



**CAP Meeting Minutes**  
**March 10, 2023**

**Welcome and Introductions**

Sue Coyle, CAP President, called the meeting to order at 1:03pm. She welcomed everyone to the meeting. Sue invited everyone to come in person to the next meeting on April 14, 2023, at CLASS. This will be an in person only meeting as there will be a Government 101 Training on this day. The May and June meetings will continue to be hybrid, and then when we come back after the summer all meetings will be in-person only as of September 2023.

**Review / Acceptance of Minutes**

Review and acceptance of the February 2023 meeting minutes: Minutes were sent out via email to the group and posted on the CAP website for review. A motion was given by Tom Cloherty and a second was received by Kim Sonafelt to accept the minutes as presented.

**Treasure's Report –Tom Cloherty**

Present balance: \$60,792.51

Invoices Paid- Mindful Kreative \$1,210.00

**RCPA updates- Jim Sharp**

**Budget**

This week, RCPA staff attended the pre-budget briefing by Policy and Planning Secretary Akbar Hossain, the Governor Josh Shapiro's budget address, and the DHS proposed budget briefing presented by Acting Secretary Val Arkoosh. While we continue to analyze the proposed budget, we appreciate the Governor and DHS' commitment to several areas of interest to our members. As we look through the specific proposals, we believe there is much work yet to be done to address unmet needs in several areas.

Some highlights are:

- Half a billion dollars over the next four years for youth/student mental health. While RCPA supports the renewed emphasis on this vulnerable population, there are concerns that the funding pathways through the Pennsylvania Department of Education (PDE) potentially removes the most experienced, knowledgeable, and trained individuals from the treatment equation. Last year's budget provided \$200 million to student mental health and safety without any provisions for measuring effectiveness or outcomes of the investment.

We urge Secretary Arkoosh to reconsider this methodology and allocate these funds through the Office of Mental Health and Substance Abuse Services (OMHSAS), which has the statutory and regulatory authority and experience to ensure the funds are directed to those licensed and certified entities that have historically provided the highest quality of care; that is, the community-based mental health providers of Pennsylvania.



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- The commitment of \$20 million to bolster county-based mental health funding is a good start down the pathway to ensuring a continuum of care for the mental health safety net. We are hopeful that this action will signify a larger investment in subsequent budget years, as the lack of funding increases over more than a decade, coupled with a 10% reduction in 2012, has crippled providers and reduced access to mental health care.
- The Governor and DHS have committed extensive funding to early childhood learning with significant dollars dedicated to both early intervention Part C (birth to 3) and Part B (ages 3–5). This represents the first major addition to the OCDEL budget in over a decade and RCPA looks forward to our continuing partnership in the growth of early intervention services.
- While not mentioned in either budget address, the \$100 million Behavioral Health Commission funds continue to languish in the General Assembly waiting to be distributed. The Commission provided recommendations including addressing the workforce challenges, revamping the treatment component for those involved in the criminal justice system, and funding to aid in the provision of adult mental behavioral health services. We again ask the General Assembly to come together to create the legislation so that the funds can begin to serve the purposes intended by the Behavioral Health Commission.
- RCPA will seek additional guidance regarding the proposed 8% increase in the Health Choices capitation rate for the proposed budget. As the DHS “Blue Book” is published, we hope to find a more detailed account of how and where the funds are to be allocated.
- The continued allowance of flexibility in telehealth and/or virtual services should be considered across all of DHS’ divisions, especially after May 11, 2023.
- the preliminary effort to address the chronic nursing shortage via tax credits for nurses newly licensed in the Commonwealth. To truly make an impact on the workforce shortage in critical professions such as this, continued “out of the box” measures must be engaged.
- While it may not be directly realized as a line-item budget consideration, regulatory reform is an investment in efficient and effective processes that prioritizes time spent on delivery lifesaving services to those most in need of care and treatment. We must be committed as a system to choosing “people over process.” Regulatory reform (including a careful look at and revision to existing policies and required procedures) does not happen because we pronounce its importance. It happens when we sit down together and do the hard work of revising what is creating an administrative burden.

