

RCPA General Updates CAP February 2024



RCPA Announces Details for 2024 Capitol Day

RCPA is proud to announce that we will be hosting our annual Capitol Day on Tuesday, March 19, 2024. We will hold a press conference in the Main Rotunda between 10:30 am – 11:30 am, which will tentatively include speakers such as:

- Representative Dan Miller;
- Representative Stephen Kinsey;
- Representative Doyle Heffley;
- Senator Art Haywood; and
- Senator Frank Farry.

You can register for our Capitol Day press conference [here](#). If additional staff or colleagues within your organization are planning to attend Capitol Day with you, please email [Christine Tartaglione](#) with the number of anticipated attendees. RCPA requests that members schedule appointments with their Senate and House legislators directly to discuss the state budget, legislation, and regulations after our press conference.

We ask that you monitor your emails for updates regarding Capitol Day, as RCPA will be sending out legislative priorities and other policy documents for use during legislative visits in the near future. As an additional resource, members can visit the [Pennsylvania Capitol website](#) to locate parking and view maps of the building. If you have questions regarding our 2024 Capitol Day, please contact [Jack Phillips](#).

Telehealth

OMHSAS and the Federal 4 Walls

RCPA attended the Office of Mental Health and Substance Abuse Services (OMHSAS) telehealth webinar on Monday, January 29, alongside many provider members, regarding the Federal payment conditions related to the delivery of telehealth services and the requirement that the physicians or clinicians must present in the office, or that the client must be in the office during the telehealth

session, to meet the guideline. It was explained that despite the standards outlined in the current OMHSAS Telebehavioral Health Bulletin, under the [Federal “4 walls” statute](#), this is a required Federal Medicaid payment condition. These requirements cannot be waived.

The purpose of today’s call was twofold: explaining the “4 walls” requirements, and for providers to give vital feedback to OMHSAS on the impacts, challenges, and barriers to accessing services that this may create for consumers and families. This Medicaid standard remains in effect, and RCPA recommends provider members review their operating practices to ensure compliance.

During this time, RCPA will continue its efforts and work with OMHSAS, the HealthChoices partners, and stakeholders to ensure access to services via telehealth. You can review today’s [OMHSAS telehealth webinar slide deck](#). We are also looking to obtain a recording of the webinar to share with our members.

In response to the recent developments on the delivery of telehealth services and its intersection with Federal Medicaid payment standards outlined in the “4 walls” requirements, RCPA has widened its efforts in addressing the barriers currently in place. It has been determined that the most effective route to address this would be through legislation. The necessary changes cannot be achieved through a revised Tele-Behavioral Health Bulletin.

RCPA has been working with a bipartisan team of legislators on an updated version of Act 76 to address our limited access to psychiatric services through utilization of our advanced practice professionals. We are working with the Office of Mental Health and Substance Abuse Services (OMHSAS), our stakeholders, and the legislative committees to introduce a bill that would address both the psychiatric office time and the “4 walls” service delivery barriers

RCPA is pleased to report that there has been significant progress as stakeholders work together in developing solutions for expanded telehealth flexibility. RCPA has met with members of the General Assembly, OMHSAS, the Governor’s office, the National Council on Mental Wellbeing; as well as other member associations and providers; all committed to a collaborative effort to address the continuation of the telehealth service deliverables as outlined in our PA tele-behavioral health bulletin.

Next week, the principals will meet to review the legislative pathways and bill specifics in addressing the current 4 walls requirements. It has been determined the vehicle to this will be to amend our current draft legislation that initially was created to address the psychiatrist in office time requirement.

We have spoken at length with our partners at the National Council for Mental Wellbeing, and they have provided an insightful overview of this from a federal lens; including the fact that Pennsylvania is only one of more than 15 states working with CMS and their legislature to meet the systems needs of their Medicaid population. The National Council also reported that the legislative process is the pathway most supported at the federal level to address the matter.

