



May 4, 2017

Secretary Ted Dallas
Department of Human Services
Health & Welfare Building
625 Forster Street
Harrisburg, PA 17105-2675

Secretary Karen Murphy PhD, RN
Department of Health
Health & Welfare Building
625 Forster Street
8th Floor West
Harrisburg, PA 17120

Secretary Teresa Osborne
Department of Aging
Forum Place
555 Walnut Street, 5th Floor
Harrisburg, PA 17101-1919

Acting Secretary Jennifer Smith
Department of Drug & Alcohol Programs
Health & Welfare Building
625 Forster Street
9th Floor
Harrisburg, PA

Dear Secretaries Dallas, Murphy, Osborne and Acting Secretary Smith,

Over the past few weeks, our staff has met with numerous legislators and I have testified in front of the Senate and House Joint Committees regarding the consolidation of the Departments of Human Services, Health, Aging and Drug and Alcohol Programs into a new Department of Health and Human Services (DHHS). In those meetings and hearings, the Rehabilitation and Community Providers Association (RCPA) has been asked to identify and share areas where our association believes efficiencies may be realized under a new DHHS, or alternatively, efficiencies and cost savings identified under the current agency structure.

As you know from my testimony, RCPA is in favor of the consolidation (now referred to as "unification") plan as we believe it is the best way to streamline government and to find efficiencies and better ways to serve stakeholders. RCPA asked each of its division directors and committee members to provide examples of efficiencies and cost savings, which they believe would help streamline, modernize, and potentially save money for the Commonwealth; therefore, RCPA has put together the following list of efficiencies and cost savings for each of

our policy areas that our members provide to Pennsylvanians and their families with human service needs.

Across Departments

- Decrease number of and better coordinate licensing and audit visits across all bodies (e.g., OMHSAS/BHSL [prior], DDAP, Health, counties/oversights and managed care companies).
- Develop a comprehensive cross-system licensing initiative that will reduce the extreme number of audits providers go through daily/ weekly/ monthly.
- Offer longer licenses (2 or 3 year) for providers that have consistently had positive audits. This is a best practice in regulatory administration. It will save significant dollars at the state and provider level.
- Improve knowledge base within licensing so it would be more efficient and possibly lessen the number of mistakes and wasted time spent with many types of providers.
- Improve consistency of definitions of service (and payment for that service) across departments. For example, why would the exact same service have a different definition in ODP, another for OLTs, and yet another for the Bureau of Autism Services; and, why would that exact same service be paid a different rate through each of those three offices?
- Improve consistency of language within and across waivers; ensure consistent interpretations of such language between and amongst different regional offices and/or staff within the same program.
- Improve and speed up the process of regulatory reform so that savings and much needed improvements can occur in a timelier manner.
- Payer reimbursement rates need to reflect increase in costs to providers for providing evidence-based models of care, willingness to support additional credentials for staff and cover COLA's.
- Consider state supported loan repayment (even if it is a percentage of repayment)

Mental Health

- Get the MH outpatient regulations finalized (will save significant dollars and help to address the work force crisis.)
- Review problematic regulations-e.g., 4300's-finance; outpatient regulations as well as others (other divisions).
- Decrease Use of psychiatrists for supervision; treatment planning for people not using medication as well as treatment planning frequency. This is not best nor standard practice in the private sector and counter to existing practitioner licensing regulations.

ID/D

- Develop a plan and timeline to close the remainder of the State Centers for people with intellectual disabilities. (Hamburg Center recently announced; this leaves White Haven, Ebensburg, Polk, and Selinsgrove Centers). See recent LBFC report published in Sept '15: <http://lbfc.legis.state.pa.us/Resources/Documents/Reports/530.pdf>
- Review and revise proposed Medicaid waiver renewal proposals by DHS to ensure service definitions are not revised in a way that merely increases costs to provide services to people already receiving services (e.g., Community Participation Support, which, as originally proposed, mandates that individuals be served with a 1-to-3 person-to-staff ratio whereas currently those same individuals can be served with up to 1-to-15 person-to-staff ratios – the additional staff cost money to serve the same person).