Budget Hearings...questions designed to highlight costs to other systems due to failure to invest in community mental health services/need for coordination/alignment of incentives.

- DHS April 11 House/ April 12 Senate
- PDE March 20 House/ March 29 Senate
- PSP March 29 House/ March 27 Senate
- DoC March 30 House/ April 11 Senate

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## 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 at developing a plan, which in the end turned out to allocate the funds with 39 million going to work force, 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.

Rep Mike Schlossberg has introduced the first piece of legislation and RCPA and the Mental Health Safety Net provided Representative Schlossberg recommendations that address the following.

- Behavioral Health Commission: As opposed to "reconstituting" the prior Commission with a few membership tweaks, we would suggest consideration mental health system for the 21<sup>st</sup> Century.
- There should be a robust conversation on the need for schools, school systems, counties, and community-based providers to coordinate on mental health services to children and adolescents. This is linked to the ARPA \$100 million, \$20 M county mental health funding, and the Governor's proposal for \$100 million annually/\$500 million 5-year commitment to school based mental health services. From a public policy perspective, it does not make sense for the Commonwealth develop two competing local mental health systems one based on schools/school districts, and one based on counties and local providers.
- The Commonwealth should be building a system where a core set of evidence based mental health services are available to students/residents regardless of county they live in or school they attend. Ideally, we should strive for one community based mental health system that serves both the school students and community at large with agreed upon core services that each school, locality and/or county should have, what setting services should be delivered (e.g. school or community based settings) with seamless care transitions/handoffs (also coordinated with physical health too). There also are potential financial advantages to utilizing community-based providers to deliver school mental health services, particularly in terms of maximizing federal funds.
- Emergency Funding- Take 10% or \$10 million that can expeditiously be allocated to providers at risk of closure or service shut down awarded at the discretion of the Secretary of DHS based on the recommendation of OMHSAS Deputy and applicable local county mental health director...with appropriate reports to the Chairs of Appropriations. A mechanism to provide the latitude to act quickly to flow funds under certain circumstances/criteria.

### **Integrated Behavioral Health Care in and Carve Out**

Compatible bills by Kristen Phillips Hill and Seth Grove have been introduced again relevant to the idea of creating a more integrated service delivery with a more integrated PH and BH approach. This legislation has been on the agenda for several years though not so much in the last few years.

RCPA has taken the lead on this with a series of forums that will draw key stakeholders to the table around the legislation and the tenants of impacts and what the future of integration looks like. Efforts prior to the pandemic were shaping up and Providers were beginning to implement. These forums will also give opportunities for OMHSAS, the BH MCOS and providers to expound upon the successes of the Health Choices network and also an opportunity to review the challenges and barriers as well as the strategies to grow and develop the Health Choices platform.

Yesterday was the first such forum and if you turned in, we had to cancel the meeting after a call earlier in the morning to day that Seth Grove and Kristen Phillips Hill

### **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 regulatory 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.
- Health Choices 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.

All RCPA Policy Directors are reviewing the regulatory standards we feel need immediate attention around those barrier points and will be presenting these to Dr. Arkoosh, the Legislative Committees with oversight to both children and adult human services as well as our membership.



RCPA would like to thank the Allegheny provider group led by Pittsburgh Mercy who led a group for their systems wide review on regulatory standards and reform recommendation. We will combine our efforts with this team and other associations including CAP as we venture forth on this initiative.

### **ACT Services**

The RCPA ACT team has been reviewing the ACT staffing model for suggested changes a part of a reg review with OMHSAS to examine the intersects with service delivery challenges and the work force crisis.

As of Friday March 3, the ACY review team has created a set of recommendations. These will be vetted through the one of the evidenced based ACT overnight groups at the University of North Carolina to provide supporting data for the recommendations. We will present the formal recommendations to OMHSAS in April

### **CRR LTSR**

The CRR and LTSR Regulatory Reform Committee has begun meeting to update the previous work on regulations change recommendations. There will be presented to OMHSAS in the late spring.

