RCPA
REHABILITATION & COMMUNITY PROVIDERS ASSOCIATION

THE quarterly advisor

JUNE 2025

SPECIAL FEATURE

A Review of the BH-HealthChoices Program as We Emerge from COVID

By Richard S. Edley, PhD, RCPA President/CEO

A lot has happened within the behavioral health Medicaid system over the last several years. The BH HealthChoices program, which started in the mid-90s, has certainly evolved over time – the implementation of supplemental services and reinvestment strategies, program expansion, and value-based payment structures, to name a few advances. It is a mature program that certainly has achieved the three original goals when the program was developed, which should be applauded:

- Increase access;
- Increase choice; and
- Stem the escalating health care cost curve.

As a carve-out model, Pennsylvania BH HealthChoices has and continues to be a model that reflects the unique government and local structure of counties, compared to states that operate on a state run behavioral health system. As noted in our most recent position paper, a program such as BH HealthChoices should continuously look to improve. While the role of RCPA is, at times, to challenge primary contractors and BH-MCOs when indicated to best represent providers and those they serve, we have also been consistent in our support of the program.

COVID certainly was the largest challenge to date for the whole human services system and to the BH HealthChoices program. RCPA worked with DHS/OMHSAS, the primary contractors (counties), and the BH managed care programs to implement a range of alternative payment mechanisms to keep community programs alive at that time as we collectively went into uncharted waters. The recognition by the primary contractors and BH-MCOs of the need to rethink funding to maintain the solvency of providers was a feat that was unprecedented. In comparison, this approach was not routinely implemented on the PH-MCO (physical health) side of HealthChoices. Further, RCPA supported the simultaneous rapid movement into telehealth at this time. If there is any silver lining during this period, we learned quite a bit about the utility of both these initiatives.

Then there was 2024, the year of MA "unwinding." During COVID, many individuals joined Medicaid coverage while very few were ever removed. Under a federal directive, PA began to require re-enrollment of all persons on Medicaid during this year – leading to a disenrollment of individuals who perhaps could now receive coverage elsewhere (e.g., PENNIE) or did not qualify to remain on MA. No one argues that this should happen; but as with all other COVID and post-COVID initiatives, no one also quite knew how to predict what would actually be the result [read full article]. ◂

About RCPA:

With more than 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.

RCPA

PAProviders.org

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

MEMBER CONTRIBUTOR CORNER

In Times Of Uncertainty, How Behavioral Health Organizations Can Stay Vigilant

By Sammy Williams, Eleos Health

Grim headlines, program and budget cuts, reduced staff and administration — sound familiar? Every day, behavioral health providers deliver quality care to the clients who need it most in the face of these challenges.

While it may feel like so many aspects of your job are beyond your control, maintaining focus on a few key areas can reduce risk to your organization and keep revenue flowing.

Take recruitment, training, and retention for example. Turnover is a huge problem for behavioral health organizations, fueled by burnout (experienced by up to 90% of clinicians) and heavy caseloads. Retaining the providers who are so valuable to your organization reduces the cost of replacing them and avoids pushing more clients onto already overwhelmed staff. Learn more about the science behind burnout and some tips to conquer it.

Documentation integrity is another area behavioral health organizations can shore up to reduce risk of penalties and clawbacks, maximize reimbursement, and save time by eliminating the need for manual chart reviews. But, with the capability to review only about 10% of notes and feedback loops that are six months behind, training staff on what "good" looks like, and keeping things like note cloning and missing action plans out of the mix, is tough. Read about how two behavioral health organizations audited 20x more notes and shortened their feedback cycle to one day.

By controlling the controllables and leveraging tools that automate processes, you will maximize your valuable people and financial resources in order to deliver the best care in this uncertain environment. To learn more, visit eleos.health. ◂

Navigating New Threats: How Cyber Insurance Helps to Shield the Human Services Sector

By Emily Reiter, CIC, Vice President, Commercial Practice, Brown and Brown

The human services sector is at a critical juncture, navigating an era of rapid transformation. While technological breakthroughs offer exciting opportunities, unforeseen risks are introduced. As providers increasingly rely on cloud-based platforms, telehealth services, and interconnected data systems, cyber threats become prevalent risks to operational stability and client security. Comprehensive insurance coverage is necessary for resilience and long-term sustainability in this environment.

