



REHABILITATION & COMMUNITY
PROVIDERS ASSOCIATION

2025

Year in Review



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RCPA 2025 Year in Review

The Value of RCPA Membership



A Message from Richard Edley

Having an established reputation as a trusted leader, RCPA continues to grow in strength and scope. As a member-driven organization, RCPA maintains close and proactive relationships with state and federal decision-makers. Our size and diversity enables us to engage with legislators and government officials in a powerful, effective manner.

We are committed to providing innovative and integrated solutions in the rapidly changing health care environment, consistently characterized by severe workforce shortages and ever-tightening budgets. This “Year in Review” celebrates our accomplishments and also lays the groundwork for our future endeavors, which will benefit the individuals and families we serve.

Sincerely,

A handwritten signature in black ink, appearing to read 'Richard S. Edley'. The signature is fluid and cursive.

Richard S. Edley, PhD
President/CEO



*Representing providers
of health and human
services committed to
effective, efficient, and
high quality care.*

Government Relations, Advocacy, & Representation

Capitol Day / Legislator Breakfast

RCPA hosted a bipartisan Legislator Breakfast in the House Majority Caucus Room on March 26, 2025, advancing its legislative agenda. This event provided members with direct access to lawmakers to discuss priority policy issues impacting community-based health and human services providers statewide.

RCPA's Annual Capitol Day followed in the Capitol Rotunda, where a press conference was held featuring Representatives Joe Hohenstein, Doyle Heffley, and Senator Tim Kearney, which supported the need for legislative action to sustain providers and protect access to services across the Commonwealth.

Together, these advocacy efforts reinforced RCPA's role as a leading voice at the Capitol, advancing policies that strengthen community providers and the individuals and families they serve.



Coalition of Critical Services Providers

As part of a major effort to end the 2025/26 Pennsylvania budget impasse, RCPA joined providers from across the Commonwealth in appealing to Governor Shapiro and the Pennsylvania General Assembly, urging legislators to pass a final state budget that invests appropriately in health and human services, before there are no providers left to care for Pennsylvania's most vulnerable.

The Coalition of Critical Services Providers is a group of advocates made up of associations representing for-profit, nonprofit, and county-based organizations dedicated to delivering critical services throughout the Commonwealth.

To support this effort, the Coalition surveyed organizations representing all 67 counties in Pennsylvania. The survey found the ongoing Pennsylvania state budget impasse was having profound, real-world impacts on children, families, older adults, and service provider employees, as counties and organizations struggled to provide services due to lack of funding. The prolonged budget standoff further threatened the security and wellbeing of Pennsylvanians, and the survey results became the foundation of advocacy efforts that included meetings with state leadership and legislators, culminating with a rally at the Harrisburg State Capitol Rotunda.

Government Relations, Advocacy, & Representation (cont.)

MH Safety Net

The Mental Health Safety Net Coalition is a group of stakeholders participating in a joint advocacy effort to protect and preserve our mental health service delivery system.

The mission and vision of this campaign continues to promote awareness of the critical funding needs of mental health services for vulnerable Pennsylvanians. This year, the coalition focused efforts on critical areas of funding for the FY 2025/26 budget, including community mental health, school-based services, crisis intervention services, psychiatric centers, and the Behavioral HealthChoices program.

“County mental health services provide a critical piece to the public safety net for people in need,” notes Richard S. Edley, PhD, President and CEO of RCPA. “The system sustained cuts over a decade ago with little relief since then. It is time to restore those dollars and further enhance the system. Not only will it provide critical funding for the individuals receiving services, but there are positive benefits — both financially and clinically — to the entire community.

The coalition is open to all stakeholder groups, and we encourage members to participate in these efforts to safeguard and defend mental health services in our Commonwealth.



NC/DC Hill Day

This past October, RCPA and members headed to Washington, DC for the National Council on Mental Wellbeing 2025 Hill Day. Each year mental health providers, advocates, and policymakers discuss the landscape of behavioral health and avenues to address systems barriers.

This year provided the opportunity to meet with Pennsylvania members of Congress as well as attend forums that highlighted efforts to advance our advocacy platform with elected officials regarding issues such as:

- The impacts of HR 1 on Pennsylvanians;
- The behavioral health workforce shortage;
- Expansion funding and programs for the CCBHCs; and
- Improvement of access to substance use care and treatment.



