

June 4, 2025

RCPA Recommendations for IBHS Individual Services Supervision

§ 5240.72. *Supervision of staff who provide individual services.*

(a) *An individual who meets the qualifications of a clinical director shall provide the following supervision to individuals who provide behavior consultation services and mobile therapy services:*

(1) *One hour of individual face-to-face supervision per month that includes oversight of the following:*

Recommendation:

The required face-to-face supervision go back to a group format. It is still appropriate to discuss client progress, adjustments to ITP, etc. – in a treatment team format.

(3) *Thirty minutes of direct observation of services being provided every 6 months.*

Current Impact:

- The direct observation requirements create barriers with mobile therapy service delivery. For example, schools are not permitting multiple staff into classrooms to observe in that setting. It is also therapeutically inappropriate for someone else to sit in on a therapy session.
- The IBHS requirements for supervision are more stringent than the PA licensing boards.

Recommended Change:

- Remove the 30-minute direct observation. With the level of supervision indicated in (1) and (2) additional observation for an MA/Licensed Clinician is not needed or required by the licensing/accrediting bodies.
- For Behavioral Consultants (BC) and Mobile Therapists (MT) who are licensed, their licensing board requirements for supervision should be followed and used as the criteria for IBHS regulation compliance.
- The BHT requirement for one hour of direct observation every 6 months should be included in the regular supervision hours and not in addition to.

Change Impact:

- Clinicians would have more time to devote to delivering direct services.
- Cost savings for removal.

(b) *An individual who meets the qualifications of a clinical director or is qualified to provide behavior consultation services or mobile therapy services shall provide the following supervision to individuals who provide BHT services:*

(1) *One hour of supervision each week if the individual who provides BHT services works at least 37.5 hours per week or 1 hour of supervision two times a month if the individual who provides BHT services works less than 37.5 hours a week. An individual who provides BHT services must receive 1 hour of individual face-to-face supervision each month.*

Recommendation:

Suggestion to remove this 'individual' supervision. Since these BHTs are overseen by their BC individually on site, they don't additionally need 1:1 supervision in addition – treatment team format for case review in supervision would be much more cost effective.

3) One hour of direct observation of the provision of individual services to a child, youth, or young adult during the implementation of the ITP every 4 months, unless the individual meets the qualifications to provide BHT services included in § 5240.71(d)(5) (relating to staff qualifications for individual services). If the individual meets the qualifications to provide BHT services included in § 5240.71(d)(5), the individual shall receive 1 hour of direct observation of the provision of individual services to a child, youth, or young adult during the implementation of the ITP every 2 months.

Recommendation:

Since the BC overlap in the field there is an issue here; but we believe this direct observation should count as their supervision for that week. Currently, we are required to provide the additional hour, even if this hour took place, which is complete overkill.

§ 5240.82. Supervision of staff who provide ABA services.

(a) An individual who meets the qualifications of a clinical director shall provide the following supervision to individuals who provide behavior analytic services and behavior consultation—ABA services:

Comment:

- Those staff that meet the requirements of the BC-ABA should meet the daily requirements to conduct peer review or peer-led supervision. Additionally, this can be overseen by an individual who meets the qualifications for a clinical director.
- The staffing requirements of the clinical director to provide supervision and review ITPs is unnecessary and limits access to ABA services. Perhaps a sampling would create oversight of a more reasonable standard.
- BCBA shortages in PA continue to create barriers to meet staffing, treatment, and supervision capabilities.
- Operationally, this is perhaps excessive, and there are not enough BCBA's in the state to support this.
- Individuals with their ABA degree are competent and do not require direct observation every 6 months; this is burdensome, expensive to administer, and unnecessary. Also, there is no requirement from the State Board of Medicine for Licensed Behavioral Specialists to have direct observation or oversight of their work, which also applies to the BACB with regard to BCBA's.

Recommended Change:

- Implement 5240.81(g) (6) above, or if not, then: Those with a BA in ABA are required to have direct observation every 4 months.

Change Impact

- Reduce costs and administrative burden.
- Allow many more clinicians to spend time in the field with clients.

