REHABILITATION & COMMUNITY PROVIDERS ASSOCIATION

November 9, 2026

RE: ICWC Provider Manual / RCPA ICWC Members' Comments and Recommendations

RCPA and our ICWC providers are grateful for the opportunity to review and provide comments and recommendations regarding the Draft ICWC Provider Manual. These comments represent the work of our RCPA ICWC Steering Committee and with many developed from the individual organizations who will be submitting separately. We look forward to the next steps of discussions after OMHSAS has an opportunity to review the feedback. Again, our thanks for the partnership and collaboration.

Section 1: Purpose, Key Definitions, and Acronyms

- Recommend a more precise definition of an ICWC member, by clearly establishing qualification criteria, the duration of active membership status, and the required frequency for service authorizations.
- Manual states it will be published and effective January 1, 2027. It has been mentioned that pushing back the comments and final draft would modify this date. Can OMHSAS clarify?
- RCPA and the ICWC providers feel very strongly that this manual represents significant operational, fiscal, and administrative modifications, and we recommend the following:
    - A one-year implementation timeline which would align with previous OMHSAS regulatory and operational transitions executed under the Jen Smith Administration. While this does not reflect "new regulations," it does represent the first effort of the Department to codify and regulate the service with significant changes. Another consideration during this one period could be a structured phased implementation strategy.
    - Compliance would be required at the start of the second year post manual implementation.

Section 2: Introduction to the PA ICWC Model

- **Target Population**
    - Can OMHSAS provide greater clarification on the member being served specific to Medicaid eligibility?
    - Can these individuals be served in non-ICWC sites?
    - Do these individuals, including non-Medicaid eligible and uninsured, get the same full array of ICWC services?
    - Would all individuals served regardless of health care coverage be included in the cost report?
    - Can OMHSAS provide guidance and/or the rationale for including all individuals served? (Medicare, Commercial, un/under-insured) in the cost report to determine the PPS, when the PPS can only be applied to HealthChoices members?
- **For Roles and Accountability in the ICWC**
    - What role, if any, does the primary contractor play in overseeing compliance and quality expectations? The manual states this is an OHMSAS responsibility. Can it be clarified that OMHSAS, as the licensing entity, holds overall oversite structure and responsibility?

Section 3: Authority and Compliance Framework

- **Licensing requirements**
    - It is clear that maintaining OMHSAS and DDAP licensure is a requirement. Peer Support and Blended Case Management also require separate licenses, but are not mentioned. Are separate licenses for these activities required? Our assumption is yes, but this might be clarified. As this activity would introduce additional administrative burden in those separately licensed activities, providers may be forced to make referrals to their own clinic.
    - If an ICWC provider offers services like BCM, ACT, or Peer Services, what are the licensing requirements; must they all be licensed separately or can they be carried under the ICWC license?
    - How would this impact member eligibility for these services?
    - How will licensing reviews occur once the manual is published? Will it be a single license for ICWC and/or continue to be individual licenses based on service and location?
        - Recommend a single license event with all auditing stakeholders, ICWC providers, Counties, OMHSAS, DDAP, and BH-MCOs to create a unified audit process to ensure compliance, communication, and create efficiencies that would reduce administrative burden for all stakeholders.
- **Federal Confidentiality and Privacy Requirements**
        - Does this section reflect the recent update to the PA Chapter 55 Chapter 5100 / Act 32 compliance amendments under the new promulgation?

Section 4: ICWC requirements – Prerequisites, Certification, and Recertification

- **Authorized Service Locations and non-ICWC sites**

  ***General Comment**: It would be helpful to further define "authorized service locations" and directly address "community-based services" with additional clarity on the differences between the two. The ICWC model is a non-four walls approach and outreach in the community is an important aspect of that. It would be helpful to have a clear definition of allowable community-based activities and when a formal satellite office is required.*
    - Can services delivered at an alternative provider location that is not an approved ICWC Authorized Service Location still be included in the ICWC PPS bundle?
    - The manual notes that an ICWC can operate across multiple service locations but fails to outline the process for adding or deleting these sites. While an official request seems necessary to modify these locations, the manual does not specify how providers should submit it.
    - How long is the ICWC Authorized Service Location request process? To what extent does the PC or BH-MCO have authority to approve or disapprove?
    - Historically, services delivered at certain non-ICWC locations have been incorporated into ICWC arrangements. Will those existing arrangements be grandfathered, or must every location associated with PPS services now become an approved Authorized Service Location?
    - If a provider client is attributed to an ICWC but receives a qualifying behavioral health service at another provider clinic that is not an Authorized Service Location, does that service trigger the monthly PPS payment?

- If it does not trigger PPS, should that service instead be billed under the clinic's normal Medicaid enrollment outside of the ICWC methodology?
- If a service occurs at a non-ICWC location, must the associated cost and encounter activity also be excluded from the ICWC cost report and future PPS rate calculation?
- What constitutes the "location" for telehealth services for purposes of determining PPS eligibility?

