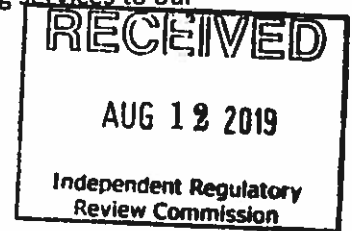


**No. 3209 Department of Human Services #14-546 intensive Behavioral Health Services**

I am writing in opposition to the new IBHS regulations. We strive to provide the highest quality services to our clients and I fear that some of these regulations will end up further restricting services to our clients rather than improving them.

Please see my questions and concerns detailed below.



**Type 19 Providers**

- Can you clarify how someone with a type 19 license will be affected by these new regulations? It seems like type 19 would fit category C under general payment policy, is this correct?
- Once a type 19 provider is licensed under the new IBHS regulations would we still be expected to follow our previous guidelines? For example, having one psychologist for every 3 BSCs (now BCs). This would seem contradictory to the new regulations specifically in regards to supervision. With the amount of supervision necessary by the clinical director it would be overkill to also require supervision with a psychologist.

**Section 1155.3 General Payment Policy**

- Will agencies be expected to comply with the new regulations within 90 days of promulgation or the effective date of adoption of the regulations?
- Requiring agencies to comply within 90 days would be detrimental to the sustainability of many agencies, which in turn would limit access to services.

**Section 1155.32 Payment conditions for individual services.**

**Written Order versus Assessment**

- Regardless if it is a psychologist, physician, or physician's assistant writing the written order it does not seem to meet best practice standards to do so without the information from the assessment. How can you make a proper diagnosis without collecting all the appropriate psychosocial information? Having just a written order seems substandard to our current best practice evaluations.
- In addition, psychologists are specially trained to write these types of evaluations. They use medical necessity guidelines specific to our field and the clients we serve. They are very aware of the services we provide and the services available in the community. If multiple types of professionals are going to be allowed to write a script that seems to eliminate seeing a specialist in the field. Again, reducing the quality of service not improving it.
- If physicians, physician assistants, and other professional are allowed to write written orders without following our specific MNC guidelines it would be out of their scope of practice. Therefore, how do you see these individuals getting trained and in what time frame?
- If IBHS is no longer going to reimburse for best practice evaluations agencies will be forced to use inferior assessments/methods which would be a detriment to the child.

### **Section 5240.72 and 5240.82 Supervision**

- As an agency we see the necessity of supervision; however the increase in supervision, especially the supervision of BHTs is excessive. The increase from 1 hour per month of individual supervision to 1 hour per week seems drastic. Not only will this cost be a burden to providers, but it can single handedly cause the shutdown of many agencies. I urge you to either reconsider the amount of supervision required or reimburse agencies for supervision.
- Where does group supervision fit into this model? Can group supervision replace some of the individual supervision?

### **Section 5240.75 Staff Qualifications for ABA**

- Clinical Director- the requirements as they are listed are unrealistic and will cause agencies to not be able to provide services to children with autism. There is not a sufficient number of BCBA's to support this regulation.
- In addition, I am happy you are allowing psychologists to be clinical directors, but requiring them to get additional training is not necessary with the amount of training they have previously completed for their license. The 5 years experience working with ABA in addition to their license is sufficient.
- BHT- Behavior Health Technician ( by January 1,2021) 40 hour training with a BCBA or BCaBA as trainers. There is already a current staffing crisis which has caused children to not have access to the services they need. If you implement these strict guidelines agencies will not be able to comply and in turn further limit access to services. I understand the importance of providing quality services but quality does not have to equate to having only BCBA or BCaBA trainer/supervisors.
- Having a minimum of 2 years experience in the provision of health services- This allows for a transition period which is great, but how does this address the current staffing crisis? As stated above, if agencies can't hire staff now with less constringent regulations how are they going to hire staff moving forward?

Thank you for taking the time to read our comments and concerns. We hope that you will consider the issues we have addressed and that modifications will be made to the IBHS regulations.