With the rise of telehealth services, providers are now delivering care remotely through digital platforms. While the focus is on enhancing consumers' access to services, the usage of these platforms raises specific security concerns of which to be aware. Platforms often handle sensitive patient data, leaving providers in the custody and control of this personalized information. This includes personal health and personal identifiable information, such as social security numbers and financial information. In this digital age, cyberattacks are more common, and cybercriminals target organizations with this type of sensitive data.

As targets, providers must aim to calculate cyber risk, implement risk mitigation strategies and incident response, and provide the necessary tools to increase security posture. Unfortunately, the burden of security has fallen to providers. With growing cybersecurity risk, cyber insurance helps provide a crucial safety net by offering financial protection against increasingly complex cyberattacks. Attacks have become increasingly sophisticated, and intervention resources from the government are limited, leaving providers unprepared without proper resources or guidance in the event of attacks. Providers should strongly consider obtaining cyber coverage to help mitigate the risk stemming from cybercrime [read full article]. ◂

CONFERENCE

RCPA Conference September 2025 Strive to Thrive Registration Coming Soon

Planning is well underway for our conference to be held at the Hershey Lodge, September 9–12, 2025. Registration is scheduled to open late June or early July. Watch for announcements coming soon!

The conference kicks off with speaker Karen Weeks from Shine at Work, presenting "Building Organizational Culture and High-Performing Healthy Teams," followed by a State of the State discussion with Secretary Valerie Arkoosh. RCPA was honored to receive over 100 proposals for workshops. There will be 64 live presentations during the conference, in addition to four keynotes, and two plenary sessions. During the conference, there will be informative sessions and conversations of interest to all segments of our membership. Prior to the conference, we are offering webinars with speakers who were not able to be included in the conference schedule. These webinars are free to our members and will be recorded, as well as sessions presented at the conference, and the recordings will be available to all conference registrants. The webinars are all on the RCPA calendar for your reference and will be held throughout the summer.

Connections Hall, with space for over 90 exhibitors, is filling quickly. We are grateful to our Platinum Sponsors Carelon Behavioral Health and OneWell Health Care; Gold Sponsors Millin, Embolden WC Trust, Brown & Brown Insurance Services, Inc., and Hearten Workers' Compensation Program; and Silver Sponsors Greenspace Health, Magellan Behavioral Health of PA, Devereux Advanced Behavioral Health, Community Care Behavioral Health Organization, and RHA Health Services for their support of our event, as well as many other sponsors and exhibitors who have committed to the 2025 conference. There are still plenty of opportunities available; if you are interested, please contact Carol Ferenz. ◂

STRIVE *to* THRIVE
RCPA 2025

DIVERSITY, EQUITY, AND INCLUSION

DEI by Any Other Name... Would Smell as Sweet?

The rebranding of Diversity, Equity, and Inclusion (DEI) initiatives in response to the recent war on being "woke" has sparked a complex ethical debate for many organizations. The shift reflects current politics and evolving societal values – and comes into direct conflict with what many organizations feel is the "right thing to do."

ETHICAL DIMENSIONS OF DEI REBRANDING

Authenticity vs. Compliance
Organizations are navigating the tension between genuine commitment to diversity and the need to comply with legal and political pressures. For instance, companies are renaming DEI departments to terms like "Inclusive Experiences & Technology," "Inclusive Leadership Development," and "Culture Committee," aiming to maintain the inclusive practices and the work they value while also aligning with the new requirements. While this allows for a continuation of important work without scrutiny, some feel that this is "hiding" work and ideas that should be front and center.

Corporate Responsibility and Public Perception
Some companies and organizations are facing scrutiny over their DEI commitments. Some have scaled back DEI efforts, while others have rebranded their DEI efforts, signaling a nuanced approach to inclusivity without directly confronting political pressures. Some organizations struggle with how to manage conflicting direct feedback from employees, consumers, payors, and regulators who hold opposing positions on the topic.

Language and Political Symbolism
The term "DEI" has become politically charged, with critics labeling it as "woke" and proponents defending it as essential for equity and quality. This polarization leads us to evaluate the necessity of the terms in association with the work. Will the pressure persist to eliminate the work next?

