults with disabilities include adults who exhibit one or more of the following:~~

~~—(i) A physical disability such as blindness, visual impairment, deafness, hearing impairment, speech or language impairment, or a physical handicap.~~

~~—(ii) A mental illness.~~

~~—(iii) A neurological disability such as cerebral palsy, autism or epilepsy.~~

~~—(iv) An intellectual disability.~~

~~—(v) A traumatic brain injury.~~

~~[Outcomes—Goals the individual and individual's plan team choose for the individual to acquire, maintain or improve.~~

~~—Plan lead—The program specialist or family living specialist, as applicable, when the individual is not receiving services through an SCO.~~

~~—Plan team—The group that develops the ISP.]~~

## GENERAL REQUIREMENTS

§ 2380.17. – 2380.19. Incident Management.

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**Comment and Suggestion for 2380.17 – 2380.19 Incident Management:**

See Comment and Suggestion under Chapter 6100 Incident Management; 6100.401 – 6100.405.  
Comment is identical unless noted otherwise.

§ 2380.21. ~~Civil~~ Individual rights.

**Comment and Suggestion 2380.21.**

See Comment and Suggestion under Chapter 6100 Individual Rights (6100.181 – 6100.185).  
Comment is identical unless noted otherwise.

§ 2380.26. Applicable laws and regulations.

The facility provider shall comply with applicable Federal, State and local laws, regulations and ordinances.

**STAFFING**

§ 2380.33. Program specialist.

**Comment and Suggestion 2380.33.**

Text is suggested for purpose of clarity.

(a) At least ~~one~~ 1 program specialist shall be assigned for every 45 individuals, regardless of whether they meet the definition of individual in § 2380.3 (relating to definitions).

(b) The program specialist shall be responsible for the following:

- ~~[(1) Coordinating and completing assessments,~~
- ~~—(2) Providing the assessment as required under § 2380.181(f) (relating to assessment),~~
- ~~—(3) Participating in the development of the ISP, including annual updates and revisions of the ISP,~~
- ~~—(4) Attending the ISP meetings,~~
- ~~—(5) Fulfilling the role of plan lead, as applicable, under §§ 2380.182 and 2380.186(f) and (g) (relating to development, annual update and revision of the ISP; and ISP review and revision).~~

- ~~—(6) Reviewing the ISP, annual updates and revisions under § 2380.186 for content accuracy.~~
- ~~—(7) Reporting content discrepancy to the SC or plan lead, as applicable, and plan team members.~~
- ~~—(8) Implementing the ISP as written.~~
- ~~—(9) Supervising, monitoring and evaluating services provided to the individual.~~
- ~~—(10) Reviewing, signing and dating the monthly documentation of an individual's participation and progress toward outcomes.~~
- ~~—(11) Reporting a change related to the individual's needs to the SC or plan lead, as applicable, and plan team members.~~
- ~~—(12) Reviewing the ISP with the individual as required under § 2380.186.~~
- ~~—(13) Documenting the review of the ISP as required under § 2380.186.~~
- ~~—(14) Providing the documentation of the ISP review to the SC or plan lead, as applicable, and plan team members as required under § 2380.186(d).~~
- ~~—(15) Informing plan team members of the option to decline the ISP Review documentation as required under § 2380.186(e).~~
- ~~—(16) Recommending a revision to a service or outcome in the ISP as provided under § 2380.186(c)(4).~~
- ~~—(17) Coordinating the services provided to an individual.~~
- ~~—(18) Coordinating the training of direct service workers in the content of health and safety needs relevant to each individual.~~
- ~~—(19) Developing and implementing provider services as required under § 2380.188 (relating to provider services).]~~

(1) Coordinating the completion of assessments.

(2) Participating in the PSP process, PSP development, PSP team reviews and the implementation of the PSP in accordance with this chapter.

(3) ~~Providing and supervising~~ Coordinating and facilitating activities for the individuals in accordance with the PSPs.

(4) Supporting the integration of individuals in the community. What level of support would the Program specialist be providing to the? Needs to have a clearer definition.

~~(5) Supporting individual communication and involvement relationships with families and friends.~~

(c) A program specialist shall have one of the following groups of qualifications:

(1) A master's degree or above from an accredited college or university and 1 year of work experience working directly with persons with disabilities.

(2) A bachelor's degree from an accredited college or university and 2 years of work experience working directly with persons with disabilities.

(3) An associate's degree or 60 credit hours from an accredited college or university and 4 years of work experience working directly with persons with disabilities.

