

14-546-85 3209

**Champa, Heidi**

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**From:** Jennifer Kennedy <JenniferKennedy@barberinstitute.org>  
**Sent:** Tuesday, September 04, 2018 3:37 PM  
**To:** PW, IBHS  
**Subject:** IBHS Proposed Rulemaking Comments  
**Attachments:** IBHS Regulatory Comments (9.4.18 AGENCY).docx

Tara,

The attached comments are being submitted on behalf of Barber National Institute. As a provider of Behavioral Health services, including BHRS services, we appreciate the opportunity to comment on the proposed IBHS regulations and look forward to working with OMHSAS as changes are made.

Thank you,  
Jenn

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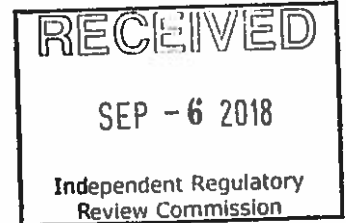


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**Comments to Proposed Regulation No. 14-546  
55 Pa. Code Chapter 1155 Intensive Behavioral Health Services  
55 Pa. Code Chapter 5240 Intensive Behavioral Health Services**

**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**

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(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 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.

#### Introduction

"The proposed rulemaking establishes the conditions for MA payment for IBHS, which include that services be medically necessary and that there be a written order for the service based on a face-to-face interaction with the child, youth or young adult from a licensed professional whose whole scope of practice includes the diagnosis and treatment of behavioral health disorders..."

- *Provide a more detailed definition of licensed professional, i.e. LSW, LPC, Licensed Psychologist, etc.*

#### Chapter 5240: Intensive Behavioral Health Services

- Staffing and supervision (5240.11-5240.14, 5240.72, 5240.81-5240.82, 5240.102), page 5:
    - "To ensure the health and safety of children, youth and young adults receiving IBHS, a supervisor must be available to consult with all staff during all hours the IBHS agency provides services."
      - *Is it the intention to have supervisory staff on call 24/7? Or can a program, in its service description, state days and times of operation?*
  - Discharge (5240.31-5240.332), page 8:
    - "An IBHS agency is required to complete at least two telephone contacts within the first 30 days after discharge to monitor the child's, youth's or young adult's maintenance of treatment progress."
      - *How does an agency bill for these telephonic contacts?*
    - "The proposed rulemaking also allows an IBHS agency to continue to serve a child, youth or a young adult after the child, youth or young adult is discharged for a period of 90 days if the youth, young adult, parent or caregiver of the child or youth requests within 60 days after a child, youth or young adult has regressed and impacts the child's, youth's or young adult's ability to function in the home, school or community and when there is a written order for services."
      - *How is an agency expected to absorb this back onto a caseload when cases are already being turned away on a daily basis due to lack of qualified staff? How will the MCO authorize these additional services?*
      - *Should the agency discharge a current client? It is not financially feasible to hold a position on the caseload for the 60 day period following discharge.*
  - Individual Services (5240.71, 5270.73, 5240.75), page 11-14:
    - "An individual can be a BHT if the individual has or obtains within 18 months of being hired by an IBHS agency as a BHT or within two years after the effective dates of these regulations, whichever is later, a behavior analysis certification from a nationally recognized certification board or the Pennsylvania Certification Board."
      - *Further define the behavior analysis certification process and requirements including cost.*
    - "If the individual does not have the required certification, the individual can be a BHT for 18 months after being hired by an IBHS agency as a BHT or for two years after the effective date of these regulation, whichever is later, if the individual has a bachelor's degree in
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- psychology, social work, counseling, sociology, education or related field or is licensed as a registered nurse and has a minimum of one year of full-time experience in providing mental health direct services to children, youth or young adults.”
- *How many hours equates to one full time year of experience?*
  - *Note it is not financially feasible to employ a BHT in a full-time capacity*
  - “BHTs will be required to receive 30 hours of Department-approved training prior to working independently with a child, youth or young adult.”
    - *How does an agency pay for these hours of training within a rate structure that already does not cover costs?*
  - “In addition, BHTs must complete at least 24 hours of Department-approved training within the first six months of employment and at least 20 hours of Department-approved training annually that is related to the BHT’s specific job functions.”
    - *How does training become Department-approved?*
    - *Is it correct that within the first year a BHT must obtain 74 hours of training? 30 hours prior to working independently, 24 hours within the first six months, and at least 20 hours of Department-approved trainings?*
  - “BHTs who have a behavior analysis certification may count hours of training and completed coursework required for obtaining and maintaining certification towards the training requirements. In addition, equivalent college coursework may be counted.”
    - *How long is the coursework eligible?*
    - *Are the coursework hours counted by credit hours or classroom hours?*
  - “BHTs are also responsible for collecting data; providing behavioral stabilization and interventions to children, youth, and young adults that support services provided by behavior specialists or mobile therapists; and for making referrals to other necessary services and supports.”
    - *How does a BHT have the expertise to make referrals over a behavior specialist or mobile therapist?*
- ABA (5240.81-5240.83, 5240.87), page 14-17:
    - “The proposed rulemaking separately identifies ABA as an intensive behavioral health service that can be provided by qualified staff to children, youth or young adults with autism and other behavioral health disorders.”
      - *Behavior Specialists only utilize the ABA model. When would behavior specialist services not fall under this category, especially if eligible for all diagnoses?*
    - “ABA can be provided by a behavior specialist analyst, assistant behavior specialist analyst (ABSA) and a BHR-ABA.”
      - *What is the role of an ABSA?*
      - *What are the qualifications of an ABSA?*
      - *When would a case necessitate a BSA versus an ABSA?*
    - “Behavior specialist analysts must be licensed as a psychologist, professional counselor, marriage and family therapist, clinical social worker, social worker or behavior specialist and have a graduate or undergraduate level certification in behavior analysis from the Behavior Analyst Certification Board or other nationally recognized certification board, or a current certification as a behavior specialist analyst with a competency in ABA from the Pennsylvania Certification Board, or a minimum of 12 credits in ABA and one year of full-time experience in the provision of ABA, or a minimum of one year of full-time experience in
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the provision of ABA under the supervision of an individual with a graduate level certification in behavior analysis.”

