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Mentzer, Lori

From: Varney, Karen <KVarney@merakey.org>
Sent: Wednesday, September 05, 2018 4:31 PM
To: PW, IBHS
Subject: IBHS Comments and Concerns
Attachments: Comments and Concerns for IBHS Regulations 08.30.18.xlsx

Good Afternoon Tara,

Please see the attached comments and concerns for the IBHS regulations on behalf of Merakey. We apologize for the late submission.

Thank you,

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IBHS Questions and Recommendations for State

Section Name	Section #	Questions or Comments for State	Rationale	Level of Concern	RCPA
General Provisions	5240	Would DHS consider changing this from a limit on the number of cases to a limit on the number of hours or allowing both?	Capping by number of hours creates the risk of clients not receiving enough hours/services, but also there will potentially be a staff shortage because there's no guarantee of full time hours.	High	
General Provisions	5240	Do these regulations include BHRS exception program, CSBBH, and the preschool program in the east?	Clarification question; they would likely just need to be reapproved with future regulations.	Low	
Staffing	5240.11	Would DHS consider eliminating the minimum requirement for each week at each location and the need for a master's degree for the Assistant Director?	Regs state Assistant Director needs a Masters degree and a minimum requirement of 7.5 hours of documented support at each location if shared. This has potentially significant impact on Merakey financially and operationally.	High	Y
Staffing	5240.11	Please clarify if the proposed rule can include LBS. The current language does not seem to specify if the requirements for Clinical Director apply to individual services as well.	There is only a small pool of possible staff, so retaining and recruiting qualified individuals for this position is/will be difficult.		Y
Staffing	5240.11	Can the clinical director have a caseload?			Y
Staffing	5240.11	For the requirements of a BHT (without certification): would DHS please clarify what "full time experience" entails and how many hours are required?	(A. Gray)		
Staff Training Plan	5240.13	Would DHS allow training to be tracked annually rather than by hire date?	Tracking training annually would be hectic and time-consuming.		Y
Staff Training Requirements	5240.73	Department approval of all training doesn't allow flexibility for providers to ensure training is cost-effective and timely.	(A. Gray) comment: "this maybe would be better as a question vs. a statement. What is the process to have trainings approved by the department?"		ONLY
Service Planning and Delivery	5240.21	(a) Clarification needed on the meaning of initiation of IBHS.			ONLY
Service Planning and Delivery	5240.21	(d) (3) Clarify the intent of transition plan as a part of safety/crisis plan.			ONLY
Service Planning and Delivery	5240.21	How will providers be authorized to initiate services?	Regulation states there are no ISPT meetings required, and an assessment can be completed by a BS/MT in individual services and a BSA in ABA Services within 15 days of the initiation of the written order		

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Service Planning and Delivery	5240.21	What occurs if the assessment completed by the qualified staff is in disagreements with the written order? Which deems medical necessity, the written order or the assessment?			
Individual Treatment Planning	5240.22	Regarding the new request for the number of hours in each setting, can the authorization be specific hours that can be utilized across all settings to allow for flexibility with client needs and behaviors?	The change to remove the ISS schedule requirements makes services more accessible to clients; however, this change would restrict services. RCPA agrees language is too restrictive with "each setting"		Y
Individual Treatment Planning	5240.22	Would DHS consider removing 5240.21 (e) (5) to update assessment every 90 days if no progress is reported? The ITP is a more clinically appropriate requirement to update after 90 days of no progress. 5240.22 (f) (2) Can the requirement to update the ITP after 90 days of no progress be affected starting with the first continues stay authorization? 90 days is not a lot of time to assess progress with tx plans do after 30 days (A. Gray)	The assessment update reads as best practice evaluation, although clinically there may not be significant change after only 90 days.		Y
Discharge	5240.31	We have concerns about managing the need for follow up calls 30 days after discharge.	Tracking and documentation may be difficult. RCPA suggests changing language to documented 2 phone contact attempts. A. Gray: "I am not sure I would submit this question, it is possible we do it in other programs. Across the board we will be able to do almost anything if they provide an appropriate rate."		Y
Discharge	5240.31	We have concerns about how to manage IBHS staff booster sessions for short periods of time.	A. Gray: "Same as above, we are able to do it with other programs."		
Records	5240.41	Addressing the chart review every 6 months and new additions: would DHS consider removing this from records and linked to follow the requirements in 5240.61?	Reviewing every chart including the new additions with this frequency would be too time-consuming. 5240.61 addresses annual review processes.		

