

CAP Meeting Minutes June 14, 2024

Welcome and Introductions

Sue Coyle, CAP President

- Sue Coyle called the meeting to order at 1:08pm.
- She welcomed everyone to the meeting.
- Thanks were given to Nicole from Goodwill for allowing us the use of such a beautiful space for our meeting.

Review / Acceptance of Minutes

Kate Pompa, CAP Secretary

- May Meeting Minutes were sent out via email to the group and posted on the CAP website for review.
- Sarah Fallica, covering CAP secretary, requested a motion to approve the minutes.
- A motion was given by Gretchen Kelly and a second by Tom Cloherty to accept the minutes as presented.

Treasurer's Report

Tom Cloherty, CAP Treasurer

- Present balance: \$70,718.12
- We will provide free CAP membership to CLASS for 1 year to thank them for hosting us.

RCPA updates

Jim Sharp, RCPA Chief Operating Officer & Director of Mental Health Services

Click Here for RCPA Detailed Meeting Notes: [RCPA](#)

- CRR & Supportive Housing – RCPA will create an op-ed piece as our next step for advocacy

Committee Chairs (or alternates) Provided a Report to the General Committee.

Committee Meeting Minutes are below.

- **Equity Chair:** Nora Soule
 - **Legislative Affairs Chair:** Gretchen Kelly
 - **IDD Chair:** Denise Cavanaugh; Update by Kim Sonafelt
 - **Children's Chairs:** Lisa Lizun & Bethany Douglas; Update by Tammy Marsico & Sarah Fallica
 - **Human Resources Chair:** Sherry Brill
 - **Behavioral Health Chair:** Heather Harbert
 - **Safety / Risk Chair:** Casey Monaghan
 - **Compliance Chair:** Shayna Sokol
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Equity Committee- Nora Soule

Equity Committee Meeting Minutes

Summary of Purpose: *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.*

Meeting Date: 11:00am-12:00pm, June 13th, 2024

Participants: Nora Soule, Jesse Mclean, Rachel Kyle, Shelli Fleming, Steven Gradeck, Andrea Brown, Dave Zarlengo, Willette Walker, Fred Mbewe, Meg Sova

Agenda Items	Discussion	Action Needed
Welcome/ Introductions		
Standing Topics	Agency updates	
Media Club Discussion	<p>https://www.wnycstudios.org/podcasts/takeaway/segments/153-years-juneteenth</p> <ul style="list-style-type: none"> -What did you learn about the historical significance of Juneteenth from the podcast? -What does Juneteenth mean to you? -How can we incorporate the lessons of Juneteenth into our workplace culture and practices? -How does understanding the history of Juneteenth change your perspective on current social justice movements? -Do you remember learning about Juneteenth in school and if so what was taught? -How does your organization celebrate or acknowledge Juneteenth? 	<ul style="list-style-type: none"> - Freedom is a process -Juneteenth reminds us there is still a long way to go. -Juneteenth celebration downtown this weekend -Can be uncomfortable for some to think about Juneteenth -No one remembers learning about it in school, seems like a lot of people still don't know what it is. -Group wants to look at trauma informed workplace for next month.

Next Equity Committee Meeting: 7/11/24

Legislative Affairs Committee- Gretchen Kelly

June Meeting Minutes unavailable.

IDD Committee- Denise Cavanaugh

Meeting Date: 6/14/24 11:00 am

Summary: Karen and Denise discussed the upcoming TPA (The Provider Alliance) HR (Human Resources) committee meeting and the provider self-assessment readiness tool. They discussed the complexity of different times for data collection and the overwhelming workload.

The group discussed the challenges of meeting the requirements for NADSP (National Alliance for Direct Support Professionals) credentialing, including the need for a minimum number of seats and the impact on staffing. They also discussed the implications of provider standards on program eligibility and the need for changes based on feedback received.



