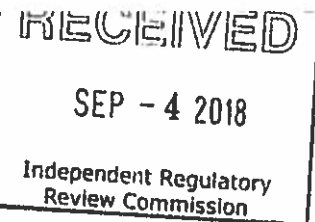


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EdMent Consulting

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Dr. Felicia Hurewitz has a doctorate in developmental psychology and is a Board Certified Behavior Analyst 'BCBA'. She previously worked as an assistant professor of psychology at Drexel University, served as the founder and director of the Drexel Autism Support program, and has offered frequent input into commonwealth and federal regulations regarding the provision of special education and behavioral services. She currently serves as the director of EdMent Consulting, a small business that provides consultation in educational programming and behavior analysis to individuals with disabilities, as well as the schools and organizations that serve them.

Dr. Mareile Koenig is employed as a Professor of Communication Sciences and Disorders at West Chester University and consults privately with families of individuals with ASD. She is dually certified in speech-language pathology (CCC-SLP) and in applied behavior analysis (BCBA). She has been engaged in behavioral service delivery for more than 15 years, and she served with Dr. Felicia Hurewitz, as Co-Chair of the Education/Certification Committee division of the PA Autism Task Force (2003-2004). Dr. Koenig is co-editor of a book on ABA for SLPs to be published later this year (2018).

We write to comment on proposed regulation 14-546.

Requesting a Clarification for documentation to satisfy #16A-4929 § 18.524: The updated regulation should clarify the rules regarding documentation for Board Certified Behavior Analysts to become licensed Behavior Specialists. BCBA's are required to have a rigorous course of study, which includes extensive coursework on the use of functional behavior assessments and functional analysis, and supervised clinical interactions in utilizing the various techniques of behavior analysis (BCBA's). (Recent BCBA's were required to have 1500 hours of supervised practicum under standard conditions, in 2022 this will change to 2000 hours of supervised practicum, see https://www.bacb.com/wp-content/uploads/BACB_Newsletter_101317.pdf) A rule change published by OMHSAS (and appended to this message) allows existing BCBA's to use a BCBA certification in lieu of some requirements for the Behavior Specialist License. However, applicants with BCBA's are still required to demonstrate evidence of supervised clinical experience and verification of functional behavior assessment experience outside of the graduate level nationally-accredited certification process. These documentation requirements of supervised experience and FBA practice should be waived for existing BCBA's, since these activities are already incorporated in the training requirements to obtain a BCBA. This change will reduce paperwork burdens for agencies, applicants, and the licensing board.

Amend § 5240.87. ABA services provision

We agree with Dr. Cautilli's input that the scope of services allowed for Behavior Specialists and Behavior specialist analysts may be unduly narrow in amended section 5240.87. Activities that were left

out include: Teacher and parent behavior skills training (as observed by Dr. Cautilli), task analysis, and, crucially, communicating and collaborating with other professionals (e.g. IEP meetings, consultation with the student's employers, community members and related service providers to assure generalization of skills across environments, data collection and consultation with medical staff to inform the efficacy of pharmaceutical interventions). Indeed, the assessment process described in § 5240.85, and required to be performed by a Behavior Specialist Analyst (BSA), more broadly defines BSA duties. For example, in the course of an assessment the BSA is instructed to compile "observational data to identify developmental, cognitive, communicative, behavioral and adaptive functioning across the home, school and other community settings", and to determine the medical, developmental, educational, trauma, social, and family history of the child. It would be necessary in constructing such assessments, and in progress monitoring for a treatment plan, for a BSA to consult with the child's treatment team as part of BSA duties.

