

## LEGISLATIVE AND ADMINISTRATIVE PRIORITIES 2024

(REV. 04/03/24)

- 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 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 4 Walls telehealth barriers issues to expand delivery pathways
  - Ensure Medicare enrollment for clinicians recognizes completion of the 3000 supervision hours as PA licensing standards
- Intellectual and Developmental Disabilities (IDD)
  - Advocate for the governor’s proposed budget increase of 12% (\$430M) and a retroactive 6% adjustment
  - 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
  - Establish a rate refresh process for all OLTL services, based on OBRA Medicaid FFS
  - Meaningful involvement with the CHC procurement
  - Require consumer choice and consumer-directed service
  - Develop 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