



## **CAP Meeting Minutes February 9, 2024**

### **Welcome and Introductions**

Sue Coyle, CAP President, called the meeting to order at 1:05pm. She welcomed everyone to the meeting.

### **Review / Acceptance of Minutes**

Review and acceptance of the January 2024 meeting minutes: Minutes were sent out via email to the group and posted on the CAP website for review. A motion was given by Gretchen Kelley and a second was received by John Eliais to accept the minutes as presented.

### **Treasure's Report –Tom Cloherty**

Present balance: \$72,218

### **RCPA updates- Jim Sharp**

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



# CAP

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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

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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.

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**From CMS Regarding Eligibility Clarification:**



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*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.*

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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.

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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.

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

February 9, 2024

At our February meeting, we reviewed the following:

#### Governor's Budget:

- Commitment to increasing IDD funding-up to 12% increase in reimbursement rates.
- Behavioral health dollars shift to school based behavioral health funding.

#### RCPA Capitol Day

Due to the costs and number of individuals it requires to schedule a bus to attend, we discussed the possibility of CAP supporting membership to attend with potential reimbursement of travel expenses.

#### Legislative meetings

Meeting to be scheduled with Meghna Patel, Deputy Secretary of Policy and Planning, Office of the Governor, to discuss the shift in the community behavioral health dollars in addition to the efforts expended by the Behavioral Health Commission that were largely overlooked.

Meeting scheduled with Jen Smith to prepare for a legislative panel at the Dan Miller Disability Summit regarding Behavioral Health Workforce Issues

Follow up with Dan Miller and his policy staff members to re-connect about the regulation reform discussion that has been ongoing since last July and the potential for a bill proposal for relief in regulations surrounding:

Encounter form signage

Psychiatric time requirements

Provider duplication of APS investigations

Next meeting scheduled for Monday, March 4<sup>th</sup> at 1 pm

**IDD Committee- Denise Cavanaugh**

02/09/2024

- Summary of Valerie Arkoosh, Secretary DHS review of Governor Shapiro's budget was handed out. Not all areas were covered. (See Attached)
  - We need to be aware that although the budget has increases put into it; that doesn't necessarily mean we will get it.
- Regarding one-time stipends they are because of underspending due to lack of staff. While nice, they aren't always helpful.
- One nice part of the budget is that for waivers, they are shifting to management by budget rather than allocating the money to slots. Allegheny County will get a certain amount of money that they can allocate as determined. The budget is going to be dictated by management not by slots.
- Performance-based Contracting looks like the January 2025 date is going to still be the implement date. Stacey Dowden from Milestone completed her part of the survey for performance-based pay that was sent by RCPA and thought they did a nice job with the survey. The question really is in the areas that people aren't prepared what is the cost of investment? Organizations will need to really look at the benefits versus the cost of implementation.
- Kim Sonafelt mentioned Mainstays concerned about the pay for performance standard for referrals, filling them in 90 days can be problematic. Finding property to get referrals takes time and then being able to close on a home could take 3 – 6 months. The definition of when a referral is made is ambiguous.
- There has been some pushback on the language used for employment. There are questions about the definition of acuity, what is the retirement age, and some other areas not well defined.
- The RFP came out for who is overseeing this process. It will require a lot of reporting criteria. If you don't have the systems to provide the data, it will be difficult.
- Another concern is that it feels like ODP has moved onto the Supports Coordinator piece but hasn't really finished the standards for residential and CPS. Still have standards in draft.
- Access standards from CMS were discussed and it seems like these standards are what we will be held accountable as far as outcomes. The 80/20 rule ID/A is carved out but trying to keep it out of federal legislation.
- CPS Amended Waiver requirements, they brought back the 25% requirement. Eliminated the variance but added to the provider the need to document quarterly conversations regarding goals. At least 90% of the people supported need to be participating in the community at least 25% of the time. Must be a goal in a quality management plan to address how this is going to be accomplished.





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- As providers we need to make sure we are documenting that we are providing services that people want. Discussion on the best way to provide that given documentation is “loosely” defined.
- ID/A Supportive Housing Pilot
  - Not sure who the pilot counties are as this will be important to know. It would allow people who don’t need 24/7 care to live on their own. They would receive up to \$900 in supplemental income for housing,
- Still no information on how to appeal the new SIS. It is very concerning as to how the SIS scores are still going down and not knowing what is being reported, etc. There is still not an official appeal document.

Discussion on creative ideas to keep keys safe for residential individuals. Some have lost theirs and staff lose the backup. Some ideas are multiple replacements, codes, or biometrics.

