3209 14-546-69

RECEIVED
SEP - 4 2018
Independent Regulatory Review Commission

Champa, Heidi

From: Primus, Kelly <kprimus@ahci.org>
Sent: Tuesday, September 04, 2018 8:27 AM
To: PW, IBHS; Knott, Phyllis
Cc: Macerelli, Denise; Denne, Jewel; Renee.patten@alleghenycounty.us; Koss, Ruth Ann (RuthAnn.Koss@AlleghenyCounty.US); Lopreiato, Tammy; Duch, Deborah (duchdx@UPMC.EDU); Glover, Neil; 'Pickering, Beth'; Mauck Phillips, Brandi; Saunders, Barb; Lucas, Anthony
Subject: IBHS Comments
Attachments: IBHS Comments-Community Care.docx; IBHS spreadsheet.xlsx

Importance: High

On behalf of Allegheny County, I am submitting feedback on the IBHS draft bulletin. This includes comments from Community Care that are included in the two attachments, as well as input from Allegheny County Department of Human Services, Office of Behavioral Health and AHCI staff, which are outlined below. The County agrees with Community Care's comments as submitted, and is also including some additional comments for consideration.

1. The draft Bulletin provides for BHRS exceptions except for Family Focused-Solution Based. What is the plan for this level of care?
2. We recognize that not requiring the ISPT prior to service could expedite the service delivery process. At the same time, if there are ways to further ensure coordination of care (beyond letters of agreement), we recommend that they be included in the Bulletin. For example, Under § 5240.108. Requirements for group services in school settings, it reads "(2) IBHS agency staff and the school staff involved with the child, youth or young adult receiving group services shall meet on a quarterly basis to discuss the student's behavioral health services and progress related to school performance." Can a similar frequency requirement be added for all service providers involved (inclusive of the youth and/or natural supports) in any aspect of a youth's IBHS delivery/utilization? It is important to ensure that all providers meet on a routine basis to ensure the highest quality of care/services are being provided.
3. There is no clear guideline for medical necessity for IBHS. Will Appendix T be amended or new guidelines drafted to guide services?
4. BHT (formerly TSS) will be able to make referrals to services. Including a requirement that BHTs have adequate systems training and knowledge of the continuum of care should be considered.
5. The elimination of best practice evaluations will likely help expedite access to services. Will the written order only contain a prescription for the service, with reliance on the assessment to detail the specifics?
6. Under § 5240.61. Quality improvement requirements, there is a requirement for an annual report. Can we please add language that this report must be shared with all HC Primary Contractors and Oversight entities?
7. Currently, the Bulletin states that there will not be a fiscal impact with the implementation of these changes. However, there most likely will be an anticipated cost to the HC Primary Contractors and Oversight entities as it relates to monitoring and oversight duties. There will likely be an impact on providers as well, as they will incur the costs of additional training and supervision/staffing requirements. Providers have expressed concerns related to how they will prepare for the start-up of these services.
8. The wording "crisis event" is often used, but does not have a definition, similar to other items in the document (i.e. youth, young adult, etc.). How is the Department defining this?
9. Under § 5240.7. Coordination of services, it reads "(f) An IBHS agency that provides group services is not required to comply with subsections (a) and (b)." Regardless of service delivery, ALL forms of IBHS should be required to have written agreements and have these updated, routinely.
10. What is the maximum amount people for group service delivery (i.e. staff to youth ratio)?

Thank you for the opportunity for input. Please let me know if you have any questions.
Kelly

Kelly Primus
Allegheny HealthChoices, Inc.
444 Liberty Avenue, Suite 240
Pittsburgh, PA 15222
412-325-1100, ext. 7788
www.ahci.org

COMMUNITY CARE
Behavioral Health Organization

339 Sixth Avenue, Suite 1300
Pittsburgh, PA 15222
T 412. 454.2120
F 412.454.2177
www.ccbh.com

Community Care, in conjunction with our primary contractors, thanks the Department for the opportunity to review and comment on the proposed regulations for Intensive Behavioral Health Services (IBHS). We support the Department in its efforts to modernize these services and incorporate clinical rigor into this service array. To those ends, we offer the following comments, suggestions and requests for clarification.

