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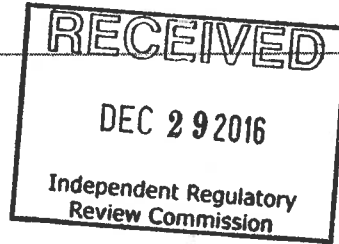
**Kroh, Karen**

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**From:** Mochon, Julie  
**Sent:** Wednesday, December 21, 2016 8:55 AM  
**To:** Kroh, Karen  
**Subject:** FW: 6400 and 6500 comments  
**Attachments:** CLO 6400 comments.doc; CLO 6500 comments.doc

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**From:** April Smith [mailto:aprils@partnerspip.com]  
**Sent:** Tuesday, December 20, 2016 6:25 PM  
**To:** Mochon, Julie  
**Subject:** 6400 and 6500 comments



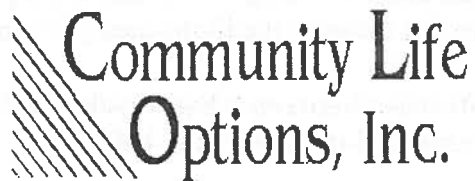
Dear Julie,

Attached please find comments for pending 6400 and 6500 regulations.

Sincerely,  
April Smith  
Program Director  
Community Life Options

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Julie Mochon  
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Office of Developmental Programs  
Room 502, Health and Welfare Building  
625 Forster Street  
Harrisburg, PA 17120

KEY for reviewing Community Life Options Comments on Chapter 6400:

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 6400. COMMUNITY HOMES FOR INDIVIDUALS WITH AN INTELLECTUAL DISABILITY OR AUTISM**

**§ 6400.4. Definitions.**

**Discussion 6400.4.**

“Individual” should replace use of the term “client” where applicable.

“Provider” should replace use of the term “agency” where applicable.

Where applicable, replace the use of the word “provider” in Chapter 6100 with “home” in Chapter 6400.

Please be consistent with PSP as identified in CH 6100 rather than ISP

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.

*Agency Provider*—A person or legally constituted organization operating one or more community homes for people with an intellectual disability **or autism** serving eight or fewer individuals.

~~*Autism*—A developmental disorder defined by the edition of the *Diagnostic and Statistical Manual of Mental Disorders*, or its successor, in effect at the time the diagnosis is made. The term includes autistic disorder, Asperger's disorder and autism spectrum disorder.~~

*Community home for individuals with an intellectual disability or autism (home)*—A building or separate dwelling unit in which residential care is provided to one or more individuals with an intellectual disability **or autism**, except as provided in § 6400.3(f) (relating to applicability).

Each apartment unit within an apartment building is considered a separate home. Each part of a duplex, if there is physical separation between the living areas, is considered a separate home.

~~[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.]~~

~~*Intellectual disability*—Subaverage general intellectual functioning which originates during the developmental period and is associated with impairment of one or more of the following:~~

~~—(i) Maturation.~~

~~—(ii) Learning.~~

~~—(iii) Social adjustment.~~

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

~~—Plan lead—The program specialist, when the individual is not receiving services through an SCO.~~

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

*Relative*—A parent, child, stepparent, stepchild, grandparent, grandchild, brother, sister, half brother, half sister, aunt, uncle, niece or nephew.

## GENERAL REQUIREMENTS

### § 6400.18. – 6400.20 Incident Management

<p><b>Comment and Suggestion for 6400.18. – 6400.20. Incident Management:</b> See Comment and Suggestion under Chapter 6100 Incident Management; 6100.401 – 6100.405 as submitted by PAR. Comment is identical unless noted otherwise.</p>
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### § 6400.31. – 6400.34 Individual Rights

## INDIVIDUAL RIGHTS

**Comment and Suggestion 6400.31 – 6400.34. Individual Rights**

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

**STAFFING**

**§ 6400.44. Program specialist.**

**Comment and Suggestion 6400.44**

Text is suggested for purpose of clarity.

(a) A minimum of ~~[one]~~ **1** program specialist shall be assigned for every 30 individuals. A program specialist shall be responsible for a maximum of 30 people, including people served in other types of services.

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

- ~~[(1) Coordinating and completing assessments.~~
- ~~—(2) Providing the assessment as required under § 6400.181(f) (relating to assessment).~~
- ~~—(3) Participating in the development of the ISP, ISP annual update and ISP revision.~~
- ~~—(4) Attending the ISP meetings.~~
- ~~—(5) Fulfilling the role of plan lead, as applicable, under §§ 6400.182 and 6400.186(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 § 6400.186 for content accuracy.~~
- ~~—(7) Reporting content discrepancy to the SC, 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, as applicable, and plan team members.~~
- ~~—(12) Reviewing the ISP with the individual as required under § 6400.186.~~
- ~~—(13) Documenting the review of the ISP as required under § 6400.186.~~

~~—(14) Providing the documentation of the ISP review to the SC, as applicable, and plan team members as required under § 6400.186(d).~~

~~—(15) Informing plan team members of the option to decline the ISP review documentation as required under § 6400.186(e).~~

~~—(16) Recommending a revision to a service or outcome in the ISP as provided under § 6400.186(e)(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 § 6400.188 (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.