#### § 2380.35. Staffing.

(a) A minimum of one direct ~~service worker~~ support professional for every six individuals shall be physically present with the individuals at all times individuals are present at the facility, except while staff persons are attending meetings or training at the facility.

(b) While staff persons are attending meetings or training at the facility, a minimum of one staff person for every ten individuals shall be physically present with the individuals at all times individuals are present at the facility.

(c) A minimum of two staff persons shall be present with the individuals at all times. A and C in this section contradict each other. Our agency recommends that you delete (c)

(d) 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 [ISP] PSP, as an outcome which requires the achievement of a higher level of independence.

(e) The staff qualifications and staff ratio as specified in the [ISP] PSP shall be implemented as written, including when the staff ratio is greater than required under subsections (a), (b) and (c).

(f) An individual may not be left unsupervised solely for the convenience of the facility provider or the direct service direct support worker.

§ 2380.36. ~~[Staff]~~ Emergency training.

~~a) The facility shall provide orientation for staff persons relevant to their responsibilities, the daily operation of the facility and policies and procedures of the facility before working with individuals or in their appointed positions.~~

~~—(b) The chief executive officer shall have at least 24 hours of training relevant to human services or administration annually.~~

~~—(c) Program specialists and direct service workers who are employed for more than 40 hours per month shall have at least 24 hours of training relevant to human services annually.~~

~~—(d) Program specialists and direct service workers shall have training in the areas of services for people with disabilities and program planning and implementation, within 30 calendar days after the day of initial employment or within 12 months prior to initial employment.~~

—(e)] (a) Program specialists and direct service direct support workers shall be trained before working with individuals in general firesafety, evacuation procedures, responsibilities during fire drills, the designated meeting place outside the building or within the fire safe area in the event of an actual fire, smoking safety procedures if individuals or staff persons smoke at the facility, the use of fire extinguishers, smoke detectors and fire alarms, and notification of the local fire department as soon as possible after a fire is discovered.

[[f)] (b) Program specialists and direct service direct support workers shall be trained annually by a firesafety expert in the training areas specified in subsection [[f)] (a).

[[g)] (c) There shall be at least ~~[one]~~ 1 staff person for every 18 individuals, with a minimum of ~~[two]~~ 2 staff persons present at the facility at all times who have been trained by an individual certified as a trainer by a hospital or other recognized health care organization, in first aid, Heimlich techniques and cardio-pulmonary resuscitation within the past year. If a staff person has formal certification from a hospital or other recognized health care organization that is valid for more than 1 year, the training is acceptable for the length of time on the certification.

~~[[h) Records of orientation and training, including the training source, content, dates, length of training, copies of certificates received and staff persons attending, shall be kept.]~~



(Editor's Note: Sections 2380.37—2380.39 are new and printed in regular type to enhance readability.)

**§ 2380.37. - 2380.39. Training.**

**Comment and Suggestion 2380.37 – 2380.39 Training.**

See Comment and Suggestion under Chapter 6100 TRAINING (6100.141 – 6100.143). Comment is identical unless noted otherwise.

2380.40 is suggested to be added, as noted below, consistent with Chapter 6100.

**§ 2380.40. Natural supports.**

Sections 2380.37—2380.39 (relating to annual training plan; orientation program; and annual training) do not apply to natural supports.

**§ 2380.121. – 2380.129. Medications**

**MEDICATIONS**

**Comment and Suggestion § 2380.121. - 2380.129. Medications-**

While currently 2380 providers are following the Med Administration training it is going to be very restrictive when moving towards community integration.

**§ 2380.151. – 2380.155. Positive Intervention**

**[RESTRICTIVE PROCEDURES] POSITIVE INTERVENTION**

**Comment and Suggestion § 2380.151. - § 2380.155. Positive Intervention:**

See Comment and Suggestion under Chapter 6100 POSITIVE INTERVENTION (6100.341 – 6100.345). Comment is identical unless noted otherwise.

**§ 2380.156. [Staff training.] Rights team.**

**Comment and Suggestion 2380.156.**

See Comment and Suggestion under Chapter 6100 Rights Team. (6100.52.). Comment is identical unless noted otherwise.

**§§ 2380.157—2380.165. (Reserved).**

**RECORDS**

**§ 2380.173. Content of records.**

Each individual's record must include the following information:

(1) Personal information including:

(i) The name, sex, admission date, birthdate and **[social security] Social Security** number.

(ii) The race, height, weight, color of hair, color of eyes and identifying marks.

