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EMBARGOED MATERIAL

The Achievement Center has been providing BHRS in six northwestern Pennsylvania counties since 1995. We are currently serving over 400 children with BSC, MT, and TSS services. We currently employ 36 full and part-time BSC's, 10 full and part-time MT's, and over 50 part-time TSS.

We received the final draft of the IBHS regulations with a mixture of support and concern.

Having a considerable base of support for Applied Behavior Analysis (ABA), the Achievement center applauds the state's respect for and recognition of ABA. These new standards clearly move closer to what had been intended but never fully realized with Act 62 - namely in distinguishing services for children diagnosed with Autism Spectrum Disorder (ASD) from traditional Mental Health (BHRS) services. The provisions within these regulations for more stringent behavior analytic qualifications and training for all staff – from clinical director down to the Behavior Health Technician (BHT) is commendable. We feel that these measures, when in full force (2022), will significantly improve the quality of ASD services in Pennsylvania.

We are also strongly in favor of the reduction of degree requirement for the BHT position. We, along with all other providers in our area, have struggled for decades in recruiting and retaining qualified staff for the TSS position. Relaxing the degree requirement to a high school diploma paired with sufficient ABA training should provide us with many more qualified candidates for this difficult job.

The removal of the Best Practice Evaluation (BPE) and ISPT process while requiring more details on the replacement process that involves physician orders, appears to hold promise in improving accessibility of services for our families.

Our general concern, which has been echoed by other providers across the state, is with the fiscal impact that the increased training required by the IBHS regulations will have on provider agencies. While our agency already provides extensive ABA training both during our onboarding process and throughout the year, these new regulations extend well beyond what we would normally budget for. This situation leaves us questioning if the IBHS regulations will be accompanied by corresponding rate increases to offset the increased training costs. Additionally, without details regarding any changes in the billing process and the rapidly-approaching promulgation date for these regulations (October 1), we cannot help but view these changes with a certain amount of trepidation.

As noted above, we also have concerns about the removal of the BPE from the intake and referral process. Relying solely on a master's-level clinician to provide assessment of functioning and need over months or even years seems to run contrary to best practice. It leaves us to question if an agency chose to conduct intermittent BPE's as a means of enhancing the diagnostic and prescriptive value of their assessment process, would the new IBHS regulations provide the agency with reasonable reimbursement for those evaluations?

In terms of ABA training, our agency currently holds the A.C.E. credential as a Behavior Analyst Certification Board (BACB) continuing education credit provider. As such, we should be well positioned to provide our in-house training and possibly assist other local agencies with their training needs as the IBHS process unfolds. The regulations make mention that all ABA trainings will require "department approval" however they do not specify how that process will transpire. Additional details on the training curricula approval process would be greatly appreciated.

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We are also unclear of how these regulations will interface with the role our current Managed Care Organizations (MCO's). Will the MCO's be required to follow the IBHS regulations to the letter or will they be afforded a certain amount of operational freedom? For example, could the MCO follow the IBHS physician's order protocol and yet still opt to maintain requirements for BPE's and the traditional ISPT process? And if they would do that, how would the agency be reimbursed for the time and labor involved in those "optional" processes?

Finally, one of the qualification options for clinical director speaks of a "clinical practicum". We would welcome an operational definition of that phrase so that we may determine whether the intensive practicum completed by many of our BCBA's would qualify as a clinical practicum as defined.

Respectfully submitted,

Robert F. Gulick, BCBA
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