The event culminated in an RCPA-led, Pennsylvania specific policy strategy meeting with the National Council staff, leading to a series of meetings with state congressional leadership and RCPA members on the system’s challenges and opportunities at the state and national levels.





504 Advocacy

RCPA, working with The Coalition for Choice, is raising concern about recent federal regulatory rollbacks to Section 504 of the Rehabilitation Act and the resulting gaps in disability civil rights protections in Pennsylvania. Federal changes between 2023 and 2025 have weakened long-standing requirements related to program access, reasonable modifications, digital accessibility, grievance procedures, and gender identity protections, while reducing federal oversight. Because Pennsylvania's Human Relations Act (PHRA) does not fully replicate these safeguards, the erosion of federal standards creates new vulnerabilities.

These gaps disproportionately affect people with intellectual and developmental disabilities, individuals with physical disabilities, and students; increasing barriers to services, education, and meaningful participation. The advocacy calls for targeted PHRA amendments and administrative action to restore program access standards, digital accessibility requirements, grievance infrastructure, and systemic enforcement authority, ensuring protections remain strong regardless of shifting federal policy.

Behavioral Services in Focus for CHC Participants

The Long-Term Services and Supports Committee has placed increasing focus on the need to increase behavioral supports. Two of the monthly sessions were dedicated to reporting on the coordination of care to ensure consumer access to these services. In the June meeting, LIFE programs reported on the approaches they use to integrate behavioral health services for their participants. In the July meeting, the three CHC-MCOs reported on their programs to increase access and integration of BH services for CHC consumers. RCPA has a stated goal to advocate for the increase of BH services in this population. One of the highlights provided by UPMC is that 1% of the UPMC CHC participants received BH services in 2018. In 2024, 11% of the UPMC CHC members received BH supports.

Government Relations, Advocacy, & Representation (cont.)

DHS House/Senate Budget Hearings and State Budget Impasse

In March 2025, RCPA participated in the House and Senate DHS Appropriations Committee hearing and equipped legislators with questions surrounding the proposed \$21B DHS budget that focused on intersects with operating critical services for vulnerable Pennsylvanians across the human services landscape. RCPA staff also briefed committee members on the specifics of our 2025 Legislative and Regulatory Priorities. These efforts, led by RCPA policy staff and our government affairs partners, helped greatly in voicing the concerns of the membership across all policy areas, including:

- The projected \$2.5B increase in the capitation and intersects with Medicaid unwinding in PA;
- Impacts of potential Federal Medicaid cuts on State Medicaid funding;
- Addressing IDD waitlists and funding; and
- Efforts to stabilize the human services workforce infrastructure with hiring and retention funding.

This year's budget process saw a 5-month impasse again, which resulted in the human services safety net struggling to maintain operational sustainability in the absence of overdue funding to schools, counties, and service providers across the Commonwealth. RCPA provided leadership and support to several statewide coalitions working to end the impasse, including the Coalition of Critical Services Providers who held a rally in the Capitol Rotunda, where RCPA staff and members presented on behalf of vulnerable Pennsylvanians. The \$50.1B budget was eventually passed on November 12, 2025. RCPA played a critical role in this process to ensure that the testimony and information on the record captured for legislators the funding landscape and needs of the population our members serve when passing a State budget.



Brain Injury Informational Hearings

Two informational meetings were held by the House Human Services Committee on January 29, 2025 (Joint hearing with the Insurance Committee) and February 5, 2025, to hear testimony from brain injury providers and professionals to learn more about the services available for individuals with a brain injury, and the various issues impacting brain injury access to care.

Brain Injury Awareness Day

RCPA participated in a Brain Injury Awareness Day at the State Capitol on November 17, 2025 with a focus on brain injury awareness and advocacy for survivors, caregivers, and professionals. The full day included a briefing in the Rotunda that included members of the Brain Injury Caucus, legislative meetings, a Senate reception, and a panel discussion with survivors. Many legislators were in attendance to hear about key brain injury legislation.

Brain Injury Access to Care & Funding Issues

During 2025, RCPA continued to advocate for increases to rates for brain injury members. These providers have not received an increase to their rates since 2011, and the impact is great with organizations being acquired, programs closing, and programs no longer admitting Community HealthChoices (CHC) clients. Additionally, this has caused an access to care issue. RCPA and members implemented a huge increase to their advocacy efforts, with many calls and visits with legislators to educate them on the issues and gain their support. A number of calls have been with the Brain Injury Caucus co-chairs, as well as in-person meetings with other legislators. Weekly calls with lobbyists took place to increase advocacy, along with the development of data/fact sheets used for meetings with legislators. An increase was not included in this year's budget yet again for residential habilitation services.



