

14-546-50

320h

Champa, Heidi

From: Greenhalgh, MaryBeth <GreenhalghM@csgonline.org>
Sent: Wednesday, August 29, 2018 4:41 PM
To: PW, IBHS
Cc: Myers, Michele
Subject: IBHS comment regulation no. 14-546



Dear Ms. Pride,

Please see below our comments with regard to the IBHS proposed regulations.

IBHS regulations public comments

1155.32

a 1 for prescription, says licensed, can the person be not licensed with a sign off by a licensed person, as we do now.

g. payment after discharge when there is a written order. How is this done, at time of discharge, new order once the family requests services after discharge?

5240.5

Service description requirements do not seem any more streamlined than they are now. this was the promise at the start of this process that the service description would be less burdensome for providers. And how do we manage multiple contracts with MCO's and Counties? Each will have their own say?

5240.11 f

- 5. why require monthly staff meetings?
- 6. quarterly clinical reviews, is the format left to the provider?

5240.11 h

The provider needs to have sufficient staff, which is reasonable request but what if he provider is not able to do to hiring issues, resignations, etc.?

5240.12 b (2)

This does not include licensed behavior specialists, why not? Already have this in place, why this barrier?

5241.31 a

Discharging – specific criteria are listed, can there be other reasons to discharge, i.e. Inability to meet program expectations/loss of medical assistance for a protracted period?

5240.31 c

Continuing services after discharge once a family requests to reinstate (2) with a written order, does this require a new order? Can this be done in the last order, requesting services after discharge? If you need a new order, this may delay for treatment. Does the order have to come from the original person who wrote the order?

5240.106

b 3 review of records – does this imply all records are reviewed, can it be a sample?

5240.71

d BHT to clarify, if they are an RBT or BCAT they only need the educational requirement of those certificate, no other degrees?

5240.75 – is all this billable?

I.e. BS can consult with an MT, is this billable?

MT – why is collecting and analyzing data not included? We should foster data as a driving force for treatment.

5240.81 – staff qualifications

b 2 get BCBA within 3 years after start with any agency, is that cumulative, or can the clock restart at each agency? What happens when an agency loses a BCBA, not easy to replace?

What happens if someone does not get credentialed within the time frame (3 years for BCBA, 18 months for RBT, BCAT) is their work still okay (any payback?), can they re-start at a new agency?

5240.82 supervision

a - ABA clinical director for all behavior specialist – requires a lot of supervision, 2 hours per month, 1 hour face to face, is the 1 hour included in the 2 hour requirement?

5240.87 ABA service

BSA shall provide only that list? It does not say data collection? The ABSA can collect data why not the BSA? Does not say train family for the BSA, why not? Are they thinking each child will have a BSA, ABSA and a BHT? Otherwise the BSA should be able to do anything the ABSA and BHT do.

Overall Financial impact:

We are in agreement that the quality of the staff/programs in the regulations are a positive change. However, it is stated that there will be some upfront costs, but minimal financial impact to providers and to this we would disagree.

1. The new regulations require staff with higher requirements than currently required for master's level staff and clinical supervisors and administrative director (master's degree).
2. Also added ongoing training requirements for MT/BSC (16 hours per year) and BHT 30 hours (up from TSS of 24 hours), etc.
3. Increased supervision, with limitations on number they can supervise. And the supervisors have to be differently qualified. Cost to hire that type of qualified staff and the costs of the amount of supervision hours.
4. On site supervision requirement, additional costs in the way of salaries and travel time/mileage reimbursement plus limits productivity for the person doing the supervision (which limits the number of children served).

5. Sign off on the ITP required by clinical director, additional time/cost
6. Contact after discharge does not appear to be funded, this is an additional cost.
7. Additional auditing requirements not in the current state. This is to include an annual review for the public. Will require additional staff and staff salaries.

The reality is that there are currently not enough staff under the BHRS rules. We will be competing for staff, as we do now, but with an even more limited pool of prospective employees. We need to compete with jobs that offer BCBA's up to \$100 per hour working for private insurers. We also compete with schools that hire BCBA/RBTs and may work 9-10 months per year, at a single location.

There is also the uncertainty of payment. This relates not only to payment from the Commonwealth but how that is delivered via the MCO's and Counties. And finally the historical lag time issue of any increases in funding. We would need to know there will be at least a cost of living increase each year.

Thank you for your time and attention to this matter.

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