(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 individuals with an intellectual disability **or autism**.

(2) A bachelor's degree from an accredited college or university and 2 years of work experience working directly with individuals with an intellectual disability **or autism**.

(3) An associate's degree or 60 credit hours from an accredited college or university and 4 years of work experience working directly with individuals with an intellectual disability **or autism**.

(4) A minimum of 8 years of direct work experience with individuals who have an intellectual disability or autism and has supervisory experience.

§ 6400.46. [Staff] Emergency training.

**Discussion 6400.46.**

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

~~—(b) The home shall have a training syllabus describing the orientation specified in subsection (a).~~

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

~~—(d) 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.~~

~~—(e) Program specialists and direct service workers shall have training in the areas of intellectual disability, the principles of integration, rights and program planning and implementation, within 30 calendar days after the day of initial employment or within 12 months prior to initial employment.~~

~~—(f)] (a) Program specialists and service worker support worker workers shall be trained before working with individuals in general fire safety, 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 home, 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.~~

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

[(h)] (c) Program specialists and service worker support worker workers and at least one person in a vehicle while individuals are being transported by the home[,] shall be trained before working with individuals in first aid techniques.

[(i)] (d) Program specialists, service worker support worker workers and drivers of and aides in vehicles shall be trained within 6 months after the day of initial employment and annually thereafter, 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.

~~—[(j) 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 6400.50—6400.52 are new and printed in regular type to enhance readability.)

## § 6400.50. – 6400.52 Training

**Comment and Suggestion 6400.50 – 6400.52 Training.**  
See Comment and Suggestion under Chapter 6100 TRAINING (6100.141 – 6100.143).  
Comment is identical unless noted otherwise.

For 6400.50 – 6400.52: Training - the provider is responsible for complying with the provisions, not the home.

6400.53 is suggested to be added, as noted below, consistent with Chapter 6100.

**§ 6400.50**

(a) ~~The home shall design an annual training plan based on the needs of the individuals as specified in the individuals' PSPs, other data and analysis indicating staff person training needs and as required under §§ 6400.46 and 6400.52 (relating to emergency training; and annual training).~~ The provider shall design an annual training plan based on the needs specified in the individual's PSP and the provider's quality improvement strategy.

**§ 6400.53. Natural supports.**

Sections 6400.50. —6400.52. (relating to annual training plan; orientation program; and annual training) do not apply to natural supports.

**§ 6400.161. – 6400.169. Medications**

**Comment and Suggestion § 6400.161. – 6400.169. Medications**

See Comment and Suggestion under Chapter 6100 MEDICATION ADMINISTRATION (6100.461 – 6100.469). Comment is identical unless noted otherwise.

**PROGRAM**

**§ 6400.181. Assessment.**

**Discussion 6400.181.**

The recommended language in 6400.181 (b) is intended to distinguish between the need for a full assessment and a partial assessment.

6400.181 (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 a recommendation to revise a service or outcome in the **[ISP as provided under § 6400.186(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.

\* \* \* \* \*

(f) The program specialist shall provide the assessment to the SC, 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



[

§ 6400.188. ~~[Provider services.]~~ (Reserved).

**Discussion 6400.188.**

~~[(a) The residential home 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 residential home shall provide opportunities and support to the individual for participation in community life, including volunteer or civic-minded opportunities and membership in National or local organizations.~~

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

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

§ 6400.191. – 6400.195. Positive Intervention

**[RESTRUCTIVE PROCEDURES] POSITIVE INTERVENTION**

**Comment and Suggestion §6400.191. – 6400.195. Positive Intervention:**

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

§ 6400.196. ~~[Staff training.]~~ Rights team.

**Comment and Suggestion 6400.196.**

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

**INDIVIDUAL RECORDS**

§ 6400.213. 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) The religious affiliation.

(v) The next of kin.

(vi) A current, dated photograph.

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

(3) Physical examinations.

(4) Dental examinations.

(5) Dental hygiene plans.

(6) Assessments as required under § 6400.181 (relating to assessment).