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Records	5240.41	(b) (3) Suggest that this language/requirement be moved to 5240.61 Quality improvement requirements as this would support the method for establishing sample size, frequency of review and staff qualifications to perform the review.			ONLY
Quality Improvement	5240.61	Please clarify what the annual review and annual report entail. What needs to be part of the public report?			Y
Individual Services	5240.71	More information would be helpful on certification programs and certification boards for the new requirements for BHTs. Consistency with the defined timeframes for achieving proper credential to provide service would also make the process easier.	The qualifying degrees with experience are being expanded. This will require changes to job descriptions, policies, Avatar.		Y
Individual Services	5240.71	Could DHS provide guidance regarding credentialing on practicum requirements? Needs clarification on MH direct service practicum. Several of the degrees listed as qualified do not typically have MH practicum's.			Y
Individual Services	5240.71	Can DHS please clarify: will assessment and assistance still be required for BHT? Additionally, will the hours for Assessment and Assistance count towards the 30 hours required before working with the client?			Y
Individual Services	5240.71	Remove mental health specific requirement due to the limited pool of candidates.	A. Gray: We address this differently in an earlier comment; they are not the same but similar.		ONLY
Individual Services	5240.71	Does the credential of RBT meet the qualifications of a BHT? What is the scope of certification in PA for BHT? Costs? Requirements? Ongoing supervision?	Currently there is no BHT certification for the PA Certification Board A. Gray: "5240.71-(d) 5240.81 (e) individual and ABA an RBT meets the qualifications of BHT. I would keep only the question what is the scope of the PA certification for a BHT"		ONLY

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Individual Services	5240.71	<i>If this section is MH only, why would the BHT have to meet the same criteria as an ABA program staff?</i>	A. Gray: "I would not ask this. We are required EBT we would clearly use ABA for both Individual and ABA services. The sis the most cost effective means to meet the regulations and provide quality service to both services"		ONLY
Individual Services	5240.71	Can the IBHS Supervisor also be qualified as a BS/MT for individual services? Service provisions 5240.75 do not list supervision under the role of a BS/MT.	IBHS Supervisors have similar requirements as the BS/MT. The clinical director can only provide supervision if the agency employs >9 full time staff, meaning an IBHS supervisor role will be needed.		
Individual Services	5240.71	Would DHS consider changing the frequency of individual supervision sessions to quarterly rather than monthly? Does this requirement apply to all IBHS staff?	Monthly supervision sessions create a significant amount of non-direct time. J. Kane: "Some discussion should be had on whether this is truly the stance we want to take. The value of regular supervision can be seen in the increased quality of service as well as the reduction of compliance issues." A. Gray: "I would just clarify all IBHS staff."		
Individual Services	5240.71	Can DHS provide clarification on the amount of staff a supervisor is able to supervise. Is it only 9 at a time per group supervision, or is it no more than nine people can be under one supervisor?	A cap was added on a supervisor's ability to oversee more than 9 full time BHTs; additionally no more than 9 BSC/MT/BHTs can participate in each group supervision session. We are required to have highly qualified supervisors, but we would need a lot more supervisors and this would severely cut back on direct services to consumers.		
Individual Services	5240.71	How is "equivalent" defined in the following change and how will the hours be calculated? "BHTs who have a behavior analysis certification may count hours of training and completed coursework required for obtaining an maintaining certification towards the training requirements. In addition, equivalent college coursework may be counted."			

