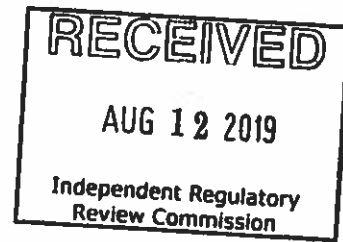


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wesley family services



Wesley Family Services Comments/Questions re: IBHS Regulations 1155 and 5240

Wesley Family Services is in opposition to these regulations as they are currently constituted. Below is an outline of the issues and items that would need to be addressed in order for us to offer our support.

1. In 5270.41 Staff Qualifications for Individual Services (b) it states:
 - 'Individuals who provide behavior consultation services to children diagnosed with ASD for the treatment of ASD shall meet the qualifications for an individual who provides behavior analytic services or behavior consultation-ABA services in 5240.81 (d) or (e).'
 - Individual Services is a service that delivers another intervention that is not ABA. Why is this requirement in place if the Behavior Specialist is not delivering ABA? While it is understood why these requirements are in place for the ABA service delivery, requiring this high level of education, certification and experience for delivery of Individual Services will cause a clear bias against consumers with Autism accessing these services.
 - For example, if I am delivering a Super Flex Social Skills program under Individual Services- a consumer that presents with ADHD will be readily able to access my individual services, however, a consumer with ASD may not due to the lack of professionals needed that meet these qualifications in PA. This could be construed as discriminatory on behalf of the consumer with ASD.
 - While it is clear that Act 62 law requires individuals who work with ASD consumers to be licensed, there is no reason that they need to meet the strict ABA requirements, as they are not delivering ABA. Language around being licensed would be appropriate as an alternative.
2. In 5240.71 Staff Qualifications for Individual Services (a) (1) states:
 - 'Be licensed in this Commonwealth as a Behavior Specialist.'
 - It does not mention being licensed in the Commonwealth as a Licensed Professional Counselor (LPC), Licensed Clinical Social Worker (LCSW) or Licensed Marriage Family Therapist (LMFT.)
 - LPCs, LCSWs, and LMFTs all universally qualify under (4) and (5) because of their degree, internship, practicum and 3000 hours of supervised work experience.
 - If these licenses are not added to this section, providers will have to verify degrees, practicums, and educational experience for every license visit rather than just providing a copy of the state license. This is unnecessarily burdensome and adding these licenses does not in any way affect the intent or expectations of this regulation.
3. In 5340.81 Staff Qualifications for ABA Services- Can you clarify how the Individuals who provided ABA Services through Behavior Analytic or Behavior Consultation-ABA Services work with the Assistant Behavior Specialist Analysts? You mention that ABSAs can 'assist', however, there is no definition of what 'assists' means.
 - Does a client receive one or other, or can they receive both?
 - Who determines which one a client gets?

- If there are two on a case- how often does the BSA need to be on-site with the ABSA or can the ABSA function independently with just the BSA assisting with treatment planning, etc.

4. In 5240.41 Individual Records (b) (3) it states:

- The record must be: Reviewed for quality by the administrative director, clinical director or designated quality improvement staff within 6 months of the initial entry. After initial review, subsequent reviews may be limited to new additions to the record.

However, in 5240.61 Quality Improvement Requirements (a) (2) (i)-(iii) it states:

- An IBHS agency identifies the methodology for the review of agency and individual records that includes all of the following: Method for establishing sample size of agency and individual records, Frequency of review of the agency and individual records to prepare for the annual quality review in subsection (a) (1), Staff qualifications who perform the review

These two sections contradict one another. Furthermore, for large agencies it would be very difficult to get to every single chart within the first 6 months without a significant increase in infrastructure. Currently, there is no stipulation in BHRS for these types of reviews, however, our agency reviews 10% of all charts per year for our own internal measures. We feel that this should be amended to remain consistent across sections so that providers can maintain their own policies and procedures for record review.

5. In 5240.72 Supervision and 5240.82 Supervision there is a large increase in the number of supervision hours needed by staff at all levels from what is currently provided in BHRS. While we believe that additional supervision is positive and necessary, the amount of this increase from the current expectations in BHRS seems cumbersome, particularly the requirement in (2) and (3) for one individual face to face session a month for each IBHS staff and thirty minutes of direct observation of services being provided by each IBHS staff person every six months. A suggestion to require one or the other but not both would be an excellent compromise.

6. If an agency currently runs a program that does not fit under the definitions indicated in 1155.36 Covered Services (such as Family Focused Solution Based Therapy) could they apply for a waiver to become a covered service?

7. In 115.31 General Payment Policy (b) it states:

- Payment will be made to an IBHS agency that complies with Chapter 5240 and holds an outpatient psychiatric clinic, a psychiatric partial hospitalization program or a family-based mental health license issued by the Department as of ___ until the agency's license expires.
 - i. If the date in _____ ends up being less than 180 days to when the agency's license expires, will there be a grace period of 180 days to receive the license?
 - ii. If the agency holds BHRS programs that operate under multiple licenses (eg. PHP and FBMH) which will be the one that is used in determining our new licensure date?)

8. In 5240.3 Provider Eligibility (c) it states:

- Regardless of when a license is obtained, an IBHS agency shall comply with this chapter as of ___ (The blank refers to 90 days after the effective date and adoption of this final-form rulemaking.)

- With the increase in supervision, training, education and experience requirements, quality plans, etc. it will be impossible for providers to comply within 90 days. Will the 'effective date' be a future date that is at least 6-12 months after the regulation is promulgated?
9. Can you please clarify what is meant by 5240.13 Staff Training Plan (3) which states 'An annual review and update of the IBHS agency training plan based on service outcomes and staff performance evaluations'? For a large organization, this will be very challenging.
 10. Can you please clarify what 'Department Approved Training' in 5240.73 (b) means? If we will have to get all our training approved through a statewide entity that could really hold up our ability to quickly onboard and train individuals. What about training platforms such as Relias and their RBT training? Are they automatically approved since they are BACB approved or do they need to go through a third party process?
 11. In 5240.21 Assessment (3)- (6) should not apply to assessments. These three areas are related to treatment plan updates and are rightfully included in that section. Since an assessment is a point in time evaluation of clinical and developmental history, etc. (3)-(6) would not make sense to necessitate an assessment update.