

3160

14-540-235

**Kroh, Karen**

**From:** Mochon, Julie  
**Sent:** Tuesday, December 20, 2016 3:25 PM  
**To:** Kroh, Karen  
**Subject:** FW: Comments for 2390 and 6100\_WLM  
**Attachments:** Ch 2390\_Comments.docx; Ch 6100\_Comments.docx

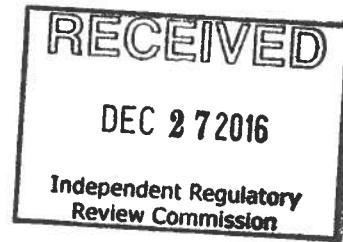
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**From:** Wendy McCutcheon [mailto:[wmccutcheon@Larkent.org](mailto:wmccutcheon@Larkent.org)]  
**Sent:** Tuesday, December 20, 2016 3:22 PM  
**To:** Mochon, Julie  
**Subject:** Comments for 2390 and 6100\_WLM

Hi Julie, attached are comments for both the 2390 and 6100 regulations. Thank you for your efforts and considerations.

Regards,

Wendy McCutcheon  
Rehabilitation and Community Services Director  
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Helping individuals become self-reliant and integrated into the community through greater independence, choice and opportunity.

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**Wendy M-Comments  
Chapter 2390**

**Citation:** 2390.33. Program specialist

**Discussion:** (b) 1-5 AND (c) 1-4

**Recommendation:** (b) 1-5

(2) Since you have removed the ISP signature sheets from the client files 2390.124.....it would be helpful to know what supporting documentation would be needed to prove the participation in the PSP process 2390.124.(b).

(4) It states that a Program Specialist must support integration of individuals in the community. I would also recommend that if an individual has an outcome to obtain employment, that it should be required that there be an Employment Plan in place.

In addition, I would ask that all items listed in 1-5 have a more detailed explanation in what is being required and if you are looking for specific activities, it would be helpful to list them. So much of this is left to individual interpretation and the list is just so broad.

(c)1-4 The qualifications listed are quite broad....starting at a Master's degree level and going down to an Associate degree / certification. I would suggest listing qualifications that are more in line with rates that are being determined. It's unrealistic to think that these levels of qualifications would be at the same pay range. It is also very difficult to make recommendations when the rates for this are not yet published.

**Citation:** 2390:40. Annual Training

**Discussion:** I love the idea that the training plans are based more on the individual.....I would also hope that rates are supporting the additional work required and time needed in developing these training plans.

**Recommendation:** Rates will need to allow for the additional training requirements.

I would also recommend adding staff training that helps to prepare our staff to: recognize opportunities for our clients; to respond when opportunities arise; and plan for successful employment outcomes.

**Citation:** 2390.49. Annual training

**Discussion:**

**Recommendation:** It's hard to disagree with the concept of more training.....the more the better! When we don't have the release of the rates prior to commenting and recommending, it's difficult to have comments and make recommendations.

**Citation:** 2390.124. Content of records

**Discussion:** (6)

**Recommendation:** I like the elimination of so much paper, but would also like to understand why so much of the records are no longer required.

**Citation:** 2390.151. Assessment

**Discussion:**

**Recommendation:** It would be helpful to understand the methodology of why so much of this section is being removed. Not sure what is expected from this definition, so it would be helpful if it were defined.

Also see my comments from 2390.33.

In section 2390.152 (d) it states the assessment is within 60 days for new individuals.....I would recommend that you add that to this 151 Assessment section as well. Anything related to assessment should be included in this Assessment section.

**Citation:** 2390.156. Implementation of the PSP

**Discussion:**

(a) 3 Month reviews have been removed from the 2390 regulations

**Recommendation:** This entire section 2390.156 has been deleted.....and replaced with one statement: The facility shall implement the PS, including revisions. It would be helpful to understand the methodology behind removing items a – g.

