RCPA
REHABILITATION & COMMUNITY PROVIDERS ASSOCIATION

THE quarterly advisor

DECEMBER 2024

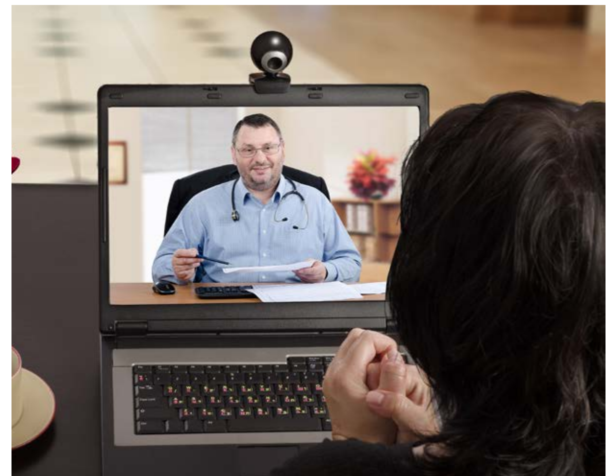
TELEHEALTH

CMS Ends Telehealth "Four Walls" Barriers: States to Submit State Plan Amendments

On Friday, November 1, the US Centers for Medicare and Medicaid Services (CMS) released a final rule for calendar year 2025 that will give states the option to cover Medicaid telehealth behavioral health clinic services delivered outside the "four walls." Previously, under 42 CFR § 440.90, the "Four Walls Rule," it was required that during Medicaid outpatient behavioral health clinic telehealth services, either the patient or the clinician had to be physically onsite at the clinic.

CMS waived this requirement during the Public Health Emergency (PHE). Now that the PHE has ended, CMS has released this final rule to allow states to cover behavioral health outpatient clinic services outside the four walls. The final rule should take effect on January 1, 2025. In the meantime, it is the expectation that telehealth services will continue to be delivered as per current operating standards to ensure service access to individuals.

CMS amended the Medicaid clinic services' regulation to authorize Medicaid coverage for clinic services furnished by IHS/Tribal clinics outside the "four walls" of their facility. In addition, states implementing the Medicaid clinic services' benefit can opt to cover clinic services furnished outside the "four walls" of behavioral health clinics or clinics located in rural areas. For clinics located in rural areas, based on comments received, CMS is finalizing an approach to defining "rural area" where states will select either a definition used by a federal agency for programmatic purposes, or a definition adopted by a state agency with a role in setting state rural health policy.



For more information, view the CY 2025 Medicare Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System Final Rule (CMS 1809-FC) Fact Sheet and the full Final Rule.

RCPA will be reviewing the implications of this final form ruling for Pennsylvania and our ongoing efforts to expand telehealth services through legislative action. ◄

About RCPA:

With close to 400 members, the majority of who serve over one million Pennsylvanians annually, Rehabilitation and Community Providers Association (RCPA) is among the largest and most diverse state health and human services trade associations in the nation. RCPA advocates for those in need, works to advance effective state and federal public policies, serves as a forum for the exchange of information and experience, and provides professional support to members. RCPA provider members offer mental health, substance use disorder, intellectual and developmental disabilities, children's, brain injury, criminal and juvenile justice, medical and pediatric rehabilitation, and physical disabilities and aging services, across all settings and levels of care.

Contact **Tieanna Lloyd**, Membership Services Manager, with inquiries or updates regarding the following:

- **Membership Benefits**
- **Your Staffing Updates** (i.e., new hires, promotions, retirements)

Take full advantage of your RCPA membership by signing up for **emails and meeting invitations** as well as **complete website access**.

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December 2024

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Michael Ringler, Executive Director

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Interested in becoming an RCPA Partner? Please contact Tieanna Lloyd for details.

MEMBER CONTRIBUTOR CORNER

Finding the Right Culture Fit for Your Next Executive Hire

By Diana Ramsay, President, MPP, OTR, FAOTA
The Ramsay Group

Securing the right executive leaders is essential for the future of your organization and the people who depend on your services. While credentials and professional experience are undoubtedly important, search committees shouldn't underestimate the importance of identifying leaders who fit and embody your organization's culture.