PBC Tiers / Advocacy

During 2025, RCPA maintained a strategic advocacy focus on the Commonwealth's implementation of Performance-Based Contracting (PBC) within the Office of Developmental Programs (ODP). As residential PBC entered its second year, RCPA engaged regularly with ODP leadership to elevate provider concerns related to rate adequacy, data validity concerns, and the administrative burden associated with reporting and quality metric compliance. RCPA emphasized the need for stable and predictable funding structures that recognize workforce pressures and operational realities, while continuing

to support the shared goal of meaningful quality improvement. This advocacy resulted in multiple revisions to the performance measure guidance, improved transparency around scoring and tiering methodologies, and continued dialogue regarding the pace and scope of future PBC initiatives.

Concurrently, RCPA closely monitored and actively responded to ODP's planning for the rollout of PBC for Supports Coordination Organizations, which will have begun on January 1, 2026. RCPA worked to ensure that SCO-specific considerations, such as the appropriateness of proposed performance measures and the readiness of data systems, were clearly understood and addressed. Through written comments, stakeholder meetings, and participation in advisory forums, RCPA consistently advocated for a data-informed approach that minimizes unintended financial risk and administrative burden for SCOs. These efforts reflect RCPA's ongoing commitment to supporting members to be successful throughout the implementation in a way that promotes quality outcomes, while preserving system stability and provider sustainability across the PA ODP service system.

Behavioral Health Capitation

Medicaid is both Pennsylvania's and the nation's largest payor for behavioral health services managed care plans. Consequently, maintaining actuarially sound rates for the Medicaid behavioral health care plans (BH-MCO) is a critical prerequisite to maintaining a strong provider network as well as access to much needed behavioral health care for vulnerable Pennsylvanians.

In Pennsylvania and other states, the Medicaid unwinding process following the pandemic resulted in hundreds of thousands of Commonwealth residents being removed from the Medicaid managed care rolls. This process resulted in a smaller, but fundamentally sicker, more acutely ill, and much more expensive covered population. This also resulted in capitation rates that were inadequate and not actuarially sound for the remaining covered population. For FY 2024/25, while the Office of Mental Health and Substance Abuse Services (OMHSAS) increased the behavioral health capitation to help offset this shortfall with a midyear adjustment, none of these funds went to address the inadequate rates paid to the providers struggling to recruit and retain staff in the face of dramatic changes in the labor market.

RCPA led advocacy efforts with our members, OMHSAS, and the HealthChoices partners to ensure that the proposed behavioral capitation budget increases. The Commonwealth is again faced with addressing shortfalls in the capitation, with a proposed \$640M general fund increase in the HealthChoices behavioral health capitation for FY 2025/26.



Government Relations, Advocacy, & Representation (cont.)

Dan Miller Disability and Mental Health Summit

In May 2025, State Representative Dan Miller hosted his 12th Annual Disability & Mental Health Summit at the CCAC Allegheny Campus in Pittsburgh. As the largest event of its kind in Western Pennsylvania, the summit continued its tradition of bridging the gap between policy and practice, bringing together self-advocates, families, and community providers. A central highlight of this year's event was the keynote presentation on the critical importance of Medicaid, featuring advocates Erin Gabriel and Dr. Josie Badger alongside Rep. Miller. The session underscored the vital role Medicaid plays in sustaining the Commonwealth's support systems and the potential impact of federal funding shifts on local services.

RCPA was proud to be an exhibitor and active participant throughout the summit, engaging directly with members and stakeholders at our booth during the Resource Fair. The 13th annual summit is scheduled for May 7, 2026. For more information, please visit www.disabilitysummit.com.



Hohenstein Disability Summit

In September 2025, State Representative Joe Hohenstein hosted the *Disability Summit 2025: Change, Challenge, Celebrate* at Temple University in Philadelphia. Much like the Pittsburgh summit held earlier in the year, this event served as a critical platform for addressing the workforce crisis and advocating for the needs of individuals with disabilities and their support systems. A major focal point of the summit was the Direct Support Professional (DSP) workforce, with sessions dedicated to increasing funding and improving wages to ensure a stable and high-quality care environment across the Commonwealth.

