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**Kathy Cooper**

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**From:** Christopher B. Stern, Esq. <sluggoesq@yahoo.com>  
**Sent:** Tuesday, September 4, 2018 2:12 PM  
**To:** IRRC  
**Cc:** IRRC; kimbowser-murtha@fcbha.org; ra-pwibhs@pa.gov  
**Subject:** IBHS Proposed Regulation 14-546



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IRRC #3209  
55 PA Code Ch. 1155 and 5240

Dear Representatives of the Department of Human Services and the IRRC:

According to the draft regulations 228 agencies in the state serviced 60,000 kids last year.

The impact this regulation could have on small agencies (irrespective of the level of quality of care provided by those agencies) could be significant. A very real possibility is that children in small and rural counties will not have services because of a lack of agencies providing services resulting from Reg. #14-546 due to increased costs and lack of staff.

Another potential unintended but likely consequence of the legislation will be that quality of care will suffer because only large agencies will survive as a result of the added costs required to comply with the legislation. As noted in the comments of Crystal Meyer, Western Psychiatric Institute & Clinic of UPMC, (submitted to the IRRC on Aug 31) the lack of staff availability is the primary cause of current case backlogs. We completely agree with her reasoning on this issue and therefore echo her comments.

My fear is that while the goal of this Regulation is certainly noble, the timetables are unrealistic. Imposing such an aggressive timeline arbitrarily risks service interruptions even if agencies are able to absorb the added costs. It is easy to see how the proposed regulations and aggressive timeline for implementation will reduce access to qualified providers and will have a disproportionate impact on the small and rural counties.

The specification that a change in the organizational structure of an IBHS agency specified in an organization chart shall be submitted within 10 days pursuant to Section 5240.4 (B) is unduly restrictive and unrealistic. A period of 30 to 45 days would be more appropriate.

Limiting each IBHS supervisor to a maximum of 9 full-time equivalent BHT staff will have a disproportionate impact on small and rural agencies. To reiterate, the largest impediment to the provision of quality care in rural and small counties presently is a lack of staff. The proposed Reg. #14-456 will only exacerbate those issues.

Additionally, my specific questions would be the following:

1. Will there be a template telling providers what they can and can't bill for, are the regulations going to change what an agency can bill for? for example, can a BHT bill for psycho-education work with just the parents and not the child present?
2. Does an agency need to use one or two specific treatment modalities or can the treatment interventions used be more diverse?
3. How many facilities can an administration director manage?
4. Besides a treatment plan needed updated every 120 days, does the assessment need to be updated every 6 months or 180 days?
5. What is the list of ABA competency programs that are recognized by the Pennsylvania Certification Board? If not, will a list be created and provided to agencies?
6. What are the treatment modalities that can be used when providing ABA services?
7. Can someone who has a BSL license also provide mental health services or just autistic services?
8. Are trainings going to be subsidized or reimbursed by the state for the BSA, MT and BHT workers since the training requirements have now been increased for each individual?
9. Will each location of a facility be required to provide ABA services or will an agency be required to only have at least one of its locations offer ABA?
10. Which training hours are allowed to be provided in-house?
11. Why would someone with an MBA be qualified to be an administrative director under Sec. 5240.12. Staff qualifications (2) but not an accountant or a lawyer?

Thank you for your time and consideration.

Respectfully,

Christopher B. Stern, Esq.

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