The ethical considerations surrounding the rebranding of DEI initiatives are complex. It involves a balance between legal compliance, authentic inclusivity, and an organization's values. As the political and corporate landscapes continue to evolve, the discourse on DEI will likely remain a dynamic and complicated area with few concrete answers. ◂

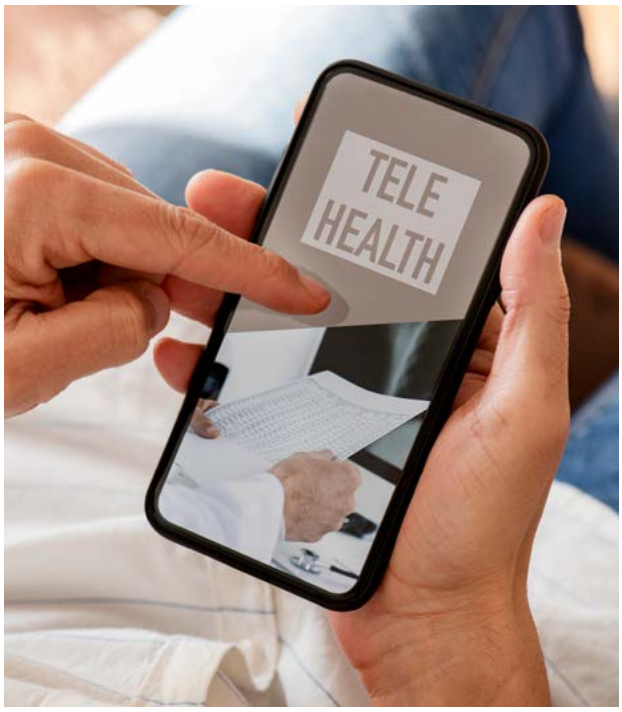
TELEHEALTH

CCHP Released "Federal Telehealth Policy FAQs"

The Center for Connected Health Policy (CCHP)'s newsletter included a summary of frequently asked questions (FAQs) along with CCHP's responses, based on requests for technical assistance that CCHP has recently received, as well as questions asked during the CCHP and National Consortium of Telehealth Resource Centers (NCTRC) hosted webinar on federal telehealth policy.

Key topics covered in CCHP's FAQ resource include:

- **Medicare Telehealth Waivers Extended:** Congress passed a new Continuing Resolution (CR) to maintain federal government funding and extend temporary Medicare telehealth flexibilities to September 30, 2025 (pushing back the previous expiration date of March 31). President Trump signed it into law shortly after. While this extension provides some relief, telehealth stakeholders now face yet another looming deadline in September, keeping long-term policy uncertainty in play.
- **Audio-Only Telehealth Changes:** CMS removed specific audio-only codes (99441-99443) in the 2025 Physician Fee Schedule (PFS) but clarified that codes 99202-99215 can be used with appropriate modifiers for reimbursement.
- **In-Person Mental Health Visit Requirement Delayed:** The waiver delaying the in-person visit requirement for telehealth mental health services has been extended but may return on September 30, 2025, if no further action is taken.
- **New Telehealth Codes Not Adopted by Medicare:** CMS declined to adopt most of the AMA's new 98000-series telehealth codes, except for 98016, which replaces G2012. Medicaid and private payers may handle these codes differently.
- **Controlled Substance Prescriptions via Telehealth:** The DEA extended its waiver through 2025, allowing telehealth prescribing of controlled substances without a prior in-person visit. However, state-specific prescribing rules may still apply. Additionally, the DEA has adopted two new final rules creating exceptions from in-person visit requirements for veterans' affairs and prescribing buprenorphine. They have also proposed a rule for a special telemedicine registration. ◄



GOVERNMENT AFFAIRS

RCPA's Legislative Tracking Reports

RCPA is constantly tracking various policy initiatives and legislation that may have positive or negative effects on our members and those we serve. For your convenience, RCPA has created a legislative tracking report, containing the bills and resolutions we are currently following. You can review this tracking report to see the legislative initiatives that the PA General Assembly may undertake during the current Legislative Session. If you have questions on a specific bill or policy, please contact Jack Phillips, Director of Government Affairs. ◄

Research Suggests Better Integrated Treatment Needed to Address Alcohol and Drug Use Within SUD Programs

Despite the devastating toll the opioid epidemic has taken on the United States in the past decade, alcohol use disorder (AUD) remains the most common type of substance use disorder (SUD). AUD, as well as other forms of harmful alcohol use, are responsible for 180,000 deaths each year. Heavy drinking not only increases the risk of relapse on other substances but also contributes to severe health complications, including liver disease, mental health disorders, cancer, cardiovascular disease, and premature mortality.