**Citation:** 2390.171. Use of a positive intervention

**Discussion:**

**Recommendation: GREAT ADDITION!!**

**But again, special training would be required for this method and it is difficult to recommend and comment without rates. It also would be helpful to know what kind of documentation you are looking for to prove we are using these methods.**

**Citation:** 2390.176. Rights team

**Discussion:**

**Recommendation: This language is a bit confusing.....are you referring to individual rights team or the provider rights team...it would be helpful to list the intent of the rights team.**



# Wendy M-Comments Template

## Chapter 6100

**Citation:** 6100.47. Criminal history checks

**Recommendation:**

(a)(1)and(b) – Is it the intent that criminal checks be complete on every person employed by the provider? We also need to know the requirements for the frequency of these checks.

(b)(3) – Please clarify who is responsible for getting the criminal history check if the consultant is billing ODP directly (the consultant, SC, etc.?).

**Citation:** 6100.221. Development of the PSP

**Recommendation:**

Development of the PSP – General comment - The general language change and focus on person-centered planning are very positive.

(b) – “Service implementation plan” is not defined or mentioned anywhere. Please add definition.

(c) – Please define “Targeted Supports Coordinator”.

(d) If a Program Specialist is the Plan Lead, there needs to be some type of an assessment period prior to developing and ISP / PSP....I would recommend that a time frame be added in order to have PSP be developed if the Program Specialist is the Plan Lead.

(e) I would recommend adding that PS expectation is to review at least annually.

(f) – Please clarify what assessment and who is responsible for this assessment. (This may be clear for residential settings who are required by 6400s to complete an assessment summary; however, it is not clear from those not in a residential setting.)

**Citation: 6100.222. The PSP process**

**Recommendation:** (b) (5) (9) (11) It would be helpful if there were clarification on how providers will demonstrate compliance.

**Citation: 6100.225. Support coordination and TSM**

**Recommendation:**

(a) TSM is a new definition and has also been used several times throughout this document. The term is actually defined in section 6100.803.....please clearly define.

This is also the first time the document has indicated that the PSP has an annual review.....there needs to be a better understanding throughout the document on timelines.

**Citation: 6100.226. Documentation of support delivery**

**Recommendation:**

(b) – Please delete references to the “service implementation plan” as another plan does not need to be created. However, if the term is left in, please clarify whether there will be guidance or requirements related to the “service implementation plan” (which is also referenced in 6100.221[b]) or if the format and content of this plan will be left solely to the provider, as long as it is consistent with the PSP.

(c) – Please clarify what it means to document “each time a support is delivered”. Please clarify whether it relates to the amount, frequency and duration, or if it relates to units, etc. For example, if a service is authorized in 15-minute units, the language might be interpreted to require documentation every 15 minutes. Under Act 51, a monthly progress note that reviewed the information for the past month’s services was considered sufficient when it was an ongoing service such as adult day training. There is no mention in the 6100s of a monthly progress note and the requirements for content of the support delivery documentation are significant if they must be done for every unit of service.

Also, please clarify how this would apply to group home living, seeing how it would be impossible to document everything that is provided all day. Outcomes are documented, but not every single thing that staff does throughout the several-hour shift is documented. Documentation of support delivery - (f) - This seems to be the same as the 3-month PSP review required by the licensing regulations (see 6400.186[a-b-c]), except the 3-month review in the 6100s is to be done “in cooperation with the support coordinator.” Please clarify what exactly that means and if the quarterly PSP review in the licensing regulations will satisfy the requirements of this 6100 regulation.

Also, please clarify if this be considered a quarterly “progress note”.

Citation: **6100.342. PSP**

**Recommendation:**

It would be helpful if instruction were provided....it's confusing and unclear as to whether this replaces the SEEP or crisis / behavior plan. I like the fact that this information is all contained within the PSP, so that all providers have consistent information and that we can all work towards the same plan.

(2) "Functional analysis" is a clinical term. It is unclear whether the language as written requires a formal functional analysis by someone certified or specially trained. It might not be reasonable in all circumstances; for example, the person who endangers him/herself by eating non-edibles because of Pica. Please either define functional analysis and suggest instead "analysis", as this can then include genetics, trauma, sensory, social stressors, mental illness, medication effects, etc. We need to move toward a multimodal approach to supporting individuals.

