



CAP Meeting Minutes
January 13, 2023

Welcome and Introductions

Sue Coyle, CAP President, called the meeting to order at 1:06pm. She welcomed everyone to the meeting.

Review / Acceptance of Minutes

Review and acceptance of the November 2022 meeting minutes: Minutes were sent out via email to the group for review. A motion was given by Kim Sonafelt and a second was received by Karen Jacobsen to accept the minutes as presented.

Treasure's Report –Tom Cloherty

Present balance: \$61,502.51
No outstanding invoices

RCPA updates- Jim Sharp

RCPA & Systems Update

New Shapiro Administration

We have met with Gov. Shapiro and his transitions team on multiple occasion and RCPA has a seat at the governor's transition team in Richard Edley.

New DHS administration

- Current Status Leadership DR. Val Arkoosh will lead DHS under the new administration

Dr. Valerie A. Arkoosh has served on the Montgomery County Board of Commissioners since she was first appointed to fill a vacancy on the Commission in January 2015, and later elected to two full four-year terms in November 2015 and November 2019. She served as Commission Vice Chair until her election as Commission Chair in November 2016, the first woman to assume this role. As Chair, Dr. Arkoosh oversees a budget of over \$500 million and directs more than 2,800 employees and manages human services for more than 100,000 residents. As a physician and public health professional,

- DDAP Deputy Secretary is a local. Dr Latika Davis Jones
- There was an announcement yesterday though nothing official as far as a press release that former DDAP Deputy Secretary Jen Smith would be the new Deputy Secretary at OMHSAS. RCPA has a long established relationship with Deputy Secretary Smith
- We have yet to hear any word on the OCYF position to date

A. RCPA Legislative & Systems Priorities

The legislative priorities

- Across RCPA Divisions
 - Workforce Initiatives and Funding
 - DSPs, counselors, and licensed staff
 - Regulatory Reform
 - Decreasing administrative burden
 - Address barriers and challenges in the PROMISE system that result in delays in providing services
 - Advocate for funding that reflects true “cost-plus” and for meaningful, transparent VBP models
 - Continue advocacy for the appropriate release of “rainy day funds” to bolster services and workforce

- Behavioral Health (Adult and Children’s Mental Health; Substance Use Disorder services)
 - Release of the BH Commission Dollars (\$100M)
 - Support a restoration and increase in county MH funding
 - Support and expansion of telehealth in line with federal standards, and for parity in rates
 - Support for the re-implementation of the national CCBHC model and funding
 - Work with legislature on SUD funding and dollar flow
 - Ensure the sustainability and integrity of the Opioid Use Disorder Centers of Excellence program
 - Advocate for the timely distribution of county and state opioid settlement dollars
 - Reopen and amend the IBHS Regulations to address access issues

DHS RCPA Regulatory Reform

One of the major topics we have established in our agenda is the regulatory reform process from a development, interpretation, ruling and process implementation.

We have been asked by both the house and senate human services committees to review the regularity standards from DHS across all human services specifically mental health and Substance abuse treatment. We have created several positional statements and continue these efforts.

Included in the recommendation:

- The intersects between regulatory burdens from an administrative perspective and its impact on the lack of access to treatment and the workforce crisis
A review of regulatory standards around staffing qualifications, training requirements and auditing process for licensing, Bh MCO and County entities should be a priority
- HealthChoices and Contractor Oversight. OMHSAS explains the regulations are the minimum standard but that the BC MCO has the autonomy to create processes they see to ensure the

delivery of quality services. This results in five different health choices implementing five different ways to what is outlined in a single statutory requirement. The general assembly was not aware of this process but questioned why this happens

- Change to the regulatory process whereby DHS legal reviews the regulations for years before it even goes to the governor is one that needs to be examined. This process yielded little to no progress of regulations at DHS

RCPA Adult MH Steering Committee Priorities

A. Strategic Agenda

Highlighted Priorities Include

- Creating pathways and partnerships to integrated Behavioral Health
- Developing systems and processes across regulatory, funding and operational platform that represent parity and equity across service systems
- Telehealth expansion ensure equitable planes of access, delivery and funding
- Regulatory reform efforts in areas such as Crisis, Outpatient Services & ACT
- True partnership with OMHSAS and the HealthChoices network in collaborating in the development of regulatory and logistical process that ensure access and delivery
- Creating pathway to value based opportunities that represent shared value for payers and providers

