

3209

Please accept the following comments on behalf of Community Services Group related to No. 3209
Department of Human Services #14-546: Intensive Behavioral Health Services

We oppose the regulations in their present form. We do appreciate the effort to provide a better service for the children and youth in Pennsylvania. However, the language in the current regulations will actually be a barrier to that service. The most significant concerns we have relate to the inability to staff the heightened staffing qualifications for master's level staff and the increased supervision requirements. We believe this will add to the capacity issue that already exist as well as add to the financial burden on providers. Without early guidance on reimbursement rates, it is unclear if any agency can move forward with compliance. In addition, even if there were a significant rate increase, it is unlikely the job market could provide the number of professionals needed to fulfill the heightened requirement, especially in the ABA services. A current example of staffing difficulties is the closure of Phihaven in Dauphin County. There are insufficient staff in the other agencies to cover all 200 children and youth. This could be the case across Pennsylvania.

Some specific concerns:

1. 5240.71. Staff qualifications for individual services.

Behavior Consultation Services

(b) Individuals who provide behavior consultation services to children diagnosed with ASD must meet the additional training requirements or experience in ABA even though the Individual Services section does not apply to ABA. This will have a negative impact on access for children with an ASD diagnosis who are not seeking ABA services. This requirement should be replaced with the ACT 62 requirement of licensure.

2. Under Supervision 5240.72 for the supervision of the BHT it say individual supervision only. That is expensive, time consuming, and does not allow collaboration with other BHTs. The current process allows group supervision, with monthly one on one supervision, and this does provide quality.

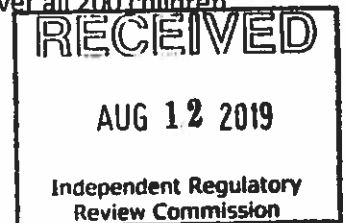
3. 5240.72 refers to Group supervision. When will Group Supervision meet the supervision requirements in the regulation, as most require only one on one supervision? Clarification from the Department is required.

2 and 3 above are also an issue in the ABA section as well.

4. 5240.73 training: "department approved". On page 148 of the preamble it say the department will develop and disseminate the process it will be using for approval of IBHS trainings. Clarification from the Department is needed. This is going to be significant because if we have to rely on other sources for trainings, i.e. the BACB and not internal training sources, it will be very expensive.

5. 5240.81 (b) and (c) looks like there are immediate requirements for the clinical director ABA then more stringent ones by 7/1/22? Clarification is needed.

6. 5240.83 training: requires behavior analytic and behavior consultant to have 45 hours of training: if they are a BCBA why do you need additional documentation of training?



7. It appears to indicate you can have any array of IBHS services, i.e. mobile therapy as well as behavior analytic ABA. That was specifically discussed in the workgroup. How will that be accomplished? In addition, can there be only a behavior consultant ABA without the behavior analytic service ABA? Clarification on both points is needed.

8. Clarification on authorization of services is needed. When and how is the service actually authorized? When would the provider know? We can start right away but what if managed care denies? We only have so much time to get the assessment and ITP done, so time is very limited.

9. We appreciate that the Department now understands that these regulations may cost more money and that they will take that in to consideration when they set the rates. However, we will need to see those rates before we can submit service descriptions (or even try and meet the requirements). Otherwise, how can we know if it is feasible?

10. Clarification on the transition: We have to comply within 90 days of the promulgation of the regulations. In addition, we have to get a license per their schedule. What happens with the authorizations we have now? Will we need to make adjustments to them? Example: In Lycoming Co, we have no staff that meet the proposed ABA criteria and no prospect of that due to the lack of BCBA's; once this passes, do we then have to transfer all those clients we now serve? And what if no other agency has that available (as is true in that area)? This is how the heightened criteria will directly affect the children and youth in our services.