When leaders have the right culture fit, they're better equipped to make decisions that align with the mission and strategic objectives to benefit the entire organization. Management and employees are more engaged in their work, leading to increased productivity and creativity. Turnover during the transition period also remains minimal.

How do you identify the right culture fit when hiring?

First, you must clarify and articulate your organizational culture. Revisit your mission, vision, and values, then brainstorm how these are lived out during the day-to-day operations. If you discover your current culture isn't aligned, start brainstorming what the ideal culture looks like.

Next, operationalize these in an internal document. Write down examples of how leaders would speak, interact, and navigate challenges, plus the energy they bring to your organization. For example, if your organization values collaboration, write down team-oriented actions. If innovation is valued, include the willingness to take action and iterate rather than overanalyze.

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MEMBER CONTRIBUTOR CORNER

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Identify like-minded leaders during the hiring process

List specific personal characteristics on the position profile and job summaries. For example, "The CEO must have an inherent passion for the mission of saving children's lives and building healthy families." Clarity in what you're looking for attracts the right candidates.

Unlike credentials, candidates can't submit proof that they are a good culture-fit. The process is more nuanced. Engage candidates in scenarios that allow them to talk about their actions (or reactions) in previous situations. Instead of listening for outcomes, listen for the traits and values they demonstrated and how that aligns with your organizational culture. Look for patterns that have emerged throughout their career.

Weigh all aspects during hiring decisions

Once you have your list of promising candidates, analyze everything you've learned about their skills, experience, track record, and perceived culture fit. Look at your current leadership's strengths and weaknesses compared to the candidate. Identify complementary skill sets and traits to build a well-rounded, effective team.

If you have questions about identifying culture fit or the executive search process as a whole, reach out to us. Identifying culture fit is one small piece of the robust executive search process and onboarding support The Ramsay Group provides. An effective and efficient executive search results in strong leadership, organizational stability, and a greater impact on the lives of those you serve. ◄

When Is the Right Time for Behavioral Health RCM Outsourcing?

By: Charles Reitano, Senior VP of RCMS, for Qualifacts

Behavioral Health RCM Outsourcing Services | What to Consider

Behavioral health revenue cycle management (RCM) and billing is a complex landscape that constantly evolves due to changing regulations and industry standards. Keeping up with these shifts while ensuring accurate and timely payments can be a significant challenge for providers. Outsourcing revenue cycle management to a specialized partner can alleviate this burden, allowing practices to focus on delivering quality client care. When deciding if you should outsource your behavioral health revenue cycle management, consider the various factors that impact your practice's staff resources, regulatory compliance, and financial performance.

Optimizing Operations and Improving Cash Flow

"With the way behavioral health and finances work these days, there's no way to do it without the EHR technology. There's no way to track data, no way to do the work, there no way to turn in the accountability for the funding without having all of the supportive platforms that allow us to do that," said Noelle Carroll, PsyD, Health Services Director for Polk County Health Services.

Outsourcing RCM can speed up your operations, boost your cash flow, and optimize your revenue cycle. With cutting-edge technology and a team of experienced professionals, you can ensure accurate coding, timely claim submissions, and efficient payment processing. Not only will your team not be bogged down with frequent denials needing appeals, but there will be fewer denials in general. By focusing on your core competencies, you can enhance patient satisfaction and achieve your financial goals with reduced stress and better output [read the full article]. ◄

DIVERSITY, EQUITY, AND INCLUSION

What Does the 2024 Election Mean for DEI in the Workplace?*

Charter, in partnership with TIME magazine, tackled that very question in their article:

Six experts on what the election means for workplaces. Charter reached out to industry experts for their analysis of the 2024 election and what it means for DEI in the workplace.

Regardless of your vote or political persuasion, consensus exists that a new administration will bring a new philosophy to Diversity, Equity, and Inclusion efforts coming from Washington.

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DIVERSITY, EQUITY, AND INCLUSION

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Here are some key takeaways from the article and advice for employers:

1. Now is the time to double down on the policies that make workforces more resilient in the long term.
2. Employers should stop to think strategically about policies, guidelines, and internal communications in the uncertain months ahead.
3. Diversity, equity, and inclusion (DEI) work is about to become even more complicated — but more essential than ever. Now is the time to invest.
4. A new administration may try to undo diversity, equity, and inclusion efforts currently in place. Prepare for policy changes.
5. Caregivers need employers to step up and support childcare, paid leave, and other care policies. Think about ways to provide support.
6. A push to deregulate the economy means employers have a role in empowering workers and reaffirming their rights.