- *How are behavior specialist analysts expected to pay for the certification program where student loans are not available for these programs? It is approximately \$15,000.*
  - *How is the agency expected to pay these individuals the average annual salary of \$59,000 when rate structure currently does not support an average wage of \$40,000?*
  - “This will provide a path for an ABSA to gain the required hours of experience for licensure while providing ABA under the supervision of a qualified individual.”
    - *Further define hours of experience; is this hours of direct contact, hours functioning under a Functional Behavior Analysis, etc.*
  - “Supervision includes direct observation of the provision of ABA to a child, youth or young adult during the implementation of the ITP goals.”
    - *What is the required frequency of this observation?*
    - *Note that this further limits the ability for services to be delivered as it will not allow for the supervisor to also carry a caseload.*
  - “Behavior specialist analysts who are licensed as behavior specialists will be required to complete at least 45 hours of training related to ABA that is approved by the Behavior Analyst Certification Board or the Department before independently providing ABA services to children, youth or young adults.”
    - *Since behavior specialists only utilize ABA, why are 45 hours of additional training needed for providing the same service to the same diagnoses? This will greatly reduce the hours available to provide services with excessive training requirements in a system where cases are already being turned away daily for lack of staff. In order to procure their BSL behavior specialists completed a significant training requirement already.*
  - Evidence-Based Therapy (EBT) (5240.93), page 18-19:
    - “The proposed rulemaking required that an IBHS agency be licensed or certified from the entity that developed or owns the EBT that is being provided if required to provide the EBT.”
      - *How would an agency go about getting licensed/certified for modalities of treatment?*
      - *Note that this would be excessively expensive and is precluded by the current rate structure.*
    - “An IBHS agency can also use a model intervention that is has developed and that has been designated by the Department as a model intervention.”
      - *What is entailed in this authorization process?*
      - *How does an agency go about getting approved?*
    - “Staff that provide EBT must meet the qualifications and receive supervision as set forth in the EBT.”
      - *How is it suggested that agencies pay for EBT supervisions when current rates do not support these services and internal supervision?*
  - Group Services (5240.101, 5240.103-5240.108), page 19-21:
    - “The services assist the child, youth’s or young adult’s to learn skills and strategies in a group format that will improve functioning in the home, school or community setting.”
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- *Will the rate support the rent that is necessitated by a facility based service?*
- *“A mental health professional can provide individual, group, and family psychotherapy.”*
  - *Describe how this will occur within group services.*
  - *Is there a separate rate for delivering these services?*
- *“A mental health worker can assist the mental health professional with conducting group psychotherapy; facilitate psychoeducational group activities; assist a child, youth or young adult to achieve a goal by implementing the child’s, youth’s or young adult’s ITP; support a child, youth or young adult with the development of appropriate behavior and interpersonal relationships in the community and help a child youth or young adult develop coping skills to aid in the development of age appropriate interpersonal relationships with peers. A BHT can assist with the facilitation of psychoeducational group activities; provide instruction on how to manage and control emotional responses in a group setting; provide behavioral stabilization and interventions to children, youth, and young adults that support the child, youth or young adult in community setting and can model problem solving skills.”*
  - *In what situation would an agency utilize a BHT versus a MHW?*