~~[(7) A copy of the invitation to:~~

~~—(i) The initial ISP meeting.~~

~~—(ii) The annual update meeting.~~

~~—(iii) The ISP revision meeting.~~

~~—(8) A copy of the signature sheets for:~~

~~—(i) The initial ISP meeting.~~

~~—(ii) The annual update meeting.~~

~~—(iii) The ISP revision meeting.~~

~~—(9) A copy of the current ISP.~~

~~—(10) Documentation of ISP reviews and revisions under § 6400.186 (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.~~

~~—(11) Content discrepancy in the ISP, The annual update or revision under § 6400.186.]~~

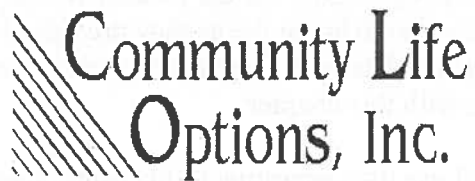
**(7) PSP documents as required by this chapter.**

~~—[(12) Restrictive procedure protocols and]~~ **(8) Positive intervention records** related to the individual.

~~[(13)]~~ **(9)** Copies of psychological evaluations, if applicable.

~~[(14)]~~ **(10)** Recreational and social activities provided to the individual.





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Harrisburg, PA 17120

KEY for reviewing Community Life Options Comments on Chapter 6500:

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 6500. [FAMILY LIVING] LIFE SHARING HOMES**

**§ 6500.4. Definitions.**

**Comment and suggestion 6500.4.**

Where applicable, replace the use “provider” in Chapter 6100 with “home” in Chapter 6500.

As there are no staff in a Lifesharing home, references to staff or staff persons should be deleted.

**GENERAL REQUIREMENTS**

**§ 6500.15. Responsibility for compliance.**

a) If an agency provider is the legal entity administering the [family living] home, the agency provider is responsible for compliance with this chapter.

(b) If the [family living] life sharing home is the legal entity, the [family living] home is responsible for compliance with this chapter.

**§ 6500.17. Self-assessment of homes.**

332 South Main Street  
Mansfield, PA 16933

570.662.7026  
Fax: 570.662.3656

(a) If an agency provider is the legal entity for the [family living] home, the agency provider shall complete a self-assessment of each home the agency provider is licensed to operate within 3 to 6 months prior to the expiration date of the agency provider's certificate of compliance, to measure and record compliance with this chapter.

(b) The agency provider shall use the Department's licensing inspection instrument for this chapter to measure and record compliance. Any new licensing inspection instrument adopted by the Department will not be effective as to individual providers until after a provider's next inspection or 6 months after adoption, whichever date is longer.

(c) The provider shall maintain a copy of the agency's its self-assessment results and a written summary of corrections made for a period of at least one year shall be kept for at least 1 year.

#### § 6500.20. – 6500.22 Incident Management

**Comment and Suggestion for § 6500.20. – 6500.22. Incident Management:**  
See Comment and Suggestion under Chapter 6100 Incident Management; 6100.401 – 6100.405 as submitted by PAR. Comment is identical unless noted otherwise.  
Where applicable, replace the use “provider” in Chapter 6100 with “home” in Chapter 6500.

#### § 6500.31. – 6500.34 Individual Rights

### INDIVIDUAL RIGHTS

**Comment and Suggestion 6500.31 – 6500.34. Individual Rights**  
See Comment and Suggestion under Chapter 6100 Individual Rights (6100.181 – 6100.185), as submitted by PAR. Comment is identical unless noted otherwise.

### STAFFING

#### § 6500.41. Effective date of staff qualifications.

(a) Sections 6500.42(c) and 6500.43(c) (relating to chief executive officer; and [family living] life sharing specialist) apply to chief executive officers and [family living] life sharing specialists hired or promoted after November 8, 1991.

(b) [Sections] Section 6400.43(c) and § 6400.44(c) (relating to program specialist) as published as Chapter 9054 at 12 Pa.B. 384 (January 23, 1982) and which appeared in this title of the *Pennsylvania Code* at serial pages (133677) to (133678) apply to chief executive officers and [family living] life sharing specialists hired or promoted prior to November 8, 1991.

#### § 6500.42. Chief executive officer.

(a) If an agency provider is the legal entity administering the home, there shall be one chief executive officer responsible for the [family living] life sharing program or agency provider.

\* \* \* \* \*

§ 6500.43. ~~[Family living]~~ Life sharing specialist.

