

March 16, 2009

The Honorable Rita Langraf
Secretary Department of Health & Social Services
Administration Building
Herman Holloway Campus
New Castle, DE 19720

RE: DPH Final Home Health Agency Regulations [12 DE Reg. 1209 & 1217 (March 1, 2009)]

Dear Secretary Landgraf,

The Division of Public Health published proposed regulations covering home health agencies in October. Two sets of regulations were published, one designated “aide only” (Part 4406) and one designated “skilled” (Part 4410). The DPH is now adopting final regulations separately published at pages 1209 and 1217 of the March Registry. The SCPD, DDC, and GACEC commented on the proposed regulations. DPH adopted approximately 13 amendments based on the 55 comments.

The Developmental Disabilities Council strongly encourages your review of these Final Regulations, in particular the bolded sections, considering the broad and significant effect that they will have on both people with disabilities as well as the elderly in Delaware.

SECTION 4406: HOME HEALTH AGENCIES - AIDE ONLY LICENSURE

1. In Section 1.0, definition of “home health aide”, first sentence, we recommend insertion of “and/or patient” after the term “licensed nurse” to encompass patient-delegated services within the scope of Section 6.4 and Title 24 Del.C. §1921(a)(19)

DPH effected no amendment.

2. In Section 1.0, the Division may wish to consider a revision of the definition of “immediate jeopardy” to comport with the terminology used in Section 2.4.4.1 (“immediate and imminent danger”). Otherwise, a provider could argue that the standard in Section 2.4.4.1 is either undefined or narrower than “immediate jeopardy”.

DPH agreed and inserted a conforming amendment.

3. In Section 1.0, definition of “parent agency”, the requirement that the parent agency be located

within 50 miles of any “branch” is difficult to justify. For example, if Easter Seal’s main office is in Georgetown, it could not have a branch in Wilmington. Delaware is such a small state that the requirement that the parent agency be located in the State should suffice.

DPH declined to adopt an amendment based on the following rationale:

While Delaware is a small state, supervision cannot be properly provided from such a distance as Georgetown and Wilmington. Therefore, each office would need to be a parent in order to maintain administrative functions.

4. Section 2.1.4 requires any agency which “undergoes a change in ownership” ...to “reapply as a new agency”. This is “overbroad”. If the agency were a stock corporation, the change of 1 share of stock would “trigger” the need to reapply for a new license. Section 2.2.2.3.4 implies that ownership interests of less than 5% are so unimportant that they do not have to be disclosed to DPH. Moreover, Section 2.5 defines “modification of ownership and control” as encompassing only significant changes in ownership. For consistency, DPH should consider amending Section 2.1.4 to read as follows: “An agency that anticipates a modification of ownership and control as defined in Section 2.5 is required to apply as a new agency.”

DPH agreed and incorporated a conforming amendment.

5. In Section 2.3.1.1, we recommend the following amendment: “A probationary license shall be granted to every agency that completes the application process consistent with these regulations and whose policies and procedures ~~have demonstrated willingness to comply~~ demonstrate compliance with the rules and regulations...” The “willingness” reference suggests a subjective intent standard rather than an objective criterion. Contrast the DPH personal assistance services agencies regulations, Part 4469, Section 2.3.1.1: “A probationary license shall be granted for a period of ninety (90) calendar days to every agency that completes the application process consistent with these regulations.”

DPH agreed and incorporated a conforming amendment.

6. In Section 2.3.2.1, we recommend substituting “may” for “shall”. This is the approach adopted in the DPH personal assistance services agencies regulations, Part 4469, Section 2.3.2.1: “A provisional license may be granted to a period of less than one year to all personal assistance agencies that:...”. Use of the term “may” provides DPH with more discretion.

DPH agreed and substituted “may” for “shall”.

7. We recommend adding a reference to Section 2.4 prohibiting reprisal against any employee, contractor, patient, or patient’s representative for cooperating with a Departmental disciplinary investigation or proceedings. Although there is a limited reference protecting patients and representatives in Section 5.4.2.5, it would be prudent to include an explicit reference in Section 2.4 as well. Moreover, there is no other provision protecting employees and contractors who cooperate with the Department in investigations and disciplinary proceedings.

DPH declined to adopt an amendment which will obviously have a “chilling effect” on prospects for employees and contractors providing information to DPH when investigating violations.