RCPA was an active participant, maintaining a prominent presence throughout the event and engaging in the summit's high-level policy discussions. Tim Sohosky, IDD Division Director, connected with members and advocates to discuss the intersection of "Technology First" initiatives and service delivery. The summit concluded with a formal House Majority Policy Committee hearing, where lawmakers heard testimony on eliminating barriers to state services through assistive technology, a session that underscored RCPA's ongoing advocacy for innovative, sustainable funding models for community providers.

Government Relations, Advocacy, & Representation (cont.)

OLTL's HCBS Rate and Wage Study

A Home and Community-Based Services (HCBS) [rate and wage study](#), commissioned by the Office of Long-Term Living (OLTL) and conducted by an independent firm, Mercer, was released in late February 2025. One of the key findings noted in the report shows that Residential Habilitation rates are 44% below market benchmarks. This supports the impact that the lack of rate increases have had on brain injury providers in the state. RCPA continues to press OLTL and the legislature on what the next steps should be based on the results of this survey.

House Bill 1590 Telehealth “Four Walls” Compliance

The legislation addressed the outlying PA Medicaid payment requirements for delivering and receiving mental health or substance use disorder treatment services outside the four physical walls of a clinic. The legislative pathway was paved with the passing of HB 1590 in the spring and its movement over to the Senate Health & Human Services Committee, where it eventually made its way to the Human Services Code Bill. With the signing of the Human Services Code Bill by Governor Shapiro, the final hurdle in meeting the compliance requirements of the Federal “4 Walls” Telehealth Standards has been cleared. RCPA has led this two-year process in conjunction with state officials and human services providers across the Commonwealth.



This summer, the Centers for Medicare and Medicaid Services (CMS) approved the Office of Mental Health and Substance Abuse Services (OMHSAS) State Plan Amendment, which addresses the operational practice considerations for the “4 Walls” requirements. The abrogation of these Medicaid payment standards in Pennsylvania regulation now meet the required federal compliance requirements.

RCPA would like to thank OMHSAS for its partnership in this two-year process as well as our members and legislators for their advocacy and support.

Federal CCBHC Legislation

RCPA continued its advocacy partnership with the National Council on Mental Wellbeing as the US Senate introduced the bipartisan [Ensuring Excellence in Mental Health Act](#), which will serve as a crucial step in expanding nationwide access to Certified Community Behavioral Health Clinics (CCBHC). CCBHCs were established by Congress in 2014 and launched through a demonstration, which Pennsylvania was part of, in 2017. There are now more than 500 CCBHCs across the nation that serve millions of people, and Congress is building momentum to continue to expand access to high-quality mental health and substance use care.

The key provisions include:

- Establishing the CCBHC prospective payment system as a sustainable option for states implementing the model under the state Medicaid option. This allows them to expand the availability of evidence-based services, increase their workforce, and integrate services with other providers in their communities.
- Advancing care integration by enabling CCBHCs to provide additional services, including primary care.
- Establishing CCBHCs as a provider type with prospective payment in Medicare, strengthening their ability to serve older adults.

The ICWC and CCBHC programs remain a cornerstone of RCPA state and federal advocacy for the expansion of these integrated community behavioral and physical health programs.

Education and Training

Annual Conference

Our *Strive to Thrive* Conference in September drew record attendance and exceptionally positive feedback from participants. We were honored to host presentations from over 120 talented speakers who shared their experiences and knowledge with our attendees.

This year's event featured 64 workshops, 9 pre-recorded sessions, Connections Hall with 90 exhibitors, and daily networking opportunities to interact with colleagues.

- We were privileged to have DHS Secretary Valerie Arkoosh present the opening keynote address regarding the “State of the State”; and Al Guida discussed the impact of federal issues to the human services system.
- Keynote speaker Judge Victor Reyes spoke about Applying Resilience and Mindfulness to Enhance Leadership.
- Kory Shrum, a national speaker, podcaster, and author presented the closing keynote, sharing her revolutionary approach to wellbeing and self-care to help organizations redefine wellness.
- Our national partners, ANCOR and the National Council for Mental Wellbeing, shared their thoughts on advocacy efforts and strategies to adapt and promote hope for the future; and conference favorite Mike Cohen discussed prevention of workplace harassment.
- DHS leaders ODP Deputy Secretary Kristin Ahrens, OLTJ Deputy Secretary Juliet Marsala, DDAP Deputy Secretary Kelly Primus, and OMHSAS Deputy Secretary Jennifer Smith shared updates from various departments.