**Comment and Suggestion 6500.43.**  
Text is suggested for purpose of clarity.

- (a) There shall be a ~~[family living]~~ life sharing specialist for each individual.
- (b) A ~~[family living]~~ life sharing specialist shall be assigned to no more than ~~[8]~~ eight homes.
- (c) A ~~[family living]~~ life sharing specialist shall be responsible for a maximum of 16 people, including people served in other types of services.
- (d) The ~~[family living]~~ life sharing specialist shall be responsible for the following:
  - ~~—(1) Coordinating and completing assessments.~~
  - ~~—(2) Providing the assessment as required under § 6500.151(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 §§ 6500.152 and 6500.156(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 for content accuracy.~~
  - ~~—(7) Reporting content discrepancy to the SC, 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, as applicable, and plan team members.~~
  - ~~—(12) Reviewing the ISP with the individual as required under § 6500.156.~~
  - ~~—(13) Documenting the review of the ISP as required under § 6500.156.~~
  - ~~—(14) Providing the documentation of the ISP review to the SC, as applicable, and plan team members as required under § 6500.156(d).~~

~~—(15) Informing plan team members of the option to decline the ISP review documentation as required under § 6500.156(e).~~

~~—(16) Recommending a revision to a service or outcome in the ISP as provided under § 6500.156(e)(4).~~

~~—(17) Coordinating the services provided to an individual.~~

~~—(18) Coordinating the support services for the family.~~

~~—(19) Coordinating the training of direct service workers and the family in the content of health and safety needs relevant to each individual.~~

~~—(20) Developing and implementing provider services as required under § 6500.158 (relating to provider services).]~~

(1) Coordinating and ensuring 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.

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

(e) A ~~[family living]~~ life sharing 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 an intellectual disability **or autism**.

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

(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 an intellectual disability **or autism**.

(4) A high school diploma or general education development certificate and 6 years of work experience working directly with persons with an intellectual disability **or autism**.

(5) A minimum of 8 years of direct work experience with individuals who have an intellectual disability or autism and has supervisory experience.

#### § 6500.44. Supervision.



(a) 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**, or as an outcome which requires the achievement of a higher level of independence.

(b) An individual requiring direct supervision may not be left under the supervision of a person under ~~[the age of]~~ **18 years of age**.

(c) There shall be a ~~[family living]~~ **life sharing** specialist or designee accessible when the individual is in the home.

(d) Supervision as specified in the **[ISP] PSP** shall be implemented as written when the supervision specified in the **[ISP] PSP** is greater than required under subsections (a), (b) and (c).

(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 family or direct ~~service worker~~ support professional.

**§ 6500.45. ~~[Training.]~~ CPR, first aid and Heimlich maneuver training.**

~~—[(a) The adult family member who will have primary responsibility for caring for and providing services to the individual shall have at least 24 hours of training related to intellectual disability, family dynamics, community participation, individual service planning and delivery, relationship building and the requirements specified in this chapter, prior to an individual living in the home.]~~

~~—(b)]~~ (a) The primary caregiver shall be trained by an individual certified as a trainer by a hospital or other recognized health care organization, in first aid and Heimlich techniques prior to an individual living in the home and annually thereafter.

~~—[(e)]~~ (b) The primary caregiver shall be trained and certified by an individual certified as a trainer by a hospital or other recognized health care organization, in cardiopulmonary resuscitation, if indicated by the medical needs of the individual, prior to the individual living in the home and annually thereafter.

**§ 6500.46. – 6500.48. Training.**

**Comment and Suggestion 6500.46 – 6500.48 Training.**  
See Comment and Suggestion under Chapter 6100 TRAINING (6100.141 – 6100.143), as submitted by PAR. Comment is identical unless noted otherwise.  
For 6500.46 – 6500.48: Training - the provider is responsible for complying with the provisions, not the home.  
6500.49 is suggested to be added, as noted below, consistent with Chapter 6100.

**§ 6500.49. Natural supports.**

Sections 6500.46. —6500.48. (relating to annual training plan; orientation program; and annual training) do not apply to natural supports.

§ 6500.131. – 6500.139. Medications

MEDICATIONS

**Comment and Suggestion: Medication Administration**

See comment under Chapter 6100 MEDICATIONS as submitted by PAR. Changes are otherwise noted below.

§ 6500.131. [~~Storage of medications.~~] Self-administration.

~~—(a) Prescription and nonprescription medications of individuals shall be kept in their original containers, except for medications of individuals who self-administer medications and keep their medications in personal daily or weekly dispensing containers.~~

~~—(b) Prescription and potentially toxic nonprescription medications shall be kept in an area or container that is locked or made inaccessible to the individuals, unless it is documented in each individual's assessment that each individual in the home can safely use or avoid toxic materials.~~

~~—(c) Prescription and potentially toxic nonprescription medications stored in a refrigerator shall be kept in a separate locked container or made inaccessible to the individuals, unless it is documented in each individual's assessment that each individual in the home can safely use or avoid toxic materials.~~

~~—(d) Prescription and nonprescription medications of individuals shall be stored under proper conditions of sanitation, temperature, moisture and light.~~