8. In Section 2.4.1.8, there is a lack of parallel form. All other subparts (Sections 2.4.1.1 through 2.4.1.9) begin with a verb. Consider the following amendment: “2.4.1.8. Committed a serious violation of statutes...” Alternatively, the same section in the proposed skilled home health agency regulations (Part 4410) recites as follows: “Violated any statutes relating to Medicaid...”

DPH agreed and adopted a conforming amendment.

9. In Section 2.4.3.1.3, second sentence, consider deleting the comma between “based” and “shall”. In addition, this Section states the same concepts that are stated in Sections 2.4.3.1.4 and 2.4.3.1.5 and could be considered redundant.

DPH deleted the redundant provision.

10. There is some “tension” between Section 2.4.4.1 and 2.4.4.2. The former section requires 24 advance oral or written notice of an emergency suspension of license. The latter section contemplates “forthwith” notice which must be in writing. The interrelationship between these notices is unclear. Moreover, if DPH envisions a single notice, the regulations are inconsistent since the first regulation allows “oral” notice while the second regulation requires notice “in writing”. The Division may wish to clarify these sections to obviate any confusion.

DPH declined to effect an amendment based on the following rationale:

Section 2.4.4.1 is the immediate notice to the agency. Section 2.4.4.2 is the follow up “formal” written notice.

11. In Section 2.4.4.5, second sentence, consider the following amendment: Upon a final decision of the Department, the order of temporary suspension ~~shall be vacated~~ may be vacated or superseded by disciplinary action ordered by the Department. This is more accurate since the Department could determine that its temporary suspension order was a mistake or was improvidently entered, justifying vacating of the order with no disciplinary action.

DPH agreed and incorporated a conforming amendment.

12. Section 2.7.1 contains no minimum frequency for inspection of home health agencies. DPH should consider adopting a standard requiring at least annual inspections.

DPH declined based on the following rationale:

The agency intentionally left this open by using the term “periodically” so as not to create a predictable pattern of inspections. It is the Agency’s experience that this is the most effective way to evaluate real-time performance and compliance efforts.

13. Section 3.7 requires the director or clinical director to be “available at all times during the operating hours of the home health agency”. Since most agencies operate 24-hour shifts, this means that either the director or clinical director are on duty 24 hours/day. As a practical matter, if the director were out-of-town on vacation, and the clinical director was sick, the clinical director would still have to work. In contrast, the corresponding DPH personal assistance services regulations, Part 4469, Section 3.9, recites as follows: “The director or a designee of any agency shall be available to consumers at all times during the operating hours of the personal assistance services agency.” DPH could consider a compromise (e.g. “director, clinical director, or designee with full authority to act in their stead”). This would comport with Sections 5.1.4 and 5.2.4.

DPH declined to adopt any amendment.

14. There is some “tension” between Sections 4.2.9 and 5.2.1. The former section contemplates governing body appointment of the clinical director. The latter contemplates agency director appointment of the clinical director.

DPH declined to adopt an amendment based on the following rationale:

The Agency respectfully disagrees. The Governing Body has the ultimate responsibility for all appointments. The Director, however, is actually responsible for making the appointment.

15. Section 5.2.3.1 literally requires the clinical director to be available 24 hours/day, 365 days/year, for agencies with 24 hour shifts. This is an impractical standard. See discussion in Par. 13 above.

DPH declined to adopt an amendment based on the following rationale:

The Agency respectfully disagrees. Section 5.2.4 clarifies this by allowing the appointment of a designee in the clinical director’s absence.

16. Section 5.4.2.5 disallows reprisal against patients and their representatives who complain to DHSS. Consistent with Par. 7 above, it would be preferable to include a similar provision protecting employees and contractors.

DPH declined to effect an amendment based on the following somewhat cryptic rationale:

The Agency respectfully disagrees. These regulations are written for the purpose of protecting the patients.

17. We recommend deletion of Section 5.4.2.6 since the content of this standard is already addressed in Section 3.10.

DPH declined to effect an amendment.

18. Section 5.7.10 requires annual competency testing of all employees. It is unclear if this applies to the director, clinical director, and other licensed supervisory personnel apart from home health aides. DPH may wish to clarify whether the requirement only applies to aides.

DPH declined to effect amendment. It notes that testing applies to “anyone providing care to patients”.

19. In Section 6.1.3.3 there is a lack of parallel form. Subsections 1-3 begin with a noun and are complete sentences. Subsection 4 is a clause. The next three subsections begin with a verb and are not sentences.