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The team also discussed the challenges of determining the most effective billing method for the supported living program, considering the level of service needed by clients. They raised concerns about the eligibility of the PFD waiver for supported living and the stringent standards for moving up tiers. The team discussed their experiences with appealing discrepancies in scores and the ongoing staffing concerns, including the implications of credentialing for DSPs (Direct Support Professionals) and the compensation and training models.

They also discussed the impact of ARPA (American Rescue Plan Act) money on bonuses and raises for DSPs and the train-the-trainer model for NADSP certification.

Denise Cavanaugh discussed the timeline for a project, announced the last scheduled meeting for the summer, and plans to change the meeting location and schedule for the committee starting in Sept 2024. She also mentioned her intention to step down from her role as the IDD (Intellectual and Developmental Disabilities) co-chair and the need for someone to take over the position.

The conversation also touched on the lack of affordable housing and the potential impact of housing pilots on support services. Pittsburgh Mercy shared their experiences with transitioning residents to supported living, underscoring the challenges of navigating waiting lists and bureaucratic processes in senior high-rises. The team discussed the need for policy sharing to avoid duplicating efforts and shared their challenges in obtaining licenses for new services. They also discussed the impact of provider standards on program eligibility and the need for changes based on feedback received

Action Items:

- * Karen Jacobsen will share the document summarizing the 25-26 plans, policies, or attestations required for primary providers in the chat.
- * Denise Cavanaugh will upload the document to the chat
- * All members will consider the day and time for future meetings and provide input over the summer.
- * All members will consider the role of IDD chair co-chair and express interest if willing to step into the role.
- * Denise Cavanaugh will step down from the role of IDD chair co-chair after the 2024-25 cap year.

Key Questions:

- * How can we support each other as peers to prepare and navigate through the performance-based contracting process?
- * How can we address the challenges of incident management and risk assessment?
- * What are the compensation and incentive strategies for DSPs who complete credentialing and training?
- * How can we ensure system-wide quality and fairness for individuals and families entering the system?

Children’s Committee – Lisa Lizun, Bethany Douglas

Children’s CAP Meeting Minutes

Meeting Date: 6/7/24 10:00 am-11:30 am

Participating Members: *Nathan Omasta, Jen Beckjord, Ally Paracat Dixon, Lori Grubbs, Krista Lion, Amy Yosko, Sarah Fallica, Tammy Marsico, Alicia Logue, Laura Haile, Sharon Campbell, Susan Bayne, Eric Patterson*

Agenda Items	Discussion
Welcome	Committee members introduced themselves
RCPA Children’s Committee Updates	Jim Sharp, Chief Operations Officer, from RCPA couldn’t join the meeting. Jim’s notes will be distributed once received.



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Advocacy Opportunities	Committee members outlined discussion topics for meeting with Lisa Elliot (Allegheny County Regional Director, CCBH) and Laura Fiore (Program Manager for Child and Adolescent Mental Health, CCBH) at our September meeting Laura Haile will share School-based CCBH provider meeting with committee members. Let her know if you need the meeting link- Monday, June 10 th
Education Specialist	Allegheny County DHS is eliminating Education Specialist as of 8/31/24. The county has put together a list of other resources to share with impacted youth and their families. See attachment.
Incident Reporting	Allegheny County DHS has a new process for submitting critical incidents starting July 1.
Provider Updates & Announcements	Reviewed staffing with some providers nearing capacity 😊
Wrap Up	Next meeting: September 13, 2024- will announce location due to having guests present- Lisa will check with Goodwill, Lawrenceville location

2024 CAP Children's Committee Goals

Mission Statement: *The mission of the Children's Committee is to create a forum for advocacy on behalf of both member agencies and the children and families they serve. The committee provides education to its members on systemic and regulatory changes, practice developments, and issues of cultural importance to ensure that the services delivered are of the highest quality.*

