

## 2026 Legislative and Administrative Priorities

**RCPA Advocacy Statement:** RCPA seeks a system in Pennsylvania that allows providers to remain viable and continue to provide crucial health and human services to individuals and families in need.

### State and 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.
- Maintain 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 this year.
- Stabilize the service environment and workforce – Advocate for funding levels and rate structures that are sufficient to support provider operations, workforce recruitment and retention, and sustainable service growth.
- Reduce administrative burden – Eliminate duplicative documentation, reporting requirements and multilevel audits, and redirect administrative savings toward service expansion, workforce stability, and innovative program models. This includes:
  - Increased uniformity across Pennsylvania departments, managed care organizations, and counties/primary contractors.
  - Regulatory Reform – Streamline inconsistent and duplicative regulations across multiple agencies to enhance integrated, whole-person care and improve operational efficiency, ensuring any new regulations reflect stakeholder partnership and full implementation funding.
- Ensure a transparent accounting of HealthChoices spending, from allocation to spend. This includes a deepening partnership with DHS & HealthChoices primary contractors to ensure regulatory and process consistency for all stakeholders.
- Understand key Medicaid changes (e.g., Federal HR 1) and the impact on service provision, while partnering with providers and DHS for a collaborative implementation and a meaningful “seat at the table.”
- Continue ongoing education of and discussion with legislators and staff, the administration, and the governor’s office on all of the above issues.



## Behavioral Health | Adult and Children's Mental Health

[See more details on Mental Health Division Priorities](#)

- Update the IBHS regulations to reduce the current supervision standards to align with national best practice guidelines to guarantee sustainable, quality access and service delivery.
- Advance the creation of a new Behavioral Telehealth bulletin that eliminates the requirements of signed encounter forms.
- Work to expand the ICWC/CCBHC models of integrated behavioral and physical health services.
- Pass legislation to reform regulatory standards on the utilization of psychiatrists and CRNPs across OMHSAS licensed programs.



## Behavioral Health | Substance Use Disorder Services

[See more details on SUD Division Priorities](#)

- Streamline and reduce various audits to address administrative burden.
- Reform outdated and unnecessary regulations.
- Improve provider opportunities to influence and address decisions affecting them.
- Champion efficacy, safety, and quality in SUD treatment while acknowledging the changing treatment landscape.
- Advocate for increased funding for treatment providers and transparency in Medicaid capitation rate-setting.



## Intellectual and Developmental Disabilities

[See more details on IDD Division Priorities](#)

- Advocate for rate increases to expand program capacity and measurably move individuals off the waiting list.
- Drive changes resulting in comprehensive rate analysis and timely refreshes that reflect the true cost of service, inflationary pressures, and Performance-Based Contracting (PBC) mandates.
- Promote "innovation by default" by supporting policy changes that make creative programming permissible without requiring waiver exception processes as the normal mechanism.
- Eliminate duplicative documentation and reporting by streamlining processes across licensing, PBC, EIM, QA&I, and Provider Qualification.

# Brain Injury

[See more details on Brain Injury Division Priorities](#)

- Create and develop a legislative package specific to brain injury issues.
- Advocate and achieve funding increase and parity with other PA human services providers to continue to provide rehabilitation for those who have incurred a brain injury; an increase has not been provided since 2011.
- Increase funds to help cover the cost of providing services to meet the needs of the most complex individuals.
- 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 in the form of advocacy with the CHC-MCOs.
- Encourage an improved system of oversight of the CHC-MCOs by OLTL/DHS. As the number of CHC-MCOs increases to 5, advocate to develop and enforce consistent rules and expectations for all; for example, a consistent evaluation tool for use across all CHC-MCOs.
- Ensure that CHC-MCOs maintain network adequacy for brain injury providers and services in the Commonwealth.
- Reduce administrative burden & regulatory requirements:
  - Develop standardized documentation;
  - Leverage existing portals for policy & licensure documentation;
  - Improve scheduling efficiency;
  - Refine information coordination; and
  - Streamline incident management.



## Physical Disabilities & Aging

- Explore methods to increase rates, while bending the total cost curve.
- Reduce administrative burden on providers:
  - Consistent evaluation tools across MCOs;
  - Reduce frequency of background TB testing;
  - Move to multi-year provider registration; and
  - Develop automated performance reporting to providers based on aggregator and MCO reporting.
- Seek transparency in VBP programs and capitation rates.
- Develop pathways to “in-lieu of” programs that promote community living.

## Early Intervention

- Allocate new funding equal to 10% of the provider rate funding deficit identified in the 2024 OCDEL rate study.
- Explore options for adoption of the 8-minute rule for Early Intervention session billing.
- Establish a single, statewide policy for rescheduling cancelled Early Intervention sessions across all Pennsylvania counties and joiners.
- Create an education campaign to improve understanding of Medicaid eligibility and obtainment as a funding source for Early Intervention services to maximize receipt of qualified Medicaid funding for eligible families.

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