DPH effected no amendment.

20. In Section 6.4.1.1, we recommend substituting “Title 24 Del.C. §1921(a)(19)” for “Del.C.”.

DPH effected no amendment.

21. In Section 6.4.2, we recommend substituting Title 24 Del.C. §1921(a)(9)” for “Del.C.”.

DPH effected no amendment

22. In Section 6.5.1.6.3, at a minimum, consider adding a reference to “frequency”. See Section 6.3.3.1. See also the proposed skilled home health agencies regulations, Part 4410, Section 6.5.5, which contemplates recording the following for “all medication and treatment”: “date, time of day, type of medication/treatment, dose, route of self-administration/administration, by whom given and any reactions noted.”

DPH effected no amendment.

23. In Section 6.6.3, authorizing 2 weeks notice of involuntary discharge of a patient by a provider is too short. Compare Title 16 Del.C. §1121(18). It may be very difficult for a consumer to obtain an alternative agency services plan within 2 weeks. A 30 day notice would be preferable and be consistent with Section 2.8.1 which requires 30 day notice of termination of services by agencies voluntarily going out of business.

DPH unfortunately effected no amendment based on the following rationale:

The Agency respectfully disagrees. The minimum 2 weeks notice is reasonable. The patient may negotiate a longer time frame if needed. The agency must inform the patient of the discharge and include the patient in the discharge planning.

24. Section 6.6.3.2 authorizes a provider to discontinue services immediately upon its unilateral determination that the patient should have a higher level of care. No notice would be required, leaving the consumer at great risk. In 2006, an assisted living agency unilaterally determined that a consumer (D.R.) exceeded the assisted living level of care and unilaterally terminated her services. The Division of Long-term Care Residents Protection conducted its

own evaluation, determined the consumer eligible for assisted living services, and fined the provider who refused to reinstate services. Agencies make mistakes. If DPH allows abrupt, unilateral termination of services with no notice, this will create a huge “loophole” for agencies who simply wish to stop services with no notice. Moreover, if a consumer has decompensated to the point of needing more care, an orderly transition period to a higher level of care would be more logical than complete termination of services. The DPH approach is akin to a nurse home determining that a resident needs a hospital level of care and abruptly discharging the resident to the street!

DPH declined to effect an amendment based on the following rationale:

The agency is required to “transfer” the patient to a higher level of care after informing the patient of the discharge, allowing the patient to participate in the discharge planning and developing a written discharge plan. This was included, not to permit agencies to dump patients, but to prevent them from keeping patients whose needs they can no longer meet.

25. The exception of notice for even minor, minuscule “non-compliance” with the plan of care or non-payment (§6.6.3.3) is also highly objectionable. Contrast Title 16 Del.C. §1121(18), requiring 30 day notice of termination from long-term care facility for even non-payment. A provider could discharge a patient simply for contesting a \$10 charge that the patient feels is unjustified. Similarly, dispensing with notice “when care goals have been met” is subjective and objectionable. we recommend adoption of a 30 day notice period and deletion of exceptions (§§6.6.3.1-6.6.3.3) but for “emergency situations”, akin to Title 16 Del.C. §1121(18). Apart from notice, we also recommend some authorization for patient appeal of the decision.

DPH declined to adopt an amendment based on the following rationale:

Agencies would be required to show documentation upholding a decision to discharge with less than 2 weeks notice. This requires prior communication with the patient and discharge planning.

26. Section 9.1 requires home health agencies to have “appropriate insurance coverage in force to compensate patients for injuries and losses resulting from services provided by the agency.” We recommend adding “or failure to provide services”. Otherwise, the insurance may cover negligent services but not omitted services (e.g. failure to turn patient resulting in bedsores; failure to assist with medications resulting in missed doses). Moreover, “appropriate” insurance is a subjective term. Contrast the DPH personal assistance services regulation, Part 4469, Section 7.0:

- 7.1 The personal assistance services agency shall have appropriate insurance coverage in force to compensate consumers for injuries and losses resulting from services provided by the agency.
- 7.2 The following types and minimum amounts of coverage shall be in effect at all times:

7.2.1 General liability insurance covering personal property damages, bodily injury, libel and slander;

7.2.1.1 \$1 million comprehensive general liability per occurrence; and

7.2.1.2 \$500,000single limit insurance.

DPH declined to effect an amendment.

