

## **CAP Meeting Minutes March 8, 2024**

### **Welcome and Introductions**

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

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

Review and acceptance of the February 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 Chris Zellefrow and a second was received by Karen Jacobsen to accept the minutes as presented.

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

Present balance: \$70,968.79 after paying for the December Curling Event.

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

#### **Shapiro Proposes Mental Health Services Funding for 2024/25 Budget**

The DHS budget book is available [here](#).

#### **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.

RCPA provided testimony to 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](#).

### *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.

We are reviewing internally a new advocacy approach that expands in some areas a broader mental health funding strategy than the MHSN coalition that solely focused on county based adult MH funding

#### 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.

#### Telehealth

#### OMHSAS and the Federal 4 Walls

[Federal “4 walls” statute](#), this is a required Federal Medicaid payment condition. These requirements cannot be waived.

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.

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. 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.

#### 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.



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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:**

*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 in*

**Allegheny County CRR**

RCPA & a CAP are working with OMHSAS and the County to gauge a deeper level of understanding and engagement on the proposed CRR Program transition. The group will look to meet to discuss the ongoing project development.

**Shapiro Administration Directs Insurers to Meet Obligations for Autism Coverage Under Mental Health Parity Laws, Removing Barriers to Care and Expanding Access to Services for Pennsylvanians**

**Governor Josh Shapiro and Pennsylvania Insurance Department (PID) Commissioner Michael Humphreys announced** that starting on January 1, 2024, the Shapiro Administration will require all commercial insurers to meet their obligations under Pennsylvania law to provide coverage for autism benefits.

The PID [published a Notice](#) in the Pennsylvania Bulletin on November 4, 2023 announcing that by no later than January 1, 2024, PID will require insurers offering commercial health insurance policies that include coverage for autism services to handle claims for those services in a manner that complies with

the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) and Pennsylvania's mental health parity requirements.

### **DHS RCPA Regulatory Reform & Regulation Updates**

RCPA has submitted to the Pa General Assembly Executive Directors in both the House and Senate, The governors Policy Office, DHS Secretary Arkoosh as well as each respective DHS Deputy Secretary a set of Regulatory Reform guidelines and recommendations for each respective policy divisions.

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

### **Regulations Submitted to DHS for consideration and review**

#### **Children's**

IBHS

Family Based

Early Intervention (OCDEL)

#### **Adult MH**

Outpatient

ACT

CRR

LTSR

### **Regulation Release Update**

OMHSAS is preparing for the final review for the Crisis and PRTF Regulations anticipated to be released in the first quarter of 2024

RCPA has review committees that have already met and have begun to prepare for the reviews

### **State Plan**

RCPA has reviewed the State plan as it relates to the MH OMHSAS pieces with special focus on Mental Health programming. RCPA will include the state plan as part of the regulatory reform process to update and provide policy clarifications as a change methodology.

## **BH Council / BH Council Advisory Group**

The governor's BH Advisory Committee has met twice but it is still very broad and big picture. This team is a very diverse group- including many intelligent people who could add a lot, but clearly are coming from "outside" of the system. The discussion is also to include ALL of BH. Not just Medicaid and Medicare, but commercial insurance, self-pay, indigent care, etc. So it is a lot to tackle. It is early but RCPA hope to start picking off specific issues as we move forward. ...

As with most task forces and groups, the real issue will ultimately be the impact. If we recommend something to the governor or his office- what does that mean? What would then happen?

## **1115 Waiver**

Pennsylvania Department of Human Services is developing an 1115 Medicaid program, **Bridges to Success: Keystones of Health for Pennsylvania** (Keystones of Health). DHS hopes to use this program to make health care more accessible, improve quality of care and services, and design and evaluate innovative strategies in health care to help people live healthier lives. DHS' goal and vision for the waiver is to address Pennsylvania's Medicaid participants' [health-related social needs](#) with interventions that are both lifesaving and cost saving. Visit the [Keystones of Health webpage](#) for more details.

### **Keystones of Health will focus on four key areas:**

- Reentry from correctional facilities
- Housing supports
- Food and nutrition supports
- Multi-year continuous eligibility for children up to age 6

## **OMHSAS**

**PRTF Regulations** Still in final review

**CRISIS Regulations** Remain in final review

### **ICWC/CCBHC:**

RCPA who represents all seven of the OMHSAS ICWC programs continues its meetings with OMHSAs on the newly proposed CCBHC model proposed by SAMHSA.