**The views expressed in the article linked above are solely those of the author and their sources, and do not necessarily reflect the opinions or beliefs of RCPA.* ◄

GOVERNMENT AFFAIRS

US Senate Race

As you most likely have seen, the Sen. Bob Casey and Dave McCormick race has been decided. Sen. Casey conceded the race to McCormick after his team received news from the PA Supreme Court, stating mail-in/provisional votes with incorrect dates or invalid signatures could not be counted. Once that ruling was handed down, the Casey team did not have a path forward. RCPA staff is in the process of scheduling a meeting with Senator-Elect McCormick. ◄

Pennsylvania General Assembly

The PA Senate and House caucuses have chosen their leadership for the upcoming 2025–26 legislative session. The leadership in three out of the four caucuses remained the same. The big change came in the House Republican leadership, where there is a new leadership team. The list is as follows:

Senate Republicans

- President Pro Tempore Designee Kim Ward (Westmoreland)
- Majority Leader Joe Pittman (Indiana)
- Majority Whip Ryan Aument (Lancaster)
- Majority Appropriations Chairman Scott Martin (Lancaster)
- Majority Policy Chairman Dan Laughlin (Erie)
- Majority Caucus Chairman Kristen Phillips-Hill (York)
- Majority Caucus Secretary Camera Bartolotta (Beaver/Greene/Washington)
- Majority Caucus Administrator Lisa Baker (Luzerne/Susquehanna/Pike/Wayne/Wyoming)

Senate Democrats

- Minority Leader Jay Costa (Allegheny)
- Minority Whip Tina Tartaglione (Philadelphia)
- Minority Appropriations Chairman Vince Hughes (Philadelphia/Montgomery)
- Minority Policy Chairman Nick Miller (Lehigh/Northampton)

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- Minority Caucus Chairman Maria Collett (Montgomery)
- Minority Caucus Secretary Steve Santarsiero (Bucks)
- Minority Caucus Administrator Judy Schwank (Berks)

House Democrats

- Speaker Designee Joanna McClinton (Philadelphia)
- Majority Leader Matt Bradford (Montgomery)
- Majority Whip Mike Schlossberg (Lehigh)
- Majority Appropriations Chairman Jordan Harris (Philadelphia)
- Majority Policy Chairman Ryan Bizarro (Erie)
- Majority Caucus Chairman Rob Matzie (Beaver)
- Majority Caucus Secretary Tina Davis (Bucks)
- Majority Caucus Administrator Leanne Krueger (Delaware)

House Republicans

- Minority Leader Jesse Topper (Bedford)
- Minority Whip Tim O'Neal (Washington)
- Minority Appropriations Chairman Jim Struzzi (Indiana)
- Minority Policy Chairman David Rowe (Union)
- Minority Caucus Chairman Martina White (Philly)
- Minority Caucus Secretary Clint Owlett (Tioga)
- Minority Caucus Administrator Sheryl Delozier (Cumberland)

The Republicans will maintain majority control of the PA Senate by a 28–22 margin. The Democrats will maintain control of the PA House by a one seat majority, 102–101.

Spring Legislative Days

The senate has announced legislative days for the spring. The senate's spring 2025 session days include:

January 7, 27, 28, 29
February 3, 4, 5
March 24, 25, 26, 31
April 1, 2
May 5, 6, 7, 12, 13
June 2, 3, 4, 9, 10, 11, 23, 24, 25, 26, 27, 28, 29, 30

The House 2025 Legislative Calendar:

January 7, 27, 28, 29
February 3, 4, 5
March 17, 18, 19, 24, 25, 26
April 7, 8, 9, 22, 23, 24
May 5, 6, 7, 12, 13, 14
June 2, 3, 4, 9, 10, 11, 16, 17, 18, 23, 24, 25, 26, 27, 30
September 22 NV, 23 NV, 24 NV, 29, 30
October 1, 6, 7, 8, 27, 28, 29
November 17, 18, 19
December 8 NV, 9 NV, 10 NV, 15, 16, 17

Senate and House Chairmen List

As of publication, the chambers have not announced their committee chairs for the upcoming session. We hope to have the chairmen list in the next few weeks.