27. Section 11.0, which covers “severability”, contains overlapping and incomplete references. It would benefit from editing.

DPH declined to effect an amendment.

SECTION 4406: SKILLED HOME HEALTH AGENCIES (LICENSURE)

28. In Section 1.0, definition of “home health aide”, first sentence, I recommend insertion of “and/or patient” after the term “licensed nurse” to encompass patient-delegated services within the scope of Section 6.4 and Title 24 Del.C. §1921(a)(19)

DPH effected no amendment.

29. In Section 1.0, the Division may wish to consider a revision of the definition of “immediate jeopardy” to comport with the terminology used in Section 2.4.4.1 (“immediate and imminent danger”). Otherwise, a provider could argue that the standard in Section 2.4.4.1 is either undefined or narrower than “immediate jeopardy”.

DPH agreed and inserted a conforming amendment.

30. In Section 1.0, definition of “parent agency”, the requirement that the parent agency be located within 50 miles of any “branch” is difficult to justify. For example, if Easter Seal’s main office is in Georgetown, it could not have a branch in Wilmington. Delaware is such a small state that the requirement that the parent agency be located in the State should suffice.

DPH declined to adopt an amendment based on the following rationale:

While Delaware is a small state, supervision cannot be properly provided from such a distance as Georgetown and Wilmington. Therefore, each office would need to be a parent in order to maintain administrative functions.

31. In Section 1.0, there is some tension between the definitions of “professional” and “social worker”. The definition of “professional” is limited to “licensed” persons. The definition of “social worker” does not require licensing. I recommend revision of the definition of social worker to only cover licensed social workers. See Title 24 Del.C. Ch. 39.

DPH declined to adopt an amendment.

32. In Section 1.0, there is no definition or reference to “advanced practice nurse”, an individual who can maintain an independent practice with authority to issue prescriptions. See Title 24 Del.C. §1902(b). For example, there is no reference to “advanced practice nurse” in the definition of “professional”. The Division should consider correcting this omission.

DPH declined to adopt an amendment.

33. Section 2.1.4 requires any agency which “undergoes a change in ownership” ...to “reapply as a new agency”. This is “overbroad”. If the agency were a stock corporation, the change of 1 share of stock would “trigger” the need to reapply for a new license. Section 2.2.2.3.4 implies that ownership interests of less than 5% are so unimportant that they do not have to be disclosed to DPH. Moreover, Section 2.5 defines “modification of ownership and control” as encompassing only significant changes in ownership. For consistency, DPH should consider amending Section 2.1.4 to read as follows: “An agency that anticipates a modification of ownership and control as defined in Section 2.5 is required to apply as a new agency.”

DPH agreed and incorporated a conforming amendment.

34. In Section 2.3.1.1, we recommend the following amendment: “A probationary license shall be granted to every agency that completes the application process consistent with these regulations and whose policies and procedures ~~have demonstrated willingness to comply~~ demonstrate compliance with the rules and regulations...” The “willingness” reference suggests a subjective intent standard rather than an objective criterion. Contrast the DPH personal assistance services agencies regulations, Part 4469, Section 2.3.1.1: “A probationary license shall be granted for a period of ninety (90) calendar days to every agency that completes the application process consistent with these regulations.”

DPH agreed and incorporated a conforming amendment.

35. In Section 2.3.2.1, we recommend substituting “may” for “shall”. This is the approach adopted in the DPH personal assistance services agencies regulations, Part 4469, Section 2.3.2.1: “A provisional license may be granted to a period of less than one year to all personal assistance agencies that:...”. Use of the term “may” provides DPH with more discretion.

DPH agreed and incorporated a conforming amendment.

36. We recommend adding a reference to Section 2.4 prohibiting reprisal against any employee, contractor, patient, or patient’s representative for cooperating with a Departmental disciplinary investigation or proceedings. Although there is a limited reference protecting patients and representatives in Section 5.5.2.5, it would be prudent to include an explicit reference in Section 2.4 as well. Moreover, there is no other provision protecting employees and contractors who cooperate with the Department in investigations and disciplinary proceedings.

DPH declined to adopt an amendment which will obviously have a “chilling effect” on prospects for employees and contractors providing information to DPH when investigating violations.

37. In Section 2.4.3.1.3, second sentence, consider deleting the comma between “based” and “shall”. In addition, this Section states the same concepts that are stated in Sections 2.4.3.1.4 and 2.4.3.1.5 and could be considered redundant.