Even with the enormity of AUD, however, alcohol use may be overlooked in SUD treatment when another drug, like opioids or stimulants, is a patient's primary substance, leaving many individuals vulnerable to preventable health complications and premature death. In addition to this critical gap in care, there has been a lack of research on alcohol-related health risks in drug use disorder treatment populations, limiting the development of targeted interventions.

In a recent study, researchers assessed the relationship between self-reported alcohol use at admission and future alcohol-related health risks and mortality among participants enrolled in residential SUD treatment. The study found that:

- After entering treatment for another primary drug use disorder, four percent of participants died from alcohol use disorder, and 1.5 percent died from alcohol-related liver disease, while 28 percent of participants were hospitalized at least once for AUD; and
- Individuals with higher alcohol composite scores at treatment admission had a substantially increased risk of alcohol-related death.

Individuals in treatment for drug use disorder face much higher rates of alcohol-related health issues and deaths compared to the general population. While past research shows that many people with a primary drug use disorder may drink in harmful and hazardous ways, this study confirms that they also suffer and die from severe alcohol-related diseases, such as liver disease and pancreatitis, directly caused by alcohol use.

For treatment providers, these findings underscore the urgent need for improved screening and better integrated treatment to address alcohol use within SUD programs and reduce long-term health risks. Treatment programs that ensure that alcohol use is treated alongside other drug problems may help reduce the disease burden from excessive alcohol use. By acknowledging these risks, treatment providers and systems can collaborate to create more effective recovery plans that support long-term health and prevent avoidable harm.

This article is adapted from the Recovery Research Institute's "Alcohol-Related Harms Continue to Be Common and Deadly in Patients Treated for Other Primary Drug Problems." ◂

CHILDREN'S SERVICES

Medicaid Threats to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services

Medicaid covers more than 1.3 million children in Pennsylvania, which comprises nearly 40% of the Commonwealth's under 21 population. The proposed federal Medicaid cuts would disproportionately harm children and youth with disabilities, and could especially target EPSDT services. The EPSDT benefit entitles all children and youth with Medicaid coverage to screening for health and developmental problems, along with all treatment services related to their conditions. This includes services such as physical, speech, and occupational therapy, long-term services and supports, and Pennsylvania's Intensive Behavioral Health Services (IBHS) program.

States are required to provide EPSDT services, but with cuts to Medicaid, these services could become significantly less effective with the imposition of utilization controls, funding changes that incentivize under-spending, increased cost-sharing, increased denials of services, failure to maintain adequate provider capacity, and failure to provide authorized services. As a response to Medicaid cuts, states may seek to impose utilization barriers on EPSDT benefits, which has the potential to cause delays in crucial care, or even entirely block access to necessary care for children and youth with disabilities. ◂

BEHAVIORAL HEALTH | MENTAL HEALTH

RCPA Wraps Up Mental Health Awareness Month

RCPA and its members celebrated May as Mental Health Awareness Month, an annual observance founded by Mental Health America in 1949 to highlight the importance of mental wellbeing, educate the public, reduce stigma, and promote support for those affected by mental health conditions. Each year, individuals and organizations come together to raise awareness and advocate for better mental health care and resources.

Mental health awareness plays a crucial role in reducing stigma, encouraging early intervention, and fostering empathy and understanding. By normalizing conversations around mental health, it nurtures a more compassionate society where individuals feel empowered to seek help, leading to improved mental wellbeing. Key objectives of Mental Health Awareness Month include:

- Educating the public about mental health conditions and their impact;
- Reducing stigma by encouraging open conversations and fostering acceptance;
- Highlighting the importance of early intervention and access to treatment;
- Sharing available mental health resources, including support groups and crisis services;
- Building solidarity and reducing isolation for those facing mental health challenges;
- Advocating for improved mental health policies, increased funding, and better access to care; and
- Promoting mental wellbeing and self-care practices for overall health.

We hope you'll enjoy this complimentary Mindful Moments Checklist — a simple, powerful way to support your mental wellbeing this month.