As you know, Pennsylvania has withdrawn from the original demonstration project but we do have many CCBHC providers as well as recent expansion grantees under our membership

In recent RCPA CCBHC Meeting with the National Council and OMHSAS in attendance, we got a glimpse at what PA is currently considering when asked about rejoining the demonstration. OMHSAs position is based upon the funding matrix of a per member per month formula what is attractive to the State. We know this is model is approved so we hope to have an answer on this in the coming months. We know that OMHSAS has many questions into SAMHSA that will impact the decision to move back into the demonstration n





RCPA will continue its efforts to engage SMAHSA, the National Council on Mental Wellbeing and Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS) on the CCBHC model and the impacts of revised standards as it relates to current Pennsylvania CCBHC providers and with the potential of the State reentering the federal project.

## **ICWC**

RCPA and OMHSAS conducted a technical training session in December to review the status of the program and look at the outcomes. There is consistent progress but still some metrics that have opportunities for growth. RCPA has facilitated a meeting with OMHSAS and the providers specific to these questions. The forum will be in January

OMHSAS at this time still has not made a final decision on reentering the CCBHC Demonstration Project but the signs were positive that several of the determining questions had been answered by SAMHSA

In the event that the State does not go into the CCBHC Model project they would expect to expand the current ICWC model.

## **Children's**

### **IBHS**

IBHS and the IRRC

The RCPA BHS Work Group is waiting on the response from the IRRC 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 as well as creating an equity payment foundation for Individual and ABA Services

The Team is also working through a set of recommendations for OMHSAS and the BH MCO as it relates to the waiting list for IBHS services as recent requests by several BH MCO to create referral lists and managing these lists. There are concerns that these activities require non billing time that complicates staffing and sustainability efforts, as well as triaging cases they may not have in-depth knowledge of. In addition, there is a considerable amount of stress on the stress on families who are on multiple waiting lists with repeated calls "checking on them" and no status on the start of service.

### **OCYF**

#### **DHS Children's Complex Care Blueprint Committee**

Participants reflect a diverse group of systems and stakeholders, including:

- Families and Youth
- County Human Services: Child Welfare, Mental Health, Intellectual Disabilities and Autism, Early Intervention, CASSP/SOC





- Behavioral Health: Managed Care Organizations & Primary Contractors
- Providers: Community-based Providers, Residential Treatment Providers, Inpatient Psychiatric Hospitals, Medical Hospitals
- Education: School Districts, Intermediate Units

Blueprint Workgroup: Desired Future State (DFS)

Critical Areas of Focus

- Communication
- Service and Program Availability
- Awareness and Navigation of Resources
- Staffing
- Trauma-Informed Supports

**Legislative Committee- Gretchen Kelly**

3/4/24

Plans for Capitol Day Tuesday 3/19/24

Register on the RCPA website

Press conference from 10:30-11:30 am in the Main Rotunda

Anyone is free to make appointments to see local reps

RCPA talking points provided

CAP will reimburse mileage for anyone who attends

All participants can utilize their agency mileage forms, use the CAP reimbursement rate of .58 and submit to Tom for reimbursement

Meeting with Meghna Patel, Deputy Secretary of Policy and Planning, Office of the Governor

Scheduled for March 20<sup>th</sup> with CAP membership

Planning to discuss regulation reform along with the Governor's agenda and commitment to human services

Dan Miller Disability Summit Thursday/Friday April 18-19/2024 Congregation Beth El

CAP will be represented during a legislative panel entitled Mental Health Staffing 101 along with Jen Smith, DHS OMHSAS Director and Michelle Schein, Pitt professor to discuss the staffing challenges from the provider point of view

Changes in regulations would create workforce flexibilities (licensed therapists, paraprofessionals, docs, etc.)

Streamlined process across BHMCO's for all licensed MA services

Nearly 40% of a clinician's time spent on admin activities that could be spent on clinical care

Stakeholder input



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CAP Follow up with further discussions with Rep. Miller and policy staff regarding regulation reform both proposed by RCPA (complete suspension for 18 month) and the CAP-proposed regulation reform in the areas of:

- Encounter form signage
- Psychiatric time requirements
- Provider duplication of APS investigations

CAP Follow up meeting with County Exec, Sarah Innamorato

Have reached out to invite her to the April or May meetings or to have a group of CAP membership meet with her if she would prefer a smaller group introduction