General Comments/Questions

Throughout the regulations, there is reference to "Department approved training" when addressing staffing requirements and training protocol. Does this term reference an existing list of approved topics, or is it a reference to specific pre-approved training curricula? If a provider elects to implement their own training, must the Department pre-approve the curricula?

Given the designation of specific service types within these regulations (i.e. individual, ABA, EBT, group) will the Department revise the existing Medical Necessity Guidelines, both Appendix T and Appendix S? The existing guidelines contain terms that will no longer be relevant under these new regulations.

What is the Department's plan for programs enrolled through the "BHRS exception" process that do not meet the criteria outlined in the proposed regulations? Will these programs fall under 5240.111, Waivers?

We note that the proposed IBHS regulations do not "...apply to individual licensed practitioners or group arrangements of licensed practitioners..." What is the Department's position on these existing practices? We assume this refers to licensed psychologists that offer BHRS services. Must they transition their clients to a new IBHS provider or will they be permitted to continue under the rubric of the existing BHRS bulletins?

Under *Purpose*, "This proposed rulemaking will replace the requirements for behavioral health rehabilitation services (BHRS) previously set forth in bulletins issued by the Department". Will the Department render the existing BHRS bulletins obsolete?

Will the Department require prior authorization of any of these services in the Fee for Service program? If not, will the BH-MCO be permitted to develop prior authorization requirements?

With the advent of this new IBHS license, will the Department:

- Create a new PROMISe provider type/specialty assignment for this new license
- Require providers with existing outpatient psychiatric clinic, partial hospitalization program or a family based mental health license to close these enrollments and open a new enrollment
- Create new procedure codes

Under what financial/encounter category will these new services fall?
Will monthly access and ABA reporting be required for IBHS?

