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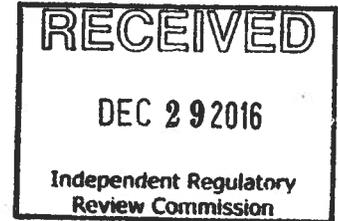
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Kroh, Karen

From: Mochon, Julie
Sent: Tuesday, December 20, 2016 1:05 PM
To: Kroh, Karen
Subject: FW: comments
Attachments: Comments on Proposed Rulemaking 12-19.docx

From: Tara Merriman [<mailto:tmerriman@sparcphilly.org>]
Sent: Tuesday, December 20, 2016 12:59 PM
To: Mochon, Julie <jmochon@pa.gov>
Subject: comments



Good Afternoon,

Please accept my submission of comments in regards to the proposed rulemaking.

Tara Merriman
Director of Human Resources

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Comments on Proposed Rulemaking 2380, 2390 and Chapter 6100 Regulations

Thank you for the opportunity to comment on the regulations proposed to govern our service delivery system. Below, please find our areas of concern.

1. 2380.156, 2390.176 - Rights Team

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

We are already held to the incident management regulations as well as to the regulations around an individual's civil rights. This additional requirement appears as a duplicated effort. Due to the classification of a rights violation it is already classified as an incident and is already subject to documentation, dissemination of the documentation, analysis, and corrective action. This addition will cause redundancy since The Civil Rights process, including explaining rights annually, also requires this team. The addition of another quarterly meeting requirement for staff who are expected to spend more time in the community is counterproductive. Additionally, the requirement for a meeting every three months regardless if there is a rights violation or not, seems unreasonable. We would like to recommend, that a meeting be held only when a rights violation actually occurs if a Rights Team is absolutely necessary.

2. 2380.39, 2390.49, 6100.141 - Training

We 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.

Training requirements should be flexible based on the position and length of time and employee spends in a position that provides direct support. Training needs vary and are often customized to enhance a particular skill level or support. Requiring eight hours on specific topics reduces flexibility to determine the training needs particular to each organization and or individual. As a non-profit we depend on interns, volunteers and consultants to provide support however the level of commitment may not always exceed the required eight hours of required training therefore possibly eliminating those relationships that are very valuable for our organization. All interns, volunteers and consultants receive orientation prior to starting that is inclusive of specific trainings. The cost to now provide eight hours of training in total for interns, volunteers and consultants is egregious and would not be cost effective to our organizations. The transition to a more community based program requires our staff to spend less time in the facility. The ability to offer a web based training program such as the College of Direct Support will make the trainings more accessible and increase the participation of staff. We recommend that ODP or The College of Direct Support create trainings that address the specifics of the regulations.

3. 6100.461-6100.469, 2380.121-2380.129, 2390.191-2390.199, 6400.161-169 and 6500.131-6500.139 – **Medication Administration**

We recommend that the high level of detail in these very prescriptive regulations be removed or, at least, pared down.

Potential changes in technology and with the medications themselves, less detail is preferable to avoid errors. We suggest that all activities related to medication administration should 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.

The federal regulation 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."* Our program currently allows participants and families the choice of a facility or community based program and or a combination of both. The dictation of a smaller group size eliminates that choice therefore discourage the progress we have made thus far regarding the Civil Rights of our participants. Why should they not be able to make these choices? These changes will also force organizations to increase their staffing levels once again increasing cost. Additional cost that continue to rise will ultimately effect the "experience" of the individual in the setting due to limited resources. Organizations have spent astronomical amounts of money on facility maintenance and upgrades to meet regulation and licensing standards. The idea of minimalizing or eliminating that space will place a financial burden on such organizations.

5. 6100.571(c) – **Fee Schedule Rates**

Hiring and employee retention has been difficult for not only our organization but many like organizations as well. The push to eliminate the majority of our facility based programs by transitioning to community based programs will significantly impact the cost of doing business on a daily basis. As an organization we have to consider the impact of increased cost of insurance, transportation, liability as well as the cost of hiring and maintaining additional staff to support community integration. In addition to these cost we must consider and anticipate the possibility of a drop in services provided therefore resulting in a decrease in revenue. Without a commitment to the payment of rates that support the increasing cost of the proposed waiver changes, we are facing a direct threat to the services providers are able to deliver.

Our goal is to support the most vulnerable members of our population. These changes will result in a costly and over-regulated human services system unable to meet its intended goal and the quality of service we currently provide will suffer with the end result of reduced or eliminated services for the amazing individuals and families we have the privilege of servicing.

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

Sincerely,

Tara Merriman
Human Resources, Director
SpArc Services

