14-546-56 3209.

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Sent: Friday, August 31, 2018 10:56 AM
To: PW, IBHS
Cc: Robena Spangler; WENDEL, MARK
Subject: Regulation No. 14-546

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Comments for Regulation No. 14-546

1. Discharge: I think it is unrealistic to have providers do 2 follow up phone contacts to consumers in a 30 day period.
2. We struggle currently with getting qualified Licensed Behavioral Specialists. The regulation requires that we have staff BSL and also additional ABA requirements for this position. Is there going to be a reimbursement increase for all this additional required training.
3. Does a LPN credential still allow for acceptable credential for BHT?
4. Are BHMCO going to have a separate reimbursement for the ABA IBHS services since there are added expectations to the provider?
5. The bulletin is now saying that Mobile Therapist can be crisis stabilization? BHRS is not a crisis program.
6. ABA services. What are the other behavioral health disorders that are following under this category besides autism spectrum disorder?
7. ABSA qualifications seem to be unrealistic again, providers struggle finding BSC in general, Now you added additional qualifying factors.
8. Over all training requirements have increased which is adding to cost for providers who already have a program losing money.
9. It is unrealistic to make providers/agencies get a license for each site that they utilize across geographical areas of service. We would need to get a minimum of 8 sites licensed. Currently we have one identified main site . Other programs do not need a license for each geographical/site location that they provide in. It is one license covering the agency.
10. Requirement for Master's level administrative director in addition to Clinical director is additional cost and is likely to reduce the number of Master's level staff available for direct service, which is already a concern.
11. Additional supervision requirements will increase the challenges in staffing in order to provide the required on-site quarterly supervision of staff.
12. Requiring the BHRS Clinical Director to be the one to provide direct supervision to some staff will limit the number of staff available or will require hiring additional Clinical Director(s)—could a clinical supervisor provide direct supervision?
13. Having a requirement for the amount of time weekly that a Clinical Director is at each BHRS site will limit a provider's ability to provide services as needed when considering obligations of the Clinical Director. There are situations that require more time in a week for a single site, while other sites may not need as much time that particular week. Also, would attending a provider meeting or other off-site required meeting that relates to that BHRS site be included, could it count for more than one site if it relates to multiple sites???
14. What is needed in the written order in order to begin services? If a PCP writes an order for an extensive amount of services is the provider obligated to provide all ordered services even if the individual does not appear to meet medical necessity for all the services? In the past an evaluation/assessment and an ISPT meeting would be held to discuss and assist in determining medical necessity. Or is the written order just used as a guide until the MT or BSC is completing an assessment and ITP??? If the assessment results in a different selection of services how will this be handled or must it be the same as the original order?

15. When will the "Department Approved" trainings be ready? Will there be a cost involved? Does each provider need to send their training information to request departmental approval? How will these be made available for staff training?

16. What constitutes initiation of services to start the timeline for the assessment within 15 days and ITP within 30 days of initiation? At what point in this time line does billing begin for each/all services? Is pre-approval / authorization required before each, all, or some of these services begin billing?

17. Requiring availability of a supervisor during all hours an IBHS agency provides services may increase agency costs for the "on call" availability--though many agencies do have directors and supervisors who will answer calls at all hours, not every agency has dedicated staff or may have times when a staff is in a meeting or other appointment and is not able to be immediately reached.

18. BSC and BSA's or ABSA should be able to consult with any person related to client's treatment not just the few examples listed. MT and MHW should also be able to consult.

19. BSC, BSA, ABSA, MT should all be permitted to conduct observations, collect or oversee collection of data, analyze data, model intervention strategies, train parents and caregivers on intervention strategies, and work to transfer skills to caregivers---and to be able to bill for these necessary services.

20. If someone is certified as an RBT with only a GED or high school diploma, is that enough to meet qualifications?

21. BHT's have making referrals as part of their job description in this bulletin---shouldn't this be something that the master's level staff could/would assist the family with.

22. When describing the BSC qualifications, why are LSW, LPC and LCSW not specifically included?

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