RCPA, in partnership with the National Council for Mental Wellbeing, works with Governor Shapiro each year in proclaiming May as Mental Health Awareness Month in Pennsylvania. RCPA received the following proclamation from the Governor's office, and we thank Governor Shapiro, his administration, providers, and systems stakeholders for their commitment to serving this vulnerable population. ◂

Performance-Based Contracting in ID Services: Progress, Challenges, and the Path Forward

As Pennsylvania continues to shift toward value-based care, the Office of Developmental Programs (ODP) is pushing ahead with the implementation of performance-based contracting (PBC) within the Intellectual Disability (ID) service system. In early 2024, ODP began rolling out PBC measures for residential service providers, linking a portion of funding to quality and performance outcomes such as individual satisfaction measures, staffing stability, and health and safety indicators. As we move into the second half of 2025, attention is turning to Supports Coordination Organizations (SCOs), with ODP preparing to launch similar changes tailored to coordination-specific outcomes by early 2026.

The expected outcomes of performance-based contracting are centered around improving service quality and ensuring that individuals receive consistent, person-centered care. For residential providers, this means greater emphasis on measurable outcomes like community inclusion, reduction in critical incidents, and improved opportunities for *Everyday Lives*. For SCOs, ODP is exploring performance metrics such as timely processing of referrals, successful linkage to needed services, and improved communication with families and providers. These changes aim to incentivize providers to focus on quality over volume, with the long-term goal of driving system-wide improvements across Pennsylvania.

Implementation has not been without its challenges. Many providers shared concern about the lack of clarity in data collection methods, and the need for consistent definitions and fair comparisons across organizations of varying sizes and populations served.

For SCOs in particular, workforce shortages, high caseloads, and increasing administrative burdens are seen as major barriers to achieving strong performance outcomes under the new model. Moreover, questions remain about how payment structures will evolve, especially for organizations already operating on razor thin margins.

RCPA continues to work closely with ODP to ensure member feedback informs the ongoing development of these outcome-based models. As the system evolves, collaboration and transparency will be key to building a fair and effective PBC framework. Members are encouraged to stay engaged through stakeholder meetings, and to share input on draft metrics and implementation plans to help shape a system that truly supports high-quality outcomes for individuals with intellectual and developmental disabilities. ◄

BRAIN INJURY

Severe Brain Injury Guide Provides Resources for Families

Included in the site Brainline's Disorders of Consciousness Hub, is the *Severe Brain Injury Family Education Guide*. This guide was developed for families who have a loved one that has experienced a severe brain injury that has resulted in a low level of arousal, responsiveness, and awareness of self and others. This condition after severe brain injury is called "Disorders of Consciousness" or "DoC." The resources/website links included have been reviewed and vetted by experts in the brain injury field as accurate, to ensure that families are getting factual information about severe brain injury. ◄

BIAA Releases Findings from Brain Injury Awareness Survey

The Brain Injury Association of America (BIAA) partnered with The Harris Poll to survey adults in the United States about their awareness of brain injury (BI) symptoms, causes, and key myths/facts, as well as their personal experiences with BI. The findings of the survey can be found here. ◄

Upcoming BI Webinars Released

The Brain Injury Association of America (BIAA) has posted a number of upcoming webinars scheduled for June and July. They focus on various brain injury-related topics, such as blast exposure in military populations; home-based strategies to support cognition after brain injury; vestibular rehabilitation; and acquired brain injury: a transdisciplinary approach to inpatient rehabilitation. To obtain additional information and/or to register, use this link. ◄

MEDICAL REHAB

CMS Releases CY 2026 IRF PPS Proposed Payment Rule

On April 30, 2025, the Centers for Medicare and Medicaid Services (CMS) released the Fiscal Year (FY) 2026 Inpatient Rehabilitation Facility (IRF) Prospective Payment System (PPS) proposed rule in the Federal Register. An accompanying fact sheet was released as well. The rule does not include proposed changes to the IRF coverage requirements. On the payment side, the rule would provide an overall 2.8% increase to estimated payments per discharge, compared to the 2.5% payment update that CMS finalized for FY 2025. The rule is more substantive with respect to the future Quality Reporting Program (QRP) changes. Specifically, the rule proposes to remove certain quality measures and standardized patient assessment data elements (SPADEs) implemented in recent years relating to COVID-19 vaccination and social determinants of health (SDOH), and to modify the process for reconsideration of IRF QRP non-compliance penalties. Finally, the rule includes various requests for information (RFIs), soliciting feedback on the IRF QRP and IRF-Patient Assessment Instrument (PAI). Comments on the proposed rule are due to CMS by June 10, 2025. ◄

