

LIC COMMENTS

FINAL 10/7/18

COMMENT #	FROM	RESPONDING	COMMENT	RESPONSE
#1LIC Comment ID: #10309-2	Claire Rosenbaum 09/18/2018 Online	Kevin	I have looked most closely at the sections on Abuse, Neglect and Mistreatment and also Participants Rights. Under 1.20.1 'Duty to Report' C. - There is reference to community residences for people who are 'mentally retarded.' I know this was an oversight. But this needs to be changed to 'people who have an intellectual or developmental disability.' In this same section ('Duty to Report' 1.20.1) it seems that paragraph A and D are each repeated verbatim, respectively, in paragraph E and D.	
#2LIC Comment ID: #10309-3	Claire Rosenbaum 09/18/2018 Online	Kevin	Under Individual (Participant) Rights, 1.26 G. 1 of this part, 'Rights of Individuals' are referenced among other places as being found at RIGL 40.1-26-3. Then in 1.26 G.4 of this part, reference is also made to the rights listed in the HCBS settings rules - 42 CFR 441.301(c)(4)(i-vi) -- these are actually quoted in 1.26.G.5 There currently exists conflicts between these two. RIGL refers to 'reasonable' access to telephone, visitors, and 'reasonable' amounts of their own money. HCBS rules say 'visitors of their choosing at any time,' etc. Part of the RI transition plan to come into compliance with the HCBS rules is to change the RIGL language to eliminate the word 'reasonable.' It seems that these changes have not yet been made. As this part stands it is in conflict with itself.	
#3LIC Comment ID: #10309-13	Kenneth Richardson CPA 09/27/2018 Online Attachment #3LIC Journey	Kevin	In response to The State regulations Title 212, Chapter 10, Subchapter 00, Part 1.17.1. Regulation B.2 and B.3, as proposed, is keeping the section to require all agencies to provide CPA prepared financial audits. I believe the original regulations were drafted when all the agencies were not for profit organizations. These not for profit agencies were required by most funders to prepare audits to protect the public from misappropriation and falsification of financial records. Considering many agencies are now also for profit agencies, the original intention of the regulation isn't	

			<p>needed. If there are negligence actions in an agency it would be in the form of neglecting many of the clinical and medical regulations in the care for patients. The state inspection and CARF accreditation processes would identify these staffing, chart, and other operating deficiencies during those inspections and surveys. While I understand the need for financial stability in any organization, we are seeing many not for profit agencies cutting back on services and merging with other agencies to save funds and try to continue the care of their constituency. An audit these agencies go through and file with the State of RI has not resulted in any actions by the state. Usually if there is a financial issue, it is well known before any audits are prepared by the agency. The audit requirement further hurts the agency because the cost of the audit and the ongoing audit standards required of the accounting department of each organizations. Some of the main focusses of an audit are internal controls, revenue recognition, and recording proper balances at the yearend cutoff date (usually June 30th or december31st). This brings me to another level of financial statement attestation: Reviews Reviews are a step below an audit but would satisfy many of the concerns of internal controls and stable record keeping. See below: An audit requires the CPA to gather sufficient and reliable evidence regarding the information provided in the financial statement. ... A review of an organization's financial statements provides a report issued by a CPA which expresses that the financial statements are free from material misstatement. Based on this difference you should allow the regulation to be changed to a Review. Along with the savings of costs to all agencies. Additionally, CARF standards already require just a review at minimum. Please see example of a CPA's review report on page five (5). INDEPENDENT ACCOUNTANTS' REVIEW REPORT To the Stockholders of ABC Corp and Affiliates Providence, Rhode Island We have reviewed the accompanying financial statements of ABC Corp. and Affiliates (an S Corporation), which comprise the balance sheet as of December 31, 2017, and the related statements of income and retained earnings and cash flows for the year then ended, and the related notes to the financial statements. A review includes</p>	
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#4LIC Comment ID: #10309-21	Ruby Nicholson 09/28/2018 Online	Kevin	<p>Thank you for the opportunity to respond to the proposed Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals proposed regulations - 212-RICR-10-00-1. The following are comments, recommendations, and points of clarification presented for your kind consideration and response. Section 1.13 Monitoring and Auditing A.2. States "The Department shall be entitled to receive from all persons connected in any way with the Organization..." I would like to suggest it read "The Department shall be entitled to receive from all appropriate</p>	

