

**CHAPTER 6600. INTERMEDIATE CARE FACILITIES FOR
INDIVIDUALS WITH AN INTELLECTUAL DISABILITY**

- Sec.
6600.1. Purpose.
6600.2. Applicability.
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6600.4. Medication administration and training—statement of policy.

Authority

The provisions of this Chapter 6600 issued under Article X of the Public Welfare Code (62 P.S. §§ 1001—1080); and the Health Care Facilities Act (35 P.S. §§ 448.101—448.904), unless otherwise noted.

Source

The provisions of this Chapter 6600 adopted July 14, 1989, effective upon publication and applies retroactively to October 3, 1988, 19 Pa.B. 3047, unless otherwise noted.

Cross References

This chapter cited in 55 Pa. Code § 2380.2 (relating to applicability); 55 Pa. Code § 6000.903 (relating to licensing applicability); 55 Pa. Code § 6210.3 (relating to definitions); 55 Pa. Code § 6210.13 (relating to licensure); and 55 Pa. Code § 6400.3 (relating to applicability).

§ 6600.1. Purpose.

This chapter protects the health, safety and well-being of residents living in intermediate care facilities for individuals with an intellectual disability.

Authority

The provisions of this § 6600.1 amended under Articles IX and X of the Human Services Code (62 P.S. §§ 901—922 and 1001—1088).

Source

The provisions of this § 6600.1 amended June 17, 2016, effective June 18, 2016, 46 Pa.B. 3177. Immediately preceding text appears at serial page (375745).

§ 6600.2. Applicability.

This chapter applies to a residential facility receiving intermediate care facilities for individuals with an intellectual disability monies.

Authority

The provisions of this § 6600.2 amended under Articles IX and X of the Human Services Code (62 P.S. §§ 901—922 and 1001—1088).

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Source

The provisions of this § 6600.2 amended June 17, 2016, effective June 18, 2016, 46 Pa.B. 3177. Immediately preceding text appears at serial page (375745).

§ 6600.3. Requirements.

The Department incorporates by reference 53 F.R. 20494 (June 3, 1988) to be codified at 42 CFR 483.400—483.480 (relating to conditions of participation for intermediate care facilities for individuals with intellectual disabilities) as the licensing regulations for intermediate care facilities for individuals with an intellectual disability.

Authority

The provisions of this § 6600.3 amended under Articles IX and X of the Human Services Code (62 P.S. §§ 901—922 and 1001—1088).

Source

The provisions of this § 6600.3 amended June 17, 2016, effective June 18, 2016, 46 Pa.B. 3177. Immediately preceding text appears at serial page (375745) to (375746).

Notes of Decisions*License Denial*

The Department erred in denying two intermediate care facility licenses based upon the “preference” of the Department for small, integrated facilities over larger ones. The Commonwealth adopted the relevant Federal regulations in their entirety. Those regulations contain no statement of preference for smaller, homelike facilities. Since the Department’s preference is not a published or promulgated regulation, the application was improperly denied. *Woods Services, Inc. v. Department of Public Welfare*, 803 A.2d 260 (Pa. Cmwlth. 2002); appeal granted 819 A.2d 549 (Pa. 2003); and affirmed 839 A.2d 184 (Pa. 2003).

Cross References

This section cited in 55 Pa. Code § 6600.4 (relating to medication administration and training—statement of policy).

§ 6600.4. Medication administration and training—statement of policy.

(a) *Background.* Section 6600.3 (relating to requirements) incorporates by reference Federal regulations for intermediate care facilities for the mentally retarded (ICFs/MR) at 42 CFR 483.400—483.480. This section interprets that portion of the regulations found at 42 CFR 483.460(k)(3), which reads as follows: “Unlicensed personnel are allowed to administer drugs only if state law permits.” Inasmuch as the administration of drugs is within the scope of practice of nursing, the applicable State law is The Professional Nursing Law (law) (63 P.S. §§ 211—225.5). The law specifically does not prohibit home care of the sick by unlicensed persons (see section 4(1) of the law (63 P.S. § 214(1))). The State

Board of Nursing interprets the home care exemption as applying to ICFs/MR that serve no more than eight individuals.