~~—(e) Discontinued prescription medications of individuals shall be disposed of in a safe manner.]~~

~~—(a) An agency shall provide an individual who has a prescribed medication with assistance, as needed, for the individual's self-administration of the medication.~~

~~—(b) Assistance in the self-administration of medication includes helping the individual to remember the schedule for taking the medication, offering the individual the medication at the prescribed times, opening a medication container and storing the medication in a secure place.~~

~~—(c) The agency shall provide or arrange for assistive technology to support the individual's self-administration of medications.~~

~~—(d) The PSP must identify if the individual is unable to self-administer medications.~~

~~—(e) To be considered able to self-administer medications, an individual shall do all of the following:~~

~~—(1) Recognize and distinguish his medication.~~

~~—(2) Know how much medication is to be taken.~~

~~—(3) Know when the medication is to be taken. This knowledge may include reminders of the schedule and offering the medication at the prescribed times as specified in subsection (b).~~

~~—(4) Take or apply the individual's own medication with or without the use of assistive technology.~~

(a) Prescription medications and insulin injections shall be taken according to the directions specified by a licensed physician, certified nurse practitioner or licensed physician's assistant (as permitted under state law).

(b) An insulin injection administered by an individual or another person shall be premeasured by the individual or licensed medical personnel.

§ 6500.132. [~~Labeling of medications.~~] Medication administration.

~~—[(a) The original container for prescription medications of individuals shall be labeled with a pharmaceutical label that includes the individual's name, the name of the medication, the date the prescription was issued, the prescribed dose and the name of the prescribing physician.~~

~~—(b) Nonprescription medications used by individuals shall be labeled with the original label.]~~

~~—(a) An agency whose staff persons or others are qualified to administer medications as specified in subsection (b) may provide medication administration for an individual who is unable to self-administer the individual's prescribed medication.~~

~~—(b) A prescription medication that is not self-administered shall be administered by one of the following:~~

~~—(1) A licensed physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.~~

~~—(2) A person who has completed the medication administration training as specified in § 6500.139 (relating to medication administration training) for the medication administration of the following:~~

~~—(i) Oral medications.~~

~~—(ii) Topical medications.~~

~~—(iii) Eye, nose and ear drop medications.~~

~~—(iv) Insulin injections.~~

~~—(v) Epinephrine injections for insect bites or other allergies.~~

~~—(e) Medication administration includes the following activities, based on the needs of the individual:~~

~~—(1) Identify the correct individual.~~

~~—(2) Remove the medication from the original container.~~

~~—(3) Crush or split the medication as ordered by the prescriber.~~

~~—(4) Place the medication in a medication cup or other appropriate container, or in the individual's hand, mouth or other route as ordered by the prescriber.~~

~~—(5) If indicated by the prescriber's order, measure vital signs and administer medications according to the prescriber's order.~~

~~—(6) Injection of insulin or epinephrine in accordance with this chapter.~~

(a) Prescription medications and insulin injections shall be administered according to the directions specified by a licensed physician, certified nurse practitioner or licensed physician's assistant.

(b) An insulin injection administered by an individual or another person shall be premeasured by the individual or licensed medical personnel.

§ 6500.133. ~~[Use of prescription]~~ Storage and disposal of medications.

**Discussion 6500.133.**

~~—(a) A prescription medication shall only be used by the individual for whom the medication was prescribed.~~

~~—(b) If a medication is prescribed to treat symptoms of a diagnosed psychiatric illness, there shall be a written protocol as part of the ISP to address the social, emotional and environmental needs of the individual related to the symptoms of the diagnosed psychiatric illness.~~

~~—(c) If a medication is prescribed to treat symptoms of a diagnosed psychiatric illness, there shall be a review with documentation by a licensed physician at least every 3 months that includes the reason for prescribing the medication, the need to continue the medication and the necessary dosage.]~~

~~—(a) Prescription and nonprescription medications shall be kept in their original labeled containers.~~

~~—(b) A prescription medication may not be removed from its original labeled container more than 2 hours in advance of the scheduled administration.~~

~~—(c) If insulin or epinephrine is not packaged in an individual dose container, assistance with or the administration of the injection shall be provided immediately upon removal of the medication from its original labeled container.~~

~~—(d) Prescription medications and syringes, with the exception of epinephrine and epinephrine auto-injectors, shall be kept in an area or container that is locked.~~

~~—(e) Epinephrine and epinephrine auto-injectors shall be stored safely and kept easily accessible at all times. The epinephrine and epinephrine auto-injectors shall be easily accessible to the individual if the epinephrine is self-administered or to the staff person who is with the individual if a staff person will administer the epinephrine.~~

~~—(f) Prescription medications stored in a refrigerator shall be kept in an area or container that is locked.~~

~~—(g) Prescription medications shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.~~

~~—(h) Prescription medications that are discontinued or expired shall be destroyed in a safe manner according to the Department of Environmental Protection and applicable Federal and State regulations.~~

~~—(i) Subsections (a) — (d) and (f) do not apply for an individual who self-administers medication and stores the medication in the individual's private bedroom.~~

(a) Prescription and nonprescription medications of individuals shall be kept in their original containers, except for medications of individuals who self-administer medications and keep their medications in personal daily or weekly dispensing containers.