### **IBHS**

The RCPA BHS Work Group is waiting ion the response from the URRRC on their review of the IBHS Change recommendations submitted for comment.

In addition, the group is working on another reform project around recommendations for the written order barriers and challenges.

### **Family Based**

RCPA has met with OMHSAS and the Family Based Training Directors on multiple occasion regarding the recommendations to increase access to services.

### **ICWC/CCBHC:**

- 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 thus 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.

## Telehealth

The Office of Mental Health and Substance Abuse Services (OMHSAS) has just announced interim [telehealth guidance](#). One of the updates states that providers will be able to document consent heard by one employee of the service provider. While a previous Frequently Asked Question memo issued on August 16, 2022, required two-person verification of consent, OMHSAS will permit providers to document consent heard by one employee.

OMHSAS has also stressed the importance of developing appropriate systems to capture electronic signatures since February 2021. Given the options available to providers, OMHSAS expects providers to meet federal and state guidance. However, OMHSAS understands the challenges providers are experiencing. Therefore, it will extend the suspension of bulletins identified in the memo on February 18, 2021, to December 31, 2023. The suspension is specific only to consent to treatment, service verifications, and treatment plans that are scheduled to end on March 31, 2023. Effective on January 1, 2024, providers are expected to capture consent to treatment, service verifications, and approval of treatment plans in a manner that creates an auditable file and is in accordance with the timelines expected within regulation.

## Audio-Only Now Permanent

Act 98 of 2022 abrogated specific sections of regulations that prohibited the use of audio-only services. By deleting these provisions from the regulations, the legislature permitted the delivery of specific services using audio-only.

- 55 Pa. Code §1153.14(1) was removed, thereby allowing psychiatric outpatient clinical, Mobile Mental Health Treatment, or partial hospitalization outpatient services to be delivered over the telephone.
- 55 Pa. Code §1223.14(2) was removed, which allowed for the payment of services conducted over the telephone. This change specifically removed the prohibition on payment for clinical visits, psychotherapy, diagnostic psychological evaluations, and psychiatric evaluations conducted over the telephone.



OMHSAS shall issue a bulletin providing additional details about the use of audio-only services. Audio-only services can only be provided when clinically appropriate and the individual served does not have access to video capability or for an urgent medical situation. The use of audio-only service delivery must be consistent with Pennsylvania regulations and federal requirements.

RCPA will continue its efforts to support providers as they develop their telehealth infrastructure and operational processes. The next Telehealth Operations meeting will be June 27, 2023.

### **Executive Committee- Sue Coyle**

- CAP Website: Link was sent with the invitation.
- Have been keeping the website more up to date.
- A lot of info about Legislators- we put a welcome to all the new legislators.
- We put info up on the website about Disabilities Awareness month.
- All the minutes from committees and this meeting are on the Forum.
- Letter to the editor written by Joni Schwager on the Forum, along with many other resources.
- Take some time to check out this information on our website.

### **IDD Committee- Kim Sonafelt**

CAP IDD Meeting Minutes: 03/10/2023

Carol Ferez from RCPA started the meeting with Updates. She talked about Governor Shapiro's budget. While it was not the greatest news, there will be a continuation of the enhanced rates for CPS and transportation services. Kristin Ahrens is supposed to be putting an announcement out regarding this.

Tele-medicine is now a new stand-alone service and will no longer be bundled. An example given is an organization called Station MD. Station MD, who is a member of RCPA, is trained doctors in IDD. They are available 24 hours a day and can give advice and do emergency refills. Some agencies already have a contract with them.