(iii) The language or means of communication spoken or understood by the individual and the primary language used in the individual's natural home, if other than English.

(iv) Religious affiliation.

(v) A current, dated photograph.

(2) **[Unusual incident] Incident** reports related to the individual.

(3) Physical examinations.

(4) Assessments as required under § 2380.181 (relating to assessment).

~~(5) A copy of the invitation to:~~

~~(i) The initial ISP meeting,~~

~~(ii) The annual update meeting,~~

~~(iii) The ISP revision meeting,~~

~~(6) A copy of the signature sheet for:~~

- ~~—(i) The initial ISP meeting.~~
- ~~—(ii) The annual update meeting.~~
- ~~—(iii) The ISP revision meeting.~~
- ~~—(7) A copy of the current ISP.~~
- ~~—(8) Documentation of ISP reviews and revisions under § 2380.186 (relating to ISP review and revision), including the following:~~
  - ~~—(i) ISP review signature sheets.~~
  - ~~—(ii) Recommendations to revise the ISP.~~
  - ~~—(iii) ISP revisions.~~
  - ~~—(iv) Notices that the plan team member may decline the ISP review documentation.~~
  - ~~—(v) Requests from plan team members to not receive the ISP review documentation.~~
- ~~—(9) Content discrepancies in the ISP, the annual update or revision under § 2380.186.]~~
- (5) PSP documents as required by this chapter.
- ~~[(10) Restrictive procedure protocols and]~~ (6) Positive intervention records related to the individual.
- ~~[(11)]~~ (7) Copies of psychological evaluations, if applicable.

#### PROGRAM

#### § 2380.181. Assessment.

##### **Comment and Suggestion 2380.181.**

The recommended language in 2380.181 (b) is intended to distinguish between the need for a full assessment and a partial assessment.

2390.181 (f) has been amended to provide additional time to enable a program specialist to better prepare an informed assessment.

\* \* \* \* \*

(b) If the program specialist ~~is making~~ makes a recommendation to revise a service or outcome in the ~~[ISP as provided under § 2380.186(c)(4) (relating to ISP review and revision)]~~ PSP, the individual shall have an assessment specific to that recommendation completed as required under this section. The provider would like further clarification on the assessment that needs to be completed. If it is the whole assessment or just a specific section?

\* \* \* \* \*

(f) The program specialist shall provide the assessment to the SC ~~[or plan lead]~~, as applicable, and ~~[plan]~~ PSP team members at least 30 15 calendar days prior to ~~[an ISP meeting for the development, annual update and revision of the ISP under §§ 2380.182, 2390.152, 6400.182 and 6500.152 (relating to development, annual update and revision of the ISP)]~~ a PSP meeting.

§2380.182 – 2380.186. Person-Centered Support Plan.

**Comment and Suggestion 2380.182 – 2380.186. Person-centered Support Plan.**

See Comment and Suggestion under Chapter 6100.221 – 6100.224. Comment is identical unless noted otherwise.

§ 2380.187. ~~[Copies.]~~ (Reserved).

~~[A copy of the ISP, including the signature sheet, shall be provided to plan team members within 30 calendar days after the ISP annual update and ISP revision meetings.]~~

§ 2380.188. ~~[Provider services.]~~ (Reserved).

~~[(a) The facility shall provide services including assistance, training and support for the acquisition, maintenance or improvement of functional skills, personal needs, communication and personal adjustment.~~

~~—(b) The facility shall provide opportunities and support to the individual for participation in community life, including work opportunities.~~

~~—(c) The facility shall provide services to the individual as specified in the individual's ISP.~~

~~—(d) The facility shall provide services that are age and functionally appropriate to the individual.]~~



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KEY for reviewing Partners In Progress Comments on Chapter 2390:

Strikethrough = text suggested to be deleted. (Text that the Department proposes to delete has also been stricken for consistency and ease of reading).

Blue text = text suggested to be added.

**CHAPTER 2390. VOCATIONAL FACILITIES**

**GENERAL PROVISIONS**

**§ 2390.5. Definitions.**

**Comment and suggestion 2390.5.**

See comment and suggestion under Chapter 6100.3. Comment is identical unless otherwise noted. All modification, deletions, and additions of definitions should match those in Chapter 6100.

"Individual" should replace use of the term "client" where applicable.

"Provider" should replace use of the term "facility" where applicable.

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

~~*Abusive act*—An act or omission of an act that willfully deprives a client of rights or which may cause or causes actual physical injury or emotional harm to a client.~~

*Certificate of compliance*—A document issued to a legal entity permitting it to operate a vocational facility at a given location, for a specific period of time, according to appropriate regulations of the Commonwealth.

