

**COMMONWEALTH OF PENNSYLVANIA**  
**DEPARTMENT OF PUBLIC WELFARE**  
**BUREAU OF HUMAN SERVICES LICENSING**  
**Personal Care Homes** (55 Pa.Code Chapter 2600)

**Q/A - Regulatory Clarifications – October 2014**

*The clarifications and interpretations below will remain on the Department's web site until the information is included in the next updated Regulatory Compliance Guide (RCG).*

**Regulation: § 2600.27(a), (d) – SSI Recipients**

*(a) If a home agrees to admit a resident eligible for SSI benefits, the home's charges for actual rent and other services may not exceed the SSI resident's actual current monthly income reduced by the current personal needs allowance.*

*(d) The administrator shall provide each resident who is a recipient of SSI, at no charge beyond the amount determined in subsection (a), the following items or services as needed:*

*(1) Necessary personal hygiene items, such as a comb, toothbrush, toothpaste, soap and shampoo. Cosmetic items are not included.*

*(2) Laundry services for personal laundry, bed linens and towels, but not including dry cleaning or other specialized services.*

*(3) Personal care services.*

**Question:** Are providers allowed to charge residents who receive SSI for intentional damage beyond normal wear and tear?

**ANSWER:** The home's charges for actual rent and other services may not exceed the SSI resident's actual current monthly income reduced by the current personal needs allowance. This is all that homes are permitted to charge for under the regulations; homes are not permitted to charge residents who receive SSI for damage – intentional or otherwise. Homes may want to include home rules prohibiting intentional acts of vandalism to the home's property. In doing this, homes may then discharge a resident who engages in destructive behavior.

**Regulation: § 2600.107(b) – Emergency Preparedness**

*(b) The home shall have written emergency procedures that include the following:*

*(1) Contact information for each resident's designated person.*

*(2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality.*

*(3) Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.*

*(4) Means of transportation in the event that relocation is required.*

*(5) Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.*

*(6) Alternate means of meeting resident needs in the event of a utility outage.*

**Question:** Should a home's Emergency Preparedness plan address a plan for evacuation if the home is located within 10 miles of a nuclear power plant?

**ANSWER:** Yes. If a home is located within 10 miles of a nuclear power plant, the home must include in its Emergency Preparedness plan a plan to evacuate to a location at least 10 miles from the power plant should an evacuation be ordered by emergency management officials.

**Regulation: § 2600.171(b)(7) – Transportation**

*(b) The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:*

*(7) Transportation shall include, when necessary, an assistant to the driver who assists the driver to escort residents in and out of the home and provides assistance during the trip.*

**Question:** May a personal care home staff person escort a resident to a medical appointment?

**ANSWER:** Yes. When a home provides transportation for residents, the home is required to provide an assistant to the driver when necessary to ensure the health and safety of residents, based on resident needs as articulated in the resident's assessment and support plan. This assistance may include escorting the resident into and from the medical practitioner's office. Consequently, the home may provide similar assistance to residents who are transported to medical appointments by other public or private means of transportation.

**Regulation: § 2600.183(f) – Storage and Disposal of Medications and Medical Supplies**

*(f) Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.*

**Question:** Does BHSL have any guidance to offer relating to the Drug Enforcement Administration's (DEA) final rule regarding the disposal of pharmaceutical controlled substances in accordance with the Controlled Substance Act, as amended by the Secure and Responsible Drug Disposal Act of 2010 ("Disposal Act")?

**ANSWER:** The DEA's Disposal Act amended the Controlled Substances Act to allow ultimate users to deliver unused pharmaceutical controlled substances to appropriate entities for disposal in a safe and effective manner. The goal of the Disposal Act is to encourage public and private entities to develop a variety of methods of collection and disposal in a secure, convenient, and responsible manner. The Act permits long term care facilities including personal care homes to dispose of a current or former resident's pharmaceutical controlled substances. The Act provides additional options for disposal and does not prohibit any methods currently used by long term care facilities that are consistent with Federal, State, tribal, and local laws and regulations.

The personal care home regulation at § 2600.183(f) already acknowledges that discontinued or expired prescription, OTC, and CAM medications are to be destroyed in a safe manner in accordance with the Department of Environmental Protection and Federal and State regulations. The DEA's new final rule provides additional options for disposal, such as depositing discontinued or expired medications into an authorized collection receptacle located at the facility. An authorized retail pharmacy or a hospital/clinic with an on-site pharmacy may install, manage and maintain a collection receptacle at a long-term care facility. The DEA's new final rule does not change the medication disposal methods which personal care homes have already been practicing under the 2600 regulations.

For more detailed information about additional options for safe medication disposal under the DEA's Disposal Act, see the web site here:

<https://www.federalregister.gov/articles/2014/09/09/2014-20926/disposal-of-controlled-substances>.

The DEA also has a helpful document on its web site called "Disposal Act – Long Term Care Facility Fact Sheet," which can be found here: [http://www.deadiversion.usdoj.gov/drug\\_disposal/fact\\_sheets/disposal\\_ltcf.pdf](http://www.deadiversion.usdoj.gov/drug_disposal/fact_sheets/disposal_ltcf.pdf).

**Regulation: § 2600.223(a) - Description of Services**

*(a) The home shall have a current written description of services and activities that the home provides including the following:*

- (1) The scope and general description of the services and activities that the home provides.*
- (2) The criteria for admission and discharge.*
- (3) Specific services that the home does not provide, but will arrange or coordinate.*

**Question:** May a personal care home provide professional health care or health maintenance services?

**ANSWER:** Yes. Properly licensed health care professionals who own, operate, or are employed by a personal care home may provide services within their licensed scope of practice to residents of the home. Depending on the type of licensed health care professional employed by the home, these services could include, but are not limited to: nursing assessments; wound care; administration of medications by injection; catheter care; taking physician orders by telephone; and nebulizer treatments. Personal care homes may not require residents to use in-house medical providers.

**Regulation: § 2600.227(d) - Development of the Support Plan**

*(d) Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.*

**Question:** May personal care homes provide specialized cognitive support services?

**ANSWER:** Yes. Personal care homes must document and provide, or arrange for, personal care services to meet the needs of residents as indicated by the residents' current medical evaluations and assessments. This includes "mental health and other behavioral care services" necessary to meet resident needs. For homes providing secured dementia care, or those serving people with dementia and related conditions in open care settings, this requirement includes the provision of specialized cognitive support services as indicated in the individual's assessment and support plan.