RCPA, PAR, Alliance, and MAX met with Lindsey Maudlin, Deputy Chief of Staff for Governor's office and Meghna Patel, Deputy Secretary of Policy, and Planning (also from Governor's office), to present their united budget request and the reasoning (work force crisis, providers closing, challenges with pandemic, etc.). They explained the ask is for 430 million that would have a federal match. The hope is that additional funding will help providers to increase wages for staff.

They also discussed regulatory and policy changes that could help our system and the challenges we face. One of the examples discussed was the fact that OLTL allows for rounding of units of service, while





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ODP does not. This leads to providers losing needed funds. They are interested in continuing this discussion.

Carol also asked if anyone was experiencing problems with SIS reassessments occurring that resulted in much lower scores. This seems to be a pattern occurring across the state right now. Since many individuals are due for the 5-year reassessment. Carol is advocating for providers to have the ability to appeal these decisions and the retroactive rate change that results in providers owing money back to ODP. People can send a brief email to Kristin with the conditions surrounding the decrease in the SIS score using their MCI # (no names). It was also mentioned that we should remind Kristin that the rates were never to be determined based on the SIS score.

Karen Jacobsen talked about the START program. Allegheny County is doing a pilot program with START (Systemic, Therapeutic, Assessment, Resources and Treatment) that will address people with complex needs / high end users. Brenda Bulkoski reported that about 1/3 of the potential pilot participants reportedly have SIS 1/1. Karen added that this demonstrates what providers have known all along. The SIS does not do a good job of capturing the complexities of people with high end behavioral healthcare needs.

#### **Legislative Committee- Gretchen Kelly**

1. Feb 22 op-ed published discussing the needs in the IDD/Autism community.
  - a. Followed up with Gov. Shapiro and Lt. Gov. Davis
  - b. Sue, Denise, and I had a follow up meeting with Lt. Gov Davis policy director Steven Williams
    - i. In addition to the details of the op-ed, we discussed issues across the human services.
    - ii. 130% turnover rate in IDD
    - iii. \$430 M collective increase
    - iv. \$100 M behavioral health commission
  - c. Follow up with Lt. Gov Davis in person on Fri, April 7
    - i. Will want to include family members and consumers in the meeting if possible.
2. Letters being sent to all new legislators and new committee chairs introducing them to CAP.
3. Phone call with Rep. Mandy Steele (represents Allegheny Valley) next Wed., March 15<sup>th</sup>.
  - a. Will try to schedule in person follow up with providers/consumers from her area.
4. RCPA Capitol Day - Monday, April 24<sup>th</sup>
  - a. Rally on Capitol steps 12:30-1:30

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5. April CAP Training with Marshall Cohen

6. CAP Legislative Breakfast in May

**DEI Committee- Nora Soule**

Meeting Date: 11:00am-12:00pm, March 9, 2023

Next Meeting Date: 4/13/23

Participants : Nora Soule, Farleigh Barnes, Jesse McLean, Andrea Mincks, Rachel Kyle

Agenda Items	Discussion	Action Needed
<b>Welcome/ Introductions</b>		
<b>Summary of Purpose</b>	<p><b>The CAP Equity Committee will intensify awareness of and advocate for racial equity and social justice for historically marginalized individuals through education, research, and leadership development; allowing for the intrinsic value of all individuals to be recognized.</b></p>	
<b>Standing Topics</b>	<ul style="list-style-type: none"> <li>• Resource Update and Review</li> <li>• Agency updates</li> <li>• Vibrant Pittsburgh</li> <li>• CLAS standards</li> </ul>	<p>Nora: recruiting members for our DEIB committee. Asked anyone who is interested to write up a statement about why they're interested in joining. Good responses so far.</p> <p>Rachel: Staunton is working on several initiatives including human trafficking, suicide prevention. Sent out a variety of emails for Black History Month. Gearing up to do annual LGBTQIA+ trainings, planning events throughout the year.</p>