§ 5240.82. Supervision of staff who provide ABA services.

(a) An individual who meets the qualifications of a clinical director shall provide the following supervision to individuals who provide behavior analytic services and behavior consultation – ABA services:

(1) One hour of individual face-to-face supervision per month that includes oversight of the following:

Current Impact:

- The amount of supervision for those staff that have one or few cases is excessive.
- This requires more supervisors than needed and is a financial strain on providers.
- Reduces the availability of direct care due to the need for this amount of supervision.
- The amount of supervision should match the number of clients and complexity of the cases.

Recommended Change:

- Use of group supervision as a more efficient process than individual in this circumstance.
- Less than 10 hours per month of direct care or less than 5 cases, need only 30 minutes per month of group supervision.

Change Impact:

- More flexibility;
- More direct care time;
- Reduce costs; and
- Increased retention of staff.

§ 5240.82. Supervision of staff who provide ABA services.

(a) An individual who meets the qualifications of a clinical director shall provide the following supervision to individuals who provide behavior analytic services and behavior consultation – ABA services:

(2) If the individual who provides behavior analytic services or behavior consultation – ABA services supervises an individual who provides assistant behavior consultation – ABA services or BHT-ABA services, the individual shall receive an additional hour of face-to-face supervision per month that includes a discussion of the assistant behavior consultation – ABA services or BHT-ABA services being provided.

Current Impact:

- The amount of supervision for those staff that have 5 or fewer RBTs they supervise is excessive.
- This requires more supervisors than needed.
- Financial strain on providers.
- Reduces the availability of direct care due to the need for this amount of supervision.
- The amount of supervision should match the number of RBTs and the complexity of the cases.

Recommended Change:

- Less than 5 RBTs that are supervised by the person providing BA or BC services need only an additional 30 minutes per month of group face-to-face.

Change Impact:

- More flexibility;
- More direct care time; and
- Reduced costs; due to the smaller number of RBTs, this reduced supervision time would not impact quality of care, as there would be sufficient time to have comprehensive case discussions.

§ 5240.82. Supervision of staff who provide ABA services.

(c) An individual who meets the qualifications of a clinical director or is qualified to provide behavior analytic services or behavior consultation – ABA services, or an individual who is qualified to provide assistant behavior consultation – ABA services and has a BCaBA or other undergraduate-level certification in behavior analysis that is accredited by the National Commission for Certifying Agencies or

the American National Standards Institute, shall provide the following supervision to individuals who provide BHT-ABA services:

(1) One hour of supervision each week if the individual who provides BHT-ABA services works at least 37.5 hours per week or 1 hour of supervision two times per month if the individual who provides BHT-ABA services works less than 37.5 hours a week. An individual who provides BHT-ABA services must receive 1 hour of individual face-to-face supervision each month.

(2) If the individual has not previously provided BHT-ABA services, 6 hours of onsite supervision during the provision of ABA services to a child, youth, or young adult prior to providing ABA services independently.

(3) One hour of direct observation of the provision of ABA services to a child, youth, or young adult during implementation of the ITP every 4 months, unless the individual meets the qualifications to provide BHT-ABA services included in § 5240.81(g)(5) (relating to staff qualifications for ABA services). If the individual meets the qualifications to provide BHT-ABA services included in § 5240.81(g)(5), the individual shall receive 1 hour of direct observation of the provision of ABA services to a child, youth, or young adult during implementation of the ITP every 2 months.

Current Impact:

- The required amount of supervision is far more than is needed.
- Any on-site supervision should count as face-to-face. Direct observation should be included in supervision hours, not in addition to supervision hours.
- This reduces the amount of direct care clinicians can provide, because they have to do more supervision.

Recommended Change:

- On site should count as face-to-face. Direct observation should be included in supervision hours, not in addition to supervision hours.

Change Impact:

- The change matches the national codes for the level of supervision.
- Provides better supervision by being on site.
- Increases the amount of direct care.
- This would not reduce the quality, as on-site supervision is superior to off-site supervision.