### **IDD Committee- Denise Cavanaugh**

03/08/2024

#### SIS Scores

- There has been an influx of people being reassessed. Someone went from a NG5 to a NG3. They have always been a NG4, they will always need someone within arm's length, so it is unclear why it would change and how they are going to be able to continue being supported. Organizations still don't have an appeal process.
- Jenn Frazier updated in SC meeting that some type of appeal process should be coming out today, we should be seeing an announcement from ODP that contains a SIS discrepancy form. It will allow you to write on the form if there are inconsistencies in the content, not the score. It needs to be about the written content, not the actual score. Another person had a NG7 to a NG4 to a NG1. One person discussed an error on the PA plus and supplemental with conviction on sexual misconduct and it is marked no. It needs to be disputed, as there is a conviction.
- Carol shared that there is to be a form to be released and if there is an issue with a level that changed an email needs to go to the rate setting mailbox. Carol is saying that we should proceed and not necessarily wait for the SC, unless the SC understands the importance of it. People are not able to serve people at the ratios suggested by the new scores.
- It would be helpful to have definitions of what they mean by the different categories addressed in the SIS. It would be nice to have a guide, if there is one. Carol will find out if there is anything.
- Discussion on any resolution with appeals. Renda from Merakey did a dispute form in January and sent with a doctor's record to Jarod Rosser and didn't hear anything. Followed up after two weeks and finally heard 4 weeks later and was told it was being elevated because the name was wrong. Another one he indicated there was enough documentation send it to the next level. No idea what the next level is. Still have not heard anything since January.

#### Medication Administration – Online Exam

- Tests are going back online. Starting to see issues. Some issues with people being able to understand the test, especially with people who have English as a second language. Carol would like any specific examples so that she can investigate it. Some of the multiple-choice answers

can have two correct answers, but they are asking for the best. Ongoing issue with people trying to pass the Medication Administration Test.

#### Change Makers in Healthcare Event – March 20<sup>th</sup>.

- Denise will get a Save the Date out to everyone. It will be at the Student Union on the Pitt Campus from 4:00pm – 6:00pm. Geared toward students. We will split the room in four areas so each group will be able to get to each section to learn about what each division does, and what they need. Will need representation from each organization. Representatives by services offered. Denise will see if the providers need to register, but doubts if organizations will need to.

#### Capitol Day

- It is scheduled for March 19, 2024. Are there representatives from each agency? Just a reminder that it is scheduled.

#### Performance Based Contracting

- The money that is in the budget will go to these different rates. It will be allocated so it won't be 12% across the board. It goes to agencies offering tiered services.
- There are some mixed messages about whether or not people will know by January where they fall in the scale, or it will be a soft roll out. They will possibly look at claims to determine where agencies fall on the tiers. Carol Ferez says they have not shared with people how they are determining this. Jeremy Hale says that in January everyone will be entering at a certain level based on the last two years of data. What data are they looking at and how will providers know what they are basing it on?
- Is there an appeal process? RCPA is trying to stay on top of it. It is not being presented that it will already be determined where you are at. We keep hearing that at the end of April it will go out for public comment. Originally said that it was the end of March, now it is the end of April. RCPA has asked for definition of what they want. Waiting for the toolkit, Carol says they are working on it and possibly will be out by June.
- Rick said that CMS will approve the one-time stipend. 6% of one-time payment will be approved by CMS.

#### Allegheny County Waiting List Initiative

- A significant number of people are on the waiting list. Denise reached out to see how people are to get enrolled and what are the specific needs of the people. A real issue with being able to support people given the restrictions on programs and the push for CPS in the community. We also are having issues finding houses to expand and take on residential referrals.

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

**Friday, March 8, 2024, 10:30a-11:30a**

1. Welcome and Introductions
2. Items for Discussion:
  - a. Claire Ryder presented to the team regarding Value Based Purchasing/Care (VBP/C)



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- i. Pay for value, measurement-based care, better outcomes, reduced costs instead of paying for volume (visits, etc.)
- ii. APA's- all VBPs are APAs but not all APAs are VBPs (alternative payment is alternative to FFS but not always based on value)
- iii. Incentives- FFS- incentivized to do many visits, VBP- incentivized to focus on outcomes.
- iv. In FFS, staff are incentivized to meet productivity, in VBP, if staff meet metrics could have bonus involved.
- v. Continuum of provider risk and payer integration
- vi. VBPs can be layered- shared savings and risk can be added or built into different types of Pay for performance.
- vii. Different types of base payments: FFS, Simple case rate, episodic or bundled, capitation.
- viii. Value based layers: Pay for performance (P4P), Shared savings, shared risk
- ix. Success in VBP: EHR and ability to report quality measures, data-analytics, population health management, emphasis on satisfaction, streamlining/eliminating unnecessary and redundant services, address social needs.

