

14-546-83

**Champa, Heidi**

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**From:** Jennifer Kennedy <JenniferKennedy@barberinstitute.org>  
**Sent:** Tuesday, September 04, 2018 3:11 PM  
**To:** PW, IBHS  
**Subject:** IBHS Proposed Rulemaking comments  
**Attachments:** IBHS Regulatory Comments (9.4.18 JLK).docx

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Tara,

Thank you for allowing providers the opportunity to comment on the proposed IBHS regulations. Attached are my comments.

Thanks,  
Jenn

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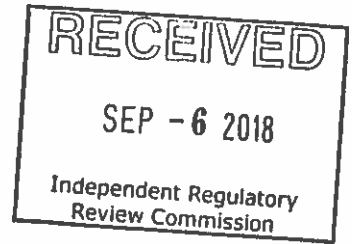
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**In §5240.2 – specific staff positions are defined as:**

- ABSA – Assistant Behavior Specialist Analyst
- BCaBA – board certified assistant behavior analyst
- BCAT – board certified autism technician
- BCBA – board certified behavior analyst
- BHT-ABA – behavioral health technician – applied behavioral analysis
- BHT – behavioral health technician
- RBT – registered behavior technician

Please provide clarification as to why some staff positions are defined (above) and others are not: Behavior specialist, mobile therapist, behavioral health technician, mental health professional, mental health worker.

**§5240.6 – Restrictive Procedure**

(d) Recommend this section be removed. This section states that a secondary staff person shall observe and document during a manual restraint. Generally, during the provision of service there is no secondary/additional provider staff person present.

**§5240.11 – Staff requirements**

(e) Please clarify. If a provider has BHRS programs in multiple locations does this mean that each location needs 7.5 hours per week from the Administrative Director?

**§5420.12 – Staff qualifications**

(a)(2) Revise qualifications for Administrative Director to Bachelor's Degree and appropriate training. This section requires the Administrative Director have an advanced degree in psychology, social work, counseling, education, human services, public administration, business administration. Current rates do not support the salary requirements of someone with an advanced degree as listed.

**§5240.13 Staff Training Plan**

(a) Revise. It is overly burdensome for a provider to create an individual training plan for each staff member. Recommend revision for the provider to create an annual training plan for all program staff.

(a)(1)(i) – Remove. Providers should be give the discretion to determine the start and end dates of their annual training plans (either calendar year or fiscal year). It is overly burdensome to require a provider to track start and end dates per staff member.

(a)(2) Remove or revise. It is overly burdensome and unnecessary to require a provider to have both an individual training plan as well as a program wide training plan. Request that the individual specific training requirements be removed.

(e)(7) – Remove or revise to specify how a provider obtains Departmental approval of all initial and annual trainings.

#### **§5240.41 – Individual records**

(b)(3) Remove or revise to state that a sample of records shall be reviewed at least every 6 months. It is burdensome to require a provider to all records every 6 months.

#### **§5240.42 – Agency Records**

(a)(3) Remove. IBHS is a community based program. There is no feasible way to write an emergency plan for a program that is not facility based.

(b)(4) Remove.

#### **§5240.61 – Quality Improvement Requirements**

(a)(1) – Remove annual requirement and change to every other year or every three years.

#### **§5240.71 – Staff qualifications**

Add a notation that current BHRS/IBHS staff will not be subject to the requirements as listed in this section.

Will rates be increased to account for higher level staff qualifications?

#### **§5240.72 – Supervision**

Will rates be increased to account for increased supervision requirements?

(c)(1-5) – Revise. The qualifications as listed are burdensome and the current reimbursement rates do not support employing highly qualified staff in this position. Also, please clarify if the program administrator can also be the IBHS supervisor.

#### **§5240.73 – Staff training requirements**

(c)Provide clarification as to how a provider obtains Department approval of training courses.

(d) Remove or revise. Requiring 30 hours of Department approved training prior to a BHT working independently is burdensome to the provider. The nature of the job and the staff who

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fill those positions shows that BHT staff stay with a provider less than 2 years. To require 30 hours of initial training is a cost that providers cannot sustain.

(e) Remove. Requiring 24 hours of training in the first 6 months is burdensome and cost prohibitive to providers.

(i) Remove or revise and clarify. As the regulations currently read a new BHT staff person would be required to complete 74 hours of training in the first year of employment. Will the rates be increased to offset the costs of training BHT staff? If not, these requirements are overly burdensome.

#### **§5240.75 – Individual Services Provision**

(b)(4) – Please clarify the reasoning for allowing the Mobile therapist to develop the ITP (this is the function of the Behavior Specialist)

(c)(9) – Please clarify why the BHT is allowed to provide referrals to other necessary services and supports. At the very least this should be a team decision. Recommend revision allowing the BHT to make recommendations for services and supports to the team and/or MT and BSC for review.

#### **§5240.81 – ABA Staff Qualifications**

(b)(1-2) – Remove requirement.

Same comments as per §5240.71

#### **§5240.83 – Staff Training Requirements**

Same comments as per §5240.73

(b)(1-2) Remove or revise. As written, the Behavior Specialist Analyst would need to complete 61 hours of training in the first year of employment

(c)(1-2) Remove or revise. As written, the ABSA would need to complete 40 hours of training in the first year of employment.

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