*Chief executive officer*—The staff person responsible for the general management of the facility. Other terms such as "program director" or "administrator" may be used as long as the qualifications specified in § 2390.32 (relating to chief executive officer) are met.

~~*Client*—A disabled adult receiving services in a vocational facility.~~

*Competitive employment*—A job in a regular work setting with an employee-employer relationship, in which an disabled adult with a disability is hired to do a job that other nondisabled employees who do not have a disability also do.

~~**[Content discrepancy—A difference between what was determined at the ISP meeting by the plan team and what is documented in the written ISP.]**~~

*Criminal abuse*—Crimes against the person such as assault and crimes against the property of the client individual such as theft or embezzlement.

~~*Disabled adult*~~—

~~—(i) A person who because of a disability requires special help or special services on a regular basis to function vocationally.~~

~~—(ii) The term includes persons who exhibit any of the following characteristics:~~

~~—(A) A physical disability, such as visual impairment, hearing impairment, speech or language impairment, or other physical handicap.~~

~~—(B) Social or emotional maladjustment.~~

~~—(C) A neurologically based condition such as cerebral palsy, autism or epilepsy.~~

~~—(D) An intellectual disability.~~

~~**[Documentation—Written statements that accurately record details, substantiate a claim or provide evidence of an event.]**~~

~~*Handicapped employment*—A vocational program in which the individual client does not require rehabilitation, habilitation or ongoing training to work at the facility.~~

~~**[ISP—Individual Support Plan—The comprehensive document that identifies services and expected outcomes for a client.**~~

~~**—Interdisciplinary team—A group of persons representing one or more service areas relevant to identifying a client needs, including at a minimum the county case manager if the client is funded through the county mental health and intellectual disability program, the client and the program specialist.**~~

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succeed.*

~~—Outcomes—Goals the client and client plan team choose for the client to acquire, maintain or improve.~~

~~—Plan lead—The program specialist or family living specialist, as applicable, when the client is not receiving services through an SCO.~~

~~—Plan team—The group that develops the ISP.]~~

~~[Restrictive procedure—A practice that limits a client's movement, activity or function; interferes with a client's ability to acquire positive reinforcement; results in the loss of objects or activities that a client values; or requires a client to engage in a behavior that the client would not engage in given freedom of choice.]~~

\* \* \* \* \*

#### GENERAL REQUIREMENTS

§ 2390.18. – 2380.20 Incident Management.

**Comment and Suggestion for 2380.18. – 2380.20 Incident Management:**

See Comment and Suggestion under Chapter 6100 Incident Management; 6100.401 – 6100.405.  
Comment is identical unless noted otherwise.

§ 2390.21. [Civil] Individual rights.

**Comment and Suggestion 2390.21.**

See Comment and Suggestion under Chapter 6100 Individual Rights (6100.181 – 6100.185).  
Comment is identical unless noted otherwise.

§ 2390.24. Applicable laws and regulations.

The facility provider shall comply with applicable Federal, State and local laws, regulations and ordinances.

#### STAFFING

§ 2390.33. Program specialist.

**Comment and Suggestion 2380.33.**

Text is suggested for purpose of clarity.

(a) A minimum of [one] 1 program specialist for every 45 clients individuals shall be available when clients individuals are present at the facility.

(b) The program specialist shall be responsible for the following:

- ~~[(1) Coordinating and completing assessments.~~
- ~~—(2) Providing the assessment as required under § 2390.151(f) (relating to assessment).~~
- ~~—(3) Participating in the development of the ISP, including annual updates and revisions of the ISP.~~
- ~~—(4) Attending the ISP meetings.~~
- ~~—(5) Fulfilling the role of plan lead, as applicable, under §§ 2390.152 and 2390.156(f) and (g) (relating to development, annual update and revision to the ISP; and ISP review and revision).~~
- ~~—(6) Reviewing the ISP, annual updates and revisions for content accuracy.~~
- ~~—(7) Reporting content discrepancy to the SC or plan lead, as applicable, and plan team members.~~
- ~~—(8) Implementing the ISP as written.~~
- ~~—(9) Supervising, monitoring and evaluating services provided to the client.~~
- ~~—(10) Reviewing, signing and dating the monthly documentation of a client's participation and progress toward outcomes.~~
- ~~—(11) Reporting a change related to the client's needs to the SC or plan lead, as applicable, and plan team members.~~
- ~~—(12) Reviewing the ISP with the client as required under § 2390.156.~~
- ~~—(13) Documenting the review of the ISP as required under § 2390.156.~~
- ~~—(14) Providing documentation of the ISP review to the SC or plan lead, as applicable, and plan team members as required under § 2390.156(d).~~



