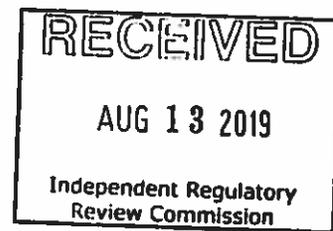


3209,



8-13-19

Department of Human Services / OMHSAS

Courtney Malecki,

We, CenClear staff, are in support of the IBHS changes (No 3209 Department of Human Services #14-546; Intensive Behavioral Health Services), however only with consideration for the below comments.

I am writing to let you know that I, and staff at CenClear, are very concerned with the level of supervision and oversight that is included in the IBHS regulations. With the below listed requirements it will be very challenging to have enough supervisory staff in our rural area where it is already very difficult to find, hire, and maintain qualified staff for positions under the BHRS requirements.

- 1) The supervising staff be or have the qualifications of a clinical director,
  - 2) Requiring that each staff who provides behavior consultative services and mobile therapy services receive one hour per month of individual face to face supervision, (Also it is unclear if these means that staff who do both of these positions require one hour for each position or just one hour.)
  - 3) And if the behavior consultative and/or mobile therapy staff supervise an individual who provides BHR services to have another hour per month of individual face to face supervision, (Again it is unclear if a staff who as a behavior consultant supervises a BHT and who works as a mobile therapist on a different case would have a BHT for that --- would they therefore be required 2 hours, 1 for each position?)
  - 4) One hour each week of face to face individual supervision for each BHT working 37.5 or more hours a week (or if less work then 2 supervisions per month)
  - 5) 30 minutes of direct observation of each behavior consultation staff or mobile therapist each 6 months
  - 6) 1 hour of direct supervision of BHTs every 2 or 4 months (qualifications, with those having only a high school diploma or GED and the 40 hour training covering the RBT task list needing this every 2 months), and
  - 7) Limiting the number that can be supervised to 12 full time equivalent staff, of which there can be no more than 9 BHT level staff.
- However there is a provision that notes group supervision can be provided to no more than 12 staff who provide individual services, but only 9 of the staff can provide BHT services---but there is no statement that indicates group supervision is allowable to meet the monthly required supervisions.

Another major area of concern is the expected time frame to have all the changes put in place. In section 5240.3 (b) it states that regardless of when a license is obtained, an IBHS agency shall comply with this chapter as of ---- (90 days after the effective date of adoption of this final form rulemaking). In (c) it is noted that agencies holding other licenses that the BHRS services currently fall under must obtain an IBHS license under this chapter when that license expires. In (d) an IBHS agency that is approved to provide ABA services shall obtain a license under this chapter within 180 days of --- (the effective date of adoption of this final form rulemaking). ----- This severely limits the amount of time to prepare and make all the required changes to move from BHRS to IBHS.

Current providers should be grandfathered in with the BHRS staffing requirements.

Sincerely,

*Maria E Waddell*

Maria Waddell, MEd, BCBA, BSL  
BHRS Director  
CenClear

Mark Wendel  
Director of MH & D&A Programs  
CenClear