COMMUNITY CARE
Behavioral Health Organization

339 Sixth Avenue, Suite 1300
Pittsburgh, PA 15222
T 412.454.2120
F 412.454.2177
www.ccbh.com

Page	Citation	Comment
4766	*ABA—§§ 5240.81—5240.83 and 5240.87* ...with autism spectrum disorder and other behavioral health disorders.	We advocate that all services be available for all diagnoses. Not all children with autism require intensive applied behavioral analysis while some children without autism could benefit from this service. Use of the term "*and* other behavioral health disorders" implies the member must have an autism diagnosis. Changing this to "*or* other behavioral health disorders" affords flexibility.
4770	*Consequence* - A resulting directly measurable change...	This wording is confusing. Perhaps, "A directly measurable change.....resulting from a change in stimulus or stimuli"
4770	*EBT (i)*... National Registry of Evidence-based Programs and Practices	SAMHSA has closed the National Registry and replaced it with the Evidence Based Practice Resource Center.
4770	*EBT(v)* ...Designated as a model intervention by the Department	Will the Department maintain a searchable list of these models? Is there a process for requesting Department review of proposed models?
4770	*IBHS* - community setting	Aside from Group services, will the Department permit service delivery in the provider office when clinically indicated. Some families have requested this.
4770	*Individual services* - other community setting	Aside from Group services, will the Department permit service delivery in the provider office when clinically indicated. Some families have requested this.
4770	*Variables* - ...a directly measurable change of a child's, youth's or young adult's behavior produced by the change.	This wording is confusing. "a directly measurable change.... produced by the change" Not clear what the intent of this statement is.
4771	1155.31 (a) ...and the license has not expired	Suggest consistency in language with 5240.3(c). "...shall be required to obtain a license pursuant to this chapter when that license expires."
4771	1153.3 (c)...relating to third-party medical resources	Historically, BHRS services have been considered TPL exempt (aside from individuals impacted by ACT 68). Will providers now be required to obtain denial letters from primary carriers for the purposes of determining Third Party Liability? As a TPL exempt services, this step is usually not required.
4771	1153.32 (1) face-to-face interaction with the child, youth or young adult	We advocate that a written order must also include face-to-face interaction with the parent/caregiver whenever feasible and minimally the parent caretaker must be consulted.
4771	1155.32(1)(i)..written by	Since this section covers conditions for payment and these individuals fall under Order/Referring/Prescribing providers, suggest indicating that the individual must also have appropriate PROMISe enrollment.
4771	1155.32(1)(ii)..certified registered nurse practitioner	Many references to CRNP in these regulations specify the need for mental health certification. For consistency, will that same requirement apply here?
4771	1153.32(2)...comprehensive face-to-face assessment	We advocate inclusion of language stipulating that an assessment must include face-to-face interaction with the parent/caregiver whenever feasible and minimally the parent caretaker must be consulted
4771	1153.32(2)...reviewed and updated	If the updated assessment indicates the services, as ordered, need to be changed, what is the process? Must a new order be written? Would this require another face to face interaction?
4772	1153.33(1)...face-to-face interaction with the child, youth or young adult	We advocate that a written order must also include face-to-face interaction with the parent/caregiver whenever feasible and minimally the parent caretaker must be consulted.
4772	1153.33(1)(ii)...written by	Since this section covers conditions for payment and these individuals fall under Order/Referring/Prescribing providers, suggest indicating that the individual must also have appropriate PROMISe enrollment
4772	1155.33(1)(ii)..certified registered nurse practitioner	Many references to CRNP in these regulations specify the need for mental health certification. For consistency, will that same requirement apply here?
4772	1153.33(1)(ii)...scope of practice	Is there any expectation that these ORP providers should also have some certification relative to ABA as a condition for ordering ABA?
4772	1153.33(2)...comprehensive face-to-face assessment	Is it expected that this assessment must include a functional behavioral assessment as defined in OMHSAS bulletin 09-01? If so, perhaps include a citation and/or explicit expectation? Also, we advocate inclusion of language stipulating that an assessment must include face-to-face interaction with the parent/caregiver whenever feasible and minimally the parent caretaker must be consulted parent/caregiver
4772	1153.33(2)... prior to the development of the ITP	Is there a reason no time frame is specified here when all other services have a specific time frame.
4772	1153.33(2)...reviewed and updated	If the updated assessment indicates the services, as ordered, need to be changed, what is the process? Must a new order be written? Would this require another face to face interaction?
4772	1155.34(1)...written order for EBT	Please see comments at 1155.32
4772	1155.34(2)...face-to-face assessment	We advocate inclusion of language stipulating that an assessment must include face-to-face interaction with the parent/caregiver whenever feasible and minimally the parent caretaker must be consulted parent/caregiver
4772	1155.54 (2)...reviewed and updated	If the updated assessment indicates the services, as ordered, need to be changed, what is the process? Must a new order be written? Would this require another face to face interaction?
4773	1155.35(1)...written order	Please see comments at 1155.32
4773	1155.35(2)...comprehensive face-to-face assessment	We advocate inclusion of language stipulating that an assessment must include face-to-face interaction with the parent/caregiver whenever feasible and minimally the parent caretaker must be consulted
4773	1155.35(2)...reviewed and updated	If the updated assessment indicates the services, as ordered, need to be changed, what is the process? Must a new order be written? Would this require another face to face interaction?
4774	1155.36(3) EBT	For consistency, suggest including the specific services defined at 5240.93 (i) Services provided by staff that meet the qualifications set forth in the EBT requirements.