~~—(15) Informing plan team members of the option to decline the ISP review documentation as required under § 2390.156(e).~~

~~—(16) Recommending a revision to a service or outcome in the ISP as provided under § 2390.156(c)(4).~~

~~—(17) Coordinating the services provided to a client.~~

~~—(18) Coordinating the training of direct service workers in the content of health and safety needs relevant to each client.~~

~~—(19) Developing and implementing provider services as required under § 2390.158 (relating to provider services).]~~

(1) Coordinating the completion of assessments.

(2) Participating in the PSP process, PSP development, PSP team reviews and the implementation of the PSP in accordance with this chapter. The Program Specialist should not be responsible for completing a PSP for an individual who is not funded through the Chapter 6100 regulations.

(3) ~~Providing and supervising~~ Coordinating and facilitating activities for the individuals in accordance with the PSPs.

(4) Supporting the integration of individuals in the community. For our agency to successfully implement this regulation this would depend on the Service definitions and the fee schedule.

~~—(5) Supporting individual communication and involvement relationships with families and friends.~~

(c) A program specialist shall meet one of the following groups of qualifications:

(1) Possess a master's degree or above from an accredited college or university in Special Education, Psychology, Public Health, Rehabilitation, Social Work, Speech Pathology, Audiology, Occupational Therapy, Therapeutic Recreation or other human services field.

(2) Possess a bachelor's degree from an accredited college or university in Special Education, Psychology, Public Health, Rehabilitation, Social Work, Speech Pathology, Audiology, Occupational Therapy, Therapeutic Recreation or other human services field; and 1 year experience working directly with disabled persons.

(3) Possess an associate's degree or completion of a [2 year] 2-year program from an accredited college or university in Special Education, Psychology, Public Health, Rehabilitation, Social Work, Speech

Pathology, Audiology, Occupational Therapy, Therapeutic Recreation or other human services field; and 3 years experience working directly with disabled persons.

(4) Possess a license or certification by the State Board of Nurse Examiners, the State Board of Physical Therapists Examiners, or the Committee on Rehabilitation Counselor Certification or be a licensed psychologist or registered occupational therapist; and 1 year experience working directly with disabled persons.

**§ 2390.39. Staffing.**

(a) A minimum of two staff shall be present at the facility when **[10]** ten or more ~~clients~~ individuals are present at the facility.

(b) A minimum of one staff shall be present at the facility when fewer than **[10]** ten ~~clients~~ individuals are present at the facility.

(c) If 30 or more ~~clients~~ individuals are present at the facility, there shall be at least **[one]** 1 staff present at the facility who meets the qualifications of program specialist or **production Manager**

(d) A ~~client~~ individual may be left unsupervised for specified periods of time if the absence of direct supervision is consistent with the ~~client's~~ individual's assessment and is part of the ~~client's~~ individual's **[ISP] PSP**, as an outcome which requires the achievement of a higher level of independence.

(e) The staff qualifications and staff ratio as specified in the **[ISP] PSP** shall be implemented as written, including when the staff ratio is greater than required under subsections (a), (b) and (c).

(f) ~~A client~~ An individual may not be left unsupervised solely for the convenience of the facility or the direct ~~service worker~~ support professional.

**§ 2390.40. – 2390.49 Training**

**Comment and Suggestion 2390.40. – 2390.49. Training.**

See Comment and Suggestion under Chapter 6100 TRAINING (6100.141 – 6100.143). Comment is identical unless noted otherwise.

2390.50 is suggested to be added, as noted below, consistent with Chapter 6100.

**§ 2390.50. Natural supports.**

Sections 2390.40. —2390.49 (relating to annual training plan; orientation program; and annual training) do not apply to natural supports.

## CLIENT RECORDS

### § 2390.124. Content of records.

#### Discussion 2390.124.

Each client's individual's record must include the following information:

(1) The name, sex, admission date, birthdate and place, ~~[social security]~~ Social Security number and dates of entry, transfer and discharge.

(2) The name, address and telephone number of parents, legal guardian and a designated person to be contacted in case of an emergency.

(3) The name and telephone number of a physician or source of health care.

(4) Written consent from the client-individual, parent or guardian for emergency medical treatment.

(5) Physical examinations.