(b) Prescription and potentially toxic nonprescription medications shall be kept in an area or container that is locked or made inaccessible to the individuals, unless it is documented in each individual's assessment that each individual in the home can safely use or avoid toxic materials.

(c) Prescription and potentially toxic nonprescription medications stored in a refrigerator shall be kept in a separate locked container or made inaccessible to the individuals, unless it is documented in each individual's assessment that each individual in the home can safely use or avoid toxic materials.

(d) Prescription and nonprescription medications of individuals shall be stored under proper conditions of sanitation, temperature, moisture and light.

(e) Discontinued prescription medications of individuals shall be disposed of in a safe manner.

§ 6500.134. [~~Medication log.~~] Labeling of medications.

**Discussion 6500.134.**

~~[(a) A medication log listing the medications prescribed, dosage, time and date that prescription medications, including insulin, were administered, and the name of the person who administered the prescription medication or insulin shall be kept for each individual who does not self-administer medication.~~

~~—(b) The information specified in subsection (a) shall be logged immediately after each individual's dose of medication.~~

~~—(c) A list of prescription medications, the prescribed dosage and the name of the prescribing physician shall be kept for each individual who self-administers medication.]~~

~~—The original container for prescription medications must be labeled with a pharmacy label that includes the following:~~

~~—(1) The individual's name.~~

~~—(2) The name of the medication.~~

~~—(3) The date the prescription was issued.~~

~~—(4) The prescribed dosage and instructions for administration.~~

~~—(5) The name and title of the prescriber.~~

(a) The original container for prescription medications of individuals shall be labeled with a pharmaceutical label that includes the individual's name, the name of the medication, the date the prescription was issued, the prescribed dose and the name of the prescribing physician.

(b) Nonprescription medications used by individuals shall be labeled with the original label.

§ 6500.135. [~~Medication errors.~~] Prescription medications.

**Discussion 6500.135.**

Why is subsection (c) necessary? Individuals who attend licensed 2380 and 2390 programs come from home. Family members and residential programs are responsible for the healthcare needs of the individuals. The review contemplated in (c) is a matter between the family members and/or provider staff.

~~[Documentation of medication errors and follow-up action taken shall be kept.]~~

~~—(a) A prescription medication shall be prescribed in writing by an authorized prescriber.~~

~~—(b) A prescription order shall be kept current.~~

~~—(c) A prescription medication shall be administered as prescribed.~~

~~—(d) A prescription medication shall be used only by the individual for whom the prescription was prescribed.~~

~~—(e) Changes in medication may only be made in writing by the prescriber or, in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by a registered nurse in accordance with regulations of the Department of State. The individual's medication record shall be updated as soon as a written notice of the change is received.~~

(a) A prescription medication shall only be used by the individual for whom the medication was prescribed.

(b) If a medication is prescribed to treat symptoms of a diagnosed psychiatric illness, there must be a review with documentation by a licensed physician or a certified nurse practitioner at least every 3 months that includes the reason for prescribing the medication, the need to continue the medication and the necessary dosage.

§ 6500.136. ~~[Adverse reaction.]~~ Medication record.

~~[If an individual has a suspected adverse reaction to a medication, the family shall notify the prescribing physician immediately. Documentation of adverse reactions shall be kept in the individual's record.]~~

~~—(a) A medication record shall be kept, including the following for each individual for whom a prescription medication is administered:~~

~~—(1) Individual's name.~~

~~—(2) Name and title of the prescriber.~~

~~—(3) Drug allergies.~~

~~—(4) Name of medication.~~

~~—(5) Strength of medication.~~

~~—(6) Dosage form.~~

~~—(7) Dose of medication.~~

~~—(8) Route of administration.~~

~~—(9) Frequency of administration.~~

~~—(10) Administration times.~~

~~—(11) Diagnosis or purpose for the medication, including pro re nata.~~

~~—(12) Date and time of medication administration.~~

~~—(13) Name and initials of the person administering the medication.~~

~~—(14) Duration of treatment, if applicable.~~

~~—(15) Special precautions, if applicable.~~

~~—(16) Side effects of the medication, if applicable.~~

~~—(b) The information in subsection (a)(12) and (13) shall be recorded in the medication record at the time the medication is administered.~~

~~—(c) If an individual refuses to take a prescribed medication, the refusal shall be documented on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.~~

~~—(d) The directions of the prescriber shall be followed.~~

(a) A medication log listing the medications prescribed, dosage, time and date that prescription medications, including insulin, were administered, and the name of the person who administered the prescription medication or insulin shall be kept for each individual who does not self-administer medication.

