

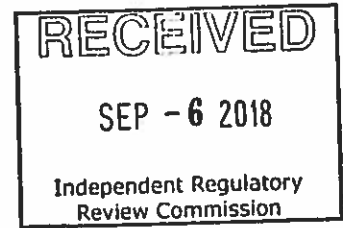
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Champa, Heidi

From: ANNEMARIE CLARKE <ACLARKE@spininc.org>
Sent: Wednesday, September 05, 2018 5:46 AM
To: Champa, Heidi
Subject: FW: Comments on Proposed Regulations for IBHS
Attachments: 20180904 SPIN FINAL IBHS Comments.pdf

Importance: High

Follow Up Flag: Follow up
Flag Status: Completed



Good Morning, Heidi,
I sent the comments on IBHS to Tara yesterday as you will see below because the RA email address did not seem to be working. I got her out of office message which directed me to you, so I am forwarding to your attention. If you could please confirm receipt of them I would appreciate it and do not hesitate to contact me if needed.

Thank you in advance.
Annemarie Clarke

Annemarie Clarke, Ph.D.
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From: ANNEMARIE CLARKE
Sent: Tuesday, September 04, 2018 4:36 PM
To: 'tpride@pa.gov' <tpride@pa.gov>
Subject: Comments on Proposed Regulations for IBHS
Importance: High

Hello Ms. Pride,

Attached please find the comments prepared by SPIN regarding the draft IBHS regulations. I attempted to email them to the RA email address but that address was not identified and could not be delivered there by my server. I hope you will forward those, since you were identified as the contact for these regulations. Should you have any questions regarding these comments, please feel free to reach out to me at the phone numbers in my signature line. Many thanks in advance!

Thank you!
Annemarie Clarke

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Independent Regulatory
Review Commission



Comments Submitted Regarding Proposed IBHS Regulations

Submitted: September 4, 2018

Items Within the Proposed Regulations that SPIN Supports:

- There is no small business exemption and the regulations will apply to all sized businesses providing BHRS and ABA services.
- SPIN appreciates that the requirements for those providing services for youth with ASD are structured differently than those for non-ASD youth which acknowledges the specialty training/knowledge required to work with this population.
- The need for programs supporting youth without ASD to use Evidence-Based Treatment is strongly supported.
- The requirement to obtain a license for the program from the state further assures the ongoing quality assurance and oversight of these important services and is more consistent with requirements for all other MH treatment services that they be licensed. This will "level the playing field" for all providers requiring all organizations/programs must be licensed.
- The "roll out" of the timetable for programs to become licensed is reasonable, allowing programs with an existing ABA designation or another license to operate until their next licensing date is due. This will not overwhelm the system or the providers.
- Organizations providing ABA will be required to have a BCBA as Clinical Director within 3 years which should offer opportunity to assure quality and integrity of service.
- SPIN is in favor of all programs having to submit a detailed service description to receive state approval to assure standardization of programmatic oversight/approval and transparency among organizations.
- The flexibility within the proposed regulations regarding group services are appreciated and seem to reduce redundancy and streamline regulation (NOTE: "*intended to replace summer therapeutic activities programs (STAP) and the proposed rulemaking incorporates the elements of STAP, although it expands the ability of IBHS agencies to provide group services. Group services can be provided for longer lengths of time than STAP and be provided in the school setting and at the 181-IS agency site if approved in the service description.*")
- While not explicitly stated, the need for all licensed and certified staff within ABA programs will better align with commercial insurance credentialing standards and will likely therefore, assist with fuller implementation of Act 62 requirements in Pennsylvania that require all MA funded insurers to be contracted with and able to accept patients with dual insurance (commercial & MA).