		<p>staff members in the organization ..." or "from all staff members with direct knowledge to such information..." The rationale here is that not all persons may have knowledge (e.g. relief workers, temporary staff, etc.) and that often supervisors are the individuals with the knowledge around any inspection or investigation. C. Please clarify what is meant by "... the Department shall substitute relevant accreditation review findings for related licensure requirements." What are "relevant accreditation review findings?" Also what are "relevant licensure standards" as stated here and in 1.13 D? This sounds like deeming through an accreditation process is still not totally embraced by the Department. Section 1.17 Licensure C.5 Organization Ethics states "The Organization's Code of Ethical Conduct shall address the provision of appropriate care without consideration of the individual's personal financial resources." Does this mean that an individual that does not meet eligibility for Medicaid but is in need of ACT or IHH services must be provided with these services? Please clarify this. Section 1.20.2 Internal Investigation Protocol B. Is this referring to all incidents reported to the Department or all incidents reported within the organization? If the latter, will organizations need to submit trending numbers of all incidents routinely or only when the Department requests? D.2. The language seems to go from "incidents" (A & B) to situations involving abuse, mistreatment or neglect. Was this section involving all types of incidents of just those involving abuse and neglect? Where are the standardized forms and protocols provided by the Department? Section 1.21 Personnel D.b. Since there are many individuals, particularly in the substance treatment programs, that may have disqualifying arrests/convictions prior to their own recovery, this would adversely impact the already small workforce and not provide an opportunity for those who might be better suited to help individuals in their recovery. Section 1.25.2 Individual Summary Information A.1-2 Many organizations have electronic records with pre-programmed clinical care documents that do not contain all the information requested here, yet this information can be found in the clinical record. In order to have a summary sheet with this specific</p>	
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#5LIC Comment ID: #10309-24	Wendy Looker 10/03/2018 Online and Email	Kevin	These comments are submitted on behalf of the majority of the Opioid Treatment Association of Rhode Island. In addition, these comments are also that of Center for Treatment and Recovery located in Pawtucket, RI. Attachment #5LIC OTA Looker	
#6LIC Comment ID: #10309-28	Cynthia Wheeler 10/05/2018 Online	Kevin	Please see attached response from Newport Mental Health. Thank you, Cynthia Wheeler Attachment #6LIC NMH	
#7LIC Comment ID: #10309-29	Howard Cohen 10/06/2018 Online and Email	Kevin	Uploaded files hereby submitted. Attachment #7LIC LIC DD Howard Cohen1 #7LIC LIC DD Howard Cohen2	
#8LIC	RICARES Email	Kevin	#8LIC RICARES	
#9LIC	Providence Center Email	Kevin	#9LIC ProvCenter	
#10LIC	RI Disability Law Center	Kevin	#10LIC RIDLC	
#11LIC	OTA Looker Email	Kevin	#11LIC OTA Looker	
#12LIC	OTA Looker Email	Kevin	#12LIC OTA Looker	
#13LIC	Providence Center Email	Kevin	#13LIC ProvCenter	
#14LIC	Providence Center Email	Kevin	#14LIC ProvCenter	
#15LIC	Providence Center Email	Kevin	#15LIC ProvCenter	
#16LIC	Lisa Peterson lpeterson.lmhc@gmail.com	Kevin	Dear Ms. Theriault, I am writing in response to the proposed revisions to rules	