(b) A list of prescription medications, the prescribed dosage and the name of the prescribing physician shall be maintained for each individual who self-administers medication.

§ 6500.137. [~~Administration of prescription medications and insulin injections.~~] Medication errors.

~~[(a) Prescription medications and insulin injections shall be administered according to the directions specified by a licensed physician, certified nurse practitioner or licensed physician's assistant.~~

~~—(b) An insulin injection administered by an individual or another person shall be premeasured by the individual or licensed medical personnel.]~~

~~—(a) Medication errors include the following:~~

~~—(1) Failure to administer a medication.~~

~~—(2) Administration of the wrong medication.~~

~~—(3) Administration of the wrong amount of medication.~~

~~—(4) Failure to administer a medication at the prescribed time, which exceeds more than 1 hour before or after the prescribed time.~~

~~—(5) Administration to the wrong person.~~

~~—(6) Administration through the wrong route.~~

~~—(b) Documentation of medication errors, follow-up action taken and the prescriber's response shall be kept in the individual's record.~~



Documentation of medication errors and follow-up action taken shall be maintained in the individual's file.

§ 6500.138. [~~Medications training.~~] Adverse reaction.

~~[(a) Family members who administer prescription medications or insulin injections to individuals shall receive training by the individual's source of health care about the administration, side effects and contraindications of the specific medication or insulin.~~

~~—(b) Family members who administer insulin injections to individuals shall have completed and passed a diabetes patient education program that meets the National Standards for Diabetes Patient Education Programs of the National Diabetes Advisory Board, 7550 Wisconsin Avenue, Bethesda, Maryland 20205.~~

~~—(c) Documentation of the training specified in subsections (a) and (b) shall be kept.]~~

~~(a) If an individual has a suspected adverse reaction to a medication, the home shall immediately consult a health care practitioner or seek emergency medical treatment.~~

~~—(b) An adverse reaction to a medication, the health care practitioner's response to the adverse reaction and the action taken shall be documented.~~

If an individual has a suspected adverse reaction to a medication immediate action shall be taken. At a minimum, a healthcare provider shall be contacted immediately (including a pharmacist). Documentation of adverse reactions shall be maintained in the individual's record.

*(Editor's Note: The following section is new and printed in regular type to enhance readability.)*

§ 6500.139. Medication administration training.

**Discussion 6500.139.**  
Epi-pen mandatory training will add a significant cost. This resource such as HCQU will be difficult to meet the needs of the agencies. There are some agencies that have had a video regarding this training; however, many regions of BHSL disagree with videos as an appropriate training.

~~—(a) A person who has successfully completed a Department approved medications administration course, including the course renewal requirements, may administer the following:~~

~~—(1) Oral medications.~~

~~—(2) Topical medications.~~

~~—(3) Eye, nose and ear drop medications.~~

~~—(b) A person may administer insulin injections following successful completion of both:~~

~~—(1) The course specified in subsection (a).~~

~~—(2) A Department approved diabetes patient education program within the past 12 months.~~

~~—(c) A person may administer an epinephrine injection by means of an auto-injection device in response to anaphylaxis or another serious allergic reaction following successful completion of both:~~

~~—(1) The course specified in subsection (a).~~

~~—(2) Training relating to the use of an auto-injection epinephrine injection device provided by a licensed, registered or certified health care professional within the past 12 months.~~

~~—(d) A record of the training shall be kept including the person trained, the date, source, name of trainer and documentation that the course was successfully completed.~~

(a) Family members who administer prescription medications or insulin injections to individuals shall receive training by the individual's source of health care about the administration, side effects and contraindications of the specific medication or insulin.

(b) Family members who administer insulin injections to individuals must complete and passed a diabetes patient education program that meets the National Standards for Diabetes Patient Education Programs of the National Diabetes Advisory Board, 7550 Wisconsin Avenue, Bethesda, Maryland 20205.

(c) Documentation of the training specified in subsections (a) and (b) shall be maintained.

## PROGRAM

### § 6500.151. Assessment.

#### **Discussion 6500.151.**

The recommended language in 6500.151 (b) is intended to distinguish between the need for a full assessment and a partial assessment.