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		<p>Farleigh: Improved their orientation to include culture building and expectation setting related to DEI. After April will no longer be a member, looking for replacement.</p> <p>Jesse- continuing the work they started around training staff, DEI committee set up which includes representatives from all regions. Investigating files for bias in language or how that person is supported. Assessing if different populations are being served differently within agency.</p> <p>Andrea: DEI committee turned into a council. Individual committees report back to counsel, wide variety of information. Preparing for pride month in June, conference in October.</p>
<p><b>New Topics</b></p>	<ul style="list-style-type: none"> <li>• Women’s history month</li> <li>• Support for direct service providers related to Equity focused conversations.</li> </ul> <p>-do resources already exist?</p> <p>-support from clinical employees for developing resources?</p> <ul style="list-style-type: none"> <li>• Book/Media club</li> </ul> <p>-do we want to all look at the same item at the same time or have rotating reports on a chosen item?</p> <p>-open up to other agency members?</p> <p>-compiling a list of options</p>	<p>Email from Nate Desmarais about persons supported sometimes making derogatory comments and was asking for resources on education. Does the committee know of resources or have thoughts on this subject matter?</p> <p>Nora: I asked Nate to forward any helpful responses he gets. Spoke with our clinical director about this and he gave an example he’s working with right now where one of our people supported seems to target staff of color and he’s working on educating. Can be difficult to</p>



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		<p>tell staff to let derogatory comments roll off their shoulders because it feels like not acknowledging the hurt there.</p> <p>Rachel: Has had conversations with people correcting their statements that were successful. Important topic.</p> <p>Jesse: More staff education.</p> <p>Find ways to flip the conversation into something more positive. Gave example of doing this successfully.</p> <p>Rachel and Farleigh agreed to do some preliminary research on resources/training related to this topic (thank you both!!)</p> <p>Book club: Committee agrees consuming the same media would be best for discussion purposes. Committee members agreed to research media to bring to next meeting so we can decide on what to consume first. Give appropriate lengths of time depending on what the media source is.</p>
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**Children’s Committee – Lisa Lizun**

**Meeting Date: 3/10/23 11:00 am-12:30 pm    Next Meeting Date:    4/14/2023 11:00-12:00**



**Co-Chairs: *Lisa Peterson-Lizun (Allegheny Children’s Initiative) and Laura Haile (Pittsburgh Mercy)***



**Participating Members:** Jim Boaks, Tammy Marsico, Kate Pompa, Allyson Paracat-Dixon, Jessica Speer, Susan Bayne, Barb Saunders, Kaitlyn Campbell, Aaron Libman, Bryce Shirey, Heather Beacher, Regina Scarmack, Kelly Schmitt, Sharon Campbell