Children's Division 2024 Goals	Action Items
Build relationships with BH Deputy Director (Stuart Fisk) to increase knowledge and awareness of child services and improve advocacy efforts. <i>Stuart Fisk is new Deputy Director of BH for OBH. Focus on relationship building, increasing his knowledge and awareness of child services, improving advocacy efforts</i>	January: prep talking points (include overview of children's services, main pain points, advocacy efforts) Stuart attended the April meeting along with Renee Patten Stuart and Renee were asked to attend future meetings with the Children's Committee and each agreed.
Advocate for appropriate allocation of funds by partnering with schools to address MH needs in education. <i>Follow the funding for student mental health going through Dept of Educ- putting those without direct MH background in charge of developing MH programs/supports in schools.</i>	Renee attended April meeting with Stuart Fisk Lisa Elliot and Laura Fiore to attend Sept 2024 meeting Discuss outlook for school-based services, funding opportunities, partnering with providers and school districts, SAP, CSBBH, school-based outpatient Stand Together- utilizes youth in schools to address MH to promote anti-stigma
Advocate for eliminating the regulatory and Performance Standard requirements that do not have an impact on quality of care (specifically around encounter verification and unfunded performance standards that increase administrative burdens)	Provide opportunities to discuss new expectations and impact on providers- i.e., changes to Family Based referral process
Advocate that Parent Training be a separate billable service across service lines (specifically IBHS and outpatient). Goal is to provide parent education and improve child outcomes	Explore County funding for Parent Wise or other training (WFS- Westmoreland County)
Continue to partner with each other to grow awareness of new and existing services within the child-serving system	Providers are encouraged to share updates and announcements with committee members

Introductions- each committee member introduces themselves, their agency, and service line(s)

Brainstormed Talking Points with CCBH- Lisa Elliot and Laura Fiore:

What does CCBH see as the priorities as related to Child and Adolescent services?

Where does CCBH see as the area of greatest need? Service gaps?

What plans are in place to address the need?

How are providers being included in the conversation and planning?

In the late spring, Debbie Duch noted the change in funding and impact on CCBH. With that in mind, what adjustments are being made/considered for services?

How are reinvestment dollars being used?

Where does CCBH stand on alternative payment arrangements and what plans are in the works for such?

IBHS billing code 97151- is CCBH willing to consider a rate increase for all providers to cover this expense?

Where does CCBH stand on aligning Performance Standards with regulatory requirements? Much work was done to provide CCBH with areas to address with little advancement being made. These unfunded mandates strain an already administrative-heavy burden on providers.

IBHS referral process in reference to the waitlist Provider Alert. Would CCBH consider a centralized waitlist for IBHS services? The burden of ensuring an adequate provider network lies with CCBH, not the providers. The current process of sending email blasts with de-identified information burdens isn't working for those seeking services or providers trying to identify service recipients.

Audit process overly burdens providers (SIU, quality, etc) when providers already meet regulatory requirements. What is the thought process behind the audits, how can the burden on providers be lessened, how can we ensure the goal is to support providers and not "catch you doing something wrong?"

Transition Age Youth Initiative has been poorly rolled out- lack of clarity and communication, unrealistic expectations (80% return rate on surveys given to youth), required documentation hasn't been shared with providers. What is happening to address the roll-out issues and how can providers have their concerns addressed in a timely manner?

Good news: Measurement Based Care Initiative (outpatient services) is going well; good communication, clear and realistic expectations, positive impact for providers and members. Care managers are helpful and provider insightful feedback that is shared with our staff.

Next Children's Committee Meeting: 9/13/24 10:00-11:30 am Location TBD

Human Resources Committee- Sherry Brill

No Meeting in June, the next meeting is Tuesday July 30th, at 1pm.

Behavioral Health Committee- Heather Harbert

June Meeting Minutes unavailable.

