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**Kathy Cooper**

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**From:** Jenn Topa <jtopa@evergreenbic.com>  
**Sent:** Tuesday, September 4, 2018 4:44 PM  
**To:** IRRC  
**Subject:** Response to IBHS Regulations ;IRRC #3209

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To Whom It May Concern:

I am the clinical director of Evergreen Behavioral Intervention for Children. We are a smaller agency that has been providing BHRS since 1999 under a Type 19 license. I agree that we need some changes to the current regulations, but I have strong concerns regarding some of the proposed new regulations. The proposed regulations requiring all agencies providing services to children with Autism to have a BCBA as the clinical director is unrealistic. We currently have 3 licensed psychologists with 10+ years experience working with children with autism and supervising our BSLs. Licensed psychologists have been successfully implementing the principles of behavior modification and learning strategies long before the term BCBA existed. Many current licensed psychologists are very competent and have provided successful services to children with autism. To say that only CBAs can successfully supervise or implement successful interventions is short sighted and discredits the efforts of many psychologists working in BHRS.

Small agencies like Evergreen BIC will never be able to survive the new qualification requirements. There has been an extreme shortage of qualified staff in the BHRS/ mental health field for at least the past 2 years. Regulations that are intended to provide more services to children with autism instead will reduce the number of individuals able to provide services. Pennsylvania would not meet the EPSDT mandate if you keep the regulations as they are written now.

IBHS, like BHRS cannot be sustained without a significant increase to the reimbursement rate. Agencies will never be able to support the salary increases that will be required to pay a BCBA. I know the regulations state ways to offset these costs, but the examples given will never be enough to match what is needed. Also, even if agencies can afford to pay the increased salary of a BCBA who is to say he/she would want to work for an IBHS agency. Many CBAs either work for school districts or often work in a different field altogether. If this transition is not set up properly or does not allow for sufficient transition time, many children will be without services. Where will all the current clients go when all the small agencies have to close?

In addition, I feel that the new IBHS regulations take away a parent of a child with autism right to choose. There should be two tracks written into the new regulations. One that is similar to the individual services discussed and the other to Applied Behavior Analysis. ABA is certainly recognized as a successful evidence based practice for children with autism, but it should not be the only option. We have several parents who have tried a strict ABA program and believe it is not what is best for their child. Parents we have serviced along with parents I have come across throughout my years working in the field have stated that, "it creates no flexibility with their child". Yes, we all use the principles of ABA but there is a difference between that and strict ABA programming such as, discrete trial. A distinction needs to be made between this in the new regulations. Strict ABA programming is not for every child. Psychology allows clinicians to address skill deficits through behavioral practices and a therapeutic relationship. It allows for individuality within each child you are treating. If you keep the regulations as they are you take away years of proven treatment options that parents still want.

Thank you for your time and consideration in this matter.

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