Confusion Over Short Stays and Short Stay Transfers in the IRF Review Choice Demonstration

The Inpatient Rehabilitation Facility (IRF) Review Choice Demonstration (RCD) contractor (for the RCD), Novitas solutions, released new guidance that once again changes their policies regarding the treatment of stays with short lengths of stay under the demonstration. In fall 2024, there were multiple issuances of contradictory guidance outlining how these stays should be incorporated (or not) into the demonstration. Novitas' new guidance, released on April 9, 2025, stated the following:

Are short stays and short stay transfers included in IRF RCD?

IRF short stays and short- stay transfers of 3 days or less are not included in the IRF RCD and do not require a Unique Tracking Number (UTN). When a beneficiary is admitted to an IRF but is transferred out as described in 42 CFR 412.624(f) within 3 days or less of the admission, the provider may not be able to complete all documentation due to the timing of the transfer to meet the coverage requirements listed in the CFR.

Therefore, when a short- stay claim is billed for 3 days or less, Novitas will identify the claim based on the dates of service billed. The claims billed for 3 days may or may not be short- stay transfers. For these claims, Novitas will send an additional documentation request (ADR). The IRF provider shall submit documentation to Novitas to support an appropriate IRF admission, short stay, or short stay transfer.

The below scenarios identify the action a provider should take in the event of an ADR:

- *If the admission is for a short- stay or short- stay transfer (transfers of 3 days or less), the provider shall submit medical records to support the short stay.*
  - *If medical documentation confirms a short- stay or short- stay transfer (transfers of 3 days or less), Novitas will process the claim as normal and the IRF's affirmation rate will not be impacted.*
- *If the admission is not for a short- stay or short- stay transfer (transfer of 3 days or less), the provider shall submit medical records to support that the claim met IRF requirements.*
  - *Novitas will process the claim as normal and the IRF's affirmation rate will be impacted.*

This represents a reversal from previous guidance issued by Novitas and by the Centers for Medicare and Medicaid Services (CMS), in which both entities stated that true "short stays" (where the patient has an IRF length of stay of fewer than three days and was discharged home or home with home health) were excluded from the demonstration, while "short- stay transfers" (where the length of stay was three days or fewer but the discharge was to another IRF, an acute care hospital, long-term care hospital, or skilled nursing facility) were included in the program and needed a unique tracking number to be paid. Notably, the **CMS guidance has not been changed**, so there is currently a contradiction between the policy stated by Novitas and the policy stated by CMS. This update does not impact the treatment of interrupted stays; if a patient leaves the IRF but returns within three days, the IRF should submit for pre-claim review once all required documentation is available, and the stay will be reviewed as a single admission. RCPA, along with the assistance of the American Medical Rehabilitation Providers Association (AMRPA), will continue to monitor this issue. ◂

National Core Indicators – Aging and Disabilities (NCI-AD™) 2023–2024 National Report Released

ADvancing States and Human Services Research Institute (HSRI) are thrilled to announce that the National Core Indicators – Aging and Disabilities (NCI-AD™) 2023–24 National Report has been released. The 2023–24 report represents the experiences of over 21,000 people in 20 states. Multiple facets of publicly funded long-term services and supports are represented in the report, including: HCBS, nursing facilities (7 states), PACE (4 states), and Older Americans Act programs (5 states).

NCI-AD™ is a voluntary effort by state Medicaid, aging, and disability agencies to measure and track their own performance using people-driven data. The core indicators are standard measures used across states to assess the outcomes of services provided to individuals and families. Indicators address key areas of concern, including service planning, rights, community inclusion, choice, health and care coordination, safety, and relationships.

Use this link to access the report. Please reach out to Rosa Plasencia and Steph Giordano with any questions. ◂

Community HealthChoices Updates

The procurement for CHC continues to be in a legal stay. No projected date for start of the new contracts has been announced.

New leadership has been announced for current MCOs:

- Ryan Johnson, PA Market President for AmeriHealth Caritas / Keystone First Community HealthChoices
- Heather Hallman, Vice President, MLTSS, UPMC Health Plan
- Marc Giordano, Interim CEO, PA Health & Wellness

RCPA Events Calendar

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