	Email		<p>regarding the licensing of organizations and facilities by BHDDH. In particular, I would like to express significant concern with the sections regarding personnel, and the automatic disqualification of individuals who have been arrested or convicted of a wide range of offenses.</p> <p>As you know, individuals with behavioral health needs are disproportionately represented, and inadequately cared for, at the ACI. Many individuals with substance use disorder, mental illness, or trauma related symptoms are in contact with the criminal justice system as a result of these conditions, either directly or indirectly. The barriers that individuals face in transitioning back to their communities following a period of incarceration are already innumerable, and the additional exclusions contained in these regulations would act to make them nearly insurmountable.</p> <p>Meaningful employment is a key component of building recovery capital and restoring the quality of life for individuals who have experienced SUD and other behavioral health issues. As a state who led the way in terms of peers and the community in supporting recovery, we need to be looking towards continued expansion of opportunities instead of adding further restrictions.</p> <p>Please take the time to revisit and rewrite these regulations in such a way that we avoid further harm to an already vulnerable and stigmatized population. Rhode Islanders deserve better.</p> <p>Sincerely, Lisa Peterson, LMHC/LCDP/LCDCS/MAC</p>	
#17LIC	Protect Families First Email	Kevin	<p>To Whom It May Concern,</p> <p>I am writing to provide public comment to 212--RICR--10--00--1 [risos-apa-production-public.s3.amazonaws.com], which provides proposed regulations for BHDDH.</p> <p>Specifically, I am deeply concerned about Section 1.21(D) which either outright bars or makes it grounds to not hiring someone due to their criminal record, including around a</p>	

			<p>felony drug offense -- something which could come from important lived experience that may make a person qualified to be a peer support person.</p> <p>This feels especially concerning as people with substance use disorder may have been charged with a drug-related felony: this "boxes out" many people who could provide invaluable peer and other support to people with substance use disorder. In addition, the conviction of prostitution is also troubling, as people may need to turn to those economies for survival: by not allowing people with these charges to get jobs where they may be supporting people with similar life experiences to them only further keeps people out of stable, sanctioned work.</p> <p>While these specific convictions are not an automatic denial, they could be used to easily justify not hiring people with these convictions (ones that may be related to the disorders they are there to support). The standard of the "long-standing record of excellence in person-to-person care" for people with records to be hired may be impossible to meet, especially for people who have not given the opportunity to be part of this industry before (and people who are younger).</p> <p>There are thousands of people who work under BHDDH's jurisdiction. These employees have important roles to provide support people in our state, including those with substance use disorder and other mental health diagnoses. As you know, we are in the middle of an addiction crisis in our state. We need to be providing more support, including people with lived experience of substance use disorder and mental health concerns, to support Rhode Islanders. A person should be hired based on their ability to provide that care, and not be effectively boxed out due to their record and lived experiences.</p> <p>I hope that you will change these recommendation.</p> <p>Thank you.</p>	
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#18LIC	<p>Community Care Alliance Email</p> <p>Attachment #18LIC CCA</p>	Kevin	<p>Good morning, Please find the attached document with Community Care Alliance's response to the proposed changes to the Licensing Regulations. The document includes feedback on the various sections of the regulations. If you should need further clarification on any of the items, please don't hesitate to reach out. I have included our CEO, Ben Lessing, Vice President of Administrative Services, Karen Rathbun, and Senior Vice President of Community and Recovery Services, Mary Dwyer in this e-mail for any questions you may have.</p> <p>Thank you,</p> <p>Marcia Andreozzi Contract Manager Community Support Program 401-235-7091</p> <p>COMMUNITY CARE ALLIANCE 55 John Cummings Way PO Box 1700 Woonsocket, RI 02895 http://www.communitycareri.org [communitycareri.org]</p>	
#19LIC	ACLU Email	Kevin	Dear Ms. Theriault -	

	Attachment #19LIC ACLU		<p>Attached please find testimony from the ACLU of RI and three other organizations regarding your Department's proposed regulations for the licensing of organizations and facilities licensed by BHDDH.</p> <p>Please let me know if you have any questions about this. Thank you.</p> <p>Steven Brown Executive Director ACLU of Rhode Island 128 Dorrance Street, Suite 400 Providence, RI 02903 401-831-7171 (phone) 401-831-7175 (fax)</p>	