Workshop sessions covered a wide variety of topics, including the use of artificial intelligence and other technology in service provision, Performance-Based Contracting/Measurement-Based Care, building a healthy team culture, effective leadership and supervision, workforce development, ethics, suicide prevention, as well as evidence-based practices of interest for the various service areas that RCPA members represent.

Mark your calendars for RCPA's 2026 Conference, ***Power in Purpose: Promoting Possibilities***, September 29 – October 2 at the Hershey Lodge!

PA Department of Health and Brain Injury Association: Opioids Summit



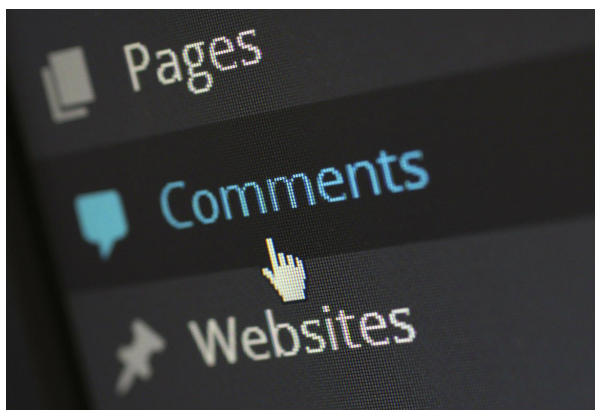
As leading advocates for both SUD and brain injury providers, RCPA was invited to an exclusive gathering of experts, practitioners, and stakeholders working with individuals with co-occurring SUD and brain injuries. Convened by the Pennsylvania Department of Health (DOH) and the Brain Injury Association of Pennsylvania (BIAPA), the summit offered a unique opportunity to discuss critical issues, share insights, and collaborate on the development of more effective treatment and intervention strategies, considering brain function and its impact on response to treatment. In addition, the summit focused on the braiding of systems and the innovative

approaches needed to address the co-occurrence of SUD, brain injury, and related social determinants of health. RCPA will continue to lead the way towards effective, innovative treatment and payment models.

SB 716

In 2025, Senator Dan Laughlin introduced SB 716, which would amend Pennsylvania's Mental Health Procedures Act (MHPA) by defining substance use disorder (SUD) as a mental illness, thereby subjecting those with an SUD to the same procedures outlined in MHPA, including an involuntary commitment to a 120-hour hold in a psychiatric hospital, which is commonly referred to as a 302 (Section 302 of MHPA). RCPA spelled out its opposition in a position paper in response.

With many SUD provider members operating multiple locations across the Commonwealth, RCPA represents nearly 400 licensed SUD treatment facilities in Pennsylvania. Our SUD treatment providers represent the entire continuum of SUD treatment, from the outpatient level of care up to hospital-based residential services that employ addiction psychiatrists who treat those with SUD and mental illness on a daily basis. Based on input from these varied levels of expertise and real-world experience, published research on the process, and experiences from other states with involuntary commitment laws, RCPA opposed SB 716. The reasons for our opposition — lack of research to support effectiveness of involuntary commitment for SUD, the criminalization of people who use drugs, an SUD treatment system ill-prepared to handle involuntary commitments, and exorbitant cost to implement — were outlined in our position paper, as well as shared in multiple meetings with Senator Laughlin and other key legislators. In addition, RCPA worked to coalesce and align with other organizations that were also opposed, and will continue to do so.



Intensive Behavioral Health Services (IBHS)

RCPA, in collaboration with IBHS center-based service providers, published a white paper regarding the necessity of keeping center-based services as a part of the IBHS treatment continuum. Center-based services have been under scrutiny, being labeled as “unnatural” learning environments for children. However, there is significant research that proves that the structured and focused environments of center-based treatment allow children to progress rapidly due to the high therapeutic density with evidence-based and specialized care. Children that participate in center-based treatment acquire skills at nearly double the rate compared to those in home-based care, allowing children to increase functional communication, reduce maladaptive behaviors, and build critical life skills that prepare them for successful transitions into their communities.

IPRC – CMS Comments on Use of IRF-PAI

The IPRC Policy Director submitted public comments to CMS on behalf of pediatric rehabilitation providers and members operating in inpatient rehabilitation facilities, regarding proposed changes and documentation using the Inpatient Rehabilitation Facility-Patient Assessment Instrument (IRF-PAI) for pediatric patients.