(b) *Purpose.* This section sets forth guidelines for the administration of medications in ICF's for eight or fewer individuals with mental retardation. The guidelines were developed in consultation with the State Board of Nursing to ensure that unlicensed staff who administer medications do so safely and lawfully. Compliance with these guidelines will be considered as part of the annual licensing inspection carried out by the Department of Health, Division of Long Term Care, ICF/MR Program.

(c) *Applicability.* This section applies to ICF's in which eight or fewer individuals with mental retardation live. For purposes of this section, the following clarifications apply:

(1) A facility is a distinct, individual residential building operating as an ICF/MR, or as part of an ICF/MR.

(2) Each apartment unit within an apartment building is considered a separate facility.

(3) Each half of a duplex if there is physical separation between two distinct and complete living areas, is considered a separate facility.

(4) A wing of a building, or an attached building unit, does not constitute a separate facility.

(5) Eight or fewer individuals means the total number of individuals living at the facility and not the licensed capacity of the ICF/MR.

(6) Eight or fewer individuals means the total number of individuals living at the facility, regardless of whether the individuals are currently taking medications.

(d) *Medications administration guidelines.*

(1) Prescription medications and injections of a substance not self-administered by individuals may be administered by only one of the following:

(i) A licensed physician, licensed dentist, licensed physician's assistant, registered nurse or licensed practical nurse.

(ii) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the facility.

(iii) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the facility.

(iv) A staff person who meets the criteria specified in paragraph (2) for the administration of oral, topical, eye and ear drop, suppository and enema prescription medications, or who meets the criteria specified in paragraph (3) for the administration of insulin injections.

(2) A staff person who has completed and passed the Department of Human Service's (Department) Medications Administration Course may administer oral, topical, eye and ear drop, suppository and enema prescription medications.

(3) A staff person who has completed and passed the Department's Medications Administration Course and who has completed and passed a diabetes patient education program within the past 12 months that meets the National Standards for Diabetes Patient Education Programs of the National Diabetes Advisory Board, 7550 Wisconsin Avenue, Bethesda, Maryland 20205, may administer insulin injections to an individual who is under the care of a licensed physician who is monitoring the diabetes.

(4) Medications administration training of a staff person shall be conducted by a trainer who has completed the Department's Medications Administration Course for trainers and is certified by the Department to train staff. Licensed, certified or registered medical personnel who serve as trainers shall also complete the Department's Medications Administration Course for trainers and be certified by the Department prior to training staff.

(5) Trainers may not train other individuals to become trainers.

(6) Two trainers may jointly administer the Medications Administration Course, as long as both trainers are certified and sign-off on the Module Exam Data Summary Sheet and the Medications Training Verification Form.

(7) The facility shall keep a copy of each trainer's training certificate issued by the Department.

(8) A certified trainer may administer medications. If a trainer has a training certificate from the Department, no further documentation is required in order for the trainer to administer medications.

(9) The only acceptable medication training course is the Medications Administration Course developed by the Office of Mental Retardation.

(10) A staff person who administers prescription medications or insulin injections to an individual shall complete and pass the Medications Administration Course Practicum annually.

(11) The facility shall keep the following documentation for each nonmedically licensed staff person who administers medication:

(i) The Written Module Examination of Medications Training Manual.

(ii) The Module Examination Data Summary Sheet of the Medications Training Manual.

(iii) A signed and dated copy of the Training Verification Form, including the name and signature of the person who gave the training and the date and location of the training.

(iv) Evidence of a percentage score of 90% or above for each of the three test sections. If the percentage score falls below 90%, for one or more of the following sections, that test section shall be retested:

(A) Written examination.

(B) Practicum.

(C) Practicum.

(v) A copy of the Practicum Summary completed within the past year.

(12) Staff medications training documentation may be transferred from one agency to another. The Practicum Summary shall be completed at the new agency prior to administering medication.

(13) Injections of a substance other than insulin shall be administered by medically licensed personnel specified in paragraph (1)(i)—(iii).

(14) The specialized insulin administration training specified in paragraph (3) is required prior to administering insulin injections, and every 12 months thereafter. A staff person may not take the Diabetes Patient Education training and then teach other staff. Training shall be provided directly by the organization that offers the patient education program that meets the National standards.

Source

The provisions of this § 6600.4 adopted September 1, 1995, effective September 2, 1995, 25 Pa.B. 3587.