Accomplishments and Benefits, Page 25:

- *“The proposed rulemaking will also improve the accessibility of behavioral health care for children, youth and young adults under 21 years of age by eliminating requirements that have been identified as barriers to accessing services by workgroup members such as convening an ISPT meeting prior to the delivery of services and completing a comprehensive evaluation prior to a referral for services.”*
  - *While authorizations and initiation of services may improve, the increase in the overall training and educational requirements for the staff will further reduce the already insufficient number of staff hours for the provision of services. This will create substantially less accessibility for the children and families in need.*

Fiscal Impact, Page 26:

- *“It is also anticipated that IBHS agencies’ training costs will decrease as the proposed rulemaking clarifies that staff do not need to repeat initial or annual training when changing employment to a different IBHS agency.”*
    - *Annual training costs will, on average, triple. It is rare that staff move from agency to agency so there will be no savings there. EBT training from the creators of the models are prohibitively expensive, we will have to pay for certification requirements and fees and significantly increased annual training hours.*
  - *“No cost to the Department, local government or individuals receiving IBHS are anticipated by the proposed rulemaking.”*
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- *Additional costs will be incurred as more evaluations and re-authorizations are required as under Community Care Behavioral Health Organization, Brief Treatment allows for re-evaluation every nine months rather than every six months.*

Annex A – Part III. Medical Assistance Manual

- 1155.33. Payment conditions for ABA, page 12:
  - “(e) The ITP and all updates have been reviewed and signed by the youth, young adult or at least one parent or caregiver of the child or youth, the behavior specialist analyst who developed the ITP and the ABA clinical director.”
    - *How is it feasible for the supervisor to review and sign off on all treatment plans, provide supervision including direct observations, and be available all hours that the services may be delivered which is 24/7?*
- 1155.35. Payment conditions for group services, page 15:
  - “(7) An IBHS agency staff person, primary care physician, other treating clinician, case manager or other professional involved in the child’s, youth’s or young adult’s services determines an update is needed.”
    - *How can these individuals know when an update is needed if they are not trained and have experience in delivering the specific ABA or EBT Models?*
    - *If these services are intensive, why are the IBHS staff , not the treatment team lead?*

Annex A: Part VII. Mental Health Manual, Subpart D. Nonresidential Agencies/Facilities/Services