If you have any questions, please contact Jack Phillips.

BEHAVIORAL HEALTH
SUBSTANCE USE DISORDER TREATMENT SERVICES

Methadone Treatment Undergoing Sea Change; Some Believe It's Not Enough

By Jason Snyder, Director of Substance Use Disorder Treatment Services, BH Division

The way methadone treatment for opioid use disorder (OUD) is provided is undergoing historic changes nationally and in Pennsylvania, as recent federal and subsequent state regulatory changes intended to increase accessibility to — and flexibility of — treatment while enhancing individualized treatment are implemented.

Even so, there has been a growing movement for methadone for OUD to be made available outside of narcotic treatment programs (NTPs), stretching back years before these most recent federal changes took effect earlier this year (methadone to treat pain is available by prescription outside of NTPs [also often referred to as opioid treatment programs], whereas methadone for OUD is available only through licensed NTPs).

Champions of harm reduction, along with some in the medical establishment — most notably the American Society of Addiction Medicine (ASAM) — have advocated for low-barrier access to methadone, which for them means making it available outside of NTPs. Barriers to methadone treatment via NTP, critics contend, include a requirement that many patients come to the NTP on a daily basis to receive their medication, though even under former regulations, as their time in treatment increased, patients were able to take home doses of methadone. Additionally, transportation is a challenge for many patients being treated with methadone, making daily access to an NTP difficult. The advocacy movement to remove these barriers reached a milestone last year when the Modernizing Opioid Treatment Access Act (MOTAA) was introduced, first in the US House, followed by a companion bill introduced in the US Senate. Those bills would enable methadone to be prescribed in an office-based setting, with the prescription filled at a pharmacy.

Those championing access to methadone outside of NTPs also argue that a dearth of NTPs, especially in rural areas of the country, justifies the prescribing of methadone in physicians' offices. But a recent study published in ASAM's own *Journal of Addiction Medicine* pokes a hole in that argument. In that study of then X-waivered clinicians, only 28 percent who were providing outpatient, longitudinal treatment of OUD indicated support for office-based methadone (the need for an X-waiver to prescribe buprenorphine no longer exists). What this means is that, even if MOTAA were to pass, physicians are not champing at the bit to prescribe methadone for OUD. And pharmacies are even less likely to fill those scripts, given their recent history in refusing to fill buprenorphine prescriptions.

With President-Elect Donald Trump taking office in January and a Republican majority in both the House and Senate, it remains to be seen how MOTAA will fare. But regardless of MOTAA's fate, regulatory changes enacted by the Substance Abuse and Mental Health Services Administration (SAMHSA) and subsequently the Pennsylvania Department of Drug and Alcohol Programs (DDAP) are seemingly here to stay. Two of the most significant changes for Pennsylvania NTPs, outlined in a recent DDAP Licensing Alert, are: 1) allowing more medication to be taken home earlier in the treatment process (up to 28 days of "take-home" methadone doses for those in treatment more than 30 days based on the NTP practitioner's discretion); and 2) removing the mandatory amounts of counseling (historically 2.5 hours per month for patients in treatment less than two years; fewer hours for those in treatment longer) that have been required in Pennsylvania as part of methadone treatment in favor of individualized counseling.

For Pennsylvania NTPs that have treated patients for decades under the old rules, these changes, especially to the counseling requirements, are presenting significant challenges. Yet the writing is on the wall: methadone treatment is rapidly and significantly changing, with strong support from federal and state regulators. And for some in Congress and other influential voices, even those significant changes that have already taken place don't go far enough. ◄

BEHAVIORAL HEALTH | MENTAL HEALTH

OMHSAS Releases Psychiatric Outpatient Regulatory Compliance Guide

The Office of Mental Health and Substance Abuse Services (OMHSAS) is working on developing Regulatory Compliance Guides (RCG) for each licensed level of care to support their commitment to quality in licensing. The RCG is a tool for providers, OMHSAS staff, and the public to better understand the regulations.

This Regulatory Compliance Guide is a companion piece to 55 Pa. Code Chapter 5200. It is intended to be a helpful reference for these regulations. The explanatory material contained in this guide in no way supplants the plain meaning and intent of the regulations set forth in Chapter 5200.

