

LEGISLATIVE AND ADMINISTRATIVE PRIORITIES 2025

Across RCPA Divisions

- Advocate for increased funding and transparent models that reflect true “cost-plus” service reimbursement
 - Medicaid capitation, county-based funding, value-based payment programs
- Workforce initiatives and funding that build the infrastructure for current and future systems needs
 - Licensed professional staff, DSPs, DCWs, counselors, case managers, and peers
- Regulatory reform: decreasing administrative burden; reducing barriers to access for care



Behavioral Health

(Adult and Children's Mental Health; Substance Use Disorder Services)

* See more details on [MH](#) or [SUD](#) division-specific priorities

- Ensure that the BH HealthChoices capitation issues related to the MA unwinding are appropriately addressed without negatively impacting the service delivery system
- Ensure the expansion of telehealth flexibilities through a new bulletin, legislation, and practice policy
- Utilize the opening of the OMHSAS State Plan Amendment bi-annually to address ongoing barriers to systems access and administrative burden (i.e., IBHS, family-based, outpatient psychiatric clinics)
- Reopen the IBHS regulations to address access barriers and payment equity
- Ensure the promulgation of the PRTF regulations are contingent on the equitable funding of implementation
- Support for expansion and funding of the ICWCs
- Address redundancy and inconsistency among substance use disorder treatment audits and overseers
- Support efforts to ensure opioid settlement funds are used with fidelity to the settlement agreement
- Continued advocacy efforts to ensure proper funding for county-based services



Intellectual and Developmental Disabilities (IDD)

* See more details on [IDD](#) division-specific priorities

- Advocate for restoration of the \$93 million (state portion) reduction to the governor's budget and include a 3% inflationary adjustment factor in the SFY 2025/26 proposed budget
- Support ongoing stakeholder involvement and input in the implementation of performance-based contracting
- Continued advocacy for programs for the severely disabled (e.g., those with medical and behavioral needs)
- Focus on revamping CPS and respecting individual choices
- Advocate for a broader, more inclusive interpretation of the CMS Settings Rule
- Create an effective appeal process for the Supports Inventory Scale (SIS)
- Advocate for Standard Occupational Code (SOC) for DSPs

Physical Disabilities and Aging

* See more details on [PD&A](#) division-specific priorities

- Increase FFS rates for Personal Assistance Services and Residential Habilitation Services to reflect current market conditions and workforce challenges – a minimum of 15%
- Mandate a rate refresh process for all OLTL services, including managed care, based on OBRA Medicaid FFS
- Require consumer choice of providers in all consumer-directed services
- Require CHC-MCOs to make VBP programs available for all segments of the waivers
- Develop proactive partnerships with CHC-MCOs and BH-MCOs



Medical Rehabilitation

- Continued expansion of the 3-hour rule: advancing the Access to Inpatient Rehabilitation Therapy Act
- Review Choice Demonstration – for year 2

Early Intervention

- Interim rate increase while early intervention rate methodology is completed for 2025/26 budget
- Improve system consistency across counties
- Clarify/expand access and eligibility criteria

Brain Injury Services

* See more details on [BI](#) division-specific priorities

- Meaningful changes and increases to funding and models; an increase has not been provided since 2011
- Create and develop a legislative package specific to brain injury issues
- Work with OLTL/DHS to develop a system in which rates are reviewed annually
- Develop a targeted plan to engage key providers, political leaders, and stakeholders to advocate for a legislative package addressing critical issues for BI services
- Encourage an improved system of oversight of the CHC-MCOs by OLTL/DHS



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