- Definitions – RBT, page 25:
    - “RBT – Registered behavior technician – A paraprofessional certified by the Behavior Analyst Certification Board to implement an ITP that includes ABA services.”
      - *RBT is not mentioned elsewhere within the regulations. What is their role?*
      - *Will agencies be paid for services such an individual provides?*
      - *What are they allowed to bill for?*
  - 5240.4. Organization structure, page 27:
    - “(b) The organization structure of the IBHS agency shall be specified in an organizational chart and the IBHS agency shall notify the Department within ten days of a change in the organization chart of the IBHS agency.”
      - *If someone resigns or is newly hired, it is correct then that the Department must be notified?*
  - 5240.5 Service Description, page 27-28:
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- “(a) As part of the initial licensing application, the IBHS agency shall submit to the Department for review and approval, a written description of services to be provided that shall include the following: (9) Staffing ratios for each service offered by the IBHS agency.”
    - *What ratios are being referred to?*
    - *What are the ratio requirements? This is not elsewhere mentioned in the regulations.*
  - “(10) Maximum number of children, youth or young adults that may be assigned to a BHT or BHT-ABA, if a BHT or BHT-ABA will be providing services.”
    - *Some children, youth or young adults have scripts for 2 hours per week in a particular setting while others have 30 hours per week. The number of cases a BHT could have would vary wildly based upon scripted hours, staff availability, geographic location of cases, and family availability. Also, all BHT staff must be part-time due to the financial constraints of rate structure, and therefore their hours of availability greatly differ from person to person. Perhaps a maximum number of hours rather than cases would make more sense.*
  - 5240.6 Restrictive procedures, page 28-29:
    - “(d) A staff person who is not applying the manual restraint procedure shall observe and document the physical and emotional condition of the child, youth or young adult at least every ten minutes during the application of the manual restraint.”
      - *How is this accomplished in a community based service when only one staff is present in a community based service?*
  - 5240.11 Staff requirements, page 31-32:
    - “(b) The administrative director’s responsibilities shall include: (4) Monitoring the IBHS agency’s compliance with this chapter.”
      - *Does this preclude the organization from utilizing the existing Compliance Department that currently governs all programming?*
    - “(f) The clinical director’s responsibilities shall include: (2) Providing one hour of supervision to all staff that supervise other staff at least two times a month.”
      - *Provide a further explanation of this requirement.*
    - “(f) The clinical director’s responsibilities shall include: (4) Ensuring staff that provide IBHS have access to supervisory staff during all hours that IBHS are provided including evenings and weekends.”
      - *If IBHS is not a crisis service, why is the supervisor on call to staff at all times?*
    - “(h) An IBHS agency shall employ a sufficient number of qualified staff to provide the maximum number of service hours identified in the written order and the ITP for each child, youth or young adult admitted to services.”
      - *Does this assume that if, for example, a BHT resigns resulting in the behavior specialist hours filled but BHT hours unfilled, then the case must be discharged even if a family expresses their desire to wait for a new staff?*
  - 5240.12. Staff qualifications.
    - “(a) An administrative director of an IBHS agency shall meet one of the following: (2) Have a graduate degree in psychology, social work, counseling, education, human services, public administration, business administration or related field from a college of university
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accredited by an agency recognized by the United States Department of Education or the council for Higher Education Accreditation.”

- *Our agency requires that our program administrative directors have a business, management background. This assures the experience, skill set and interest on the part of the administrative director for such a position. A master's in the business field commands a salary about \$40,000 above what we currently pay and their education far exceeds the demands of the position. Business master's programs focus on analytics, finance, accounting in preparation for becoming a CPA, organizational management, etc. People who have achieved a master's in the business field would not use their higher education in an IBHS program. The average salary of an MBA in Erie, PA is \$82,000. Will the rates support this?*

General comment: As written these regulations seem contain extreme changes from the framework under which these services are presently being provided. As such it would seem that current providers will not be able to continue to provide services at the reimbursement rates for the much needed services to the children, youth and young adults of Pennsylvania. As written the state is creating new staff positions/titles and the qualifications for many of these positions, whose identified responsibilities seem duplicative and out of alignment with each other. We would ask that the state reconsider the structure of the staffing identified.

*§5240.6 (b) "A manual restraint is the only restrictive procedure that may be used and may not..."*

As written it appears that the state is saying that there are no other restrictive procedures other than manual restraint? As worded in this section it seems as though the state is defining a restrictive procedure as a manual restraint. Is this truly the intent?

If so this is a drastic change in terminology and is not clearly identified as such in the definitions of these terms.

*§5240.13 (a) (1) and (1)(i): The identification of "...individual training plan..." and "...for each staff person..."*

For a provider to develop individualized training plans for each staff person seems unreasonable as a mandate.

A training plan is typically identified for all staff, and additional trainings are provided to staff as needed when a staff person requires specific training. To mandate individualized training plans, revised on an annual basis for each staff is an unreasonable expectation for providers.

We would ask that the individualization of training plans be removed from the regulations and providers be allowed to continue to establish an agency wide training plan and provision of trainings as needed to individual staff.

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*§5240.13 e (7): "Department approval of the training" and §5240.73 Staff Training requirements "...Department-approved training..."*

From the wording in the regulations, may we gather that the Department is creating trainings that are to be utilized?

If not, there is no reference or guidance as to how a provider is to receive approval from the department for trainings.

For providers to receive department approval for each training session they want to offer/provide staff is going to be time consuming and difficult for the provider.

We would ask that the wording be revised in relation to "department approval" of trainings.

*§5240.22 (d) "The ITP must include the recommendations from the licensed professional who completed the written order for the IBHS in accordance with §1155.32(1)".*

Orders that are currently received for BHRS services recommend BHRS service as a treatment modality and identify a number of hours per week or month. There are not specifics as to a particular service or treatment recommendations.