Safety / Risk Committee- Casey Monaghan

June 14, 2024 Minutes

Attendees:

Gretchen Kelly, PLEA

Tamara Caldwell, Family Links
Lynette Deaver, Children's Institute
Brian Roche, Mainstay
Keith Barnhart, Emmaus
Stacey Dowden, Milestone
Keara Vance, WFS
Casey Monaghan, Devereux/TCV

General Discussion:

Special guest speaker and presenter Gordon Smoko joined us today from Brown & Brown Loss Control. Gordon is a leading expert in vehicle safety as well as a Certified Safety Professional. His information was based on an insurance carrier's perspective. Highlights include:

- The 3 primary requirements of an insurance carrier:
 1. Driver selection processes i.e.: background checks, MVR's, enforced policy, etc.
 2. Driver training procedures inclusive of a designated trainer/champion, road testing specific to type of vehicle assigned, sign-out logs, online defensive driver training, etc.
 3. Driver monitoring procedures i.e.: GPS monitoring systems, cameras, telematic and reporting. Of particular note, the industry predicts within the next 5 years this will become a requirement for any commercial vehicle insurance policy.
- 'Nuclear Verdicts' in settlement cases against commercial carriers have gone from 5 or 6 figure settlements to 7 figure, thus driving the push to tighten up monitoring in particular (video footage is considered the best form of evidence).
- Gordon will be facilitating a panel discussion/presentation by two manufacturers of driver monitoring hardware and software, dates and details to follow. Presenters will be Azuga and GPS Commander.

Minutes prepared by: Casey Monaghan

Next Safety/Risk Committee Meeting: July 12th, 9AM via Teams.

Compliance Committee- Shayna Sokol

Meeting Date: 6/12/2024

Attendees: Keara Vance, Emile Henze

- Agency updates: No update currently.
- Allegheny County Incident Reporting Changes: On July 1, Allegheny County will launch an electronic incident report and will forgo any paper reporting. No logins will be needed. CCBH will continue to accept any report template. Training is available.
- CCBH SBBH and IBHS performance standards [provider alert](#).
 - Also emailed directly to attendee to assure they have it for reference.
- Additional Agenda Items:



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- N/A
- No meeting in August, next meeting in October, as scheduled.

Next Compliance Committee Meeting: October, as scheduled

The General CAP meeting concluded at 3:05 pm.

Next General CAP Meeting: September 13, 2024 from 1:00 pm – 3:00 pm (In Person Only)

Location- Goodwill of Southwestern Pennsylvania: 118 52nd St. Pittsburgh, PA 15201

Respectfully submitted,

Sarah Fallica



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REHABILITATION & COMMUNITY
PROVIDERS ASSOCIATION

RCPA CAP June 2024 Report Submitted by Jim Sharp

2024/25 Budget: Mental Health Program Recommendations:

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

- \$20m — To replace nonrecurring prior-year carryover funding.
- \$5,m — Initiative to expand diversion and discharge for individuals with mental illness currently in the criminal justice system.
- \$18m— To continue current programs.
- \$20m— To restore one-third of base funding to counties.
- \$3,443 — To replace federal funding received in 2023/24.
- \$5m— Initiative to maintain walk-in mental health crisis for COVID-19 response stabilization centers serving multiple counties.
- \$1,2m— To annualize prior-year expansion of home and community-based services.
- \$1,6m— 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.
- \$10m — Initiative to provide support to the 988 network for mental health services.
- \$85,6m— To increase appropriations.

Impactors

- Projected \$1billion in surplus revenue
- \$6 billion in rainy day funds
- \$8 billion in unappropriated surplus
- Shapiro Budget 8.4% more this year than last
- \$1 billion in base education
- \$1 billion in human services
- House support Senate does not
- In the end could look like 4% increase
- Of the projected \$1 billion to human services \$600m to Medicaid
- This could be a place the Senate trims down the 8.5% to 4%
- Understanding: This is more than an urban issue
- How do we advocate to utilize the billions in reserve
- June 30 does not look like a done deal
- SO.....THERE is TIME!!!

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.



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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.

Psych Hospitals

RCPA in partnership with the psychiatry hospital stakeholders are requesting a \$15 million appropriation in the FY 2024-25 budget to provide supplemental assistance to the 23 freestanding inpatient psychiatric hospitals across the Commonwealth. These facilities are a critical part of the response to the continuing mental health crisis unfolding across Commonwealth.

