

## **RCPA Recommendations for Health and Human Services Reforms**

*With more than 300 members serving over 1 million Pennsylvanians annually, [RCPA](#) is among the largest and most diverse state health and human services trade associations in the nation. RCPA members offer mental health, substance use disorder, intellectual and developmental disability, vocational, residential, medical rehabilitation, brain trauma, and other related human services for both children and adults. A statewide organization, RCPA advocates for those in need, works to advance effective state and federal public policies, and provides professional support to members.*

**Healthy PA** – See our position paper devoted exclusively to this topic.

### **HealthChoices**

We ask the DHS transition team to recommend restoration or establishment of Behavioral Health HealthChoices contract management/oversight and operational standards for the Medicaid program that create uniform, comparable, and economical fiscal and program management. Over the past several years, there have been growing inconsistencies and disparities among the Medicaid behavioral health managed care plans, resulting in broad variations in access, benefits, quality management, and audit procedures across plans throughout the Commonwealth. This has resulted in duplication and inefficiencies.

### **Mental Health**

Outdated regulations regarding the delivery of mental health services often require staffing and tasks that are no longer accepted practice and add great administrative burden and unnecessary cost. Efficient, effective practice is needed with more funds used on evidence-based treatment and supports as opposed to outdated administrative requirements. Behavioral health services staff must be trained to work effectively in cross-disciplinary practice, including mental health and intellectual disability, co-occurring mental health and substance use disorders, and aging and behavioral health issues. Our recommendations include:

- Support “carve-out” of behavioral health to ensure that funds intended for behavioral health services are used for behavioral health services, while ensuring continued integration/coordination with physical health;
- Continue to adequately fund HealthChoices Behavioral Health Managed Care to improve access and availability of Medicaid funded behavioral health services;
- Close institutions responsibly and support provision of needed behavioral health services in the community on an ongoing basis; and
- Use regulatory reform to modernize outdated requirements and promote more efficient, effective practices.

### **Intellectual Disability**

The state’s ID system has evolved through a number of changes over the years. The renewal of federal waivers and Consolidated and Person/Family Directed Supports, required major system changes based on the requirements from the Centers for Medicare and Medicaid Services. The state’s management of these changes needs to be directed through the development of appropriate financial and program regulations, which will provide financial stability to the service system and protect the health and welfare of the individuals it serves. We recommend:

- Financial and program regulations and policies must be developed to provide adequate system funding and efficient program implementation;
- ODP must manage service authorizations based on the approved state budget, rather than implement a retroactive payment system which removes funding from providers once the service is already provided;
- Understand the importance of a continuum of services being available to this population in response to the CMS home and community based services transition plan request; and
- Consider the potential movement of the ID system (along with developmental disabilities) to a managed care system but only with thorough and proper planning and stakeholder input.

### **Autism Services**

Pennsylvania, like the rest of the country, has seen an explosion in the number of children, youth, and adults with an Autism Spectrum Disorder. The Commonwealth is a recognized leader in the design, development, and delivery of autism support services. We must maintain and renew our commitment to these individuals, their families, and their communities; including:

- Maintain Bureau of Autism Services within DHS to coordinate the implementation of recommendations from the state's Autism Task Force and the model programs that have been developed;
- Promote the collaboration and coordination of the state's education, behavioral health, health care, and vocational service agencies in developing services and supports for older adolescents and young adults with autism as they enter adulthood;
- Expand promising models for autism service design and service purchasing for consumers with autism;
- Sustain the critical activities of the state's three regional centers and expand their scope of activity to include other neuro-behavioral conditions; and
- Support the development of services throughout the lifespan.

### **Children's Services**

RCPA members serve Pennsylvania's children, adolescents and "transition age" youth through a wide range of programs. We encourage the DHS transition team to identify and promote leaders and opportunities in education, human services, and health, who will maximize cross-system planning and service delivery, including:

- Increase access to school-based outpatient assessment and treatment, along with evidence-based practices, to improve care, safety, and academic success, while reducing long-term costs for schools and communities through prevention and rapid intervention;
- Implement models for juvenile justice diversion, and integrated mental health and substance abuse assessment/treatment, for youth that come to the attention of law enforcement and the court system; and
- Design the state's health care reform initiatives to support the coordination, communication, and co-location of behavioral health services with primary health care.

### **Drug and Alcohol**

Drug and Alcohol problems are an epidemic in Pennsylvania, affecting one in every four families. Many Pennsylvanians struggling with these problems are not able to get the treatment they need; many are incarcerated, rather than being treated for the disabling addictions with which they struggle. Appropriate treatment will reduce costs and recidivism rates. Drug and alcohol services for parents prevent or reduce out-of-home and out-of-school placement of children and adolescents. Proper treatment helps unite families, reduce emergency room services, reduce homelessness and unnecessary incarceration, improve overall health, and will result in fewer accidents and deaths. We recommend:

- Keep the Department of Drug and Alcohol Programs in place;
- Provide desperately needed increased funding to improve access to those who need it; and
- Continue to review and revise outdated regulations to align with current accepted clinical practices.

### **Brain Injury**

Over the past few years, the issue of traumatic brain injuries has come to the forefront, not only here in the Commonwealth, but nationally. Head injuries can happen at any time, to anyone. In addition to returning military service personnel, the most prevalent topic related to brain injury is concussions, largely due to the high profile legal cases against the NFL, and the increasing number and visibility of youth sports concussions. Brain injuries not only happen during sporting events but they can occur while at work, from falling, or from an auto accident; they can range from "mild" to "severe." Our recommendations include:

- Renew the CommCare waiver;
- Address funding and budget concerns for brain injury via Emergency Medical Services Operating Fund (EMSOF);
- Address vacancy factor for brain injury providers as has now been done with IDD residential services; and
- Resolve issues surrounding the Safety in Youth Sports Act.

### **Medical Rehab**

The Medical Rehabilitation division of RCPA has concerns regarding the extremely long waiting period for Place of Service reviews (looks at medical necessity and location of a medical procedure before a patient is admitted) from DHS for Medicaid patients. In some cases, the wait has been over a year. In addition to adversely impacting patient care, this situation undermines the predictability of expected revenues for the hospitals and carries thousands of dollars in pending MA payments. We recommend:

- Streamline Place of Service reviews; and
- Address limited staff resources, including nurse and physician reviewers.

RCPA is asking the Transition Team's help to ensure that the applicable state Departments are responsive and timely with necessary regulatory changes to enhance and ensure an effective, high quality, efficient system.