

LEGISLATIVE AND ADMINISTRATIVE PRIORITIES 2024

(REV. 02/02/24)

- Across RCPA Divisions
 - Workforce initiatives and funding
 - 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 the re-implementation of the national CCBHC model and funding
 - Focus on parity and integrated behavioral and physical health care models
 - Address redundancy and inconsistency among substance use disorder treatment audits and overseers
 - Enhance access to methadone for opioid use disorder and improve treatment models within programs
 - Ensure the sustainability and integrity of the Opioid Use Disorder Centers of Excellence (COE) program
 - Amend the IBHS regulations to address access issues, and payment equity between IBHS / ABA services
 - Resolve the CMS telehealth issues to ensure broad access
- Intellectual and Developmental Disabilities (IDD)
 - Advocate for \$430M additional funding for IDD services
 - Support stakeholder involvement in the Selective Contracting Waiver (Performance-Based Contracting)
 - Support programs for the severely disabled (e.g., medical and behavioral complications)
 - Focus on revamping CPS and respecting individual choices
 - Advocate for a broader, more inclusive interpretation of the CMS Settings Rule
 - Significant changes regarding the Supports Inventory Scale (SIS) and implementation of an appeal process
 - Implement recommendations from the Legislative IDD Task Force
 - Advocate for Standard Occupational Code (SOC) for DSPs
- Brain Injury/Physical Disabilities and Aging
 - Establishing a rate refresh process for all OLTL services, based on OBRA Medicaid FFS
 - Meaningful involvement with the CHC procurement
 - Requiring consumer choice and consumer-directed service
 - Development of proactive partnerships with CHC-MCOs and BH-MCOs
 - Brain Injury Services
 - Meaningful changes and increases to funding and models by working with a legislative advocate
 - Submission of letter to CMS regarding the BI rates and budget shortfall
- Medical Rehabilitation
 - Continued expansion of the 3-hour rule: Advancing the *Access to Inpatient Rehabilitation Therapy Act*
 - Review Choice Demonstration
 - 100% pre-claim review continues for all Medicare-participating IRFs in Alabama
 - Focus on CMS demonstration; CMS will provide 90 days’ notice
 - Novitas (Medicare Administrative Contractor in PA) Medical Director Requirement
- Early Intervention/Pediatrics
 - Interim rate increase while early intervention rate methodology is completed for 2025/26 budget
 - Improve system consistency across counties
 - Clarify/expand access and eligibility criterion