Policy and Fiscal Analysis (cont.)



PRTF Regs & Cost Study (Analysis)

OMHSAS released their proposed psychiatric residential treatment facility (PRTF) regulations in November 2024, which included estimates from the department regarding potential costs for implementation. Providers of children's residential services voiced concern over the estimated costs and partnered with RCPA to conduct a cost analysis of the proposed regulations. There were three primary fiscal concerns, including staffing, accreditation, and non-allowable costs. Our analysis showed the department's estimated costs to be approximately 30% less than what residential providers expect to incur if the regulations are promulgated.

OMHSAS had planned to do their own cost analysis 90 days after

promulgation, but we encouraged a pre-promulgation analysis to ensure consideration of all costs required to implement the regulations for the Commonwealth, providers, and payor stakeholders.

Early Intervention

In 2024, RCPA and other early intervention partners advocated strongly for a rate study to investigate the actual costs associated with delivery of early intervention (EI) services. RCPA encouraged providers to participate, and sat on an advisory council with OCDEL and other stakeholders, to provide input into the process. The study was published in late 2024 and RCPA led the charge in 2025 to implement those recommendations into provider rates.

- RCPA led advocacy sessions with legislators to support a sizeable rate increase for providers as supported by the OCDEL rate study, commencing in a nearly 7% increase in the 2025/26 budget.
- Early intervention provider members spoke on behalf of EI service delivery at several public events, including RCPA Capitol Day.
- The RCPA Early Intervention Committee published a white paper outlining inequities in service delivery within the early intervention system and distributed to OCDEL leadership, legislators, and policymakers.
- RCPA advocated for a direct, regular seat at the table with the OCDEL deputy secretary and support staff
- RCPA staff and providers met quarterly to discuss related issues and brainstorm collaborative solutions.

DDAP Regulatory Reform – Stakeholder Work Groups

As part of the Department of Drug and Alcohol Programs' full-scale review and update of its regulations, several stakeholder work groups were convened in 2025. RCPA and many of its SUD treatment provider members were invited to participate in work groups that focused on varying sections of DDAP regulations to provide their input and perspective through a series of meetings. These meetings provided a forum for discussing suggestions for revising regulations, with the ultimate goal of collecting concrete recommendations.

To best represent RCPA's provider members, the association solicited their feedback ahead of the work group meetings, enabling all provider members to have a voice, and RCPA to act as a conduit

to DDAP for the membership. DDAP plans to continue its work through 2026, with the public comment period expected in the first quarter of 2027, and final published regulations in 2028. RCPA will continue to work with DDAP and the membership through each critical milestone of the regulatory process.



Policy and Fiscal Analysis (cont.)

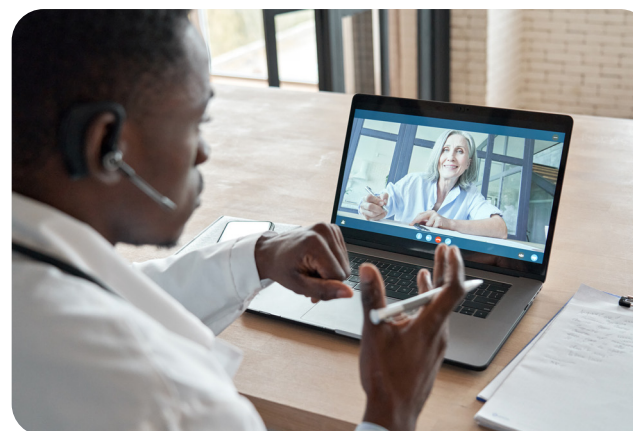
Four Walls

With the signing of the [Human Services Code Bill](#) by Governor Shapiro, the final hurdle in meeting the compliance requirements of the Federal “4 Walls” Telehealth Standards has been cleared. RCPA has led this two-year process in conjunction with state officials and human services providers across the Commonwealth.

The legislation addressed the outlying PA Medicaid payment requirements for delivering and receiving mental health or substance use disorder treatment services outside the four physical walls of a clinic. The legislative pathway was paved with the passing of HB 1590 in the spring and its movement over to the Senate Health & Human Services Committee, where it eventually made its way to the Human Services Code Bill.

