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# Sharon Regional Medical Center

A STEWARD FAMILY HOSPITAL

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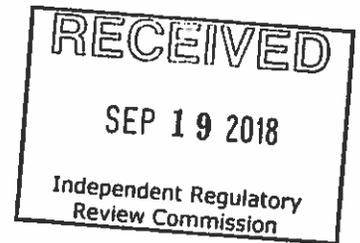
SEP 12 2018

BUREAU OF POLICY AND PROGRAM DEVELOPEMENT

**Behavioral Health Services | TJ Hudock, Senior Director**

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Proposed Chapter 1155 IBHS Public Comment



1. 5240.81 5240.83 5240.87

BCBA licensure is time-consuming and expensive. In communities like ours which are outside of large metropolitan areas, there are few licensed BCBA's - even now, nearly 20 years since the certification first became available. The providers of this certification charge a high tuition and finding supervisors for the lengthy supervised experience portion is also challenging and expensive. There is no argument against requiring BCBA certification for direct care clinicians – it is an excellent preparation for the provision of high quality evidence-based treatment. We see the employees who attain BCBA status are typically very clinically minded and have a passion for working directly with patients. Requiring program directors to obtain BCBA certification simply to oversee them presents a burden to the program and is not at all necessary to operate an effective evidence-based ABA program. In our program, we have specialized in treating children diagnosed with Autism for 20 years. Our program is somewhat large at 100+ patients, and the clinic director is a seasoned administrator. Our program has an outstanding reputation as the top 1 or 2 providers for Autism services in the area. In a program of this size, the clinical director focuses on many things ranging from hiring and code of conduct issues to scheduling, staff supervision and program budgets. It's not a working-manager type position. As such, requiring a costly certification that is clearly intended for direct care clinicians does not make sense. We think a peer- based mentoring and supervision setup would work better for the oversight of BCBA's in areas and in programs like ours.

2. 5240.7, 5240.73, 5240.75

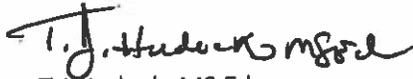
Concerns have arisen regarding the requirement to train all TSS level workers in BCBA type curriculum. Certainly, the education is applicable, and it would likely lead to a higher quality of care. The issues around cost to employee or cost to the agency are problematic, as BHRS has become an ever-increasingly harder budget to balance. Expecting educational institutions to provide this training – as in the case of BCBA certification, would certainly lead to a costly product that would be untenable. We are recommending that this training be made available at reasonable cost. It would ideally be provided in a series of rolling educational opportunities, webinars, video-based programming and the like. It's important to consider that the reimbursements for TSS services have changed only minimally over the past 20 years, while all the costs have gone up considerably. A basically flat cost of living adjustment has

begun to impact the number, quality and type of applicants available and has further cemented the position largely as a "stepping stone" for many applicants. We remain stridently focused in favor of providing a high-quality, evidence-based care, however, its impossible to ignore the impact that market dynamics have upon employees willing to educate and invest in their role as TSS workers.

3. 1155.31

Third party payor expectations -as in the case of Act 62 - remain burdensome and difficult. It's quite time-consuming to hold the hands on these insurance payor sources and direct the secondary payment to MA on the few applicable cases we have. Opening this up further to all third-party payors will only increase this issue - adding to the burden on agencies. To navigate the reluctant waters of private /commercial payor sources.

Sincerely,

A handwritten signature in black ink, appearing to read "T.J. Hudock MS Ed". The signature is written in a cursive, somewhat stylized font.

T.J Hudock, MS Ed.

Senior Director, Behavioral Health Services