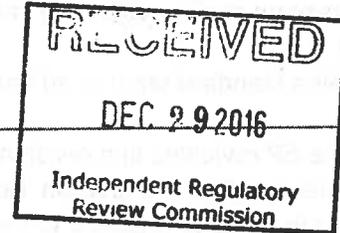


3160

14-540-284

Kroh, Karen

From: Mochon, Julie
Sent: Wednesday, December 21, 2016 8:54 AM
To: Kroh, Karen
Subject: FW: 6100 comments



From: Dan Goclano [mailto:dgoclano@icarconline.org]
Sent: Tuesday, December 20, 2016 5:50 PM
To: Mochon, Julie
Cc: Carolle Moses
Subject: 6100 comments

Hi Julie, its Dan...hope you are well. Below are our comments on the 6100.
Thank you for allowing comments. I hope this helps provide clarification to all the providers.
Have a Merry Christmas
Dan

- 6100.41. Appeals Provider will need further clarification as well as coordination with other entities
- .42 D-Caps should be funded
- .47 Clarify natural supports vs. volunteers
- .50 Communication devices must be funded
- .52 duplicates existing IM and Investigations process, clarify ad hoc or standing committee
- .55 Consider partial reimbursement for holding a bed
- .141, .142, .143 Annual training plan orientation program and annual training are duplicative Only for unlicensed programs should be specified
- .223 Waiver of rights(modifications) Assure BHSL does not require additional waivers
- .226 Template would be helpful
- .261 How will this be measured?
- .341 Duplication with licensed settings clarify unlicensed settings only
- .443 Safety Risk Individuals need assessed for competency and ability before using locks
- .444 Must be standardized
- .461 Unsure why this was included. DHS meds Admin only applies to licensed settings
- .688 Please provide standard agreement
- .571 Put in regulation how theses market-based factors will be used to determine the rate so there is consistent application to how the rates are initially determined and how the rates will be determined every 3 years.
- .711 same as above comment
- .184 Who is responsible for negotiating the rights, how about if the 2 individuals disagree
- .224 What is meant by accommodations
- .445 Who determines the settings is integrated
- .462 Does this apply across the board to all waiver services, even those in non-licensed setting and in the community
- .684 Where do you find how much money individuals must have remaining after room and board is paid

6400 .18 Should clarify that while all incidents are evaluated not all required certified investigation clarify med errors and I to I abuse

- .31/.33 A and B Clarify how this would look standardized, who will monitor
- .44 Why so pared down? No mention of health and safety
- .161/ 167 Medications consider referring to DHS meds administration training where possible to allow room for changes when needed
- .163 (B) SEE plan removed?
(C) Med review removed?
- .186 Quarterly reviews eliminated?
- .196 Rights team duplicates the IM and quarterly process. Also duplicates the required investigative process and peer review
Is this a standard team or ad hoc formed for each individual Too many teams to juggle and coordinate

2380 .186 Is the ISP reviewed and revision defunct now? The update section eliminates everything and only says the facility shall implement PSP and revision. Does that mean the provider doesn't do them anymore

.126 Refusals must be reported to the prescriber which seems excessive What can a prescriber do at that point anyway

General Comment : Why change name of ISP? Costly and time consuming with no real benefit
Why include meds admin in the 6100 regulations.

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