

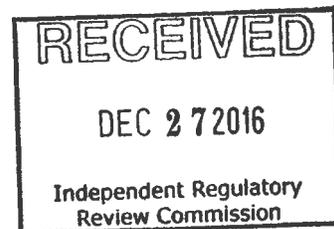
Kroh, Karen

3160

14-540-182

From: Mochon, Julie
Sent: Tuesday, December 20, 2016 12:14 PM
To: Kroh, Karen
Subject: FW: Comments on Regulation 14-540
Attachments: Comments to 6100 Draft regulations.docx

From: Gretchen McClure [<mailto:gmcclure@marthalloyd.org>]
Sent: Tuesday, December 20, 2016 11:35 AM
To: Mochon, Julie <jmochon@pa.gov>
Subject: Comments on Regulation 14-540



Julie Mochon
Human Service Program Specialist Supervisor
Office of Developmental Programs
Room 502, Health and Welfare Building
625 Forster Street
Harrisburg, PA 17120

Re: Comments on Regulation 14 – 540

Dear Ms. Mochon:

Attached please find comments on proposed Chapter 6100 regulations.

Sincerely,
Gretchen H. McClure

Gretchen H. McClure
CRF Director
Martha Lloyd Community Residential Facility
570.297.2185 x1228

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Comments to Proposed 6100 Regulations
 Gretchen H. McClure, Martha Lloyd Community Residential Facility, Inc.

Section	Comment
General Comment	Overall, these regulations will increase paperwork, documentation and analysis. There is significant concern that the DHS rate of reimbursement will not adequately support this increase in administrative functions.
6100.45	Quality Management is an area that, as written will require more staff time and tracking tools. It will be a very cumbersome process. The identified areas of performance improvement should be suggestions – not dictated areas. Each provider can best determine the areas that would benefit from Quality Management attention.
6100.52	Rights Team. This would become a duplication of the Incident Management process that includes a thorough investigation of a rights violation. It is also the responsibility of the PSP team to look at the possible reasons for an individual's behavior and to design positive supports for the individual. The PSP team would have the best knowledge of the individual. To convene a group of people that is made up of a majority of people who do not provide direct support to the individual to design positive interventions for an individual does not seem productive. Regulations already have a Restrictive Procedures Review Committee which performs much of the duties of this newly created team. Again, it will also be an additional administrative burden. The Rights Team is not a useful addition to the regulations.
6100.141	Annual Training Plan – It is unclear to me if the expectation is that there will be several different Annual Training Plans within one agency as staff would be working with different individuals with different needs and PSPs. Provider should be able to assess the overall needs within the agency and develop a plan based on these needs. Quality management goals may be a suggested area for training , but not the only area other than individual needs.
6100.143	Collapse 6100.141.and 6100.143 (Annual Training Plan and Annual Training)
6100.182	Rights of the Individual -concur with changes made by PAR
6100.183	<p>Additional Rights of the individual in a residential facility –</p> <ul style="list-style-type: none"> a. Visitors at any time does not make sense – this infringes on others rights. We have had occasions where a family member has wanted to “crash” at the individual's home for a week or more. This infringes on everyone else's privacy and can create chaos. d. If an individual does not have the ability to manage money (as stated in their PSP) , how is this resolved. Or if the individual has a Rep payee whose task it is to manage their finances. g. How can a provider ensure safe and immediate egress in the case of a fire or other emergency or provide personal care if needed if bedroom doors are locked. h. Access to food at all times – there needs to be some provision for considering the individual's health and safety. If an individual is diagnosed with Prader-Willi, Celiac, etc. there needs to be a method for restrictions.

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6100.221	Development and Revisions of the PSP – The provider is not indicated as one of the entities who can request changes for consideration to the PSP. Any member of the PSP team should be able to make such a request. In fact, providers are required to document such requests through the licensing regulations.
6100.222	4- Provide necessary information and support to ensure the individual directs the PSP process to the maximum extent possible – use of maximum extent possible is a very good statement
6100.223	8 – The type, amount (of units), duration and frequency should provide sufficient flexibility to provide choice by the individual. This is a very positive step if SCs/AEs are instructed to allow for some flexibility in their written statements as it is very inflexible now
6100.262	Concur with PAR changes in this section.
6100.303	Reasons for a transfer or change in a provider – There are many other circumstances that may create a situation in which the provider is unable to provide services other than alteration of the provider’s program or building that would be the provider’s decision. This should be expanded.
6100.341	The term dangerous behavior has a very negative connotation. RCPA suggests “unsafe”
6100.342	PSP – include this information in 6100.223 - Content of the PSP rather than having content in two separate places which creates confusion
6100.401	Incident Management Suspected incidents should be removed Timelines for reporting – Use of restraint and medication errors have been moved from 72 hour reporting to 24 hour reporting. Do not make this change. Would EIM be changed to accommodate this change if it was made? A critical health and safety event that requires immediate intervention – Adding this will result in constant discussions/disagreements about what needs to be reported. It seems that if the incident is significant, it would fall into one of the other reportable categories. This addition should be removed
6100.402	Incident Investigations This indicates that ER Visits, hospitalizations, injuries, Medication Errors and restraints will be investigated by a Certified Investigator. This would be extremely expensive and cumbersome. The list of incidents to be investigated should remain the same as in the IM Bulletin.
6100.403	Individual Needs – This should be about incident analysis, not individual needs. This is not a part of the investigation, but rather a part of the development of appropriate corrective actions as a result of the incident. This is duplicating the process of developing a corrective action.
6100.404	Needs to include something about the filing of an extension on the final report.
6100.405	Incident Analysis – This should be deleted – duplicates 6100.403
6100.442	Physical Accessibility – This could be extremely expensive. The department has to have the ability to compensate providers for these costs.

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6100.443	<p>Access to the bedroom and the home – There should be a provision that these requirements are necessary to the extent that the individual wants them. Assistive technology and methods for locking a door but still allowing easy and immediate access in the event of an emergency - I would suspect that the costs associated with such a system would be very expensive and if not desired by the individual would be a waste of money. How will the department fund these adaptations? Respecting privacy is important. However, many individuals do not have the ability to give “express” permission for someone to enter their room each time a staff needs to enter. If an individual needs total care for their personal care, monitoring throughout the night for health and safety – staff will not be able to get “express” permission. Then it will be neglect because the necessary care of the individual will not be provided.</p>
6100.444	<p>Concur with PAR comments</p>
6100.446	<p>Facility Characteristics related to size of facility – Duplex, two bi-level units as long as total in both units does not exceed a program capacity of 8 – Allow for grandfathering of this. We have two bi-level units that house base funded and private pay/ other state funded individuals that are both licensed for 8. This would create a huge financial burden to convert. Day Facility – This number of individuals may not be sufficient to sustain the facility in regards to the number of staff needed, program specialist, administrative staff.</p>
	<p>Medication Administration - Life sharing providers should not need to complete and adhere to Medication Administration training.</p>
6100.465	<p>Prescription Medications – LPNs are able to take an oral order</p>
6100.467	<p>Medication Errors – Change the requirement to require contracting the prescriber to a Health Care Provider (prescriber may not be available) and if there are not instructions from the prescriber in case of an error. Many of our prescribers have given us very specific instructions to follow in case of an error so that they are not contacted (per the Medication Administration training)</p>
	<p>GENERAL PAYMENT PROVISIONS – concur with PAR Comments</p>