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Agenda Items	Discussion			
Welcome	Jessica Speer, YAP Program Director			
RCPA Children’s Committee Updates	Updates, Discussion & Collaboration with Jim Sharp, RCPA Children’s Division Director			
Staffing Issues	BH Fellows Program – reviewed programs supported by BH Fellows Programs including application information for first cohort of existing staff members			
OMHSAS Bulletin- consent for services	 Bulletin_OMHSAS-23-01_Final_1.24.23.pdf			
<p>OMHSAS Telehealth- current strategies and preparation; funding opportunity</p>	<p>Discussed encounter form signature- required at end of services- need to watch for time stamp on electronic signatures</p> <p><a href="https://www.dhs.pa.gov/Services/Mental-Health-In-PA/Pages/OMHSAS-Information.aspx">https://www.dhs.pa.gov/Services/Mental-Health-In-PA/Pages/OMHSAS-Information.aspx</a></p> <hr/> <p><b>Telehealth Funding Opportunity Application</b></p> <p>The Office of Mental Health and Substance Abuse Services (OMHSAS) has announced a funding opportunity for behavioral health providers. The opportunity will allow qualified entities to request funding to invest in technology and training for behavioral health telehealth providers.</p> <p>•<a href="#">View Provider Telehealth Funding Opportunity Request Form</a>        •<a href="#">Telehealth Funding Opportunity FAQ</a></p> <p>Questions can be directed to <a href="mailto:RA-PWOMHSASTEHLTH@pa.gov">RA-PWOMHSASTEHLTH@pa.gov</a></p>  <p style="text-align: right;"><small>Allegheny County Department of Human Services</small></p> <hr/> <p><b>Community Care Provider Alert</b></p> <p><b>OMHSAS Bulletin Suspension (including signatures) and Documentation Compliance until 4/1/23</b></p> <p><a href="https://providers.ccbh.com/uploads/files/ProviderAlerts/202302-omhsas-bulletin-suspension-continuation.pdf">https://providers.ccbh.com/uploads/files/ProviderAlerts/202302-omhsas-bulletin-suspension-continuation.pdf</a></p> <table border="0"> <tr> <td style="vertical-align: top; width: 33%;"> <p>Telehealth Technology OMHSAS emailed LUSTSERV Stakeholders on January 17, 2023, regarding Bulletin Suspension Information.</p> </td> <td style="vertical-align: top; width: 33%;"> <p>OMHSAS has extended the bulletin suspension specific to consent to treat, service verifications and treatment plans until 3/31/23.</p> </td> <td style="vertical-align: top; width: 33%;"> <p>Effective on April 1, 2023, providers are expected to capture consent to treat, service verifications and approval of treatment plans in a manner that creates an auditable file and in accordance with the timeline outlined in regulation.</p> </td> </tr> </table> <p style="text-align: right;"><small>Allegheny County Department of Human Services</small></p>	<p>Telehealth Technology OMHSAS emailed LUSTSERV Stakeholders on January 17, 2023, regarding Bulletin Suspension Information.</p>	<p>OMHSAS has extended the bulletin suspension specific to consent to treat, service verifications and treatment plans until 3/31/23.</p>	<p>Effective on April 1, 2023, providers are expected to capture consent to treat, service verifications and approval of treatment plans in a manner that creates an auditable file and in accordance with the timeline outlined in regulation.</p>
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Trainings/Resources				

<h2>Advocacy Opportunities</h2>	<div style="text-align: right;">         CAP 1.24.23.pdf     </div> <h3 style="text-align: center; color: blue;">CCBH Performance Standards</h3> <div style="text-align: center; margin: 10px 0;">  <p><b>Provider Alert</b> Allegheny County Department of Human Services</p> <p><i>From Eric Dalton</i></p> </div> <p><small>Act now to prepare for public health emergency ending</small></p> <p><small>The federal Public Health Emergency (PHE) declaration that allowed people to get COVID-related benefits and automatic coverages is coming to an end. This has big implications for the people we need to mobilize now to help people avoid losing important benefits.</small></p> <p><small>Two key reasons to act:</small></p> <ul style="list-style-type: none"> <li>• <small>Everyone on Medical Assistance and the Children's Health Insurance Program (CHIP) need to renew their applications starting in April. PA DHS will send renewals over a 12 period. This is a major transition. PA Department of Human Services said as of January, 600,000 individuals in Pennsylvania had not completed renewals since the public health emergency was put in place. Now that PA is required to resume annual reviews, recipients will start renewals at different times over the next year. The critical thing to do now is make sure recipients (1) keep their contact information up to date, and (2) respond quickly to any correspondence that they receive, even if nothing has changed. Not responding will result in loss of coverage. This will affect everyone in Allegheny County who receives Medical Assistance and CHIP.</small></li> <li>• <small>SNAP benefits are decreasing now. During the PHE, all SNAP households were getting an additional \$95/month; this amount will go away after February, leaving many households needing food assistance. Last month, over 100,000 people in Allegheny County received benefits. All of them will be affected by this change.</small></li> </ul> <p><small>We need to act quickly to help people prepare for this transition</small></p> <ol style="list-style-type: none"> <li>1. From now through April, ask the people you serve at every interaction:       <ul style="list-style-type: none"> <li>• "If you receive Medical Assistance or CHIP have you updated your contact information in COMPASS? Can I help you update your information? We have a tool for that. (Further instructions <a href="#">here</a>. For people who prefer not to use the online portal, help them call the Statewide Customer Service Center at 1-877-395-8939.)"</li> <li>• "I've heard that SNAP benefits are decreasing, so some families might struggle to have enough food. Anyone who needs assistance call 21-1 or look for a <a href="#">food locator tool</a>. Let me show you in case you know anyone who could use the information."</li> </ul> </li> <li>2. Please send out communications letting people know this is happening. Use social media, calls, letters, text messages, etc. <a href="#">Here is a toolkit from PA DHS</a> with pre-written messages you can use.</li> </ol> <p style="text-align: right; font-size: small;">Allegheny County Department of Human Services</p>
<h3>Provider Updates &amp; Announcements</h3>	<h3 style="color: blue;">CAPitol Day 4/24</h3>
<h3>Wrap Up</h3>	<p>Next meeting will be from 11am-noon to permit time for members to travel to CAP meeting @1pm. CLASS 1400 South Braddock Avenue, Pgh PA 15218</p>