OMHSAS issued the first version of the Psychiatric Outpatient Clinic RCG in November 2021. Today, they are reissuing an updated Psychiatric Outpatient Clinic RCG. The changes made were primarily to language and updates based on comments received on the original document.

Feedback or questions on the RCG can be sent via email. ◄

OMHSAS 2025 Monthly Stakeholder Webinar Schedule

The Office of Mental Health and Substance Abuse Services (OMHSAS) has announced the 2025 quarterly meeting dates for next year's OMHSAS Stakeholder Webinars and asks that you mark your calendars.

2025 OMHSAS STAKEHOLDER WEBINAR DATES:

- Thursday, January 30, 2025
  3:00 pm – 4:00 pm
- Thursday, April 24, 2025
  3:00 pm – 4:00 pm
- Thursday, July 17, 2025
  3:00 pm – 4:00 pm
- Thursday, October 23, 2025
  3:00 pm – 4:00 pm

In the meantime, if you have suggestions for agenda topics for January's webinar, please submit them via email. OMHSAS will monitor the account and will only reply to the sender if more information is needed. Responses will not be provided if additional information is not needed. Please note that webinar links will be provided closer to each of the meeting dates as shown above. ◄

CHILDREN'S SERVICES

OMHSAS Releases PRTF Proposed Regulations

The Office of Mental Health and Substance Abuse Services (OMHSAS) has submitted to the Pennsylvania Independent Regulatory Review Commission (IRRC) IRRC No. 3417 — Psychiatric Residential Treatment Facilities (14-555) regulations for the first phase of the promulgation process.

The regulations were open for the submission of public comments from November 2 to December 1, 2024. The IRRC will review these comments and work with OMHSAS on developing responses as well as any potential language changes.

This process for regulation development with stakeholders began in 2019, and RCPA and its members have been active partners with the OMHSAS Children's Bureau in the ongoing process through forums and work group meetings. The RCPA Residential Services Work Group completed a cursory review of a PRTF regulation presentation by OMHSAS in July and began working on developing a full response to the regulation.

RCPA's Children's Residential Services – PRTF Regulatory Review Work Group has wrapped up the review of the proposed regulations and on November 27, we submitted the recommendations to the IRRC on behalf of our members. The IRRC Panel will review the comments and request that OMHSAS respond to the inquiries, clarifications, and recommendations. RCPA is grateful for the commitment and efforts of our members who have been guiding the review process. ◄

CMS Approves PA1115 Waiver for Child Continuous Medicaid and CHIP Eligibility

Building upon its commitment to expand health care coverage and ensure continuity of care, the Biden-Harris Administration, through the US Department of Health and Human Services and the Centers for Medicare & Medicaid Services (CMS), approved five section 1115 demonstration amendments. These amendments will authorize Colorado, Hawaii, Minnesota, New York, and Pennsylvania to provide additional years of continuous eligibility for children beyond the minimum 12 months required by law, and will newly provide continuous eligibility to individuals leaving incarceration in Colorado and Pennsylvania.

The approvals that provide eligible people with continuous eligibility ensure that individuals enrolled in Medicaid and the Children's Health Insurance Program (CHIP) will maintain uninterrupted access to care. Continuous eligibility means that individuals are assured that they are able to maintain health insurance, regardless of changes in circumstances that may make someone ineligible, such as a change in income. This continuous eligibility is especially critical for children to continue to receive health services they need, without interruption or having to renew their coverage frequently. Continuous eligibility also helps states by reducing the administrative burden on state agencies that conduct Medicaid and CHIP enrollments and renewals.

Specifically, today's approvals include:

- In Colorado, continuous eligibility for children in Medicaid and CHIP until the child's 3rd birthday, and 12 months of continuous eligibility for individuals aged 19 up through age 64 who are leaving incarceration.
- In Hawaii, continuous eligibility for children until the child's 6th birthday, and 24 months of continuous eligibility for children aged six up to age 19.
- In Minnesota, continuous eligibility for children until the child's 6th birthday, and 12 months of continuous eligibility for individuals aged 19 up to age 21.
- In New York, continuous eligibility for children in Medicaid and CHIP until the child's 6th birthday.
- In Pennsylvania, continuous eligibility for children until the child's 6th birthday, and 12 months of continuous eligibility for individuals aged 19 up through age 64 leaving incarceration, who meet certain high-risk criteria. ◀

