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From: Meyer, Crystal <doranc@upmc.edu>
Sent: Friday, August 31, 2018 10:33 AM
To: IRRC
Cc: VanZile, Carol
Subject: Proposed IBHS Regulations 14-546 IRRC 3209

Comments and feedback regarding the proposed IBHS Regulations:

Within the current climate of BHRS/IBHS, one of the biggest barriers to the treatment of individuals with ASD is lack of staff, both master's and bachelor's level. There are concerns that the requirements for Behavior Specialist Analyst will further impact access. Previously, organizations lost Behavior Specialist Consultants who did not want to pursue the LBS, and the additional requirement of BCBA is likely to shrink the pool of candidates who are qualified and desire to work in an IBHS program.

Additionally, agencies are not able to financially sustain the increasing costs of employing staff that meet all requirements. The push to require more strenuous training and credentialing of those clinicians working with children with ASD is a very positive change. However, reimbursement rates must be such to allow for the proper hire and retention of qualified staff. The most recent example of this was the establishment of the BSL (Behavioral Specialist Licensure). While the overall goal was to increase the caliber of the master's level clinician through more rigorous training, the inadvertent side effect was a drastic decrease in the qualified employee and candidate pool and the inability to offer a salary that corresponds with the demands of the job/training/billing requirements. Current reimbursement rates do not allow for this. This change will not be cost neutral.

Proposed regulations aim to improve the accessibility of behavioral health care for children, youth and young adults under 21 years of age by **eliminating requirements that have been identified as barriers to accessing services by workgroup members such as convening an ISPT meeting prior to the delivery of services and completing a comprehensive evaluation prior to a referral for services.**

- **Holding an ISPT meeting is not what is impacting access - it is the 60 day shelf life of an initial eval, the delay in getting MA activated and the lack of staff availability at BHRS agencies.**
- We suggest a tracking system to capture wait times that are sure to include dates of ALL psychological evaluations prescribing BHRS/IBHS, included previously expired to reflect an accurate wait time for BHRS

- We suggest that initial diagnostic evaluations are good for a 12 month period. Due to delays in receiving written copy of evaluation (usually 2 weeks or so), and the extended period of time to get MA active, initial diagnostic evaluations are expiring before BHRS can be obtained. Even if there is an immediate BHRS opening, which is unlikely in current BHRS, the delay for active MA would often leave an agency 'scrambling' to get meetings held and submitted in the timeframe (perhaps this is the actual meaning when they say ISPT is a barrier—but it doesn't clearly define the problem). To stress, this rarely ever happens because the access to BHRS is so long and MA application can take a couple of months. Currently, children with ASD receiving treatment are permitted to have waiver periods of up to 1 year. A child newly diagnosed with ASD and NOT having had any treatment would still have a need for BHRS after 60 days. There is no need to re-evaluate so soon. Having child and parent go through another evaluation is undue stress and pressure. Extending the life of the initial eval in order to obtain BHRS will reduce the lag time for others waiting for initial evaluations (up to 6 months wait at CDU, though private prescribers have shorter wait times) and will allow a child to access sooner when there IS a BHRS opening, rather than delaying again for having to attend rescheduled eval only because the first one expired before they could obtain services.

In addition, this proposed rulemaking promotes the use of additional evidence-based practices and ABA services, which may reduce the need for higher levels of care or out-of-home placements for children, youth and young adults.

- We suggest ABA guidelines should specify that for a child under 4 yrs old, or any nonverbal child REQUIRES TSS/BHT, there is absolutely NO need for a team to assess for FBA and further extend wait time for intensive services. If the prescriber truly feels FBA is first warranted, it must be completed earlier than 60 days AND the prescriber must be updated/notified. As there is a justification when we request TSS/BHT, likewise for ASD, there should be a justification when we do NOT utilize TSS/BHT

The following need additional clarification:

- Discharging a child, youth or young adult from IBHS including the assurance that other clinical services be in place prior to discharge if needed to ensure continuity of care. **An IBHS agency is required to complete at least two telephone contacts within the first 30 days after discharge** to monitor the child's, youth's or young adult's maintenance of treatment progress.
    - Is this only if they do not transfer to another IBHS agency or will this be required regardless of where they go?

- **The ITP is to be based upon a comprehensive individualized face-to-face assessment process. The assessment process is the same for individual services, EBT services and group services. There are some differences in the assessment process for ABA services to address the need for completion of standardized assessment tools and the compilation of observational data to identify developmental, cognitive, communicative, behavioral and adaptive functioning across home, school and community settings, which are needed to design appropriate interventions for the ITP. This proposed rulemaking includes time frames for completion of the initial assessment and for the review and update of the assessment to ensure that accurate information is utilized in the development and update of the ITP.**
    - Need clarification what this assessment process is and who is responsible for implementing as well as overseeing. Ex: right now there is a psychologist prescribing hours and recommending an FBA...we've seen multiple FBAs done before any TSS recommendation. But psychologist doesn't necessarily have any follow up or update until time for the next eval. Needs more accountability that appropriate ABA, best-practice guidelines are being implemented (or implemented as <u>best as possible</u>; ie. TSS prescribed even if cannot be filled is identified as an agency needing help and support rather than not fulfilling prescription)

- This proposed rulemaking also allows an IBHS agency to continue to serve a child, youth or young adult after the child, youth or young adult is discharged for 90 days if the youth, young adult, parent or caregiver of the child or youth requests within 60 days after a child, youth or young adult is discharged that services be reinitiated for 90 days when the condition of the child, youth or young adult has regressed and impacts the child's, youth's or young adult's ability to function in the home, school or community and when there is a written order for services. This will allow services to be provided expeditiously to stabilize and maintain a child's, youth's or young adult's treatment progress. This provision addresses concerns identified by stakeholders.
    - How would it be implemented when families discharged due to noncompliance?

Thank You,

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