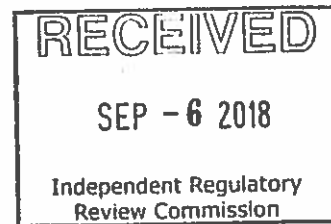


14-546-97 3209

Champa, Heidi

From: Jessica Carlton <JCarlton@yapinc.org>
Sent: Tuesday, September 04, 2018 5:06 PM
To: PW, IBHS
Subject: re: comments on proposed IBHS regulations
Attachments: Regs response Sept 2018.docx

Follow Up Flag: Follow up
Flag Status: Completed



Good afternoon, please see attached comments regarding proposed regulations changes on behalf of Youth Advocate Programs, Inc. Thank you for the opportunity for feedback and input.

Jessica Carlton-Humenik, LSW
Youth Advocate Programs, Inc.

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3209

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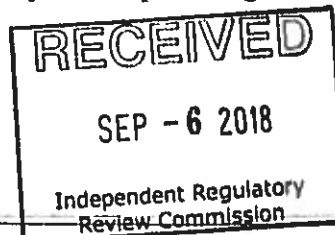
To Whom It May concern:

Throughout the proposed Regulatory Analysis Form for IRRC #3209, the Department of Human Services states that the proposed regulations will benefit children, youth, young adults and providers. Youth Advocate Programs, Inc. has identified several areas in which the regulations as they are proposed would create significant service access issues for youth and families as well as prohibit families from having choice related to the type of support services their child receives, which is essential. The proposed regulations limit services that will be offered, especially to those with autism spectrum diagnoses, and limit family member's ability to work collaboratively with an agency to select and individualized treatment approach. Reducing the available types of services to youth and families places them at greater risk for restrictive and costly settings such as out of home placement and hospitalization.

In addition, Applied Behavioral Analysis (ABA) should not be the only treatment approach available to children with Autism Spectrum Disorder. For decades, children have been treated successfully through BHRS utilizing training and techniques that pre-date ABA. The Sonny O. settlement was not intended eliminate all other treatment interventions. As stated by Martin C. Carlson, Magistrate Judge, "... the settlement does not mandate ABA therapy, it just provides access to that therapy." Families should continue to have the ability to choose the services that they feel are appropriate for their children.

Many providers use a relationship-based and other approaches to choose interventions that best help each individual and family they serve. These approaches to treatment are strength-based and driven by the use of data, consultation, and observations to develop, analyze, and address positive behavior change according to the history and present needs of unique individuals, not those of a theoretical "population." A key component of this type of holistic approach to behavior change is the recognition that families and communities also may need to change their behavior in order to better support the inclusion and value the diversity of all their members. As with any other diagnosis, there should be an array of treatment options available. The proposed regulations limit the choice families have regarding the treatment that their children receive. This is counter to the idea of family voice and choice.

As the structure of services in Pennsylvania currently stands, there is already an established statewide issue related to service access due to the limited availability of licensed staff to oversee cases for children with autism, as well as staff that are qualified to provide TSS(BHT) level services. The proposed adjustments to staffing requirements adds complex and costly levels of certification including post graduate coursework for master's level staff and increased training hours for TSS (BHT) staff. There is no identified plan for how such costs to may be offset for staff. Last year, PA ranked #2 in average student debt. 68% of PA students graduate college with debt. Proposed additions to already high student loan debt will only be prohibitive in attracting staff, thus limiting family access to services, affecting Pennsylvania communities statewide. In addition to the requirements for direct service staff, changing criteria for Administrative Directors will pull them from current positions providing direct services in order to gain additional coursework/training.



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There are also a number of areas where increased amount of non-billable administrative costs and staff acquisition costs will far outweigh the slight benefit from either. Some of the increased costs include:

- Management and development of *individualized* trainings specific to staff *hire dates*
- Increased credentials and staffing of an Administrative Director and Clinical Supervisor
- Increased credentials for Behavior Specialist Analysts and Behavior Health Technicians
- Increased supervision requirements and documentation
- Quality reviews of records every 6 months, an annual review, an annual public quality report, and other written policies and procedures.

As a provider of BHRS services for decades we feel the exaggerated focus on credentialing that is high priced and unrealistic for staff will impact service provision for families across the state. This type of approach does not fit the family focused models that the state has held up as a cornerstone.

Our recommendations for the proposed IBHS regulations would include:

- Eliminate the qualification under **INDIVIDUAL SERVICES § 5240.71. Staff qualifications. (b)** Behavior specialists who provide individual services to children diagnosed with ASD for the treatment of ASD *shall meet the qualifications for a behavior specialist analyst in § 5240.81(c)*. This would allow non-ABA services to be provided to children, youth and young adults, maintaining family choice as an essential component to IBHS services.
- Eliminate the requirement that an Administrative Director have a graduate degree.
- Eliminate the requirement that staff trainings be specific to a staff person's hire date and instead require trainings to be individualized on an annual basis.
- Clarify the ability for youth on the spectrum to have access to in home mobile therapy services.
- Clarify the Admissions Process with the proposed requirement of having a written order and assessment as opposed to the current Best Practice Evaluation - Life Domain Format for Psychiatric/Psychological Evaluations: Initial and Continued Care
- Develop a service description template for each IBHS to streamline the admission process.

Identify a significant rate increase in the reimbursement for behavioral health services provided to children, youth and young adults with mental, emotional and behavioral health needs to include a cost of living adjustment, prior to rolling out implementation. This will allow providers and staff to determine if they are able to maintain themselves as providers under the new regulations going forward.

Sincerely,

Jessica Carlton-Humenik
Vice President
Youth Advocate Programs, Inc.

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