988/Crisis Committee:

RCPA Crisis Group will be meeting with OMHSAS Policy Team to review critical updates on OMHSAS plan for crisis services this year. The group is also awaiting the release of the Crisis regulations for public comment. A team will review the regulatory draft and prepare comments for submission and testimony for the IRRC Promulgation process

ICWC/CCBHC:

The Substance Abuse and Mental Health Services Administration (SAMHSA) is seeking public comment on the initial revised draft of the update to the [Certification Criteria for Certified Community Behavioral Health Clinics \(CCBHCs\)](#).

At the RCPA ICWC/CCBHC meeting, we reviewed the proposed changes and the potential impacts for those agencies in current either CCBHC Demonstration or newer expansion projects. These proposed new standards would affect both programs. At the end of the document is a table of the proposed revisions that fall into the following categories:

Revisions to the CCBHC criteria are summarized as follows:



Significant Updates to Advance the Field: These are significant changes that correspond to updates to federal policies, national standards, evolving technologies, and/or infrastructure changes for Crisis Care, Responding to the Opioid Crisis, and Health Equity.

Several key changes include reduced response time for Crisis intervention, crisis stabilization programming, and requirement for physical labs for clients, potential building renovations and potential licensing ramifications for D&S and MH state program licenses

RCPA is in the process of reviewing the new standards to gauge member and program impacts for current CCBHC and/or OMHSAS/ICWC providers. The analysis will aid in the development of recommendations from RCPA to the National Council for Mental Wellbeing and SAMHSA in order to support our members' positions, including the payment model comparisons.

We ask members to share their feedback from their review with RCPA Policy Director [Jim Sharp](#) and/or provide your recommendations and input on the revised draft of the CCBHC Criteria [directly to SAMHSA](#) no later than January 20, 2023

ICWC/CCBHC Meeting Key Highlights

OMHSAS

- OMHSAS is reviewing the proposed CCBHC Model changes and their potential impact on future decisions on whether Pa rejoins the CCBHC Project topics include crisis/988 services
- ICWC Stakeholder Meeting by OMHSAS this Spring
- There will be another Federal NOFO Grant for CCBHC expansion. There will be no State oversight or certification. Expect published announcement in February
- RCPA Asked for full consideration to joint annual license and inspections to also include county, State and BH MCO audit processes
- There is no plan in place for 2023 for expanding the ICWC service providers possible in 2025/25
- States in the demonstration project can expand but under an amended state plan or an 1115 waiver.
- We discussed rate for the coming fiscal year, the last few years providers have seen nominal rate increases

ACT Committee: Steering Committee Meeting

The RCAP ACT team is reviewing the ACT staffing model for suggested changes as part of a reg review with OMHSAS to examine the intersects with service delivery challenges and the work force crisis. The goal will be to submit in March of this year
Listing of all regs recommendations for change.

BH Health Commission

As part of Governor Wolf's commitment to funding county-based mental health services he included over \$36 million in last year's budget. Unfortunately that was not approved by the general assembly and the initiative turned into a \$100 million allocated to adult BH services. The BH Commission was charged with developing a plan, which in the end turned out to allocate the funds with \$39 million going to workforce, \$25 million to criminal justice and \$34 million to bolster services.

Again when it needed to be legislative the general assembly failed to create legislation to allocate the funds. RCPA and mental health safety net coalition has been lobbying legislators to allocate these funds for fear of this \$100 million becoming part of another budget year. The funds designated for this are federal ARPA funds and the state has until the fall of 2025 to expend the funds but at this time, there is no plan, no hearing and no fund distribution.

