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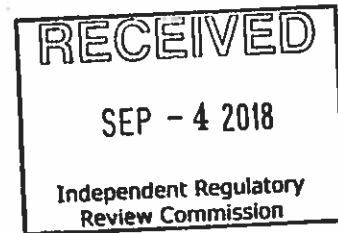
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Champa, Heidi

From: Isaac Westdorp - (PA) <iwestdorp@csimail.org>
Sent: Friday, August 31, 2018 2:48 PM
To: PW, IBHS
Subject: Written Comment on 55 PA. CODE CHS. 1155 AND 5240 - IBHS
Attachments: Letter for Proposed Rulemaking.docx

Attached is some written comments and questions that Community Solutions is submitting in regards the proposal around IBHS. Any further coorespondence on this can be sent to Isaac Westdorp, Program Director at iwestdorp@csimail.org or 610-435-3343. Thanks.

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August 17, 2018

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On Behalf of Community Solutions, Inc. (CSI), we would like to thank the Department of Human Services for allowing providers to comment on the proposed rulemaking for Intensive Behavior Health Services. CSI provides Multisystemic Therapy (MST) in thirteen Pennsylvania counties. As an agency we are in a unique situation in Pennsylvania, in that the only service we provide is MST, which is a highly researched EBT that has provided a great support to many children and families throughout the state. Our agency does not operate any other services in Pennsylvania and the feedback and questions we have to offer is focused around supporting this EBT in the commonwealth. We have had an opportunity to read through the proposal and would like to offer the following feedback to DHS:

1. According to the proposal, agencies will need to apply for an IBHS license to operate. Will there be any alternative options given to providers, such as waivers? A program like ours operates under a waiver, due to MST being the only service we provide, is this still going to be an option in the future or will all providers need to operate under the IBHS license?
2. With the IBHS license, have procedures been set up for how to obtain that license? What will be required to get that license, especially if a provider is licensed by the EBT? How long will the licenses process take? How often providers will have site reviews/audits?
3. The proposal discusses having administrative director, clinical director and staff. Do all these positions need to be located in Pennsylvania?
4. The proposal identifies that providers will need to provide a written description of the services the agency providers, will this be the current service descriptions that agencies now submit for approval or will this be a different document needed? Also, with a model like MST, treatment is provided not just to the client, but to other members of the client's ecology. Services will still get to be implemented to those other members, if service delivery is identified in the written service description?
5. The written agreements to coordinate services between service providers, will this be a standardize document that all providers will use or will the provider need to develop their own document and procedures around getting them signed?
6. For EBTs, the proposal seems to defer to the developer as the basis for operating the service. When it comes to hiring staff, will EBT providers be able to go by the developer's guidelines for

- hiring and training staff? Including what the developer identifies as the minimal education and licensing experience needed for the position?
7. Related to this, when it comes to billing, will EBT providers be able to bill for services in accordance to the what the developers have identified as clinically related to the execution of the service?
 8. The proposal discusses using a "comprehensive face-to-face assessment tool", will this be a tool developed by DHS or will EBT providers be able to use the assessment tools that the developer has designed as clinically needed to conduct the service in lieu of the assessment tool?
 9. The new discharge proposals identify that providers will need to re-open services with a client/family if they request those services within 60 days of discharge. Will plans like this still be required for EBTs even though the EBT developer has identified that re-opening services under those conditions are not within the models researched specifications? Will these changes still need to happen even though the developer may not agree with them, putting the provider out-of-compliance with the EBT?
 10. The proposal identifies that clients receiving in-home services would need to close if the client enters into a 24-hour facility. Would this also include for short-term stays (less than two weeks) when that client gets that short-term support and then that facility is referring them right back to that same in-home service they were receiving? Will there be opportunities for in-home services to remain open to collaborate with the treatment team and family to find the best services and plans to support the client and hopefully keep them in the least restricted environment as possible?

Again, we thank DHS for this opportunity to provide feedback and questions about the changes for IBHS. Community Solutions, Inc. needs to be communicate with around this feedback, questions or other related topics please contact:

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