- **RCPA BH Coalition**

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 Mental Health Funding Priorities and Legislation

Across RCPA Divisions

- Workforce initiatives and funding

Support Increase in DSP Wages

Cannot be an Unfunded Mandate

What Changed During COVID

\$15 Minimum Wage Somewhat Irrelevant: Phased

Competition with Private Sector

Not just DSPs

Professional Staff Clinicians

Administrative Requirements

“Burnout”

- Immediate
 - Emergency and Ongoing Funds
 - Direct to Service Providers
 - Recognizing the Role of Direct Support Professionals Act
 - DSP Standard Occupational Code Bill
 - Passed in the Senate, now House bill has been introduced by Rep. Brian Fitzpatrick (R-PA)
 - Other
 - Regulatory Relief/ Administrative Burden
 - Win/ Win Alternative Payment Arrangements
 - Public Relations Campaign
-
- DSPs, DCWs, counselors, case managers, peers, and licensed staff
 - Regulatory reform: Decreasing administrative burden; reducing barriers to access for care
 - Advocate for funding that reflects true “cost-plus” and for meaningful, transparent, VBP models

Behavioral Health (adult and children’s mental health; substance use disorder services)

- \$100M in adult mental health services; \$60M in continued investment for county-based MH funding
 - \$100M in school-based mental health funding supporting collaborative school/community-based treatment
 - Support for re-implementation of the national CCBHC model and funding
- A. OIG Federal Medicaid/Medicare Report

Lack of BH Providers in Medicare and Medicaid Impedes Enrollees’ Access to Care

The Office of the Inspector General (OIG) has released a report citing there are not enough behavioral health providers participating in Medicare and Medicaid networks.

In an [analysis](#) published April 2, the government watchdog studied one urban and one rural county in 10 states across the country. The analysis found relatively few behavioral health providers are participating in Medicaid, Medicare and Medicare Advantage programs, leading to difficulties in access for enrollees.

Notable Findings:

1. On average, there were fewer than five active behavioral health providers accepting Medicare and Medicaid patients per 1,000 enrollees. Traditional Medicare had the lowest rates of providers, at 2.9 per 1,000 on average, and Medicare Advantage had the highest rate at 4.7 per 1,000 enrollees.



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2. Rural counties had fewer providers accepting Medicare and Medicaid than urban counties. In rural counties, there were 1.5 providers accepting traditional Medicare per 1,000 patients, compared to 4.4 in urban counties.
3. Across Medicaid, traditional Medicare and Medicare Advantage, there were fewer than two providers per 1,000 enrollees that could prescribe medication for mental health issues, such as psychiatrists and psychiatric nurse practitioners.
4. Active providers accepting public insurance make up around one-third of the behavioral health workforce, according to the report.
5. Fewer than 10% of public insurance beneficiaries received mental health treatment in 2023.
6. CMS could also tighten network adequacy standards in Medicare Advantage and Medicaid to increase the size of insurers networks, the OIG said in its report.
7. The OIG recommended CMS up its oversight of Medicaid and Medicare enrollees' use of behavioral health services and recommended CMS examine allowing more types of behavioral health providers to participate in Medicare and Medicaid.
8. CMS said it concurred with the OIG's recommendations and said it has already taken several steps to improve access to behavioral health providers for Medicare and Medicaid beneficiaries.

Members may view the full report [here](#).

BH Council / BH Council Advisory Group

- To date the general “information gathering” happening right now where they are bringing in all the departments to talk about high level everything – funding, insurance, regulations, etc.
- At this time there are no determined legislative fixes besides regulation updates. The Council Chair Dr. Finello did mention there will be a formal report that that will be issued sometime next fall.

CCBHC Update

- As part of Hill Day in DC RCPA and National Council spent considerable time meeting with legislators on PA and Federal MH health initiatives funding, access and the CCBHC model.
- As you know PA is soon to be announcing if they will return to the CCBHC model to replace the states ICWC programs. This week
- OMHSAS held a meeting for the ICWC who are all RCPA members to review some intersection points with the current model and what the transition would look like re-entering the CCBHC project. Areas covered include

Rebasing Cadence:

- The Final guidance requires a rebasing of PPS rates beginning in Demonstration Year 3 and every three years thereafter (at minimum).