Amend §5240.7, Coordination of Services. §5240.7 requires IBHS agencies to have written agreements to coordinate services with other service providers in various categories. This requirement places an inappropriate and possibly insurmountable burden on very small organizations which provide ABA services, potentially conflicts with ethical compliance codes for Behavior Analysts, and will not address the real-world barriers to practice coordination. First, small ABA business may operate with only 1 to 9 staff members, and may not have the administrative capacity or the reach to be of interest to large organizations such as psychiatric inpatient facilities. There are few psychiatric clinics and inpatient facilities, and they may not see it in their interest to contract with multiple tiny businesses. In turn, ABA providers may have a scope of practice that doesn't entail the need for the close connections with psychiatric facilities, such that coordination agreements would be feasible. Second, per this rule change, ABA supervisors will be BCBA's, and will therefore be bound by the BACB ethical rules, <https://www.bacb.com/wp-content/uploads/2017/09/170706-compliance-code-english.pdf>. These rules require that a BCBA make referrals based "principally on the best interest of the client", which does not allow, for example, for the BCBA to base referrals on prior articulation agreements made between agencies. Third, in Dr. Hurewitz's 5 years of running an independent consulting firm that provides some ABA services, her experience has been that barriers to treatment more often stem from insurance company denials rather than from an absence of coordination between agencies. We have observed clients who have waited months and suffered through multiple police encounters and crises, while the insurance company either denies psychiatric inpatient status, or fails to respond to an agency's request to assign that placement. Other barriers include a lack of secure transportation to psychiatric facilities from the client's home, and a lack of push-in crisis intervention in the home or community. None of these barriers to coordinated care will be addressed with inter-agency agreements. Therefore, § 5240.7 is unlikely to serve the intended purpose of helping clients to receive high quality, timely coordinated care, and it is likely to lead to disbanding of many small ABA firms. **§5240.7 should be eliminated in its entirety, or, if not, it should be limited to organizations of a certain size and budget.**

Thank you for this opportunity to offer input into the proposed regulations. The committee is welcome to contact us for further input or discussion as required.

Community Behavioral Health: Provider Notification

Change in Behavioral Specialist License (BSL) Application Process

August 2, 2017

In July, 2017, the Office of Mental Health and Substance Abuse Services (OMHSAS) announced a change to the Behavioral Specialist License (BSL) application process via the OMHSAS General List Serve. The direct update is included below. Please direct all questions regarding BCBA and BSL credentialing to Lauren DellaCava at Lauren.DellaCava@phila.gov or 215-413-8583 or to the CBH Compliance Department at CBH.ComplianceContact@phila.gov.

The departments of Human Services and State have received numerous requests from stakeholders and individual professionals to simplify the Behavioral Specialist License (BSL) application for professionals who can verify the educational and experience requirements for the credential through existing certifications.

Based on these requests and further review, the Pennsylvania State Board of Medicine (Board) voted on May 16, 2017, to accept changes to the BSL application, which will streamline the process for professionals who hold the Board Certified Behavior Analyst (BCBA) or Board Certified Behavior Analyst- Doctoral (BCBA-D) credentials.

The Board will now accept BCBA and BCBA-D Certification in lieu of the following items:

- Form 2 – Verification of Education and transcripts
- Form 5 – Verification of 90 hours of Evidence Based Coursework
- Form 6 – Verification of Master's Degree/Post Master's Certificate in a Related Field

BCBAs and BCBA-Ds will still be required to submit the following forms to the Board in order to complete the BSL application:

- Form 1 – Application for a Behavior Specialist License
- Form 3 – Verification of Functional Behavior Assessment Experience
- Form 4 – Verification of Clinical In-Person Experience

Please note, in addition to the above listed forms, additional supporting documents are required by the Board for all applicants. These additional requirements are outlined in the application instructions.

The Board has updated the paper application based on these changes and posted it online on May 22, 2017. However, the online application will not be available immediately. The Board will add the application to the online Pennsylvania Licensing System (PALS) schedule for updates as soon as possible. Individuals wishing to take advantage of the streamlined process will need to apply using the downloadable paper application.

The Board will apply this new evaluation process (accepting the BCBA and BCBA-D certifications) to all pending applications, whenever possible.

If you have questions about the BSL application or changes that have been made to streamline the process for BCBAs and BCBA-Ds, please contact (717) 783-1400. The application can be downloaded [here](#).