- **Certification/Recertification**
  - Do the existing ICWCs have to go through the certification process if not adding a site?
  - Requesting clarification that a change in location requires the full certification process as if it were a new ICWC.
  - Seeking clarification in terms of when the recertification process would happen. We believe recertification is aligned with initial certifications and “at a time determined by DHS.” For current ICWCs, would it be the next upcoming certification cycle?
  - If ICWCs are re-certifying, do they still have individual program licensing reviews?
  - In the event that a provider would receive a partial certification, this would potentially result in a lengthy period of being unable to bill the PPS rate while a POC is drafted, implemented, and approved. We assume that requires the provider to go back to Fee-for-Service (FFS). This could be a significant burden on both the provider and BH-MCO, as switching billing methods in an EHR can be quite challenging.
    - Was this the intent or could there be a more streamlined process for resolving partial certification?
  - To clarify the billing requirements, our understanding is that a provider must hold a full certification in order to bill at the PPS rate. If a provider receives only a partial certification, what is the expected billing process during that interim period? Specifically:
    - Should claims be billed under the FFS methodology until full certification is achieved?
    - Should billing be held and then submitted at the PPS rate once full certification is obtained (assuming certification is achieved within the 90-day time frame)?
    - It could likely create administrative burden for both the provider and the BH-MCO to switch back and forth.
  - Will sufficient funding be available to support certification for all existing ICWCs and CCBHCs?
  - When will the certification/recertification application launch?
  - When will existing ICWCs be notified of their recertification cycle and application deadline?
  - Will existing ICWCs receive a transition period to comply with newly established requirements that did not exist during their original certifications?
  - What changes constitute a significant organizational change requiring notification versus advance approval?
- **Accreditation (e.g. JACHO or CARF)**
  - Appears to be encouraged but not required.

- With an 11-month extensive state re-certification process in place, as well as ongoing licensure, accreditation on top of that would be duplicative as well as costly in terms of time and money.
- OMHSAS has mentioned that it may be advantageous for a provider to become accredited or certified. We would like clarification on that subject.
- Is there any potential penalty for not going through accreditation?

Section 5: ICWC Service Requirements and Standards

- Targeted Case Management (TCM) does not include SUD services. It sounds like there may be different language in different areas around this, but there are ICWC providers who do provide TCM for persons with SUD. Please clarify.
- While intensive community-based mental health care for veterans and members of the military is specified as a required ICWC service, how does an ICWC located in the same city as the VA demonstrate coordination of care with the VA?
- Crisis Residential is listed under the Crisis Intervention definition. Since this is not a core or required ICWC service, should this be removed or be part of the ICWC service continuum?
- Can OMHSAS identify the specific access and assessment timeframes (beyond reference to DHS time frames)?

Section 6: Designated Collaborating Organization (DCO) Requirements

- **DCO**
  - Clarify the required DCO oversight activities; how does a provider demonstrate compliance with this oversight?
  - Will DHS provide a standardized DCO agreement or required contract template/addendum?
  - What is the deadline for bringing existing agreements into compliance?
  - What minimum monitoring frequency does DHS expect for DCOs: monthly, quarterly, annually, or risk-based?
  - Who is ultimately responsible for addressing a DCO compliance deficiency when the DCO also has a direct contractual relationship with the PC/BH-MCO?
  - Describe their DCO relationship, including payment and reporting structures. What information do ICWCs currently receive from their DCOs?
  - Crisis services and DCO designation – If the crisis provider is already contracted directly with the BH-MCO, does the ICWC still need a separate DCO agreement?
  - Are we required to have DCOs for all crisis centers in every county we serve?

Section 8: Payment Methodology

  - Can a provider perform both an ICWC-covered service and an FFS service?

Section 9: Billing, Encounter Reporting, PROMISe, and Data IT Requirements

- **PPS triggering services, billing, and duplicate payment**

- Can a qualifying service provided by an approved DCO trigger the ICWC's monthly PPS payment without other ICWC services being provided?
- How should ICWCs correct situations in which the PPS was paid and a DCO subsequently submits a separate FFS claim?
- What is the required look-back period for corrected encounters and PPS reconciliations?

- **Third-party liability (TPL) and commercial insurance**
  - How will commercial insurance and other TPL affect a member's monthly PPS payment?
- **PPS rate-setting and financial impact**
  - What specific costs associated with DCO monitoring, compliance oversight, data exchange, quality management, navigators, billing, and administration are allowable in the ICWC cost report?
  - Are costs associated with the ICWC's EHR changes, reporting infrastructure, quality staff, and DCO oversight allowable ICWC costs?
- **New EHR implementation and PROMISe**
  - What testing/certification will DHS require when an existing ICWC transitions to a new EHR?
  - Will DHS provide test cases for W0500, supporting service lines, modifiers, provider type/specialty 08/111, TPL, and corrected encounters?
  - Is formal PROMISe testing required before an ICWC can go live with a new EHR?
  - How far in advance must DHS and the BH-MCO be notified of an EHR conversion affecting ICWC encounters?
  - Will DHS allow a transition/grace period for encounter errors directly attributable to an approved EHR conversion?

Section 10: Quality Monitoring, Evaluation, and Data Reporting

- Confirm that Quality Measures for 2027 will remain the same as the 2025 measures.
- In 2028, the State suggests they are moving to Social Determinants of Health (SDOH) as the Quality Measures. Please clarify timelines and requirements.
- For priority performance areas, equity accessibility, cultural responsiveness, and linguistic access are included. Can the Department clarify whether organizations that receive federal funding are prohibited from implementing initiatives around equity by executive order? Language around equity could place organizations which receive federal funding at risk. Could this standard be otherwise worded with the same intent?

Appendices

General Comment: *The appendices are missing many attachments, leaving providers and stakeholders unable to provide input on certain areas, including appendices B, C, D, E, G, H, that while referenced throughout the manual were not part of the draft. Will there be discussion and public comment once published?*