

Malecki, Courtney

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**From:** Joseph Cautilli <jcautilli2003@yahoo.com>  
**Sent:** Thursday, July 18, 2019 10:48 AM  
**To:** Malecki, Courtney  
**Subject:** [External] Important question- Annex A TITLE 55. HUMAN SERVICES PART III. MEDICAL ASSISTANCE MANUAL CHAPTER 1155. INTENSIVE BEHAVIORAL HEALTH SERVICES GENERAL PROVISIONS

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Hello Courtney,

I was hoping to get a response to my e-mail with regards to the exclusion of the word's "school" under location of service provision on page 38- section 5240.23. I have a meeting with my co-workers at BATP in two hours about the bulletin and don't want to give them misinformation about the bulletin. If it is an oversight, it could have drastically negative effects. In Philadelphia alone nearly 8,000 children have BHRS services with the vast majority having some school hours. This could negatively impact those children.

Since I started as a behavior specialist back in 1990, when Margret Butts, RN approved packets for the state and TOA and Merk managed the cases in the city. I worked at the time with Bethanna (through Best Nest) and Child Psychiatry center. I have seen children who frankly would not have been able to survive in the school system without the presence of a TSS worker (now Behavioral Technician) working with the child. They created a prosthetic environment for the kid with ADHD or ODD by which they could function. I am not the only person who has found this. Meta-analysis of behavioral interventions for ADHD obtained an average effect sizes for parent training have been estimated to be 0.87 but even larger effects were obtained for behavioral school-based interventions with an effect size for contingency management in school at 1.44 (Chronis et al., 2006). For many of the children a program just run by the teacher would be overwhelming and the school is not responsible for medical needs of a child, especially if those needs do not impact academics.

If this is plan, it is a horrible abandonment of children who need behavioral intervention at the point of their behavior problems. It reminds me of the late eighties, when the de-institutionalization movement pushed people into the community with no support. I remember back in Philadelphia what happened- many of them became homeless and moved into the subway on broad and Walnut street. I remember walking though and seeing the cardboard boxes and people crapping on walls. When it got cold, they froze, and many died. I remember once passing through at fifteenth and Market and them pulling out the body of a homeless person with mental illness. He had roaches all over him. It is mistakes like this that eat people for their entire lives or force them to deny reality. I know it is easy to put these policies in at the state level and it is exciting to think they are "cleaning things up" but remember this is a program, the department says has a high 60% satisfaction rate and services over 60,000 children and any concerns about hours could be corrected with instilling the e-verify system (EVV) the department is already planning to roll out in Dec for home based adult services. I encourage you to please look at the regulations and if need be place out a second bulletin clarifying this is not the case.

Thanks,

Joseph Cautilli, Ph.D., MSCP,

Licensed Psychologists

Licensed Professional Counselor

Licensed Behavior Specialist

Board Certified Behavior Analyst -Doctoral level

#### Reference

Chronis, A. M., Jones, H. A., & Raggi, V. L. (2006). Evidence-based psychosocial treatments for children and adolescents with attention-deficit/hyperactivity disorder. *Clinical Psychology Review, 26*, 486-502.