DPH deleted the redundant provision.

38. There is some “tension” between Section 2.4.4.1 and 2.4.4.2. The former section requires 24 hour advance oral or written notice of an emergency suspension of license. The latter section contemplates “forthwith” notice which must be in writing. The interrelationship between these notices is unclear. Moreover, if DPH envisions a single notice, the regulations are inconsistent since the first regulation allows “oral” notice while the second regulation requires notice “in writing”. The Division may wish to clarify these sections to obviate any confusion.

DPH declined to effect an amendment based on the following rationale:

Section 2.4.4.1 is the immediate notice to the agency. Section 2.4.4.2 is the follow up “formal” written notice.

39. In Section 2.4.4.5, second sentence, consider the following amendment: Upon a final decision of the Department, the order of temporary suspension ~~shall be vacated~~ may be vacated or superseded by disciplinary action ordered by the Department. This is more accurate since the Department could determine that its temporary suspension order was a mistake or was improvidently entered, justifying vacating of the order with no disciplinary action.

DPH agreed and incorporated a conforming amendment.

40. Section 2.7.1 contains no minimum frequency for inspection of home health agencies. DPH should consider adopting a standard requiring at least annual inspections.

DPH declined based on the following rationale:

The agency intentionally left this open by using the term “periodically” so as not to create a predictable pattern of inspections. It is the Agency’s experience that this is the most effective way to evaluate real-time performance and compliance efforts.

41. Section 3.7 requires the director or clinical director to be “available at all times during the operating hours of the home health agency”. Since most agencies operate 24-hour shifts, this means that either the director or clinical director are on duty 24 hours/day. As a practical matter, if the director were out-of-town on vacation, and the clinical director was sick, the clinical director would still have to work. In contrast, the corresponding DPH personal assistance services regulations, Part 4469, Section 3.9, recites as follows: “The director or a designee of any agency shall be available to consumers at all times during the operating hours of the personal assistance services agency.” DPH

could consider a compromise (e.g. “director, clinical director, or designee with full authority to act in their stead”). This would comport with Sections 5.1.4 and 5.3.4.

DPH declined to adopt an amendment based on the following rationale:

The Agency respectfully disagrees. Section 5.1.4 and 5.2.4 clarify this.

42. There is some “tension” between Sections 4.2.9 and 5.3.1. The former section contemplates governing body appointment of the clinical director. The latter contemplates agency director appointment of the clinical director.

DPH declined to adopt an amendment based on the following rationale:

The Agency respectfully disagrees. The Governing Body has the ultimate responsibility for all appointments. The Director, however, is actually responsible for making the appointment.

43. Section 5.3.3.2 literally requires the clinical director to be available 24 hours/day, 365 days/year, for agencies with 24 hour shifts. This is an impractical standard. See discussion in Par. 41 above.

DPH declined to adopt an amendment based on the following rationale:

The Agency respectfully disagrees. Section 5.3.4 clarifies this by allowing the appointment of a designee in the clinical director’s absence.

44. Section 5.5.2.5 disallows reprisal against patients and their representatives who complain to DHSS. Consistent with Par. 36 above, it would be preferable to include a similar provision protecting employees and contractors.

DPH declined to effect an amendment based on the following somewhat cryptic rationale:

The Agency respectfully disagrees. These regulations are written for the purpose of protecting the patients.

45. We recommend deletion of Section 5.5.2.6 since the content of this standard is already addressed in Section 3.10.

DPH declined to effect an amendment.

46. Sections 5.5.2..8.6 and 5.8.9 require annual competency testing of all employees. It is unclear if this applies to the director, clinical director, and other licensed supervisory personnel apart from unlicensed personnel. DPH may wish to clarify whether the requirement only applies to unlicensed personnel.

DPH declined to effect an amendment. It notes that testing applies to “anyone providing care to patients”.

47. In Section 6.1.3.3 there is a lack of parallel form. Subsections 1-3 begin with a noun and are complete sentences. Subsection 4 is a clause. The next three subsections begin with a verb and are not sentences.

DPH effected no amendment.

48. In Section 6.6.1.1, we recommend substituting “Title 24 Del.C. §1921(a)(19)” for “Del.C.”.

DPH effected no amendment.

49. In Section 6.6.7, we recommend substituting Title 24 Del.C. §1921(a)(9)” for “Del.C.”.

DPH effected no amendment.