Office of Developmental Programs Status Updates to Performance-Based Contracting for Residential Services

The Office of Developmental Programs (ODP) continues to move forward, sharing updates and feedback on provider data submissions for performance-based contracting to begin January 1, 2025. The Centers for Medicare & Medicaid Services approved a 1915(b)(4) waiver, effective January 1, 2025, that connects to the residential services funded through the Consolidated and Community Living Waivers. The 1915(b)(4) waiver allows ODP to determine when new residential providers are needed, where the new residential providers are needed, and what individual needs new residential providers need to support. It also enables ODP to invite new residential providers that meet these needs to qualify for enrollment through a competitive request for application process when needed.

Thirty-six providers submitted data and documentation for initial tier determination. Submissions included provider data for the following desired tiers: 15 Primary, 6 Select, and 15 Clinically Enhanced. Providers who submitted information were notified of their tier assignments in early November. Those providers now have the opportunity to submit additional data based upon the feedback received from ODP, if the provider believes ODP made an error in evaluating their performance. For those providers, tier assignments will be in effect from January 1, 2025 to June 30, 2026. Results will be published to the MyODP site Nov–Dec 2024.

ODP shared common errors received with provider submissions:

- Providers must submit for their desired tier determination, including primary and conditional;
- All elements of the Attestation for your tier must be selected/checked; and
- Providers uploaded Provider **Agreement** instead of Provider **Attestation**.

In addition, the top 10 unmet measures among August submissions were as follows:

1. Timely finalization of incidents is demonstrated by at least 90% of incidents finalized within 30 days of discovery
2. Timely finalization of incidents is demonstrated by at least 95% of all incidents must be finalized by the due date, and the due date may only exceed 30 days in no more than 5% of those incidents (due dates may exceed 30 days when the provider has notified the department in writing that an extension is necessary and the reason for the extension)
3. Population served by the agency in residential services is in the top quartile of acuity of both needs level and health care level of the statewide population in residential
4. Current health risk screenings (HRS) in place for all individuals including applicable assessments as indicated by HRST protocol
5. For children with medically complex conditions, demonstrated use of targeted resources, including pediatric complex care resource centers (PCCRC), health care quality units (HCQU), home care services, support systems for families, use of family facilitator, and/or special needs unit
6. Provider demonstrates reporting fidelity: maximum number of incidents not reported timely may not exceed 10% of overall reported incidents by provider
7. Documentation of specialized trauma-informed training/activities for individuals and staff
8. Submit documentation that agency has a committee of staff focused on DEI
9. Demonstrate use of data to impact individual outcomes – polypharmacy
10. Follow-up after hospitalization for mental illness at 7-day minimum of 40% and 30-day a minimum of 75%

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All remaining providers who intend to continue services will be required to submit their data and documentation in February/March 2025 for tier determination.

Details for Pay-for-Performance (P4P) initiatives have now been shared with providers for Residential Performance-Based Contracting (PBC) of Residential Habilitation, Life Sharing, and Supported Living providers rendering services funded through the Consolidated and Community Living Waivers assigned to the Primary, Select, or Clinically Enhanced tier as part of ODP's implementation of PBC.

The P4P supplemental payments will be available to providers that meet or exceed performance targets in the following areas:

- Direct support professional and frontline supervisor staff credentialing;
- Technology; and
- Competitive Integrated Employment (CIE). Milestones and criteria have been set for each of the key target areas.

The initiatives are structured into "milestone" payments, designed to support the implementation of PBC by providing initial funds to invest in planning and assist providers to build capacity in the identified areas. The Performance-Based Contracting P4P criteria and timelines associated with P4P payments for staff credentialing, technology, and CIE are available in the ODPANN 24-103 Attachment.

ODP published communications:

- PBC Provider Forum October 2024
- PBC Pay-for-Performance Details
- PBC Pay-for-Performance Attachment

Coping With The I/DD Funding Transition

By Monica E. Oss, Chief Executive Officer, OPEN MINDS

Improving access and quality of care for individuals with intellectual and developmental disabilities (I/DD) has been a challenge of policy and practice. On the policy side, there is a lack of a comprehensive framework to address the gaps in services—and funding for I/DD services can be inconsistent and insufficient.