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Required QBP Measures:

- The Final guidance has seven required QBP measures, adding Plan All-Cause Readmissions Rate among the required measures. QBP Methodology
- The Final guidance allows a state to provide QBP to CCBHCs that meet one or more QM thresholds.

Certification and Recertification

- On-site certification will be required of new clinics and existing clinics will have to be recertified.

Federal CCBHC PPS Overview

As Pennsylvania reviews reentry into the CCBHC the Prospective Payment System remains a critical area of consideration. The following provides an overview of the 4 PPS options

- **PPS**
CCBHCs are statutorily required to offer nine services: (1) crisis mental health services; (2) screening, assessment, and diagnosis; (3) person-centered treatment planning; (4) outpatient mental health and substance use services; (5) outpatient clinic primary care screening and monitoring; (6) targeted case management (TCM); (7) psychiatric rehabilitation services; (8) peer support, counselor services, and family supports; and (9) intensive, community-based mental health care for members of the armed forces and veterans. The statute requires the use of a prospective payment system (PPS) methodology to pay participating clinics for the provision of the nine statutory services and requires the Centers for Medicare & Medicaid Services (CMS) to issue Guidance to states and clinics on the development of the PPS to be used Demonstration-wide. The CCBHC PPS applies to services delivered either directly by a CCBHC or through a formal relationship between a CCBHC and Designated Collaborating Organizations (DCOs), as that term is defined in the Substance Abuse and Mental Health Services Administration (SAMHSA)-developed CCBHC Criteria.

For more information please go to : [CCBHC PPS Guidance Proposed Updates - Medicaid.gov](https://www.medicare.gov/medicaid-reimbursement/cbbhc-pps-guidance-proposed-updates)

CRR

Efforts continue to engage County , OMHSAS and Providers to ensure capacity v=building and a safe transition. In depth discussions were held during the June CAP meeting

I. Legislative Updates

A. RCPA School-Based Mental Health House Education Committee

Building upon Governor Wolf's legacy investment of \$100 million for school-based mental health services in his final budget, Governor Shapiro as well has committed \$100 million dollars a year over the next 4 years. This in addition to this year's \$100 million in ARPA funds. These significant dollars will provide the building blocks in creating one part of a sustainable mental health continuum of care. For that to happen, there are several considerations.

- *The current clinical workforce could not support two mental health systems – one in the school and the other in the community – the competing systems would cannibalize themselves.*

Recommendations

- *The need to coordinate community-based and school-based mental health services is the key to building a sustainable footprint of mental health in our schools.*
- *Through collaboration and planning, these entities can plan, design, and implement strategies that meet the needs of their student's population and community.*
- *Invest funding into rebuilding the Student Assistance Programs in the schools. They are mandated and yet underutilized and outdated. This is the first line of defense to addressing student mental health.*
- *Create a system that supports the continuity of care for children and families where they live and attend school.*
- *Build mental health programming; not mental health infrastructure.*
- *Dedicate funds to training school staff on adolescent behavioral health through mental health first aid and youth/teen mental health first aid.*

Telehealth Legislation

A. Telehealth Update

OMHSAS and the Federal 4 Walls

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

RCPA continues its efforts with the Office of Mental Health and Substance Abuse Services (OMHSAS) on Medicaid payment condition under the [Federal "4 walls" statute](#), and a co-sponsorship memo was distributed last week with the expectation the legislation will be introduced in September.

It has been determined that this legislation would also address the long standing issue on the required psychiatric time for outpatient clinics. Act 76 the current law did not go far enough in addressing the issue despite efforts from RCPA to include this in the original bill. This version will allow for the use of advanced practice professionals or psychiatrist to fulfill the required in clinic time mandates. Additionally, the language will allow either of these professional positions to provide required supervision either face to face or via telehealth.

Regulatory Reform

A. Current Status of Pending Regulations Reform: Next Steps with OMHSAS

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



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- 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