50. In Section 6.7.2, at a minimum, consider adding a reference to “frequency”. It would also be preferable to adopt an equivalent standards for compilation of data as listed in §6.5.5 which contemplates recording the following for “all medication and treatment”: “date, time of day, type of medication/treatment, dose, route of self-administration/administration, by whom given and any reactions noted.”

DPH effected no amendment.

51. In Section 6.6.3, authorizing 2 weeks notice of involuntary discharge of a patient by a provider is too short. Compare Title 16 Del.C. §1121(18). It may be very difficult for a consumer to obtain an alternative agency services plan within 2 weeks. A 30 day notice would be preferable and be consistent with Section 2.8.1 which requires 30 day notice of termination of services by agencies voluntarily going out of business.

DPH unfortunately effected no amendment based on the following rationale:

The Agency respectfully disagrees. The minimum 2 weeks notice is reasonable. The patient may negotiate a longer time frame if needed. The agency must inform the patient of the discharge and include the patient in the discharge planning.

52. Section 6.8.3 authorizes a provider to discontinue services immediately upon its unilateral determination that the patient should have a higher level of care. No notice would be required, leaving the consumer at great risk. In 2006, an assisted living agency unilaterally determined that a consumer (D.R.) exceeded the assisted living level of care and unilaterally terminated her services. The Division of Long-term Care Residents Protection conducted its own evaluation, determined the consumer eligible for assisted living services, and fined the provider who refused to reinstate services. Agencies make mistakes. If DPH allows abrupt, unilateral termination of services with no notice, this will create a huge “loophole for agencies who simply wish to stop services with no notice. Moreover, if a consumer has decompensated to the point of needing more care, an orderly transition period to a higher level of care would be more logical than complete termination of services. The DPH approach is akin to a nurse

home determining that a resident needs a hospital level of care and abruptly discharging the resident to the street!

DPH declined to effect an amendment based on the following rationale:

The agency is required to “transfer” the patient to a higher level of care after informing the patient of the discharge, allowing the patient to participate in the discharge planning and developing a written discharge plan. This was included, not to permit agencies to dump patients, but to prevent them from keeping patients whose needs they can no longer meet.

53. The exception of notice for even minor, minuscule “non-compliance” with the plan of care or non-payment (§6.8.3.3) is also highly objectionable. Contrast Title 16 Del.C. §1121(18), requiring 30 day notice of termination from long-term care facility for even non-payment. A provider could discharge a patient simply for contesting a \$10 charge that the patient feels is unjustified. Similarly, dispensing with notice “when care goals have been met” is subjective and objectionable. I recommend adoption of a 30 day notice period and deletion of exceptions (§§6.8.3.1-6.8.3.3) but for “emergency situations”, akin to Title 16 Del.C. §1121(18). Apart from notice, I also recommend some authorization for patient appeal of the decision.

DPH declined to adopt an amendment based on the following rationale:

Agencies would be required to show documentation upholding a decision to discharge with less than 2 weeks notice. This requires prior communication with the patient and discharge planning.

54. Section 9.1 requires home health agencies to have “appropriate insurance coverage in force to compensate patients for injuries and losses resulting from services provided by the agency.” We recommend adding “or failure to provide services”. Otherwise, the insurance may cover negligent services but not omitted services (e.g. failure to turn patient resulting in bedsores; failure to assist with medications resulting in missed doses). Moreover, “appropriate” insurance is a subjective term. Contrast the DPH personal assistance services regulation, Part 4469, Section 7.0:

- 7.1 The personal assistance services agency shall have appropriate insurance coverage in force to compensate consumers for injuries and losses resulting from services provided by the agency.
- 7.2 The following types and minimum amounts of coverage shall be in effect at all times:
 - 7.2.1 General liability insurance covering personal property damages, bodily injury, libel and slander;
 - 7.2.1.1 \$1 million comprehensive general liability per occurrence;
 - and
 - 7.2.1.2 \$500,000 single limit insurance.

DPH declined to effect an amendment.

The Developmental Disabilities Council thanks you in advance for your consideration of our remarks. Should you have any questions regarding these please contact our office at 739-3333.

Sincerely,

Diann Jones
Chair

cc. The Honorable Henry Smith, Acting Director Public Health
Governor's Advisory Council for Exceptional Citizens
State Council for Persons with Disabilities
AARP