October 31, 2025

REHABILITATION & COMMUNITY PROVIDERS ASSOCIATION

Dear Deputy Secretary Marsala:

On behalf of RCPA's newly formed Brain Injury Regulatory Oversight Workgroup, I want to thank you for your openness in recent meetings – including the Long-Term Services and Supports (LTSS) Subcommittee meeting and RCPA's annual conference - where you emphasized OLTL's focus on ensuring high quality services for individuals with brain injury that we support.

Our new workgroup was formed in response to and in agreement with OLTL's goal of identifying cost-saving opportunities amid the current fiscal challenges with both the state and federal budgets. We believe that addressing the extensive and often overlapping regulatory oversight requirements across the Department of Human Services (DHS), OLTL, the Community HealthChoices Managed Care Organizations (CHC-MCOs), QMET, and other contracted agencies presents an opportunity to meaningfully reduce administrative burden and associated costs – for both providers and OLTL.

While we fully recognize that certain regulatory requirements cannot be modified, there are significant opportunities to streamline oversight, reduce duplication, and enhance consistency. Therefore, we respectfully submit the following initial recommendations for your consideration and hope they promote further discussion on other possible cost savings measures between the state and providers:

- **Standardized Documentation:** Accept a single, organization-wide set of policies and procedures for all licensed personal care homes operated by the same provider. (Rather than requiring providers to list and supply duplicate copies for each location) This would allow for one consistent review across locations, reducing repetitive submissions and review time. This can apply for all licensing, revalidation, and MCO conducted reviews.
- **Leverage Existing Portals:** Expand access to and use of existing electronic portals for policy and licensure documentation. We suggest reviewing bodies coordinate their scheduled reviews of locations and expectations across regions. Additionally, when possible, we suggest reviewing bodies conduct document reviews remotely to minimize disruption to daily operations.
- **Scheduling Efficiency:** Because CARF is a time consuming and all-encompassing measure of policy compliance, consider delaying CHC-MCO and OLTL/QMET visits for one year after a provider is awarded a three-year CARF Accreditation.
- **Information Coordination:** Enable relevant information from CHC-MCO and OLTL reviews to be interchangeable. Establish standard forms for use by all MCOs, reviewers and state agencies to reduce overall burden.
- **Incident Management Streamlining:** Since OLTL already receives and reviews incident reports, it eliminates the need for duplicative submission or re-review of the same data during site visits.

We believe these adjustments would improve administrative efficiency, lower costs, and enable providers to dedicate more time and resources to direct care — without compromising quality or accountability.

As an aside, this proposed collaboration and streamlining of processes was discussed during our recent quarterly meeting with RCPA's brain injury providers and the CHC-MCOs. All three MCOs were supportive and committed to collaborating on this initiative.

Our workgroup would welcome the opportunity to meet with you to further discuss these ideas, and identify a shared path forward that supports both operational efficiency and service excellence.

Thank you for your time and collaboration,

Melissa Dehoff, Director, Rehabilitation Services Division
RCPA