**Next Meeting:** 4/12/24

**DEI Committee- Nora Soule**

Meeting Date: 11:00am-12:00pm, March 14th, 2024

Next Meeting Date: 4/11/23

Participants : Rachel Kyle, Stephen Gradeck, Shelli Fleming, Dave Zarlengo, Andrea Brown, Meg Sova, Fred Mbewe, Nora Soule

Agenda Items	Discussion	Action Needed
Welcome/ Introductions		
Summary of Purpose	<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</b>	



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	<b>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>From Wages to Wealth: The Future of the Female Workforce   Bri Seeley.</b></p> <p><a href="https://www.youtube.com/watch?v=DA83nI3ve2M">https://www.youtube.com/watch?v=DA83nI3ve2M</a></p>	<p>Seeley suggests that women often undervalue their work and services. How can this undervaluation be addressed, both on an individual level and within organizations? How can companies and organizations create a more inclusive and equitable workplace for women, where they have equal opportunities to build wealth?</p> <p>The speaker emphasizes the need for women to redefine success on their own terms. What does success mean to you personally, and how do you think it can be redefined in the context of the female workforce? In conclusion, what are some key takeaways from Bri Seeley's talk, and how can they be applied to promote gender equality and financial empowerment in the workplace?</p> <p>Committee discussed sharing media and discussion questions as resources for other CAP members. Nora to share info.</p>

**Children’s Committee – Barb Saunders**

Meeting Date: 3/8/24 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)*



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Participating Members: Susan Stewart-Bayne, Sharon Campbell, Katilyn Campbell, Kelly Schmitt, Heather Beacher, Laura Haile, Sherri Klingensmith, Kristina Gibson, Allyson Paracat Dixon, Amy Yosko, Sarah Fallica, Bethany Leas, Tammy Marsico, Barb Saunders, Krista Lion, Alicia Logue, Nathan Omasta

Guests: none

Agenda Items	Discussion
<b>Welcome</b>	
<b>RCPA Children’s Committee Updates</b>	Updates, Discussion & Collaboration with Jim Sharp, RCPA Children’s Division Director- see notes sent by Jim
<b>Advocacy Opportunities</b>	Conversation with Stuart Fisk- RESCHEDULED to April meeting
<b>Provider Updates &amp; Announcements</b>	Program Updates/Provider meeting updates
<b>MA Loophole kickback</b>	<p>Recently requests are being denied and they are asking for more records.  The WO was not accepted and they wanted a diagnoses from a psychologist.  Group will alert Jim Sharp.  CCBH is starting a new program to assist families with re-enrollment.  Tammy cautions re: we are one of the only states that has the loophole option. Be mindful it may be at risk of eliminated.  Exchange healthcare went down a few weeks ago and has not gone back up. Impacting scripts for medications and payments. Collecting payments is problematic. This may be done 4-6 weeks. See email sent by RCPA</p>
<b>Capacity</b>	<p>Lack of staffing impacting ability to take clients.  Reimbursement rates prevent us from paying a competitive salary.  Regulatory burden impacts retention. Requests for relief have not been addressed. 40% of time is documentation.  New agencies coming in, particularly in IBHS. We are shuffling around staff. Private practice taking less acute clients. Higher acute needs come to providers.  Risk of being replaced by alternative options.  Action items:</p> <ol style="list-style-type: none"> <li>1. Can we better translate and demonstrate the impact. Are they interested in this information? Is there a university that can support us with data? Changemakers working on getting the word out there on what we do. Can SC tell the</li> </ol>



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	<p>story since they are supporting clients who are in a holding pattern. Is CCBH getting the calls from people waiting?</p> <ol style="list-style-type: none"> <li>AHCI data – reports we used to receive.</li> <li>Continue to push for reimbursement for parent groups for skill building</li> <li>How do we encourage a collective effort with providers, CCBH, and County. Breakfast with MCO, County and Providers together. We would need an independent Facilitator.</li> </ol>
<b>IBHS Audit</b>	<p>SC – Quality Audit          Partial – Quality Audit          FBMH – FWA Audit (one month access to EHR)          IBHS – Quality Plan needs to reflect compliance from your own Service Description, incorporate components from the service description          Outpatient – focus on quality report and plan          Acute partial – anyone between the ages of 14-18 needs to be evaluated separately to see if they are eligible for an adult partial. Providers would like to push back on this. These are TAY, also education component.          IBHS FWA – last fall, everything was fine.</p>
<b>BH Provider Call</b>	CCBH has announced rate increases, retroactive payments
<b>Telehealth 4 Walls</b>	<p>Providers have not yet made changes.          RCPA Telehealth Committee Notes indicate that it is a CMS Rule. Can we add Mobile MH to circumvent the 4 walls rule. This was an idea from OMHSAS. OMHSAS will be releasing a new bulletin and conducting a stakeholder webinar on March 13. Invite from Jennifer Marthnet-Baker. Sherri will forward the invite.</p>
<b>Wrap Up</b>	Next meeting: April 12, 2024, 10-11:30 am- in-person or virtual