We are hopeful for an expedited legislative solution that will support OMHSAS in making any resulting policy, practice, or programmatic changes that will support the initiative. We are extremely encouraged by the system’s efforts and focus this week, and the developing short-term plan. RCPA

continues, as recommended earlier in the week, for providers to be patient, review your contingency plans, and focus your primary efforts on servicing those entrusted to your care.

This week RCPA, OMHSAS and delegation of House and Senate Representatives met to review proposed language for a new bill that would include the previous legislation of Act 76 on the 50% in office time for psychiatric clinics and the use of advanced practice professionals to meet those time requirements. Additionally, the legislation would carry language to create pathways for ongoing telehealth with practitioners not within the 4 walls of a clinic by moving the practice and billing of these services under the rehab option of Mobile Mental Health Services.

Medicare Enrollment

RCPA and the National Council for Mental Wellbeing have worked together to resolve the recent concern with Medicare enrollment rejections for Marriage and Family Therapists as well as Mental Health Counselors. There have been many cases where the applications were rejected because applications did not include documentation or verification of the required 3,000 hours of supervision or the 2 years' experience. RCPA met with the Centers for Medicare and Medicaid Services (CMS) on several occasions, outlining that the applications that meet the Medicare enrollment criteria have met this standard as part of the PA State License.

Initially, CMS cited that it was a requirement to provide the documentation. After communicating with CMS leadership, however, CMS responded that RCPA was correct and clarified that if a provider is licensed and the hours are a requirement for the licensure, said provider does not require the verification.

RCPA continues its efforts with the Centers for Medicare & Medicaid Services (CMS) on Medicare enrollment for clinicians. We have gained additional guidance, listed below, on how we will proceed to work through the enrollment approval process. Most members have already submitted to RCPA the names and NPI numbers of those clinicians whose applications have been rejected. We have submitted those to CMS in an attempt to identify and correct the problem.

Unfortunately, this initial solution is ineffective, as there are too many providers to correct. Therefore, we have developed an alternative solution. Please note, however, that it comes with the following clarification for those applicants.

From CMS Regarding Eligibility Clarification:

For MHCs/MFTs licensed in PA after October 2018, they are required to have the 3,000 hours of clinical experience post degree to obtain a license. In this case, documentation is not required to be submitted to Novitas.

*For MHCs/MFTs licensed prior to October 2018, they could obtain the 3,000 hours of clinical experience **either** pre or post degree. **However**, to enroll in Medicare, the 2 years or 3,000 hours of*

clinical experience must have been obtained post degree. Confirmation of the post-degree experience is required to be submitted with the enrollment application. If not submitted, Novitas will develop and give the provider 30 days to supply the documentation. If there is no response within 30 days, the application is rejected. If any of the applications were rejected for this reason, the rejection is valid.

CMS is aware that some MHCs/MFTs are having difficulty obtaining proof of supervised hours because many of the programs where training was obtained are no longer in place. CMS is internally discussing what options are available to meet this requirement.

RCPA asks each member agency to update and review their list of rejected candidates and to begin the process of separating out these according to the two rejection categories outlined in the above referenced clarification. RCPA will provide CMS your agency's contact information, who will in turn provide it to Novitas Solutions. A representative from Novitas Solutions will contact your organization and review your rejected cases with you, with a primary focus being on those applicants who obtained their license after October 2018.

While this is not a perfect solution, CMS has been willing to do this solely for RCPA members. If the agency contact information you submitted previously has changed, please provide that information to RCPA Policy Director [Jim Sharp](#) as soon as possible

Shapiro Proposes Mental Health Services Funding for 2024/25 Budget

During this week's budget presentation by Governor Shapiro, funding for mental health services was addressed as a priority for vulnerable Pennsylvanians. RCPA is working to review the preliminary funding recommendations listed below, and we hope to have greater line-item insight from DHS Secretary Arkoosh's address this Friday.

Please note that registration is now open for the DHS 2024/25 Budget Briefing. You can register to view the briefing [here](#). Additionally, the DHS House and Senate Budget Hearings will be March 5 and 6, 2024, respectively, and RCPA has been asked to provide questions for the testimony. The DHS budget book is available [here](#).