### **Behavioral Health Committee- Heather Harbert**

Friday, January 12, 2024

10:30a-11:30a

1. Welcome and Introductions
2. Items for Discussion:
  - a. Updates from Jim Sharp with RCPA
    - i. Shared notes from Jim
  - b. Telehealth: discussion regarding any changes made to federal 4 wall rule
    - i. At this point, none of the providers on the call have stopped telehealth.
    - ii. Team is hopeful that telehealth can remain.
    - iii. Concerns of discrimination, impacting access to care, older populations, low SES, Childcare and retention of staff
    - iv. Another advantage to private practice
    - v. Contingency plans- some providers are working on how they would make the changes.
  - c. Value Based
    - i. Provider voices at the table are needed.
    - ii. March 8th- Claire will be attending to discuss, please spread the word and reminders will be sent.
  - d. Residential
    - i. Discussion, no further communication has occurred since last meeting.
    - ii. Providers remain concerned about new initiative and lack of communication.

**Next Meeting: 3/8/24**

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### DEI Committee- Nora Soule

Meeting Date: 11:00am-12:00pm, Feb. 8th, 2024

Next Meeting Date: 3/14/23

Participants : Jesse McClean, Meg Sova, Fred Mbewe, Nora Soule

Agenda Items	Discussion	Action Needed
<b>Welcome/ Introductions</b>		
<b>Summary of Purpose</b>	<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>	
<b>Standing Topics</b>	<ul style="list-style-type: none"> <li>Agency updates</li> </ul>	
<b>Book Club Discussion</b>	<p><b>The Mission to Safeguard Black History in the US (Julieanna L. Richardson)</b></p> <p><a href="https://www.ted.com/talks/julieanna_l_richardson_the_mission_to_safeguard_black_history_in_the_us?language=en">https://www.ted.com/talks/julieanna_l_richardson_the_mission_to_safeguard_black_history_in_the_us?language=en</a></p>	<p>Reflect on and share with the group your own history. How does reflecting on your own history contribute to a broader appreciation of Black history?</p> <p>In what ways can learning about Black history promote understanding and unity among diverse communities?</p> <p>Julieanna talks about several historical figures and events throughout her presentation. Which of these stories or figures stood out to you and why?</p> <p>How does acknowledging and celebrating Black history help us combat systemic racism?</p> <p>If you reflect on Colin Powell’s quote from the TED talk “No one</p>



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		can change their yesterdays, but all of us can change our tomorrows." What does this mean to you?
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**Children’s Committee – Barb Saunders**

Meeting Date: 2/9/24 10:00 am-11:30 am

Next Meeting Date: 3/8/2024 10:00-11:30

Co-Chairs: *Lisa Peterson-Lizun* (Allegheny Children’s Initiative) and *Barb Saunders* (UPMC)

Participating Members: Nathan Omasta, Lori Grubbs, Bethany Douglas, Susan Stewart-Bayne, Kristina Gibson, Sharan Campbell, Alicia Logue, Kate Pompa, Kelly Schmidt, Heather Beachler, Tamara Marisco, Kaitlyn Campbell, Krista Lion, Laura Haile, Randi Hill, Sarah Fallica

Guests: none

Agenda Items	Discussion
Welcome	
RCPA Children’s Committee Updates	Updates, Discussion & Collaboration with Jim Sharp, RCPA Children’s Division Director- focus on child services- reviewed notes that Jim sent- see attachment
Advocacy Opportunities	Review agenda for meeting with Stuart Fisk next month  Transition Age Youth Initiative- who is participating? Communication and information sharing- workgroup meeting recap (2/8/24)  CCBH access survey- in addition to other reporting  Telehealth updates- 4 walls rule  Program audit updates- did not review  Follow up from CAP meeting: AHCI information

	Training requests to county
<b>Provider Updates &amp; Announcements</b>	Program Updates/Provider meeting updates
<b>Wrap Up</b>	Next meeting: March 8, 2024, 10-11:30 am- virtual or in-person at CLASS- Stuart Fisk is joining us in person

**Conversation with Stuart Fisk-**

Introductions- each committee member introduces themselves, their agency name, their title

Overview of child services – provide to group as a reference/guide; at end of introductions, note that Children’s CAP Committee represents many/all levels of care

What has he learned about child services since joining OBH? What are his initial impressions of child services?

