

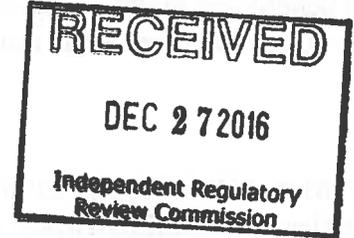
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14-540-234

Kroh, Karen

From: Mochon, Julie
Sent: Tuesday, December 20, 2016 3:37 PM
To: Kroh, Karen
Subject: FW: Comments on the proposed 2380, 2390 and Chapter 6100 regulations

From: Mia McGuire [mailto:mmcguire@sparcphilly.org]
Sent: Tuesday, December 20, 2016 3:28 PM
To: Mochon, Julie
Subject: Comments on the proposed 2380, 2390 and Chapter 6100 regulations



Dear Julie Mochon,

Below are my comments on the proposed 2380, 2390 and Chapter 6100 regulations. Thank you for the opportunity to comment on the proposed changes that will govern the ID/DD service delivery system. Please find my areas of concern below.

1. 2380.156, 2390.176 - **Rights Team**

I recommend that the requirement to create a Rights Team be removed from the regulations.

I see this as a duplication of effort given that providers are already held to the incident management regulations as well as to the regulations around an individual's civil rights. Since a rights violation is already classified as an incident, (2380.17 (a) 15), it is already subject to documentation, dissemination of the documentation, analysis, and corrective action. The Civil Rights process, including explaining rights annually, also makes the requirement for this team redundant. Adding another quarterly meeting and requiring individuals and staff who are predominantly in the community to spend precious time in yet another meeting, is a duplication of effort. Additionally, holding a meeting every three months whether there is a rights violation or not, seems excessive. If a Rights Team is absolutely necessary, I recommend that a meeting be held only when a rights violation actually occurs.

2. 2380.39, 2390.49, 6100.141 - **Training**

I recommend that the eight hours of specific training be removed from the regulations. We recommend that interns, consultants, and volunteers be removed from the requirement for training.

I think that it is of the utmost importance that each agency tailors their training plan to the needs of their constituency, and that their individual training plan be flexible enough to change over time. The way an organization is delivering services is changing; currently, an organization might want to spend five of the eight

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hours on incident management, but going forward, when everyone is being served in the community, an organization might want to spend less time on that particular area of training and might, for example, want to increase hours for facilitating community integration. Requiring eight hours on specific topics reduces flexibility to determine the training needs particular to each organization. Additionally, to ensure consistency across our industry and to increase the availability of training for staff that will now be spending their time in the community, I recommend that ODP or the College of Direct Support create trainings that address the specifics related to the regulations. Making these required trainings consistent across agencies and accessible by computer is essential to ensuring that staff meets the requirements. Additionally, the increase in cost to provide training to interns, consultants, and volunteers who will only be working for a short period of time is not worth the benefit and might be a disincentive to individuals from taking on these important roles. Interns, consultants and volunteers receive the training they need at their orientation.

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3. 6100.461-6100.469, 2380.121-2380.129, 2390.191-2390.199, 6400.161-169 and 6500.131-6500.139 – **Medication Administration** I recommend that the high level of detail in these very prescriptive regulations be removed or, at least, pared down.

For the regulations to hold up over time, given the potential changes in technology and with the medications themselves, less detail is preferable. I suggest that all activities related to medication administration refer to the Office of Developmental Programs' Approved Medication Administration Training. There are inconsistencies between the proposed 6100 regulations and the Approved Training such as in pre-pouring medications. To increase consistency across regulations and reduce confusion, eliminating so much detail and just referring to the Approved Medication Administration practices would be efficient. Additionally, the Approved Medication Administration Training test itself could benefit from more instruction regarding the answer format. The content of the test should be the determining factor upon which a passing grade is given, and the grade should not be so highly dependent upon the answer format.

4. 6100.446 – **Size of Facility** Nowhere in the Final Community Rule does it specify an absolute cap on program size. We recommend that this requirement is eliminated from the regulations.

Why make an already difficult transition more difficult and much more costly due to additional rent, higher staffing levels and additional facility costs? Why separate people who enjoy working together? I recognize that it's frowned upon, but the fact remains that the social aspects of a facility-based program are very important to program participants, and many would be devastated if they were separated from their friends due to an arbitrary capacity number imposed by the state. We are already moving people into the community – why make additional moves necessary? If the stated goal is community integration and ODP is defining that in their waiver proposals by how much time is spent outside of a facility, then what difference does the size of the facility make? If an individual is required to spend an increasing amount of time in the community, it makes no difference whether the facility is serving 15, 100, or 200 people. Additionally, an unintended consequence of this indiscriminate requirement may be that facilities discharge people who are the most difficult to support in the community, and that would be tragic. These discharges might be inevitable and may be the most cost-effective strategy to ensure compliance. Finally, licensing regulations determined program capacity and this new regulation would be in direct conflict with the BHSL stated capacity of our program. In the federal regulation it clearly states, *"We do not believe there is a maximum number that we could determine with certainty that the setting would meet the requirements of HCB setting. The focus should be on the experience of the individual in the setting."*

5. 6100.571(c) – Fee Schedule Rates

Without a clear commitment to the payment of rates that support the increasing cost of the proposed regulations and waiver changes, a significant threat to the quality of service that providers are able to deliver will be the result. Currently, it is a considerable challenge to hire and retain qualified, dedicated staff at the abysmal pay grade we are able to provide for them. As you are undoubtedly aware, the turnover rates in our industry are astronomical, and unless there is a structured, precise, and transparent rate-setting methodology and a commitment to fund the many changes and new requirements the state is setting forth, we're concerned that the quality of service we currently provide will suffer.

Overall, I feel that the proposed regulations are too prescriptive and believe strongly that they will result in significant additional cost both to the provider and to the commonwealth. I am concerned that should these new requirements remain even if the governor's proposed budget increases are not approved, it will result in a costly and over-regulated human services system unable to meet its intended goal which is to support the most vulnerable members of our population.

Thank you for your attention to and consideration of our comments.

Sincerely,

Mia McGuire
Director, Administration

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