Lastly, as part of our RCPA Mental Health Steering Committees and Work Groups, we will review recommendations as we develop our strategic budget advocacy campaign over the next several months in our meetings with stakeholders and legislators.

We offer the following as the initial review of yesterday's budget presentation:

2024/25 Budget: Mental Health Program Recommendations:

This budget recommends the following changes: (Dollar Amounts in Thousands) for Mental Health Services

- \$20,000 — To replace nonrecurring prior-year carryover funding.
- \$5,750 — Initiative to expand diversion and discharge for individuals with mental illness currently in the criminal justice system.
- \$18,259 — To continue current programs.
- \$20,000 — To restore one-third of base funding to counties.
- \$3,443 — To replace federal funding received in 2023/24.
- \$5,000 — Initiative to maintain walk-in mental health crisis for COVID-19 response stabilization centers serving multiple counties.
- \$1,250 — To annualize prior-year expansion of home and community-based services.
- \$1,600 — Initiative to provide home and community-based services for 20 individuals currently residing in state hospitals.
- \$305 — To annualize prior-year expansion of diversion state hospitals and discharge programs.
- \$10,000 — Initiative to provide support to the 988 network for mental health services.
- \$85,607 — To increase appropriations.

School-Based Mental Health

This year, the Shapiro Administration looks once more to address the needs of student mental health with a \$100 million investment. This new set of funds comes on the heels of \$90 million recently allocated to schools, with monies originally set aside for adult mental health services targeted through the now defunct 2022 Behavioral Health Commission.

The funding mechanism for the distribution of these funds has yet to be determined if it is approved by the General Assembly. The last two rounds of school-based mental health funding have been allocated to individual districts through noncompetitive grants. The concerns have been that the funds, if not earmarked for the development of service delivery pathways, will go to building staff infrastructure in the form of social workers. While there are advantages to having these professionals in the buildings, they alone cannot address the student needs for assessment and treatment services

RCPA supports the funding being designated through the schools but will work with legislators to encourage developing a coordinated system of care coupled with a longer-term financial strategy with the schools, community-based providers, Student Assistant Programs (SAP), and county involvement in SAP coordination.

Early Intervention Services

As part of our initial budget discussions with OCDEL, we were concerned that there would not be an

interim rate increase for 2024/25 as we work through the new Early Intervention rate methodology. We see in the budget that there is an increase of \$16 million, nearly 9% over last year's number. It is also projected that more children and families will be served in this coming year, and we will work with the administration to, at a minimum, continue to fund the ARPA-supported 3% increase from over the last three years.

County Child Welfare

It is projected that the County Child Welfare budget will essentially be flat, with less than a 1% increase. As the child welfare systems await the DHS Blueprint recommendations on addressing the extensive number of services for youth with complex care, especially those in congregate care, it was surprising there was not a designated funding allocation to support this initiative. This remains a priority to fund these programs.

County-Based Mental Health Funding

It was disappointing that the Shapiro Administration failed to deliver on last year's "down payment" of the 2022/23 allocation of \$20 million towards the county base. Up until last year, the county-based mental health system has gone more than a decade without a base rate increase. Last year's \$20 million represented only a 3% increase over the 2022/23 base funding. This year's \$20 million will equate to less.

We will continue, as part of our advocacy strategy, to support an allocation that is projected to be in the neighborhood of \$1.2 billion to create a sustainable platform for county-based mental health service delivery.

RCPA Testifies Before House Education Committee; House Weighs Recommendations on School-Based Mental Health

The House Education Committee held hearings over two days to gather testimony and recommendations regarding student mental health in schools. Included in the panels was RCPA Policy Director Jim Sharp, who testified regarding creating viable student mental health programming, including revitalizing the Student Assistance Programs (SAP) that build upon continued relationships and expertise of the community-based mental health providers. RCPA also outlined sustainable allocation strategies to ensure funding be directed to the school districts and the development of a large-scale, statewide mental health strategy. View our testimony [here](#).

You can also view [The Keystone Newsroom's article](#) addressing the hearings.