Does he need clarity regarding the differences between child and adult services? For child services, the consumer is the family and the child has other stakeholders (note how this impacts service delivery) involved in their care; remind Stuart about consumers 14 years and younger have the parent/guardian/MDM sign their documents; impact of SDOH on services

Inquire about Stuart’s vision of child ambulatory services now that he is a few months into his tenure

Inquire about what Stuart wants to learn more about regarding child services; our goal is to lay the groundwork for partnering child services and OBH

Ask to be invited to the table when decisions are being made regarding child services

**Painpoints:**

Concerns about moving services from program funded (county) to Health Choices- unintended impact on access for consumers

Workforce- Impact of losing clinicians to private practice due to regulatory burdens of Health Choices

Impact on initiatives when the consumer is a child- greater stakeholder involvement

**Transition Age Youth Initiative-** first learning collaborative meeting held on 2/8/24

The initiative has unanswered questions due to not having contracts rolled out to providers yet. Youth Support Partners spoke at the meeting. No workbooks have been received yet. UPMC, Pgh Mercy, WFS are participating.



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Questions to ask Jeff Long and Rusty Hewitt- request to change deadlines due to not receiving workbooks or contracts yet. Zero risk participation (with exception of time spent). Kate asked about the school-based outpatient workbooks being helpful- administrative burden was heavy according to Barb. Alicia noted the importance of family in supporting youth receiving mental health services. Need to involve the parent/caregiver in the care of transition youth. Bethany noted the risk involved in providing services to this age-group and the value and need to include the parent/caregiver.

**CCBH Access Services-** providers are being asked to complete the e-portal access survey as well as program specific services. The survey is going to the CCBH portal administrator.

**Waitlist and waitlist management-** providers are opting to not maintain a wait list (specifically IBHS) and refer to CCBH. Provide the “what to do while you are waiting” from CCBH, the provider list, encourage to work with their child’s Service Coordinator (or provide Blended SC list if don’t have one).

Tammy notes that information regarding training and data was provided at larger CAP meeting in January- no specific action steps resulted.

Recapping information from prior minutes:

**Training requests** from providers to the county- in-person, virtual, on-demand training

Mental Health First Aide

CTT training- Kelly Burda

Motivational Interviewing- Kelly Burda

Leadership

Clinical supervision

How to approach the county regarding APAs or VBP

Alternative Payment Arrangements

Value Based Payments

Evidence based practices: EMDR, MI

Group therapy training- Susan Tarasevich does this training

The committee reviewed an AHCI report from 2004 to review for data that was previously shared with providers

What **data** are providers seeking from the county that **AHCI** previously provided:

Market share data

What are leading to the trends?

County data with last AHCI report-outs (to compare)

Annual publication detailing claim data

Highest spend by service line

Highest volume of consumers

DEI training for Committee members- Nora- chair of DEI committee- will seek support for this at larger CAP meeting.

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

February 9, 2024

Minutes

Attendees:

Gretchen Kelly, PLEA  
Keara Vance, Wesley Family Services  
Brian Roche, Mainstay  
Peggy Willison, Merakey  
Tamara Caldwell, Family Links  
Lynette Deaver, Children's Institute  
Casey Monaghan, Devereux/TCV

### **General Discussion:**

1. Challenges of balancing acuity of care, safety, regulations, and individual rights (i.e.: behavior disorders, Prader-Willi Syndrome, etc.). Ideas shared such as using projectors instead of TV's, electronic alerting systems used, procedural controls, etc.
2. Discussed use of RCA's in school-based settings to prevent specific behaviors once they have been identified followed by comprehensive prevention action plan.
3. Extensive conversation on bed bug (infestations in general) and control plans used by providers.
4. Discussed PATHS (PA Training for Health and Safety) through the PA Department of Labor. This is a resource of free webinars covering a full array of safety topics rotating on a monthly basis. Link to this is [Home \(pa.gov\)](https://www.pa.gov).
5. Reminder to all providers of the OSHA mandate to post the Form 330A in a place accessible to all employees from February 1<sup>st</sup>. This outlines number of reportable cases; number of missed work days; number and types of injury/illness.
6. Also a reminder the committee now has resources available on CAP website forum.

**Next Meeting:** March 8th, 9AM via Teams.

Minutes prepared by: Casey Monaghan

## **Compliance Committee- Shayna Sokol**

2/8/2024

2:30-4:00

Attendees: Becky, Emily, Jodi, Jerry, Kim W (HSAO), Shayna

1. Telehealth Fatigue
2. Agency Updates:
  - a. Agency 1: Completed County DA and DDAP audits in January, no concerns. Preparing for SAP audit in March. This month CCBH will complete a quality audit for Service Coordination. Discussed potential process for quality review in SC and the impact of potential suicide prevention indicators.

