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Cc:	
Subject:	Feedback on policy changes

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Attachments: image001.jpg, image003.jpg, Feedback.pdf, image002.jpg

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Hello- Attached is our feedback on the proposed policy changes for ABA/BHRS. Thank you for the opportunity to get our voice heard!

Stephanie Richer, MSS

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RECEIVED
SEP - 6 2018
Independent Regulatory
Review Commission

August 30, 2018
To Whom It May Concern:

Please accept the following comments in response to the Proposed regulations regarding Intensive Behavior Intervention Services. Our agency primarily services individuals diagnosed with Autism Spectrum Disorder and is striving to provide high quality Applied Behavior Analysis services to children and adolescents. We have been working towards increasing our own internal standards to ensure that our clients and their families have access to high quality behavior analytical services which are implementing with fidelity and overseen by qualified professionals.

We would like to applaud the stakeholders for taking a great step towards improving services for individuals in Pennsylvania. This is a much-needed area, and many of the proposed regulations are evident the stakeholders' desire to improve quality. For example, we were pleased to see regulations surrounding the completion and updates of assessments and treatment plans, especially the guidelines around when to do so when progress is not being made. We were also pleased to see a distinction being made between administrative and clinical directors, showing that stakeholders wish to improve clinical care and attention.

However, especially in regards to the regulations surrounding Applied Behavior Analysis, we have many serious concerns which we feel are important to share.

§5240.81 describes staff qualifications, including the new language for position titles.

Overall, we feel that all professionals should practice within the scope of their expertise. Supervision and clinical oversight, both from an administrative and clinical perspective, should be delivered by an individual with extensive knowledge, experience, and education in the field in which he/she is working. Certain licensed individuals, such as social workers, nurse practitioners, etc may not have the training, experience, and education required to work as a behavior analyst. In the same way, we would not expect a behavior analyst to practice as a licensed professional counselor

We are concerned about the language being used to define professionals, and how this language differs from the industry standard (e.g., "behavior specialist analyst" instead of "behavior analyst"). This increases confusion to an already complicated system, especially to families who are trying to access important services. This language is not in line with what is commonplace in other states, which creates confusion for professionals. Eligible and highly qualified individuals may not seek employment for a position which holds a title that is not standard or with which they are not familiar.

We have concern regarding the requirement for Clinical Director, which gives the individual 3 years to work in the role while becoming a Board Certified Behavior Analyst. In the role, and prior to being certified, this individual will be responsible for supervising behavior analytic staff. It is certainly not best practice that someone who has not yet completing the requirements to become a BCBA to be supervising behavior analysts.

§5240.71 discusses an individual being able to be a BHT if they obtain the correct behavior analysis certification within their first 18 months of employment. This feels like a long time for children receive services from an un-credentialed provider for 1.5 years especially when we are considering the importance of early intervention services for children between the ages of 3 and 5. We believe that a six-month period of time to obtain that training and also allow for staffing shortages should be sufficient to complete RBT training and become credentialed.

It seems that the internationally established standards (for training, supervision, experience, and education) for professionals implementing ABA interventions are not being met by this proposal. Lowering standards to increase access only increases access to lower quality services. If standards are higher for clinicians providing ABA services through private insurance payers, the standards should be replicated for providers of MA services. It does seem discriminatory to offer a higher quality of services to those with access to commercial insurance than those who need to rely on MA as their connection to services.

In response to the statement on fiscal impact in the proposal, we feel this is out of touch with the realities posed by some of these changes. We believe that keeping high standards for those providing ABA services does improve the quality of services but also requires agencies to pay for more trainings and possibly raise reimbursement rates in order to attract and keep qualified staff. This will result in some increased costs for agencies that could be acknowledged by this proposal.

Overall, we are very excited about many of the changes made and will look forward to hearing more reaction from other professionals, client, and parents. In reading some of the initial feedback, we were especially drawn to the response by Cheryl Tierney-Aves, MD, MPH. We would like to take this time to offer much support around her feedback and feel like it is much in line with our reaction as well. We would like to see someone of her knowledge and experience be included in these proposed policy changes.

Thank you for this opportunity to provide feedback on this matter.

Sincerely,

Stephanie Richer, MSS
Director of Behavioral Health

Kristen Weekes, MS, BSL
Director of BHRS

Sara Romasco Hulings, M.Ed., BCBA, LBS
Director of ABA Services