This summer, the Centers for Medicare and Medicaid Services (CMS) approved the Office of Mental Health and Substance Abuse Services (OMHSAS) State Plan Amendment, which addresses the operational practice considerations for the “4 Walls” requirements. The abrogation of these Medicaid payment standards in Pennsylvania regulations now meet the required federal compliance requirements.

RCPA would like to thank OMHSAS for its partnership in this two-year process as well as our members and legislators for their advocacy and support.



Medicaid Advocacy

The passage of the “One Big Beautiful Bill Act” has made significant changes to Medicaid, the Children’s Health Insurance Program, and Medicare, with strict requirements to maintain Federal support and criteria to qualify and maintain enrollment in Federal health care programs. There are several key provisions that are projected to result in more than 300,000 Pennsylvanians losing access to Medicaid coverage.

The final version cuts about \$1 trillion over the next 10 years from Medicaid, the federal health insurance program for low-income individuals and people with disabilities.

The bill outlines new work requirements for the popular entitlement program that provides government-sponsored health care for these people. They require adults to work, volunteer, or study 80 hours a month to qualify for enrollment, unless they have defined exceptions for these individuals, which include those with IDD and mental health and substance use disorders. Additionally, the bill also requires Medicaid recipients to prove their eligibility twice a year, instead of annually.

RCPA has been actively involved in lobbying efforts with our Pennsylvania congressional leadership and deeply engaged in the Federal arena with the National Council for Mental Wellbeing and Families USA. In Pennsylvania, RCPA — in addition to our own advocacy — has joined forces with several coalitions including the PA Department of Human Services, Common Health for the Commonwealth (C4C), and the PA Health Access Network. RCPA is slated to lead a Medicaid summit in 2026, which will include Federal and State leadership as well as providers and stakeholders, to engage in planning and implementation strategies.

Policy and Fiscal Analysis (cont.)

CMS 2026 Physician Fee Schedule

RCPA took the opportunity to comment on the Centers for Medicare & Medicaid Services' (CMS) proposed rule that addresses changes to the calendar year (CY) 2026 payment policies under the Physician Fee Schedule (PFS) and other proposed policy changes. The comments reflected the positions of our membership, whose visions, missions, and operational footprints are guided and impacted by the annual fee schedule as they serve consumers, children, and families across the Commonwealth.

RCPA has strongly supported the following proposed CMS rules for the 2026 CMS PFS:

- Decreasing the annual PFS conversion factor by 2.80% to \$32.36;
- Decreasing drug administration payment rates;
- Supporting services addressing health-related social needs (Community Health Integration Services, Social Determinants of Health Risk Assessment, and Principal Illness Navigation Services);
- Adding actions to help support access to behavioral health, in line with the CMS Behavioral Health Strategy;
- Refining policies for use of E/M Visit Complexity add-on code G2211 on the same day as certain other services in the office or outpatient setting;
- Granting several telehealth technology flexibilities for opioid use disorder (OUD) treatment services;
- Granting payment increases in response to recent regulatory reforms for OUD treatment, finalized by SAMHSA in 42 CFR part 8;
- Amending certification and recertification regulations to lessen the administrative burden for therapists and physicians/NPPs;
- Starting in 2025, having RHCs and FQHCs report the individual CPT and HCPCS codes that describe care coordination services instead of the single HCPCS code G0511;
- Continuing to delay the in-person visit requirement for mental health services furnished via communication technology by RHCs and FQHCs to beneficiaries in their homes until January 1, 2026;
- Allowing the RHCs and FQHCs to provide telehealth services using audio-only communications technology through December 31, 2025;
- Developing and enhancing Medicare telehealth services and policies, including proposals to add services to the Medicare Telehealth Services;
- Listing on a provisional basis and a permanent basis; and
- Developing a payment framework for digital mental health treatment (DMHT) devices.

RCPA thanks its members for their comments and feedback and welcomes members to view the [RCPA submission on CMS 2026 Physician Fee Schedule](#) in full.



Policy and Fiscal Analysis (cont.)



42 CFR Part 8 Final Rule: RCPA's Ongoing Advocacy for OTPs

As Pennsylvania's opioid treatment programs (OTPs) continued working to adapt to historic federal regulatory changes governing methadone treatment, RCPA continued its advocacy with regulators in an effort to gain clarification and get answers to the many questions still unresolved. Part of that effort involved convening all of the Commonwealth's OTPs, along with the Department of Drug and Alcohol Programs (DDAP) and the American Association for the Treatment of Opioid Dependence, for an interactive discussion about the ways methadone treatment is changing as a result of the Final Rule on 42 CFR Part 8. Those changes include a waiver of the longstanding regulations mandating specific numbers of counseling hours; the permanent availability of increased doses of take-home medication; and greater integration of telehealth as part of the client intake process.