(6) Assessments as required under § 2390.151 (relating to assessment).

(7) A copy of the vocational evaluations, if applicable.

~~—(8) A copy of the invitation to:~~

~~—(i) The initial ISP meeting,~~

~~—(ii) The annual update meeting,~~

~~—(iii) The ISP revision meeting.~~

~~—(9) A copy of the signature sheet for:~~

~~—(i) The initial ISP meeting,~~

- ~~(ii) The annual update meeting.~~
- ~~(iii) The ISP revision meeting.~~
- ~~(10) A copy of the current ISP.~~
- ~~(11) Documentation of ISP reviews and ISP revisions under § 2390.156 (relating to ISP review and revision), including the following:~~
  - ~~(i) ISP Review signature sheets.~~
  - ~~(ii) Recommendations to revise the ISP.~~
  - ~~(iii) ISP revisions.~~
  - ~~(iv) Notices that the plan team member may decline the ISP review documentation.~~
  - ~~(v) Requests from plan team members to not receive the ISP review documentation.~~
- ~~(12) Content discrepancy in the ISP, the annual update or revision under § 2390.156.]~~
- (8) PSP documents as required by this chapter.
- ~~[(13) Restrictive procedure protocols and]~~ (9) Positive intervention records related to the client.
- ~~[(14) Unusual incident]~~ (10) Incident reports related to the client.
- ~~[(15)]~~ (11) Copies of psychological evaluations, if applicable.
- ~~[(16)]~~ (12) Vocational evaluations as required under § 2390.159 (relating to vocational evaluation).

**PROGRAM**

**§ 2390.151. Assessment.**

**Discussion 2390.151.**

The recommended language in 2390.151 (b) is intended to distinguish between the need for a full assessment and a partial assessment.

2390.151 (f) has been amended to provide additional time to enable a program specialist to better

prepare an informed assessment.

\* \* \* \* \*

(b) If the program specialist is making a recommendation to revise a service or outcome in the ~~ISP as provided under § 2390.156(c)(4) (relating to ISP review and revision)~~ PSP, the client shall have an assessment specific to that recommendation completed as required under this section.

\* \* \* \* \*

(f) The program specialist shall provide the assessment to the SC or plan lead, as applicable, and plan team members at least ~~30~~ 15 calendar days prior to ~~an ISP~~ a PSP meeting for the development, annual update and revision of the ~~ISP~~ PSP under §§ 2380.182, 2390.152, 6400.182 and 6500.152 (relating to development~~, annual update and revision of the ISP~~ of the PSP).

§ 2390.152. – 2390.156. Person-Centered Support Plan.

**Comment and Suggestion 2390.152 – 2390.156. Person-centered Support Plan.**

See Comment and Suggestion under Chapter 6100.221 – 6100.224. Comment is identical unless noted otherwise.

§ 2390.157. ~~Copies.~~ (Reserved).

~~[A copy of the ISP, ISP annual update and ISP revision, including the signature sheet, shall be provided to plan team members within 30 calendar days after the ISP, ISP annual update and ISP revision meetings.]~~

§ 2390.158. ~~Provider services.~~ (Reserved).

~~[(a) The facility shall provide services including work experience and other developmentally-oriented, vocational training designed to develop the skills necessary for promotion into a higher level of vocational programming or competitive community-integrated employment.~~

~~—(b) The facility shall provide opportunities and support to the client for participation in community life, including competitive community-integrated employment.~~

~~—(c) The facility shall provide services to the client as specified in the client's ISP.~~

~~—(d) The facility shall provide services that are age and functionally appropriate to the client.]~~

(Editor's Note: Sections 2390.171—2390.176 and 2390.191—2390.199 are new and printed in regular type to enhance readability.)

**§ 2390.171. – 2390.175. Positive Intervention**

**POSITIVE INTERVENTION**

**Comment and Suggestion §2390.171. - § 2390.175. Positive Intervention.**

See Comment and Suggestion under Chapter 6100 POSITIVE INTERVENTION (6100.341 – 6100.345).  
Comment is identical unless noted otherwise.

**§ 2390.176. Rights team.**

**Comment and Suggestion 2390.176.**

See Comment and Suggestion under Chapter 6100 Rights Team. (6100.52.). Comment is identical unless noted otherwise.

**§ 2390.191. – 2390.199. Medications**

**MEDICATION ADMINISTRATION**

**Comment and Suggestion § 2390.191. - 2390.199. Medications**

Please note that adding medication administration to the regulations is going to be very restrictive when moving towards community integrations.