

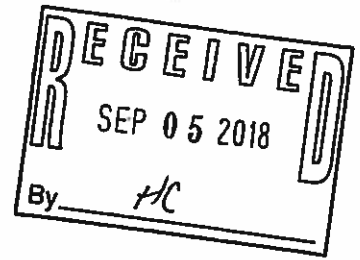
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Keystone Behavioral Counseling

Norman R. Sobel, M.S., M.P.H.

Licensed Psychologist

Tara Pride
Bureau of Policy, Planning, and Program Development
Commonwealth Towers
11th Floor
P.P. Box 2675
303 Walnut Street
Harrisburg, Pa. 17105



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Dear Ms. Pride:

This letter is to comment on the Proposed Rulemaking of the Department of Human Services (55 PA.Code CHS.1155 and 5240) for Intensive Behavioral Health Services.

I am a BHRS Prescriber, having performed Best Practice Evaluations since 2004. The majority of the Evaluations I perform are with children and young adults with an Autism Spectrum Disorder diagnosis. I am an independent Prescriber, performing Evaluations in a private practice setting. The Evaluations that I perform are used by numerous agencies in Allegheny County for BSC, MT, TSS, and other behavioral health intervention services. For many years, I have been a Preferred Prescriber as granted by Community Care Behavioral Health Organization. This credential symbolizes having met the criteria for excellence in the provision of BHRS Psychological Evaluations and prescription for services.

Upon review of the Proposed Rulemaking, I have many concerns regarding the virtual elimination of the current process for BHRS Evaluations and re-Evaluations as provided by qualified individuals such as myself. As an Evaluator, I believe that the following important functions for consumers and the delivery system is unique to the current process.

- An objective opinion regarding the medical necessity of services is being done by a professional that is not directly involved in providing the behavioral health services. This allows as a check on possible over utilization or inappropriate use of services.
- Many of my fellow Prescribers do a good volume of Evaluations. Our ability to see treatment processes (success and failures) provides a

very important data base over those who are likely to see a much smaller sample size. In essence, we are in a position to see what works and what doesn't work with a larger number of cases.

- Many children on the Autism Spectrum have longstanding needs for services. Parents and families have the opportunity to consult with and have continuity with an individual that transcends the time frame that is often present with the relatively frequent transition of service providers in the field. In addition, many consumers often present to myself with concerns regarding services they are provided at agencies and are fearful of doing such with the agency.
- Many children on the Autism Spectrum come in and out of services, having periodically met treatment goals. Family consultation with a Prescriber that is acquainted with the child is a very effective means for re-entry into the system by consumers.
- As a person familiar with the consumer, numerous BSC and MT professionals engage in informal consultation with myself during the time between the actual evaluations. This process provides for better quality of services for the consumer and allows for a more accurate appraisal of the situation during the Re-Evaluations.
- In my practice, the majority of ISPT meetings at Re-Evaluations are scheduled at the conclusion of the formal Evaluation, thus allowing for the treatment team members to be together for discussion and providing convenience for the family with "one less meeting date".

In closing, I would like to offer the following comment. The present system is not perfect and some changes are needed. Unfortunately, past history shows that significant changes in the delivery system has led to the unwanted consequences of difficulty in consumers being able to access the system. This has been largely the result of professionals and agencies exiting the delivery system. We are currently in a time period where professional labor to provide behavioral health services through BHRS is tight and I hope that the proposed rulemaking takes into account the factors that may make this situation even worse.


Norman R. Sobel M.S. M.P.H.