**Safety / Risk Committee- Casey Monaghan**

March 8, 2024

Minutes

**Attendees:**

- Gretchen Kelly, PLEA
- Keara Vance, Wesley Family Services
- Peggy Willison, Merakey



Tamara Caldwell, Family Links  
Denise Demus, Pressley Ridge  
Ron Lankey, TSI  
Casey Monaghan, Devereux/TCV

## **General Discussion:**

1. Discussion on SDS (Safety Data Sheets) procedures and requirements. Suggestions included: purchase in bulk; leverage vendor to provide documents; review job descriptions for cleaning as assigned duties (only these employees are applicable); individual use quantities purchased by staff do not apply.
2. Reviewed a recent risk event of violence between roommates in a supported living environment. Discussed at length:
  - **prevention**—regular hazard assessments, meaningful and timely reporting, near miss programs, quality of care, risk events in tandem, etc.;
  - **response**—value of engineering controls (locked doors, cameras, communications, real time information), training, drilling, first-aid, etc.;
  - **post-incident management**--active crime scene, clean-up, keeping people in their home, trauma intervention (immediate and follow-up), victim care, family, media, securing information for internal investigation (video preservation, medication, files, etc.), notifications (insurance, regulators, OSHA), court appearances and victim support, etc.

**Next Meeting:** April 12th, 9AM via Teams.  
Minutes prepared by: Casey Monaghan

**Compliance Committee- Shayna Sokol**  
No Report Provided

**Human Resources Committee- Sherry Brill**  
**HR CAP Meeting Notes 3/26/2024**

Members present- Sherry Brill- Chartiers Center- Committee Chair, Doug Clewett- Easter Seals, Judy Muller- Transitional Services, Kayla Miller- Pressley Ridge

- 1) **Crisis Intervention Training/Staff Safety**- As a follow-up to our meeting from last month, we were discussing additional options for Crisis Intervention and Staff Safety. I mentioned that this topic was discussed at the General CAP meeting in March. Casey Monaghan, Director of Facilities and Safety Office from Devereux spoke about Safety procedures in place at Devereux. He said he would be willing to offer his recommendations/training to other organizations. The



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HR CAP group discussed inviting Casey to come to one of the upcoming HR meetings to discuss what services he could provide.

- 2) **FLSA Proposed Salary Increase-** Sept 8<sup>th</sup>, 2023, the US department of Labor (DOL) issues a proposed rule that would increase the salary threshold for the FLSA white-collar exemption from overtime pay. The group discussed how this would impact our workforce. Much of the group said they would not be able to make the salary threshold so would be forced to transition those workers to hourly instead of salary workers. This could cause many staff issues and have a significant impact on the workforce. The final rule is set to be announced in April of 2024.
- 3) **Health Insurance Renewals-** agencies with July renewals are still anxiously awaiting to hear about their annual renewals. Agencies have started to brainstorm ways to mitigate the expected increase in costs. Some have created different structures like creating a Spending Account that is Employer funded that helps pay a portion of the deductible. July renewals are preparing for the renewals to start coming back the first or second week of April.
- 4) **Discussion about Supervision Hours for Clinical Licensure-** The group discussed how agencies handle the clinical Supervision hours for licensure. The consensus was two years for the amount of time employers require employees to stay after they receive their license. Some agencies require employees to sign an agreement with a requirement to repay the employer at a set amount per hour for Clinical Supervision hours if they do not stay for the required time after they receive their license. Some agencies have a verbal agreement with the understanding that employees are to stay for two years after they receive their license, however they do not go after them to pay back the set amount per hour for the Clinical Supervision Hours.

**Next meeting is Tuesday April 30<sup>th</sup>, 2024, at 1pm**

The next meeting is scheduled for April 12, 2024- location- CLASS, In Person Only.

Respectfully submitted,  
Kate Pompa