Children's Division:

- Consider reducing the “new hire” training requirements or relaxing the timeframes for completion of state regulatory training.
- Decrease or combine reporting requirements for the county, state, MCO and federal level.
- Provide provisions for billing master's level clinicians prior to being licensed (revision to Act 62)

D&A

- In light of the opioid crisis, support the expansion of medication assisted treatment and increase in detox beds.
- Assure that an annual fair rate setting process is in place and that costs of providing the services are covered. This will assure that providers are able to offer much needed services in the mental health and drug and alcohol system. These services will save dollars in numerous other systems.
- Overhaul all of the outdated Drug and Alcohol regulations, in particular with regard to residential care and to staffing regulations/ requirements.
- Direct drug and alcohol and mental health systems to reintroduce the co-occurring standards and fully support much needed co-occurring services. The vast majority of citizens suffering with substance use disorder also suffer with a mental health problem and they must be treated simultaneously. This will save significant state dollars and improve the potential for recovery.
- Work with county jails and state prisons to be certain that needed benefits are available on the first day of release. This will reduce the high costs of recidivism that occurs when offenders have no benefits upon release.
- Increase training on serving the older adult. Addressing mental health and substance use disorder will save significant dollars in the physical health system and improve the quality of life.

Brain Injury

- Increase and improve communication between departments when one is making a requirement for something that is overseen by another department (e.g., BI licensure issue).
- Instructions do not trickle down to the people who actually do the job (i.e.; whether denials are needed for CRT, where evaluations can take place to enter a waiver, who is eligible for waiver services).
- Need to better match desired outcome with policies in place, for example:
 - want true home and community based programming but then add licensure requirements that do not support this
 - want people to be able to remain in their homes but do not provide programming that supports this – sometimes people need to have a higher level of support than an aide can give or take longer to learn something, but Community Integration is not an option for them long term, so they are forced into a situation where they cannot improve and will therefore wind up in residential care earlier than they would have had they been able to continue to get support for longer than 6 months.
- Review any implementation of policy before knowing if it is actually reasonably achievable (e.g., vocational requirements and training).

Physical Disabilities and Aging

- With a unified DHHS, ensure that the soon to be implemented Community HealthChoices (CHC) has proper departmental oversight. This is a state program contracted to MCOs; not a MCO program.
- With the federally required implementation of Electronic Visit Verification (EVV), allow community providers to select the specific EVV vendor they work with. Many providers have proactively implemented EVV and have spent a great deal of time and money in order to meet the standards that will be coming. If the state mandates a single vendor all of this will be lost at a significant cost to providers.
- Better coordinate standards between the current OLTL and DOH, for example, the expanded role of non-nursing in-home care.

The aforementioned list of efficiencies and/or cost savings may seem like a daunting task to undertake; however, every item does not need to be addressed in the short term. Our association recommends that a work group be convened consisting of members of the Administration, General Assembly, and RCPA staff/members to identify areas where regulations, unfunded mandates, and artificial barriers that impede health and human service providers from providing the most modern, streamlined services to the Pennsylvania whom they serve.

By streamlining regulations and reporting guidelines, efficiencies and cost savings can be realized. The Commonwealth could achieve efficiencies and cost savings by making a number of small but effective changes, which include an overhaul of the current bureau structure in the agencies and a revamp of a multitude of regulations currently in place.

In conclusion, RCPA encourages the Administration and members of the General Assembly to continue to seek feedback from health and human service providers, those who receive the services, and other stakeholders. If department unification occurs, then let us take a serious and hard look at how we can streamline services, as well as reduce over-burdensome regulations and unfunded mandates. While RCPA has outlined some efficiencies in this letter, it is not an exhaustive list. We believe with good planning and stakeholder discussion and input, RCPA can assist the Administration and General Assembly with a unification plan and modernize and streamline the current agency structure. RCPA stands ready to work with the Administration and the General Assembly to do what is in the best interest of all Pennsylvanians.

Sincerely,



Richard S. Edley, PhD.
President/CEO
Rehabilitation and Community Providers Association

cc: Lisa Baker, Chair, Senate Public Health & Welfare
Judy Schwank, Chair, Senate Public Health & Welfare
Michele Brooks, Chair, Senate Aging & Youth
Arthur Haywood, Chair, Senate Aging & Youth
Randy Vulakovich, Chair, Senate Veterans Affairs & Emergency Preparedness
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