

LEGISLATIVE AND ADMINISTRATIVE PRIORITIES 2025

Federal Issues and Advocacy

- ▶ Continue to monitor federal issues and update membership as to key policy discussions in areas of critical importance, such as Medicaid
- ▶ Involvement in campaigns to impact federal discussion and proposed policy/legislature, including “calls to action”
- ▶ Work closely with National partners (e.g., National Council, ANCOR) on lobbying and policy efforts

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)

- ▶ 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)

- ▶ Support ongoing stakeholder involvement and input in the implementation of performance-based contracting
- ▶ Work with the DHS leadership and elected officials on finding areas of efficiency and opportunities to decrease administrative burden
- ▶ 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

- ▶ Increase FFS rates for Personal Assistance Services and Residential Habilitation Services to reflect current market conditions and workforce challenges – a minimum of 22% and 44% respectively, per wage study
- ▶ Mandate an ongoing 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



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

- ▶ 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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