Through this effort, providers were given a direct line to DDAP leadership, and DDAP heard firsthand from the providers where their biggest challenges lie. It was the first of several similar interactions with DDAP and other key stakeholders that RCPA facilitated in 2025, which resulted in not only open dialogue, but eventually much-needed clarification on several issues.

Public Relations and Special Features

2025 CJAB Conference Session

(RCPA moderated, featuring three provider members)

RCPA and its SUD provider members continued to demonstrate statewide leadership and expertise in addressing behavioral health among the justice-involved population, presenting their experience and perspective at the 2025 Criminal Justice Advisory Board (CJAB) Conference in State College, in a session titled "Improving Behavioral Health Treatment in the Criminal Justice System: Understanding the State of Addiction Treatment in Pennsylvania." Through a panel discussion facilitated by RCPA, provider members from Gaudenzia, Pinnacle Treatment Centers, and Endless Mountains Extended Care discussed how ASAM implementation, ongoing acceptance of medication as an effective form of treatment, a markedly different definition of recovery, and recognition of the role trauma plays in treatment and recovery have affected behavioral health treatment for the justice-involved population.

NAMI Walk

In September, RCPA staff members and families joined together to support the NAMI Mental Health Awareness Walk for the Cumberland Perry County Chapter. The event invited and drew supporters from the Central Pennsylvania Region to share their stories, build community, and walk together to achieve Mental Health for All. More than just a walk, the event was part of a vibrant movement that celebrated individuals, families, and communities coming together for one powerful purpose. RCPA was pleased to sponsor this event, which saw hundreds come together to share a day of education, awareness, and support.



Public Relations and Special Features (cont.)

Annual Meeting

RCPA convened its Annual Meeting on May 13, bringing members together to review the association's progress and governance. The meeting featured reports from the chairperson and treasurer, the Nominating Committee for the election of directors and officers, a government affairs update, and remarks from the President and CEO outlining key accomplishments and priorities for the year ahead.

Golf Outing

RCPA held two golf fundraisers to support the RCPA Political Action Committee (RCPA PAC), on May 13 and on September 8, before our Annual Conference. These successful and fun events raised much-needed funds for our legislative activities, and we would like to thank all the generous golfers who braved the rain to participate and contribute.

We encourage anyone interested in supporting the RCPA PAC to make a personal contribution. For your convenience, you can now make an [online contribution](#). Thank you again for your participation and support, and congratulations again to our golf winners!

Look for other fun PAC events throughout the year, such as the Silent Auction held at the Annual Conference.



Leadership Collective (w/The Ramsay Group)

RCPA worked this year to offer a CEO and Leadership Discussion Group to support executive leaders navigating an increasingly complex and uncertain health care and financial landscape. Designed as a structured and confidential peer forum, the group fostered collaboration, strategic dialogue, and leadership agility, providing CEOs with the opportunity to share insights, gain feedback, and strengthen decision-making during a period of rapid change.

These discussions were led by Diana Ramsay, President of The Ramsay Group. More events and Collective discussions are being scheduled for 2026. For more information, contact [Diana Ramsay](#) directly, or RCPA President/CEO [Richard Edley](#).

TUFH2025 IDD/Autism Summit (The Policy Landscape for Complex Care); Richard Edley on Panel

RCPA President/CEO Richard Edley took part in the panel discussion "The Policy Landscape for Complex Care, Breaking Barriers, Hope and Healing" at the TUFH2025 IDD/Autism Summit at Woods System of Care on September 15. The panel focused on integrated and innovative health care for individuals with IDD and autism.



IDD/Autism Summit Panelist

The Policy Landscape for Complex Care
Policy Leaders Perspectives on Building Stronger Systems and Services

September 15, 2025
10:00 AM - 11:00 AM

TUFH 2025 and IDD/Autism Summit
September 12-15
Langhorne, PA
<https://tufh2025.com/idd-autism-summit/>

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RCPA looks forward to building on these accomplishments, in order to celebrate additional successes, and to further strengthen the voice of the health and human services community in our Commonwealth.