4774 1155.36(4) Group Services	For consistency, suggest including the specific services defined at 5240.107 (i) Services provided by a Mental Health Professional (ii) Services provided by a Mental Health Worker (iii) Services provided by a Behavioral Health Technician
4474 Service Planning and Delivery 5240 21 and 5240.22	It is confusing to list these citations here while indicating it only applies to select services. See comment at Individual Services below.
4774 Individual Services	This is the only section that does not contain citations for Assessment and Individual Treatment plan. Should 5240.21 and 5240.22 be moved here OR create citations for these two items to remain consistent with ABA, EBT and Group services?
4775 5240.2 Definitions	The terms "behavior specialist", "mobile therapist", "mental health professional" and "mental health worker" are used later in these regulations but are not defined here. For clarity, include a definition for all?
4775 *Consequence* - A resulting directly measurable change...	This wording is confusing. Perhaps, "A directly measurable change.....resulting from a change in stimulus or stimuli"
4775 *EBT (i)* ...National Registry of Evidence-based Programs and Practices	SAMHSA has closed the National Registry and replaced it with the Evidence Based Practice Resource Center.
4775 *EBT(v)* ...Designated as a model intervention by the Department	Will the Department maintain a searchable list of these models? Is there a process for requesting Department review of proposed models?
4775 *Group Services*	Are there defined size limits to these group activites? I.e. staff to member ratios?
4775 *IBHS* – community setting	Aside from Group services, will the Department permit service delivery in the provider office when clinically indicated. Some families have requested this.
4775 *Individual services* - other community setting	Aside from Group services, will the Department permit service delivery in the provider office when clinically indicated. Some families have requested this.
4775 *Manual restraint*	The Department may need to revise OMHSAS bulletin 02-01, D.3 which currently prohibits the use of manual restraint by BHRS providers.
4775 *Restrictive procedure*	The Department may need to revise OMHSAS bulletin 02-01, D.3 which currently prohibits the use of manual restraint by BHRS providers.
4776 *Variables* - ...a directly measurable change of a child's, youth/s or young adult's behavior produced by the change.	This wording is confusing. "a directly measurable change.... produced by the change". Not clear what the intent of this statement is.
4776 5240.5(a)(9) Staffing rations for each service offered by the IBHS agnecy	Has the Department defined staff to member ratios for each of these services?
4776 5240.6 Restrictive procedures	The Department may need to revise OMHSAS Bulletin 02-01, D.3 which currently prohibits the use of manual restraint by BHRS providers.
4778 5240.31(a) ..a comprehensive face-to-face assessment	We advocate inclusion of language stipulating that an assessment must include face-to-face interaction with the parent/caregiver whenever feasible and minimally the parent caretaker must be consulted
4782 5240.72 Supervision	Will the Department classify supervision as a billable service?
4784 5240.75 Individual services provision	Is it implied here that all of the following are billable activities? If so, many of the listed items are not overtly measurable, "review, analyze, interpret". If this assumption is not correct, will the Department identify specific billable activites?
4784 5240.75(b) ...certified registered nurse practitioner	Many references to CRNP in these regulations specify the need for mental health certification. For consistency, will that same requirement apply here?
4785 5240.82 Supervision	Will the Department classify supervision as a billable service?
4786 5240.82(c)1-5	For ease of reading, can the sequencing of these requirement be consistent with those stated under Individual Services at 5240.72 (b).
4787 5240.85 Assessment	Unlike all other services, there is no time frame for completion of the assessment in this section. Is this intentional?
4787 5240.85 (a) ..comprehensive face-to-face assessment	Is it expected that this assessment must include a functional behavioral assessment as defined in OMHSAS bulletin 09-01? If so, perhaps include a citation and/or explicit expectation? Also, we advocate inclusion of language stipulating that an assessment must include face-to-face interaction with the parent/caregiver whenever feasible and minimally the parent caretaker must be consulted.
4788 5240.87 ABA services provision	Is it implied here that all of the following are billable activities? If so, many of the listed items are not overtly measurable, "review, interpretation". If this assumption is not correct, will the Department identify specific billable activites?
4788. Evidence-Based Therapy	Will current EBT projects in existing licensed/enrolled provides be required to transition these regulations? For example, providers that offer TF-CBT or DBT through an outpatient programz MST, FFT?
4788 5240.92(a)...comprehensive face-to-face assessment	We advocate inclusion of language stipulating that an assessment must include face-to-face interaction with the parent/caregiver whenever feasible and minimally the parent caretaker must be consulted
4789 5240.101 Staff requirements and qualifications	We note the Department is relatively silent on diagnosis in relation to the services available through these regulations. We advocate that all services be available for all diagnoses as appropriate. Therefore, may we assume that a provider may deliver group services to members with a diagnosis of autism in accordance with the staffing requirements this section?
4789 5240.102 Supervision	Will the Department classify supervision as a billable service?
4790 5240.105(a)...comprehensive face-to-face assessment	We advocate inclusion of language stipulating that an assessment must include face-to-face interaction with the parent/caregiver whenever feasible and minimally the parent caretaker must be consulted
4790 5240.107 Group services provision	Is it implied that all of the following are billable activities? If so, many of the listed items are not overtly measurable, "design ITP development". If this assumption is not correct, will the Department identify specific billable activites?