

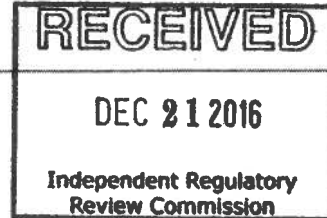
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#149-540-155

**Kroh, Karen**

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**From:** Mochon, Julie  
**Sent:** Tuesday, December 20, 2016 8:48 AM  
**To:** Kroh, Karen  
**Subject:** FW: Comments concerning Chapter 6100 Regulation Rulemaking  
**Attachments:** Comments Regarding the potential Regulation 6100 Rulemaking.docx



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**From:** Marie Gamon [<mailto:gamfam1@verizon.net>]  
**Sent:** Monday, December 19, 2016 8:24 PM  
**To:** Mochon, Julie  
**Subject:** Comments concerning Chapter 6100 Regulation Rulemaking

Ms Mochon,  
Attached is my concerns regarding the potential Regulation 6100 Rulemaking...The concerns are regarding the following items: medical administration requirements 6100.806 section 10; Orientation program 6100.142; Annual Training and Orientation 6100.143; Rights of Individuals 6100.183, 6100.342; Prohibition of Restraints 6100.343.

Thank you for considering my comments,  
Sincerely,

Marie Gamon  
Transition Instructor  
Arc of Dauphin County

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RECEIVED  
 DEC 2 1 2016  
 Independent Regulatory  
 Review Commission

TO: [Illegible]  
 FROM: [Illegible]  
 SUBJECT: [Illegible]

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December 19, 2016

To: Julie Machon

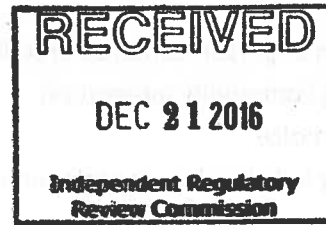
From: Marie Gamon

Transition Instructor

Arc of Dauphin County

mgamon2@arcofdc.org

Reference: My Comments regarding potential Regulation 6100 Rulemaking



## Proposed Rulemaking Chapter 6100 Regulations Comments

1. I appreciate the Department of Human Services tackling the reduction of licensing duplication across the various chapters of regulation and establishing greater consistency between the HSBS provisions and the four licensing chapters.

2. Regulation 6100.806 section 10, related to vendor goods and services, requires Respite Camps to comply with Medication Administration requirements specified in 6100.461 – 6100.470. Regulation 6100.462 (medication administration) provides the provision for a staff person or others to provide medication administration for an individual who is unable to self-administer provided they complete medication administration training that meets regulation 6100.469 (Department-approved medication administration course, including the course renewal requirements).

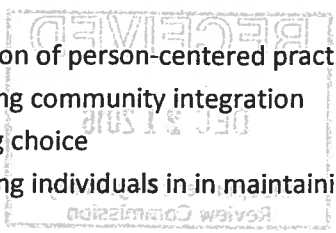
I agree with the need to have qualified staff to safely administer medications for individuals who are unable to self-administer their own medication. However, you cannot both mandate the training requirements to be trained in medication administration from the department-approved administration course, and at the same time, deny the provider and its staff in respite camp settings or non-licensed settings access to the mandated and required training. The current approved medication administration training course approved by the Department of Human Services, through partnership with Temple University, is only available to licensed providers and their staff and is not accessible to non-licensed and vendor Respite Camp providers and their staff. **The approved Department medication training course needs to be expanded to include training of non-licensed provider staff in order for compliance with regulation 6100.461-6100.470 and 6100.806(10) to be possible.**

Often and regular medication training needs to be available to ensure availability to comply with the regulations since staff turnover in the Human Service field is high. We also recommend that train-the-trainer certification be continued. This will lessen the burden on Temple University or whomever the Department partners with for the training, and will expedite the training and reduce costs on providers.

3. Regulation 6100.142 (Orientation program)

Section (a). The qualifier for the orientation program is that orientation will be completed, " prior to working alone with individuals, and within 30 days of hire or starting to provide support to an individual."

Section (a) 1&2. We contend that staff who are not providing direct service or working alone with individuals (management, program, administrative, fiscal, Dietary, housekeeping, maintenance and ancillary staff) should be removed from the following orientation training (section (b) 1):

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- Application of person-centered practices
  - Facilitating community integration
  - Honoring choice
  - Supporting individuals in in maintaining relationships

I agree that all staff should receive training listed in section (b) 2-5 (mandated reporter; prevention, detection, and reporting of abuse or suspected abuse; individual rights; recognizing and reporting abuse; job related knowledge and skills).

4. Regulations 6100.143(Annual training and orientation). The 24 hours of annual training is carried over from the Chapter 51 regulations for licensed waiver programs, however in this regulation it is expanded to include non-licensed, vendor, AWC and OHCDS services. **Though it may be appropriate for the larger licensed providers it is not for the vendor, AWC and OHCDS and I stipulate they should be removed from the excessive 24 hours of training requirement that will place an undue hardship on providers.**

5. 6100.183(Rights of individuals in residential facilities) section (g) is problematic. We value the right to privacy and would not want to see that taken away. The right to close ones door, and requirement to knock before entering uphold this right. **A locked door could pose a health and safety risk by restricting access.**

6. 6100.342 Section (2). We believe this is a mistake and should read "Functional Assessment" to be consistent with service definitions. The definition of dangerous behaviors (regulation 6100.341C) can apply to many behaviors that would not meet the threshold of needing a functional analysis. Individuals could be served through obtaining a functional assessment with the resulting information listed in regulation 6100.342,section 3-7 (outcome, description of positive intervention, target date to achieve the outcome, communication needs, and health conditions requiring special attention) identified in the PSP.

7. 6100.343(Prohibition of Restraints). **There needs to be exclusion for doctor prescribed mechanical restraints not addressed in section 5, subsection (i, ii). Example would be a helmet with fasteners for a consumer with self-injurious head banging, seatbelt to maintain person in wheel chair and many others. Doctor prescribed mechanical restraints for a health and safety issue should not be included in this regulation as a prohibited restraint.**