On the practice side, the metrics tell the story. There are nearly 700,000 consumers, most of them with an I/DD, on the waiting list for home- and community-based services (A Look At Waiting Lists For Medicaid Home And Community-Based Services From 2016 To 2023). And only 36% of adults with I/DD receive preventive health services (see Obstacles To Preventive Care For Individuals With Disability).

In a recently published consensus statement, "National Goals to Advance IDD Health Outcomes That Matter", 43 national goals were set to address the policy gaps leading the practice performance problems (see Advancing Health Policy and Outcomes For People With Intellectual Or Developmental Disabilities). The goals address 3 major areas for new policy to improve practice: data collection and quality measurement, coverage and payment for services, and development of the clinical workforce and shared infrastructure. The consensus statement was developed with more than 180 contributors including people with an I/DD, caregivers/partners, family members, (or others who support someone with IDD), clinicians, payers, and regulators [read full article].

View article on *OPEN MINDS* website (free membership required).

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NASHIA's Upcoming Leading Practices Academy Focuses on Social Determinants of Health and Brain Injury

The National Association of State Head Injury Administrator's (NASHIA) Leading Practices Academy (LPA) will focus on Social Determinants of Health (SDoH) and Brain Injury (BI). Organizations interested in improving systems involving those with brain injury that also intersect with interpersonal violence can participate in this session starting in January 2025. This LPA will highlight an SDoH framework, in which participants are invited to focus on one of four populations:

- Criminal Legal System;
- Housing Insecurity;
- Interpersonal Violence; and
- Child Welfare.

"Social Determinants of Health (SDoH) are the nonmedical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age."

These nonmedical factors result in well-documented health and wellbeing disparities among minority and marginalized populations, including the LPA focus populations.

- Research shows 40–90% of incarcerated individuals have a history of brain injury compared to 8% in the general public.
- People who experience homelessness are up to four times more likely to have a lifetime history of traumatic brain injury.
- Individuals living with a brain injury as the result of interpersonal violence are more likely to experience depression and report diminished overall health.
- Abusive head trauma is a leading cause of child abuse deaths in children under five and social determinants of health influence the likelihood of being reported to child protective services.

LPA members can be at any point along the continuum of infrastructure development related to their focus population. Participants will receive strategic and customized technical assistance to explore, develop, or implement protocol and practices aimed at improving outcomes for systems engaged individuals with brain injury. NASHIA will support goal development, create a tailored work plan, and manage scheduling/outreach associated with team meetings.

The SDoH LPA maintains the traditional benefits of an all states orientation, three all state academies, individual state team/lead team meetings, evaluation and sustainability support, and an end of year summit. A new advantage is the addition of designated time during academy sessions for facilitated discussion with states focused on the same target population. This will elevate opportunities to connect, collaborate, learn, and support one another.

Please reach out via email with any questions. ◄

New Resource Provides Overview of Practical Implications for New Designation of Brain Injury as a Chronic Condition

A new resource, developed and offered by the National Association of State Head Injury Administrators (NASHIA) and the Brain Injury Association of America (BIAA), provides an overview of the practical implications for the new designation of brain injury as a chronic condition by the Centers for Medicare and Medicaid Services (CMS). This resource (guide) covers what this new designation means from a policy level and offers tips for states on how to support advocates, leverage the designation for additional Medicaid considerations, and utilize it beyond Medicare/Medicaid. ◄

Information provided with permission from NASHIA

MEDICAL REHAB

Novitas Solutions Event/ Training Calendar Updated

Novitas Solutions, Medicare Administrative Contractor (MAC) for Jurisdiction JL, has updated their event/training calendar on their website. Members are encouraged to review the sessions available to them as Medicare providers. Some examples include Medicare Program Fundamentals, Medicare Billing, Appealing a Medicare Claim Decision, among others. ◂

CMS Announces Medicare A & B Premiums, Deductibles, and Coinsurance for 2025

The Centers for Medicare and Medicaid Services (CMS) has announced the Medicare Part A and Part B premiums, deductibles, and coinsurance amounts for 2025, as well as the 2025 Medicare Part D income-related monthly adjustment amounts. The standard monthly premium for Medicare Part B will be $185 in 2025, an increase of $10.30 (5.9%) from the standard monthly premium of $174.70 in 2024. The percentage increase in the 2025 standard premium is the same as the increase in the 2024 premium. The Medicare Part A inpatient hospital deductible that people with Medicare pay if admitted to the hospital will be $1,676 in 2025, an increase of $44 from $1,632 in 2024. Additional details are in this fact sheet. ◂

