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14-540-316

**Kroh, Karen**

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| **From:** | PW, ODPComment |
| **Sent:** | Wednesday, December 21, 2016 9:11 AM |
| **To:** | Kroh, Karen |
| **Subject:** | FW: 6100 comments |
| **Attachments:** | Chapter 6100 comments.docx |



**From:** Deb L. Tate [mailto:dltate@centrecountypa.gov]
**Sent:** Tuesday, December 20, 2016 3:40 PM
**To:** PW, ODPComment
**Subject:** 6100 comments

Attached are comments from Centre AE/SCO

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Tate-Chapter 6100 comments:

2380.17(g), 2390.18(g), 6400.18(g), 6500.20(g) - these all read as a department certified investigator will investigate any instance of the incidents listed in (a) (1-15) - do we really need to investigate all ER visits, Law Enforcement activity, etc.? Should the information from the current IM bulletin re: incidents that need to be investigated be added to the regulations here? Or could you make a notation to the current Incident Management Bulletin?

2380.37, 2380.38, and 2380.39:

I do agree that everyone who comes in contact with the individual - dietary staff, clerical staff, janitorial staff, etc. should have some basic training and the list included is fairly comprehensive for these ancillary staff.

I like the requirement for an annual training plan and appreciate the flexibility this creates for the providers. One question - are staff still required to read the ISP before providing service to an individual? This was part of the training requirements noted in the chapter 51 regulations. I didn't see this requirement in the 6100 regulations either. If so, does this count toward the annual training hours?

2390:

2390.192: I'm happy to see that staff at a 2390 facility will be able to be trained to give medications. This has seemed to me to be a significant shortfall for the system as one of our individuals may need to work on vocational skills, but cannot currently attend the 2390 program unless he/she is able to self -medicate

2390.197 - medication errors; there is no indication the med error needs to be filed in the department database. I did not see any requirement to enter restraints into the department database either.

6500.48: There are annual training requirements for the Lifesharing Specialist and primary caregiver. Was there any thought to adding training requirements for other adults that reside in the home - perhaps only CPR/First Aid and how to identify/report abuse/neglect/exploitation?

6100.44 I'm happy to see a defined process to propose a new idea to the department. Will there be any kind of template form to use in order to submit such a request?

6100.44 (b) (8) Will there be any sort of requirement for providers with approved projects to include AEs and SCOs as part of this process? Is that is meant in 6100.44 (b) (10)?

6100.45 (b) Will providers need to include all 9 components in their Quality Plan?

6100.52 (C) Does this mean that the individual and/or a family member must be invited to the rights team meetings or can the provider review decisions made by the rights team with the individual/family member at a different date/time?

6100.52 (f) A meeting every three months may be more often than needed. For example, if a head tilt is used for medication administration and has been used for several years, this plan may not need to be reviewed every 3 months; I'd suggest revising this regulation to every 6 months or more frequently as determined by the rights team.

6100.81 (d) Does this mean that providers that are currently sanctioned can't be enrolled or providers that have had previous sanctions can't be enrolled?

6100.85 (d) The provider agency or folks that provide direct service can't be on any of the exclusion lists, but this doesn't apply to anyone in the financial department? This seems to be a bit short sighted.

6100.225 (b) There should also be a notation that the SC or TSM should complete monitorings using the department's monitoring tool <u>at the frequency established by the department</u>.

6100.226 The chapter 51 regulations required a monthly progress note; the draft 6100 regulations seem to only require a review every 3 months. I would much rather see a monthly progress note; it is much more difficult to adequately follow up on issues if they are not noted for three months.

6100.304 (a): It is not clear which member(s) of the PSP team is required to provide the written notice when the individual selects a new provider.

6100.303 (a) (1-3) Providers often make these decisions while an individual is hospitalized, inpatient or short term NF...leaving the individual sitting in a facility and putting stress on the MH system and/or medical system.

6100.304 (b) Glad the notice went to 45 days from 30 days, but that still is not adequate when the service is residential. These are the situations that challenge both the AE and SCO - usually a result of a change in either behavioral or medical status. Finding a qualified and willing provider for the intermittent services is easier. It would almost seem that residential services needs its' own process.

6100.401 15 & 16: Medication Errors and restraints are currently to be reported within 72 hours yet they are now noted as being reported within 24 hours. If this is intentional, additional clarification to the existing IM bulletin will be required.

6100.401 Incident management is a quagmire - the bulletin is outdated and IM is more complicated with Aging, APS, CYS reporting requirements and now changes within these regulations. There is additional burden put on AEs to investigate due to the increase in VF/EA and intermittent services. There needs to be more clarity related to reporting, filing and investigative duties.

6100.402: Which incident reports require certified investigation? Certainly we won't be using a certified investigator to conduct an investigation for an ER Visit due to a chronic, recurring illness (unless there is concern of neglect).

General comment about medication administration section: There are a couple local providers that do administer medications to individuals in their own home/ family home during the provision of Unlicensed Home and Community Habilitation, but there are also a couple providers that will not permit their staff to do so, citing liability concerns. This section gives general requirements to administer medications, regardless of setting (licensed vs. non-licensed) and will give guidance to those who have resisted administering medications outside a licensed setting. However, how should a staff member handle a situation in in the individual's home or family home in which the staff member is asked to administer medications but individual/family doesn't follow one of the regulations, such as keeping medication in the original labeled container?

6100.688 (c) Does this mean the representative payee for Social Security benefits may sign the Room & Board contract? What about a Power of Attorney?

6100.742 (6) this doesn't make sense – what is a "master as approved by the department"

6100.803 (E2) – are SC/TSM now required to report all incidents? The current IM bulletin only indicates SCs are required to report certain incidents – abuse, neglect, exploitation, and death. This also relates to the comment under 6100.401.