Telehealth Update

Current State of PA Telehealth

PA End of the PHE:

RCPA has had the opportunity to engage with the Office of Mental Health and Substance Abuse Services (OMHSAS) for clarification on the flexibilities outlined below, as provider members have raised questions regarding the flexibilities. OMHSAS has extended certain flexibilities with the expiration of the Pennsylvania Public Health Emergency on October 31, 2022. The temporary suspension of provisions in certain OMHSAS bulletins and other non-regulatory guidance documents listed below **will expire on December 31, 2022.**

Current Telehealth Standards

We are still operating under the OMHSAS has released the new telehealth bulletin titled "[Bulletin OMHSAS-22-02](#)" that updates the guidance contained in OMHSAS-21-09 regarding documentation of consent and the use of electronic signatures. It also revises the billing instructions related to the place of service (POS) codes and modifiers to be used for telehealth. In addition, this bulletin addresses the ability of licensed practitioners who serve less than five individuals to request approval to deliver services using telehealth where they do not maintain a physical location in Pennsylvania within 60 minutes or 45 miles (whichever is greater) of the area served. Please read the new bulletin carefully.

For telehealth, the new standards for verbal consent requirements **WILL NOT GO INTO EFFECT UNTIL March 31 2023**. These verbal consent requirements are outlined in the most recent [OMHSAS New Telehealth Bulletin: Revised Guidelines for the Delivery of Behavioral Health Services through Telehealth](#).

Note that Act 98 makes audio-only for Outpatient MH & D&A a qualifying and billable service.

On October 28, 2022, [House Bill 1630](#) was signed into law by Governor Tom Wolf as P.L. Act 98 of 2022 and is effective immediately. This law repealed three sections of the Office of Mental Health and Substance Abuse Services (OMHSAS) regulations:

- 55 Pa. Code § 1153.14(1); § 1223.14(2); and § 5230.55(c), which were previously suspended by the Public Health Emergency (PHE). Behavioral health (BH) providers may now deliver and bill for BH services through audio-only telehealth for both Outpatient Psychiatric Services and Outpatient Drug and Alcohol Services that are consistent with OMHSAS bulletin [OMHSAS-22-02](#), titled “Revised Guidelines for the Delivery of Behavioral Health Services Through Telehealth,” which was issued on July 1, 2022.
- Additionally, BH providers delivering Psychiatric Rehabilitation Services now have the ability to provide supervision through a video or audio platform.

ACT 76:

As you recall, this act was designed to continue the flexibility of psychiatric time as well as the assistance in on-site supervision with the use of CRNPs and PAs with mental health certifications.

There were several iterations of this bill, and despite our best efforts, in the end, the act still gave control to OMHSAS through a waiver process. Organizations that wanted to continue to use the psychiatrist and Advanced Practice Professionals for the delivery of clinical psych services had to go through this waiver process.

Section 2. Section 3 of the act is amended to read:

Section 3: Requirements

The following shall apply:

(1) Except as provided for in paragraph (2), an outpatient psychiatric clinic shall have a psychiatrist on-site for two hours of psychiatric time per week for each full-time equivalent treatment staff member.

(2) Fifty percent of the required on-site psychiatric time under paragraph (1) may be provided by:

(i) An advanced practice professional;

(ii) A psychiatrist off-site by the use of interactive audio and video using technology that conforms to industry-wide compressed audio-video communication and protects confidentiality under Federal and State law in accordance with department-issued guidelines. Interactive audio without video,



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electronic mail message, or facsimile transmission may not be used to meet the requirement under paragraph (1); or

(iii) A combination of subparagraphs (i) and (ii).

(3) Required psychiatric time may be provided in person or by the use of telebehavioral health technology by psychiatrists, as specified by department regulations. Advanced practice professionals may also provide a portion of the psychiatric time, as specified by department regulations, either in person or by the use of telebehavioral health technology.

(4) Nothing in this section shall be construed to limit the ability of the department to issue a waiver pursuant to regulation.

We expect OMHSAS to update this with a policy clarification in the coming weeks

On the Federal Side of Telehealth

2023 CMS Physicians Fee Schedule: Key Highlights

- Telehealth Flexibility Extensions: CMS is extending telehealth flexibilities implemented under the Public Health Emergency (PHE) for a 151-day period after the expiration of the PHE.
- CMS is allowing behavioral health clinicians to offer services **incident to** a Medicare practitioner under general (rather than direct) supervision.
- Licensed professional counselors and marriage and family therapists are now able to bill incident to Medicare practitioner for their services.
- Medicare will allow opioid treatment programs to use telehealth to initiate treatment with buprenorphine for patients with opioid use disorder, continuing the flexibilities under the Ryan Haight Act of 2008.
- CMS is also clarifying that opioid treatment programs can bill for opioid use disorder treatment services provided through mobile units, such as vans, in accordance with Substance Abuse and Mental Health Services Administration (SAMHSA) and Drug Enforcement Administration (DEA) guidance.