PHYSICAL DISABILITIES & AGING

Social Engagement Innovations Hub

The Social Engagement Innovations Hub is a clearinghouse of social connection best practices and evidence-based interventions, programs, and services. The Innovations Hub is intended to provide practitioners, implementers, and researchers with information on social connection interventions, programs, and services to encourage replication. The Innovations Hub is a joint activity of Commit to Connect and engAGED: The National Resource Center for Engaging Older Adults.

The Innovations Hub is searchable by a variety of filters and each summary contains important details to help support replication, including an overview of the example, role of partners involved, outcomes achieved, lessons learned, resources needed, and contact information. Read through the Innovations Hub instructions before getting started. If you have a social connection intervention, program, or service, consider submitting it to the Innovations Hub. ◂

MLTSS Association's Comments on Strategic Framework for a National Plan on Aging

The Physical Disabilities and Aging Division had the opportunity to listen to a presentation of this framework by Anna Keith, VP LTSS for PA Health and Wellness. The strategies outlined in that presentation present providers with opportunities for workforce solutions and MCO negotiations.

The MLTSS Association submitted comments to the Strategic Framework for a National Plan on Aging. Their comments praised the framework for its comprehensive and intersectional approach to meeting the diverse needs of older adults. The MLTSS Association also highlighted key areas such as care coordination, direct care workforce development, and access to long-term services and supports, advocating for stronger inclusion of MCOs in the national strategy. They emphasized the critical role of MCOs in addressing health care and social needs, citing innovations in care models and workforce support as pivotal to improving outcomes for aging populations, and urged for an enhanced role of MCOs in shaping policies that promote independence, dignity, and quality of life for older adults. The MLTSS Association appreciates the Administration for Community Living's ongoing efforts and is eager to continue discussions on this critical topic. Read the comments here. ◂

Community HealthChoices Procurement Update

As of the writing of this newsletter, the start date for the new CHC contracts remains on hold, due to pending protests. The MCOs are operating in a blackout regarding any communications with providers regarding this procurement.

The five MCOs who were awarded the opportunity to negotiate contracts are:

- Vista Health Plan (AmeriHealth Caritas / Keystone First);
- PA Health & Wellness (Centene);
- UPMC;
- Aetna Better Health; and
- Health Partner Plans (Jefferson). ◂

RCPA Events Calendar

*Events subject to change; members will be notified of any developments.

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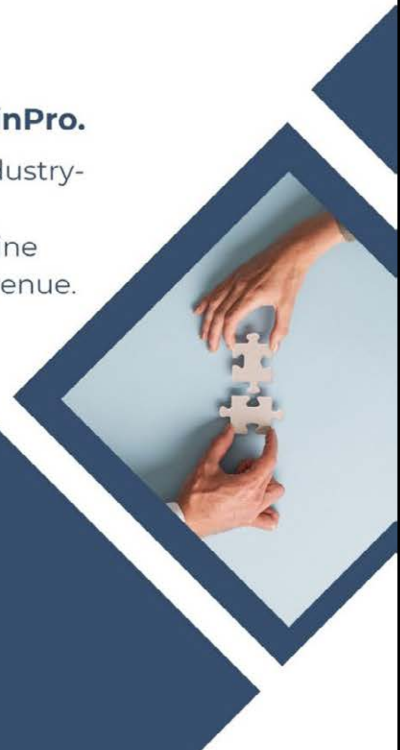

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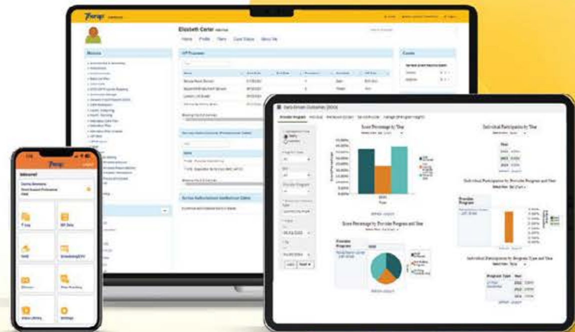

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Last update: 11/24