



Karen Markle, MA, BCBA
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February 26, 2010

To whom it may concern:

After reviewing the State Board of Medicine's proposal to amend 16.11 and 16.13 and the addition of 18.521-18.527, NHS Human Services respectively submits the following comments and questions.

NHS recognizes the need to ensure Behavior Specialist working with children with Autism Spectrum Disorders (ASD) are qualified and trained to provide a specialized service. With this in mind, our initial concern is that criteria will actually decrease the number of individuals qualified as a Behavior Specialist, rather than "increase the availability of diagnostic assessment and treatment" as stated in the proposal.

The criterion that makes this particularly difficult is the necessity of "1 year of experience involving functional behavior assessments". Typically individuals gain their experience with functional behavior assessments (FBAs) while working in the field as a Behavior Specialist. Additionally, if the expectation is that prospective BSCs for ASD cases gain experience with FBAs with non ASD clients, an ethical concern could be raised that there is a higher standards for one type of diagnosis than another, when both may have significant behavioral challenges. We would also ask that the "1 year of experience" be clarified, as the amount of hours spent conducting FBAs or the number of FBAs completed.

Secondly, the concern arises that the fees for an initial application (\$70), the renewal fee (\$75), and the five (\$5) dollars per month retroactive fee for late renewals could potentially cause hardships for agencies and/or staff. This may decrease the number of employees agencies "certify" as a BSC.

Lastly, this proposal leaves several areas not fully defined, allowing for interpretation. Below is a list of questions for consideration regarding the expectations in the proposal.

1. How will hours for BSC need to be documented, paying special consideration to the required 1000 hours?
2. What defines "direct work" and at what level? Would TSS experience qualify?
3. Are providers expected to design and provide the necessary training piece and will there be criterion or guidelines set around the content for these trainings? Additionally if Behavior Specialists are not connected to one particular agency how will they receive training and are they required to carry insurance?

4. Section 18.522 defines "diagnostic assessment of ASD"; do school psychologists and psychiatrists fall under this category?
5. What would be considered "another related field" under the degree requirement for a Masters?
6. How does this proposal affect individuals who are already Board Certified Behavior Analysts?- Will they be required to certify under this as well and pay the associated fees?
7. Would it be possible to Co-BSC a case, with one Behavior Specialist certified and one not, with the certified Behavior Specialist overseeing and providing the clinical direction and oversight in the case?

Thank you for taking the time to review our comments concerning the proposal regarding changes to Behavior Specialists. It continues to be our mission to provide quality services to children and families with Autism Spectrum Disorders.

Should you have any questions, please do not hesitate to contact me.

Sincerely,

Karen Markle, MA, BCBA

Corporate Vice President of Children's Services

NHS Human Services, Inc.

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Green, David

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From: ST, MEDICINE

2010 APR -8 AM 9:25

Sent: Tuesday, March 23, 2010 4:44 PM

To: Green, David

INDEPENDENT REGULATORY
REVIEW COMMISSION

Subject: FW: Reference No. 16A-4929 (behavior specialist)

-----Original Message-----

From: Gilligan, Leanne [mailto:LGilliga@nhsonline.org]

Sent: Monday, March 15, 2010 4:19 PM

To: ST, MEDICINE

Subject: Reference No. 16A-4929 (behavior specialist)

Good Afternoon,

Please find attached a response for the proposal to amend 16.11, 16.13 and the addition of 18.521-18.527.

Sincerely,

Leanne Gilligan
Administrative Assistant
NHS Human Services
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