Federal PHE:

- The new deadline of the Federal PHE is April 11, 2023, but based upon the assumption that there is a mandated 60 days' notice that came and went without notification from the FEDs, we foresee the Federal PHE extending to April 11, 2023.

As this time, Pennsylvania has positioned itself whereby the regulatory flexibility framework is falling within the parameters of the PA PHE, which has ended

I. Consent & Service Verification Standards

RCPA Efforts:

As we continue to work with providers around the December 31, 2022, deadline for the telehealth compliance requirements on consent and service verifications, we are concerned with the ability of providers across the Commonwealth to comply with the new standards within the current timeframe and the potential impacts on systems. While organizations are hastily involved in developing internal processes and workarounds since the October 18 announcement, it is clear they do not and will not have the infrastructure in place by the implementation date. The pathways to compliance are varied, depending on what operational features agencies currently have in place, but for most, this will entail any and/or all of the following:

- IT software retrofitting with EHRs, which could take 6–12 months;
- New electronic signature platform purchases and integration;
- The need to have a second staff person hear/witness consent of a client for treatment consent and verification. The need or utilization of additional staff seems counterintuitive during a workforce shortage; and
- Time for training administrative, supervisory, and clinical staff on system operations.

Additionally, from a licensing and auditing perspective, it will take time for OMHSAS and the HealthChoices Behavioral Health Managed Care Organizations (BH-MCOs) to understand and learn about each provider's system for annual compliance audits.

By making these requirements in the middle of a budget year, this has become an unbudgeted, unfunded mandate with less than 3 months to fully develop, fund, and implement. The vision and mission of expanding and building telehealth in Pennsylvania was and is to ensure access to care and consumer choice to treatment options that best fit their needs. As it stands, a provider's inability to comply would result in ending telehealth for thousands of children, families, and adults, thus creating deeper voids, worsening our current barriers for access to care.

There is recent standing to create a waiver similar to the one OMHSAS did for the audio-only permissions from a year ago. At this time, there are no federal prohibitions to extend this implementation date, as there are zero penalties for the next year on HIPAA compliance for telehealth service platform requirements.

We are respectfully requesting for consideration that DHS/OMHSAS extend this implementation period for one year to December 31, 2023, in order to allow for the proper vetting, planning, and funding of the required delivery pathways to ensure compliance with these telehealth consent and verification standards. In the event there is no extension, we will advise providers to immediately begin submitting waivers in advance of the deadline.

Current Implementation Status for Consent/Verification Standards:

As of now, OMHSAS granted RCPA's extension request, but for only 90 days to March 31, 2023. RCPA feels there will be no additional waiver period. OMHSAS was clear in their response around the timeframes and language they have presented over the last two years that these consent, eSignature, and service verifications were in the offing.

OMHSAS Best Practice Telehealth Guide:

The Office of Mental Health and Substance Abuse Services (OMHSAS) is pleased to share the Pennsylvania Behavioral Health Telehealth Phase II Roadmap, which was developed in collaboration with the OMHSAS Telehealth Steering Committee and Mercer Government Services Consulting. This report focuses on identifying and prioritizing recommendations for short-term and long-term implementation of telehealth services in the Commonwealth. The roadmap includes example documents developed by the Steering Committee that can be used and personalized by the provider when implementing telehealth services. The work of the Steering Committee and other stakeholders has been and will continue to be vital in ensuring that the behavioral health needs of Pennsylvanians continue to be met.

IBHS

IRRC Regulatory Review

- Regulatory Package

The package is complete with recommendations general reasoning and included fiscal impact as well. Several BH MCO has agreed to review the recommendations. Several have come back to end support to reopening the regulations, The group discussed several ongoing challenges around staffing, qualifications, training, and supervision, which are all addressed in our response.