- The ability for professional coursework to substitute for annual training for qualified staff (RBTs/BSCs) is a good one, although more explicit direction is needed in this regard within the final regulations.
- The requirements for an Assistant Behavior Specialist Analyst (ABSA) will also provide assurance of knowledge base/skill set in ABA, as well (*Required: An individual who meets all of the qualifications for licensure as a behavior specialist under 49 Pa. Code § 18.524 with the exception of the experience requirement; or an individual who has a bachelor's degree in psychology, social work, counseling, education or related field and an undergraduate level certification in behavior analysis or an individual who has a bachelor's degree in psychology, social work, counseling, education or related field and at least 12 credits in ABA and six months of experience in providing ABA*). This will also help address the current workforce shortage while people proceed with their education/coursework and await passage of the test.
- Requirements for on-site supervision with a child, as well as individual and group supervision are reasonable to assure quality.
- Elimination of the need for an ISPT meeting prior to the start of services will likely speed the initiation of services.
- Proposed paperwork reduction strategies will enable more time/energy to go into service delivery.
- The broadening of IBHS service regulations to cover/include individual services, applied behavioral analysis (ABA) services, evidence-based therapy (EBT) services and group services is a welcome addition that emphasizes the full continuum of care.
- The requirement for discharge monitoring and the ability for a family to re-initiate services within 90 days when their request is received within 60 days after discharge without beginning the evaluation process again will promote early re-engagement and likely improve outcomes/promptly address regression.
- Allowing the requirement that training from one employer to another be "portable" and able to go with the employee to a similar position within a different organization will reduce redundancy and get employees into the field more quickly.

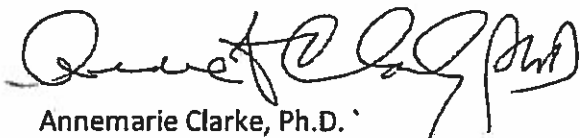
Items Within the Proposed Regulations About which SPIN has Concerns:

- The proposed regulations state: *"Payment will be made to a licensed IBHS agency for ABA services if the following conditions are met: (a) There is a written order for ABA services based on a face-to-face interaction with the child, youth or young adult that meets the following: (1) Written within 12 months prior to the initiation of ABA. (2) Written by a licensed physician, licensed psychologist, certified registered nurse practitioner or other licensed professional whose scope of practice includes the diagnosis and treatment of behavioral health disorders. Orders ABA services for the child, youth or young adult and include the following: (i) The clinical information to support the medical necessity of each ABA service ordered. (ii) The maximum number of hours of each ABA service each month. (iii) The settings where ABA services may be provided. (iv) The measurable improvements in targeted behaviors or skill deficits that indicate when*

services may be reduced, changed or terminated. (b) A comprehensive face-to-face assessment has been completed by a behavior specialist analyst prior to the development of the TP...." It is unclear from this whether Physical Medicine physicians can prescribe for BH treatment (i.e. in the case of youth with ASD can a Developmental Pediatrician or Neurologist write a prescription for ABA that a BH treatment provider/ABA provider would be required to adhere to?) More clarification is required.

- It will be important to know more specifics about how the ABSA role would function (services they can/cannot deliver), as well as their supervision requirements, to understand how this role will be integrated into the proposed ABA service continuum; not much detailed information was provided yet on that.
- The proposed regulations state: "A behavior specialist analyst or an ABSA who meets the qualification to provide supervision in subsection (c) may supervise a maximum of nine full-time equivalent BHT-ABA staff". SPIN has concern that the rate structure must be established that is sufficient to support this very small span of control for clinical supervision. Current rates are not sufficient to support this span of control.
- The limiting of large group supervision to no more than 9 individuals may not be realistic either unless the rates, as noted in the bullet above, are revised to support an expanded supervisory capacity which is not currently feasible in the current rate structure for BSC-ABA or TSS-ABA rates.
- The need to have TSS become certified RBTs, while a good one, may not be realistic given the number of BCBA's currently in the behavioral health system. The current number is likely vastly insufficient to provide the required BCBA supervision as required to achieve RBT certification.
- Will there be a centralized system to monitor training for staff moving to different agencies?
- The use of visual and auditory technology was mentioned for holding supervisions. Will there be a requirement for time allowed virtually vs. in person?
- Will MTs still require one year post Master's experience, which is difficult to obtain?
- The process for written referrals will need to be flushed out a bit more so that there is coordination among providers.

Respectfully submitted,



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Corporate Officer, Autism Services



Sharon Heileman, BSL, LPC
Division Director, ABA Services