## Human Resources Committee- Sherry Brill

### HR CAP Meeting Notes 3/28/2023 1pm

Members present- Sherry Brill- Chartiers Center- Committee Chair, Doug Clewett- Easter Seals, Alana Delaney- Family Resources, Eric Ziegler- Residential Care, Judy Muller- Transitional Services, Rosann Linza- Life's Work and Willette Walker- Mainstay Life Services

- 1) **DEI Meeting follow-up discussion-** the group discussed steps agencies have taken to this point, what starting points maybe, assessment tools that can be used. One of the first things that group agreed upon that needs to happen is board of directors buy-in and then buy-in from senior leadership and so forth. Some agencies already have used assessment tools and have data they are collecting and reviewing. Mainstay shared they are looking at DEI-B, Diversity, Equity, Inclusion and belonging. Meaning Inclusion efforts have been made for people to be included but the belonging is whether the staff working at the agency feel included and that they belong to the organization. A few of agencies in the group have DEI committees which include staff from every level of the organization including the board of directors. Doug mentioned he attended a Bayer Center training for DEI and said he would share with group if he



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received the assessment tool and Alana also mentioned she would see if there is anything she can share from when they did the assessment.

- 2) **Masks/temperature taking-** Rosann from Life's work said they are considering dropping the requirement for both mask and temp taking and was looking to see what they group is doing. Eric from Residential Care said they stopped both about a year and ½ ago. They still do require staff to be out for 5 days if they are positive and wear a mask at work for an additional five days. PFQ said they are still masking and taking temperatures but are looking at changing the requirement. Mostly for when just staff are in meetings together. Transitional Services and Chartiers Center are following CDC guidelines and are not mandating staff to regularly wear masks. Exceptions would be if a staff was exposed, they would be asked to mask for 10 days from exposure and if staff test positive, they are required to be out for 5 days and then mask for 5 days. Most of the group agreed that staff should not come to work and spread their germs to others. If staff are sick, then they should stay home.
- 3) **ICHRA (individual Coverage Health Reimbursement Arrangement)-** Doug shared due to uncertainty of health insurance increases, he has been doing some research into ICHRA. He described ICHRA and how it works. It is a new form of health reimbursement arrangement that was established by the federal government in 2019. The idea is the agency determines a fixed amount of money to give to their employees who elect to participate in insurance (based on level of coverage they are selecting). The employee takes that money and selects insurance plans to meet their personal needs. This allows employees to choose plans/carriers and benefits they want based on their needs. And employers have a fixed cost for insurance instead of waiting for the uncertain insurance renewals each year. Chartiers was also researching ICHRA as a possible option and said they would share any information with the group they receive.
- 4) **Medical Marijuana and Pre-hire testing-** Eric asked if other organizations were doing pre-hire testing for marijuana and if testing was positive how were agencies handling it. Most of the agencies are not even testing for medical marijuana at pre-hire and removed it from their panel due to the increase in those with medical marijuana cards. Others were accepting new hires with a medical marijuana card.