In addition, a new ad hoc committee is reviewing the standards and operational impacts of the written order process. Additionally, those IBHS center-based service providers will be meeting to examine the program and regulatory barriers as well.

Legislative Committee- Gretchen Kelly

1. Laurie Barnett Levine's letter to the editor in response to an article and editorial highlighting suicide
2. MindfulKreative
 - a. Assistance with distribution of Laurie's letter
 - b. Assistance with drafting a welcome letter as introduction to new legislators and/or a happy new year from CAP to all legislators

- c. Marshall Cohen – Retired lobbyist who would like to provide a “Political Advocacy 101” at our February meeting
- d. Plan/organize calendar for different disability days, weeks, months that we want to highlight
 - i. le. May-Mental Health Month, March-Disability Awareness Month, April-Autism Awareness Month, September-DSP Week, Suicide Awareness Month
- 3. GPNP Public Policy Committee
 - a. Jim Sharp presented at the December meeting “State of the State, Mental Health Priorities Looking Forward and How non-profits can get involved in 2023”
 - b. Sherry Schaffer to present at January meeting to discuss the CCBH role as part of the Behavioral Health Commission
 - c. Advocacy Capacity Building planned for January-June 2023 leading up to Capitol Nonprofit Advocacy Day
- 4. PA Special Elections Feb. 7
 - a. Being held to replace Tony Deluca, Summer Lee, Austin Davis

Next meeting: Monday, February 6, 2023, at 1:00 PM

Behavioral Health Committee- Amy Fenn

- 1. Welcome and Introductions
- 2. RCPA Updates/Reminders- Jim Sharp
- 3. BH Fellows Program:
 - a. Review of the Q & A (dated 1/13/23)
 - i. Minimum salary requirements haven’t changed (suggestion to ask for TA on budgeting if salaries are too high)
 - ii. Wellness days are still required (no benefits questionnaire has been sent out yet)
 - iii. Reimbursement for wellness days and training days will be at the cost of the unit of service times the unit expectations for that day.
 - iv. HR issues inherent in BH Fellows program:
 - 1. Offering different benefits for non-participatory staff and programs within a company
 - 2. Offering significantly higher salaries than for other similar or same position in another county or department

Behavioral Health Committee Goals 2022



1. Increase Provider understanding of state and local initiatives and future healthcare reform
2. Continue to strengthen our partnership between local Providers, OBH, CCBH and AHCI to communicate the Provider voice and align with their efforts to impact local level changes
3. Continue to strengthen our partnership with RCPA to communicate the Provider voice and align with their efforts to impact state level changes

Next Meeting: 12/9/22

Children's Committee – Sarah Fallica

No report this month- Meeting Cancelled

IDD Committee- Karen Jacobsen

In attendance: Courtney Walker, CLASS; Carol Ferez, RCPA; Gail Quiqley-Smith, Frank Borelli, Pittsburgh Mercy; Mark Schiemer, Goodwill; Karen Jacobsen, EMMAUS; Kaira Pessolano, BVRS; Amber Vash, Mon-Yough Community Services; Michele Charmello, TSI; Angela Kutz, Pressley Ridge; Barb Peterson, BVRS

HRST: ODP has put together a statewide workgroup aimed at better incorporating HRST data into the ISP, and possibly using the data collected as an individual's Lifetime Medical History to meet licensing regulations.

Denise Cavanaugh is a member of the Allegheny County HRST workgroup; the goal of this group is to help the county get a better understanding of how providers are using this resource, and how they can help support to providers to use it more effectively, particularly the report function.

Telehealth: ODP working in cooperation with OMHSAS on the development of a workgroup to work on the provision of Behavioral Health via telehealth. Anyone interested in participating should contact Carol Ferez at RCPA.

Incident Management - Carol Ferez is convening a group to discuss recommendations for changes to the Incident Management requirements. ODP is interested in listening to provider feedback.

Workforce: Betsy Farmer, Dean at the School of Social Work, University of Pittsburgh, is scheduled to attend our January meeting (1/13) to listen to provider concerns about workforce and the challenges we face. She is putting together a workforce task force with multiple stakeholders. The goal is to increase the credibility/visibility of job opportunities in the ID/D system by creating more awareness at the post-secondary education level.