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- b. Agency 2: Preparing for a quality audit for BSC.
  - c. Agency 3: County monitoring, county fiscal review, mock interviews, and crisis licensure pending.
  - d. Agency 4: Heavy in licensing visits this quarter.
3. Telehealth 4 walls requirements: Reviewed information with group. No provider shared agency intent related to the requirement. Many appear to be awaiting additional information.
4. Other:
  - a. Discussed suicide prevention indicators in Quality tools and applicable programming. Committee will begin collecting tools from Quality reviews.
5. Setting up basecamp for providers. Document exchange, collection of audit experience data, etc. Digital shared office space
6. Compliance Training and Plan Development will be discussed in April meeting.
7. External Audit Preparation Process will be discussed in June meeting.

#### **Human Resources Committee- Sherry Brill**

2/29/2024

Members present- Sherry Brill- Chartiers Center- Committee Chair, Doug Clewett- Easter Seals, Judy Muller- Transitional Services, Willette Walker- Mainstay Life Services, Rebecca Sweeney- Family Links, Sarah Resnic- Community Human Services and Eric Ziegler, Residential Care Services

- 1) **Crisis Intervention Training/Staff Safety-** we discussed what different agencies are doing for crisis intervention staff training. Agencies that currently have something in place range from doing classroom Crisis intervention training with no physical holds/movements, to “train the trainer” courses that include physical interventions and one agency is exploring setting up a self-defense class. (Particularly for staff who are mobile in the community) There are a few “train the trainer” Crisis intervention classes but they are very expensive. With turnover, agencies are concerned about spending the money to have staff trained and then the staff leave. The other crisis related item discussed was the ability to do mass notification texts to staff and alert them of emergencies or unsafe situations such as active shooters, etc. There were a few vendors out there that were being used. One agency said they use “chat” through Teams and if staff have it downloaded to their phones (at least the work phones) then they would receive the notification.
- 2) **FMLA-** one agency discussed the continued FMLA requests they receive from staff and how that can be hard to manage. Many of their sites are not within 75 miles of most of their staff, so legally they do not have to grant the request. To ensure consistency, they developed a checklist to follow for FMLA to determine if they can approve those FMLA requests from sites not within 75 miles of the staff. They use the same checklist for staff to ensure they are being consistent in their approval/denial process. They have had to deny some requests if it is a hardship for the agency.
- 3) **Health Insurance Renewals-** we discussed this again for those July renewals. One agency has received their renewal and was able to negotiate from 12% to 0%. Others are bracing for a

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significant increase but hoping to negotiate and not have to move carriers as that causes disruption in service and frustration with employees. As mentioned in the last meeting, one organization has a Healthcare committee (which includes all levels of employees). The committee developed a survey that went out to all employees and asked what was most important to them (what benefits were important to them, what cost containment strategies were in favor of (employee only coverage offered, charge closer to market rate for higher tiers vs individual coverage etc.) The information will help develop the strategy the agency will take once they receive the renewal and help determine what steps they will take moving forward.

- 4) **Discussion about Allegheny County possibly raising the minimum wage to \$11.00 and how that will affect recruitment/retention- Several** agencies suggested creating or enhancing a Total Compensation Report for employees to show them everything the agency pays for in benefits for each employee (Employer portion of Health Insurance, 401k/403b employer match/contributions, Paid time off, holidays, etc. Once you can show someone the Total Compensation Package sometimes it helps put into perspective that yes, they could go somewhere else to make more per hour but typically the rest of the benefits are not good as what they currently have today. One agency uses Employee Navigator for all benefit enrollments and can create the Total Compensation Report through that software that includes everything from salary to benefits paid by the organization.
- 5) **Ideas for Employee Appreciation Day Friday March 1<sup>st</sup>, 2024- Some** agencies are doing giveaways (apparel or a small gift- succulent plant with a thank you note attached). One agency provided supervisors with a list of several different small ideas on how they could appreciate their staff. And then programs were asked to send in pictures of what they did. They are also holding a companywide gift card raffle for all staff throughout the day on Friday.

**Next meeting is Tuesday March 26<sup>th</sup>, 2024, at 1pm**

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

Sue reviewed the executive committee request to the county about the residential programs and AHAW scores. We have heard back from Stuart Fisk at the county about setting up a meeting for questions and answers. A date has not yet been set. Sue is going to see if Jim Sharp from RCPA can step in and request meeting with the state regarding residential. Sue is also going to request service reports from the county, like AHCI used to provide.

The next meeting is scheduled for March 8, 2024- location- CLASS, In Person Only.

Respectfully submitted,  
Kate Pompa

CONFERENCE OF ALLEGHENY PROVIDERS