In proposed §1155.32(1), the orders are now being required to include much more than they currently include.

To require a provider of service to tell a licensed professional what they need to include in their order seems unreasonable and difficult, as the family receives the order and then selects their service provider.

We would ask that the state reconsider the changes proposed for all the information in the order OR develop a means of informing/training all potential licensed professionals who may write these orders in what needs to be included.

Requiring a provider of IBHS to ensure all the new information in the licensed professionals order for the service is in the order seems inappropriate.

*§5240.42 (a)(3) "A written emergency plan that includes, at a minimum, a plan for natural disasters, inclement weather and medical emergencies."*

As these services are provided in the community/individual's homes/schools, etc. the requirement for the provider to have an emergency plan is unreasonable.

We would ask that this requirement be deleted.

*§5240.61 Quality improvement requirements*

*In (a)(2)(iii) "Staff's qualifications to perform the review."*

As there are no set requirements identified in the regulations as to who is to conduct this review, it is unclear as to what "qualifications" are required or who should conduct these reviews.

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§5240.71(b) "Behavior specialists who provide individual services to children (what about to youth or young adults?) diagnosed with ASD for the treatment of ASD shall meet the qualifications for a behavior specialist analyst in §5240.81(c) ".

§5240.81(c) says "A behavior specialist analyst who provides ABA services shall...."

Is §5240.71(b) thus mandating that all services to children diagnosed with ASD be ABA? This seems unclear as written. We would request clarification.

§5240.71 (d) identifying the qualifications for a BHT (Behavioral Health Technician): In review of these regulations it appears that the BHT is taking the role of current TSS. If this is the case, the qualification requirements for the BHT will make the hire and continued employment of them by a provider extremely difficult. Individuals with the qualifications that are identified for the BHT will expect salaries higher than what a provider is able to pay based on reimbursement levels.

We would ask that the state reconsider the qualification requirements for this position.

§5240.72 (c): "An IBHS supervisor....."

Within these regulations there are administrative directors; clinical directors, and supervisors, all of whom are identified as needing to hold a graduate degree or licensure.

This seems top heavy and financially difficult for a provider to sustain salaries for this many high level professional staff. We would ask that the state reconsider the necessity of all these positions and or their qualifications.

§5240.72 Supervision: Within this section, the term "supervision" is used repeatedly without a clear identification of what it means. Is "supervision" the presence of the supervisor on site wherever the service is being provided? Or is it the availability of the supervisor to be reached if needed? Again, as most these services are provided in the community or in the child's/youth's/ young adult's home or school some of the supervision requirements such as §5240.71(e) disruptive to the service and others in that location.

We would ask for clarification and reconsideration of all the supervision requirements currently included in these regulations.

We would ask for clarification for the following:

§5240.72(b) Are the identified times of supervision to occur for each child/youth/young adult on a BHT's caseload?

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§5240.72(b) (1): Is this only to occur upon hire of a new BHT or every time a BHT has a child/youth/young adult added to their caseload?

§5240.72(d): " An IBHS supervisor may supervise a maximum of nine full-time equivalent BHT staff."

Many of our TSS's are part-time employees. If this would continue to be the case under these regulations, how many part-time staff may a supervisor supervise?

We would ask for clarification.

§5240.73(d): *Regarding the requirements of the number of hours of training by a BHT.*

How do these apply to a BHT who worked previously for another provider and is now working for a new provider?

We would ask for clarification of this.

§5240.75 *Individual services provision*

The state's attempt to identify what specific service each position may provide leaves some gaps and much needed clarification.

§5240.75(b)(4) "ITP development"

It seems by this that the Mobile Therapist writes the ITP.

Please clarify if this is correct.

If this is correct, it is the behavior specialist §5240.75(a)(4) "Review, analysis and interpretation of data to determine any changes to goals and objectives included in the ITP."

Why is it not behavior specialist who writes/develops the ITP?

It seems that both the behavior specialist and the mobile therapist conduct assessments. Although there is specification of what the assessments are to address there seems to be overlap.

We would ask for clarification.

§5240.73(c)(9) "Referrals to other necessary services and supports." under the services provided by BHT's

Is the state really meaning to say that a BHT makes referrals on their own? There is no reference here to consultation with anyone else on the team, or their supervisor. We would ask that this be reconsidered and clarified or removed.