Through attendance at our meeting, Betsy is looking to develop discussion points for an initial stakeholder meeting to be held at the University of Pittsburgh later in the month.

We would like to have an outline of the workforce challenges we face to better facilitate the discussion. ID/D committee members are asked to send examples or types of challenges encountered to Denise Cavanaugh in advance of the January meeting.

Upcoming Conferences: AAIDD Annual Conference will be held in Pittsburgh in June 2023. Denise has reached out to AAIDD representatives about how CAP members can support/assist with conference related activities. They have indicated that they will get back to us once the conference committee has an opportunity to discuss. Denise will follow up in January.

NADSP is scheduled for Pittsburgh in September 2023. Denise will reach out to them with similar offer.

Next meeting: 1/13/2023

Safety Risk Committee- Casey Monaghan

General Discussion:

1. Active shooter training and preparedness updates from Gretchen and Denise:
 - Gretchen's consultant is Rich Mader from Synaptic Security Resources; local, accommodating, and fair priced.
 - Her group is in process of balancing the intensity of the training with getting the highest value from it. The trainer uses a novel approach of having trainees handle actual firearms in a safe and controlled environment to reduce the stimuli effect of freezing when confronted with a live scenario; trainer reports this has grounded value based on anecdotal evidence from other clients.
 - Trainer is being very adaptive in tailoring the right fit for Gretchen's team, student population, and environment.
 - Denise updated the group on their progress with assessments and feedback from involvement of staff (i.e.: drills, communication). Safety and Security Consultants (from Cranberry) completed their building assessments; The Fulton Group completed their situational awareness training. Both are recommended.
 - Denise shared resources from CISA (Cybersecurity and Infrastructure Security Agency) that offers dozens of manuals and resources specific to a variety of threat types and scenarios to different organizations and environments. They offer CISA Tabletop Exercise Packages (CTEPs) that are templates, customizable, and contextually relevant for individual needs. This is an exceptional resource covering entities from schools to healthcare to manufacturing and beyond.
<https://www.cisa.gov/cisa-tabletop-exercise-packages>
 - Group discussion points included: high value on finding consultants that can tailor fit to your service delivery modalities (i.e.: impracticality of no noise made in classrooms); getting 'buy-in' from staff by highlighting local critical incidents of violence, educating on the value, reassuring participation will be individualized; successful implementation of plans must include drilling (tabletop and actual) to identify gaps and solidify communication systems.



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2. Goals were discussed for 2023 and proposed as follows:

- Conduct a safety/risk survey to identify CAP member's specific needs and interests.
- Create a deliverable action plan for 2023 based on survey results to serve the full spectrum of where organizations are at with their safety programs.
- Share resources, recommended and trusted vendors with qualification summary, and training and grant opportunities on the CAP forum.

Next Meeting: February 10th, 9AM via Teams.

Compliance Committee-Shayna Sokol

No Report this month

DEI Committee- Aaron Libman

No Report this month

New Co-Chairs will be taking over this committee and will be seeking new members- keep a look out for that.

Human Resources Committee- Chair TBD

No Report this month

Other Business

Laurie Barnett Levine shared via email several articles from the Tribune Review on the increase of suicides in Westmoreland County. In the article several people from the Suicide Awareness Task Force were interviewed. Laurie used this as an opportunity to talk about the need for MH Services and the Workforce Crisis.

CAP Website is active with a member's section. Meeting invitations, links, agenda, and minutes are posted there. This resource is always available for all our CAP members. If you do not have a login, contact Sue and she can get you set up with one.

Problematic Performance Standards – CCBHO indicated that workgroups would be set up to address these. As of now, these have not occurred. After a conversation with Jewel Denne, Sue was told that there was a commitment to get these groups set up in the next 2 weeks.

A huge thank you to Joni Schwager from Staunton Foundation for funding our wellness event in December at the Pittsburgh Curling Club. Also, thanks to Erin McManus for hosting. Group felt this was so fun, and many members indicated that we should always plan a December event ever year.

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The next meeting is scheduled for February 10, 2023, location- CLASS or Zoom.

Respectfully submitted,
Kate Pompa