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Individual Services	5240.71	Please provide more clarification regarding BHTs making referrals.			
Individual Services	5240.71	BSC's who are licensed should be able to provide Individual Services to children who are diagnosed with ASD without meeting the qualifications under 5240.81(c) because they are providing non-ABA services.	A. Gray: "5240.71 (b) states the BS has to meet 5240.81 c for children with ASD. You do not need to meet the ABA qualifications to work in individual services with non-asd clients. We do not need to ask this question."		ONLY
Individual Services Initiation Requirements	5240.75	(a) Behavior Specialist Consultation should be expanded to include all necessary treatment team members.			ONLY
Individual Services Initiation Requirements	5240.75	BSC should be able to do all activities provided by the BHT. MTs should be able to consult with all necessary treatment team members. MTs should be able to do all activities provided by the BHT.	J. Kane: " Would like to further discuss rationale behind this before proposing to DHS. "		ONLY
Individual Services Initiation Requirements	5240.75	Add supervision requirements language in the BSA section.			ONLY
Individual Services Initiation Requirements	5240.75	BSC and MTs should be able to develop, design and direct an ITP. There is inconsistency around this activity/language.			ONLY
Individual Services Initiation Requirements	5240.75	Referrals should not fall under the BHT role, but included in BSC and MTs role.			ONLY
Applied Behavioral Analysis	5240.81	Does a BSA need a BCBA, or is it only needed for the Clinical Director?	It states the BSA needs to be licensed and have 12 credits in ABA from an accredited college or university. A. Gray: "5240.81 (c) states they only have to meet one of the requirements, BCBA is one of them, but there are other options"		
Applied Behavioral Analysis	5240.81	Would DHS please provide clarification on the BHT, BSA ,and ABSA certification programs, timeframe of availability, and cost?	(A. Gray)		

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Applied Behavioral Analysis	5240.81	Add a minimum qualification of a bachelors degree.	A. Gray: "Why would we increase the qualifications on a regulation. Better to decide as a team if it is best practice but not increase regulations."		ONLY
Applied Behavioral Analysis	5240.81	Please clarify: is it correct that an assistant BSA ABSA can provide supervision, while a BS/MT cannot?	An assistant BSA ABSA can have one of the following: -The above requirements of licensure and 12 credits in ABA -All of the qualifications for licensure, except the required 1000 hours of experience. -A bachelors degree with a BCaBA A. Gray: "It is clear an ABSA can provide supervision, maybe we ask the question under individual services can a supervision be added under the service provisions in 5240.75 for BS/MT if they meet the IBHS Supervisor qualifications?"		
Applied Behavioral Analysis	5240.82	What is the difference between service delivery of the ABSA and the BSA. Roles need clarification. Is a BSA required on each case?			ONLY
Supervision	5240.82	As a lot of time will be lost to following these requirements rather than providing services, we ask that DHS reconsider the he supervision changes for both individual services and group	It would be cumbersome and not cost effective. (RCPA) 30 minutes/every 3 months/each IBHS staff person is intrusive. Direct observation for this timeframe tells us very little about fidelity to practice. Are there other ways to monitor adherence to fidelity for ex case reviews? A. Gray: "I prefer to keep the question above asking if individual supervision can be quarterly in both services for all roles?"		Y
Supervision	5240.82	Can the Clinical Director provide supervision to the ABSA and the BHT-ABA if it is more financially feasible for programs? (RCPA) Consistency is needed around who can provide supervision in both Individual Services and ABA.	BSA provides supervision to ABSA and both BSA and ABSA provide supervision to the BHT-ABA. This causes a lot of non-direct time that prevents billable time to manage costs.	High	Y

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Supervision	5240.82	It states "each IBHS staff person"--who are the individuals that this applies to?	If this applies to Masters-level staff, it creates an excessive amount of supervision which requires an infrastructure that will actually decrease access to treatment.		ONLY
Supervision	5240.82	In addition to the IBHS Supervisor, add the BS/MTs to the "consult with staff during all service hours"			ONLY
ABA Service Provisions	5240.87	If an ASAS is being utilized, does the regulation require both a BSA and ABSA on the case? Please clarify.			
ABA Service Provisions	5240.87	Please expand upon the ability of BHT-ABA to make referrals.			
ABA Service Provisions	5240.87	How are ABSA services authorized? Are they prescribed at the discretion of the agency?			ONLY
ABA Service Provisions	5240.87	Add the consultation language the same as BSC. Add observation and collection of data.			ONLY
ABA Service Provisions	5240.87	The BSA should be able to carry out the same duties as the ABSA and the BHT-ABA.			ONLY
Evidence-Based Therapy	5240.91	Please clarify the implications of this section: does this only apply to individual services, as ABA would be the EBT for ABA services?	We are adopting all of the ABA training requirements, so ABA would be our EBT across the board. A. Gray: "EBT is required for both individual and ABA - 5240.91 - I don't think we need to ask this question. Logically since qualified staff will be working with both individual and ABA services ABA should be the EBT form both services."		
Payment Conditions for Individual Services	1155.32	Are psych associates allowable?	Conditions to be met: (ii) "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 disorders."		