#### **Safety / Risk Committee- Casey Monaghan**

Attendees:

Gretchen Kelly, PLEA  
Crystal Wilson, Family Links  
Keith Barnhart, Emmaus  
Denise Demus, Pressley Ridge  
Aaron Lucas, Mainstay  
Ron Lankey, TSI  
Tamara Caldwell, Family Links



Keara Vance, Wesley Family Services  
Casey Monaghan, TCV

**General Discussion:**

1. The meeting this month served primarily as a work group. Discussion centered on specific content and questions for the survey project balancing both needs and accomplishments.
2. The committee would like to have each provider complete one survey. Instructions for completion were discussed.
3. Casey will have the questions prepared and sent out to the group for final review prior to the April meeting.

**Next Meeting:** April 14th, 9AM via Teams.  
Minutes prepared by: Casey Monaghan

**Behavioral Health Committee- Sue Coyle**

**Friday, February 10, 2023**  
**10:30a-11:30a**

1. Welcome and Introductions
2. RCPA Updates/Reminders- Jim Sharp
  - a. Telehealth
    - i. Concerns regarding the lack of guidance with the ending of federal and state suspension of consent requirements- requiring signatures is a form of unfunded mandate.
    - ii. OMHSAS is restricting access due to their amended bulletins Act 98 (audio only for MH) and ACT 76
    - iii. RCPA requesting the permanent inclusion of act 98 standards allowing audio-only allowable for the delivery and billing of services and implementation of act 76 removing the requirement of 50% of onsite psychiatric time.
    - iv. RCPA Telehealth workgroup Monday 3/13/23 with OMHSAS in attendance
  - b. Process reform with the BHMCOs
    - i. RCPA reviewing the regulatory standards from MH and SUD- regulatory burden and lack of access to care due to workforce.
    - ii. 5 different BHMCOs with 5 different processes is a challenge to providers.
    - iii. ABH focus- crisis reg review team, ACT bulleting review team, LTSR review team
  - c. Budget briefings by Gov and DHS
    - i. RCPA full statement to come.



- d. ICWCs and CCBHCs
    - i. RCPA submitted testimony around the models- ICWCs will not expand in 2023 asking for 2024 expansion- there are other funding opportunities out there- 4/11/23 10am workgroup.
3. Items for Discussion:
- a. PA Medicaid eligibility reinstatement April 1
  - b. Problematic Performance Standards update from CCBH- need to review the document for additional information, corrections, or questions. CCBH committed to update quarterly.
    - i. Blended Service Coordination- Chris Z
      - 1. There are monthly SCU Meetings that have been in existence for some time.
      - 2. The problematic performance standards were brought up at the Jan SCU Meeting- County reaching out to OMHSAS to get more clarification.
    - ii. Adult Partial Hospitalization- Fran
      - 1. Medicare has different standards, so Fran is blending those in
      - 2. No workgroups have been formed for this level of care.
    - iii. Adult Outpatient- Josh H
      - 1. No workgroups have been set up from the County.
    - iv. DAS- Sue
      - 1. No workgroups have been set up from the County.

**Next Meeting: 4/14/23**

#### **Other Business**

March 31<sup>st</sup> is the last day of AHCI. The board will be dissolved the last week of March. They have secured a closure attorney who deals with all the final closure items. Kelly Primus, who is the longest standing employee at AHCI is going to be opening a consulting business, if anyone would like to contract with her for her expertise. Group would like to know who at the County is the equivalent of each AHCI employee, like a cross walk. This would be good to talk about with Erin Dalton at the Executive Directors Meeting. Fran will send this request as an agenda item for that meeting.

The next meeting is scheduled for April 14, 2023, location- CLASS In Person Only- Government 101 Training.



# CAP

CONFERENCE OF ALLEGHENY PROVIDERS

Respectfully submitted,  
Kate Pompa