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

(a) Each individual shall have an initial assessment within 1 year prior to or 60 calendar days after admission to the ~~[family living]~~ home and an updated assessment annually thereafter. The initial assessment must include an assessment of adaptive behavior and level of skills completed within 6 months prior to admission to the ~~[family living]~~ home.

(b) If the ~~[program]~~ **life sharing** specialist is making a recommendation to revise a service or outcome in the ~~[ISP as required under § 6500.156(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.

(c) The assessment shall be based on assessment instruments, interviews, progress notes and observations.

(d) The ~~[family living]~~ **life sharing** specialist shall sign and date the assessment.

(f) The ~~[program]~~ life sharing specialist shall provide the assessment to the SC, as applicable, and ~~[plan]~~ PSP team members at least 30 15 calendar days prior to ~~[an ISP meeting for the development of the ISP, the 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.

**§6500.152 – 6500.156. Person-Centered Support Plan.**

**Comment and Suggestion §6500.152 – 6500.156. Person-centered Support Plan.**  
See Comment and Suggestion under Chapter 6100.221 – 6100.224. Comment is identical unless noted otherwise.

§ 6500.157. ~~[Copies.]~~ (Reserved).

**Discussion 6500.157.**

~~[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.]~~

§ 6500.158. ~~[Provider services.]~~ (Reserved).

~~[(a) The family living home 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 family living home shall provide opportunities to the individual for participation in community life, including volunteer or civic-minded opportunities and membership in National or local organizations.~~

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

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

**§ 6500.159. Day services. Please clarify what exception there is in the event an individual either refuses day services or there are none available. Also, please clarify expectation for number of days per week and the expected length of time away from the home**

(a) Day services such as employment, education, training, volunteer, civic-minded and other meaningful opportunities shall be provided to the individual.

(b) Day services and activities shall be provided at a location other than the **[family living]** home where the individual lives, unless one of the following exists:

(1) There is written annual documentation by a licensed physician that it is medically necessary for the individual to complete day services at the **[family living]** home.

(2) There is written annual documentation by the plan team that it is in the best interest of the individual to complete day services at the **[family living]** home.

**§ 6500.160. Recreational and social activities.**

(a) The **[family living]** home shall provide recreational and social activities, including volunteer or civic-minded opportunities and membership in National or local organizations at the following locations:

(1) The **[family living]** home.

(2) Away from the **[family living]** home.

(b) Time away from the **[family living]** home may not be limited to time in school, work or vocational, developmental and volunteer facilities.

(c) Documentation of recreational and social activities shall be kept in the individual's record.

**§ 6500.161. – 6500.165. Positive Intervention**

**~~[RESTRICTIVE PROCEDURES]~~ POSITIVE INTERVENTION**

**Comment and Suggestion § 6500.161. – 6500.165. Positive Intervention:**

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

**§ 6500.166. ~~[Training.]~~ Rights team.**

**Comment and Suggestion 6400.196.**

See Comment and Suggestion under Chapter 6100 Rights Team, as submitted by PAR. (6100.52.). Comment is identical unless noted otherwise.

**INDIVIDUALS RECORDS**

**§ 6500.182. Content of records.**

(a) A separate record shall be kept for each individual.

(b) Entries in an individual's record must be legible, dated and signed by the person making the entry.

(c) Each individual's record must include the following information:

(1) Personal information, including:

(i) The name, sex, admission date, birthdate and 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) The religious affiliation.
- (v) The next of kin.
- (vi) A current, dated photograph.
- (2) Unusual incident reports relating to the individual.
- (3) Physical examinations.
- (4) Dental examinations.
- (5) Assessments as required under § 6500.151 (relating to assessment).
- ~~—(6) A copy of the invitation to:~~
  - ~~—(i) The initial ISP meeting.~~
  - ~~—(ii) The annual update meeting.~~
  - ~~—(iii) The ISP revision meeting.~~
- ~~—(7) A copy of the signature sheet for:~~
  - ~~—(i) The initial ISP meeting.~~
  - ~~—(ii) The annual update meeting.~~
  - ~~—(iii) The ISP revision meeting.~~
- ~~—(8) A copy of the current ISP.~~
- ~~—(9) Documentation of ISP reviews and revisions under § 6500.156 (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.~~

~~—(10) Content discrepancy in the ISP, the annual updates or revisions under § 6500.156.]~~

(6) SP documents as required by this chapter.

~~[(11) Restrictive procedure protocols]~~ (7) Positive intervention records related to the individual.

~~[(12) Restrictive procedure records related to the individual.]~~

~~—(13)]~~ (8) Recreational and social activities provided to the individual.

~~[(14)]~~ (9) Copies of psychological evaluations and assessments of adaptive behavior, as necessary.