



Special Features

Sponsor – Exhibit – Advertise at RCPA Conference: Fueling the Future!

Join RCPA as it hosts its 2018 conference October 2 – 4 at the Hershey Lodge. The Conference Committee is excited to release this year's [Sponsors, Exhibitors, and Advertisers brochure](#), with new opportunities to get in on the action – from exhibit hall to an awards luncheon and everything in between.

Don't miss your chance to be seen and to support the work of this dynamic organization! The event is a highlight for the Pennsylvania mental health, drug and alcohol, intellectual and developmental disabilities, children's, brain injury, medical rehabilitation, and physical disabilities and aging provider community.

The deadline for inclusion in all digital materials is **July 31**. Sponsors, exhibitors, and advertisers who wish to be listed on the website, the mobile app, and in the online conference program must adhere to that deadline.

The association looks forward to welcoming you at the conference! Space and opportunities are reserved on a first come, first-served basis and no reservation is considered complete without payment. For additional questions, please contact [Sarah Eyster](#), Conference Coordinator. ◀



Richard S. Edley, PhD

President and CEO

Lynn Cooper

*Director, Drug & Alcohol Division,
Western Region Representative*

Melissa Dehoff

*Director, Rehabilitation Services
Divisions*

Sarah Eyster, MSW

*Director, Mental Health Division,
Eastern Region Representative*

Carol Ferenz

Director, IDD Division

Cindi Hobbes

*Director, International Pediatric
Rehabilitation Collaborative*

Linda Kaufmann

Administrative Assistant

Joyce Kutzner

Administrative Assistant

Tieanna Lloyd

*Accounts Receivable/
Membership Services Manager*

Tina Miletic

*Assistant to the President/CEO,
Finance Manager*

Sharon Militello

Director, Communications

Connell O'Brien

Policy Director

Jack Phillips, JD

Government Affairs Director

Robena L. Spangler, MS

Children's Division Director

**Rehabilitation and Community
Providers Association**

777 E Park Dr, Ste 300
Harrisburg, PA 17111-2754
717-364-3280 — Phone
717-364-3287 — Fax
www.paproviders.org

- 1 RCPA Annual Conference
- 3 Membership
- 4 Government Affairs
- 6 Federal News
- 7 State News
- 8 Medical Rehabilitation
- 9 Brain Injury
- 10 Physical Disabilities & Aging
- 12 Mental Health
- 14 Drug & Alcohol
- 15 IDD
- 19 Children's Services
- 21 Calendar



©2018. This monthly newsletter is written by the Rehabilitation and Community Providers Association (RCPA) for the health and human services communities. Deadline for publication is the 20th of every month or the Friday before.

Members in the News

25th Anniversary Golf Tournament Raises \$65,000 for Hope Enterprises



RCPA Newsletter: Brief Member Survey

RCPA is interested in your impression of the RCPA News monthly newsletter. Please [complete this brief survey](#) (should take no more than 5 minutes), so that we can plan to tailor future issues to best meet your needs as a valued member. Thank you for your time and input! ◀



Visit the [RCPA website](#) for up-to-date information on legislation, meetings, trainings, and other industry developments. ◀



PROVIDER

KENCREST SERVICES

960A Harvest Dr
Blue Bell, PA 19422
Marian Baldini, CEO
Southeast Region

BUSINESS

LINTONS FOOD SERVICE MANAGEMENT

4 Sentry Pkwy E, Ste 100
Blue Bell, PA 19422
Kate Clark, Director of Business Development

As the largest state association of its kind, RCPA continues to look for ways to strengthen its voice. One way to facilitate this is by the recruitment of new members. For new provider members, there are financial incentives for the first two years of membership. If you have questions about membership or know of an organization that would benefit from membership with RCPA, please contact [Tieanna Lloyd](#), Accounts Receivable/Membership Services Manager.

Scaled-Down Fiscal Code Includes School Safety Funding Transfer, Big Money for PA's Community HealthChoices Program

By Chris Comisac, Bureau Chief, Capitolwire

HARRISBURG (June 22) – This year's state budget fiscal code – which directs how money appropriated by state lawmakers is to be spent – is trimmer than it has been in many past years.

The actual language of this year's code totals just 45 pages; it was amended into House Bill 1929 by the Senate early Friday afternoon, and later approved by both chambers of the General Assembly and signed by Gov. Tom Wolf... [read full article here.](#) ◀

Governor Wolf's Employment First Policy Becomes Law

On June 19, 2018, Governor Tom Wolf signed House Bill 1641, codifying the Employment First Policy that the governor established by executive order in March 2016 to increase competitive employment opportunities for people with disabilities.

House Bill 1641, sponsored by Rep. Bryan Cutler, creates the Employment First Act requiring state, county, and other entities receiving public funding to first consider competitive integrated employment as the preferred outcome of publicly funded education, training, employment, and related services, and long-term services and support for individuals with a disability who are eligible to work under state law.

The new law also creates the Governor's Cabinet for People with Disabilities and the Employment First Oversight Commission. The Governor's Cabinet for People with Disabilities will review existing regulations and policies to recommend changes to laws, regulations, policies, and procedures that ensure implementation of Employment First. The Employment First Oversight Commission will establish measurable goals and objectives to guide agencies and report annual progress. ◀

Senate Fall Legislative Session Schedule Released

Majority Leader Jake Corman (R–Centre) released the Pennsylvania Senate's 2018 Fall Legislative Calendar. As of today, the Senate will be in session for ten days. The fall calendar is as follows:

- ▶ **September 24, 25, 26**
- ▶ **October 1, 2, 3, 15, 16, 17**
- ▶ **November 14**

RCPA Legislative Tracking Report

RCPA is constantly tracking various policy initiatives and legislation that may have positive or negative effects on our members and those we serve — so for your convenience, RCPA has created a [legislative tracking report](#). You can review this tracking report to see the legislative initiatives that the General Assembly may undertake during the 2017/18 Legislative Session by clicking on the policy area at the bottom of the spreadsheet. If you have questions on a specific bill or policy, please contact [Jack Phillips](#) or visit the General Assembly's public [website](#). ◀



Budget Issues Thwarted by Advocacy

During the budget negotiations, RCPA advocated against SB 1089 with various organizations. RCPA sent a joint [letter](#) with other organizations, as well as a separate [letter](#), opposing SB 1089 and its language being incorporated into any budget bills. RCPA opposed SB 1089 because the bill would have:

1. Drastically changed the proven and successful standards for the delivery of behavioral health services that have been in place statewide for over two decades;
2. Micro-managed the way in which behavioral health managed care organizations (BH-MCOs) administer provider networks on behalf of counties for treatment of substance abuse; and
3. Undermined Pennsylvania's managed care system, Behavioral HealthChoices, which counties and their behavioral health partners have successfully managed for the past 20 years.

RCPA, along with the coalition, argued that managed care has yielded much better outcomes for Pennsylvanians in need of mental health and substance abuse services than the previous fee-for-service system, has saved the taxpayers \$11–14 billion, and has substantially increased access to substance use and mental health treatment services over the years. RCPA and the coalition declared that SB 1089 would have taken the drug and alcohol system backwards towards an antiquated fee-for-service program.

RCPA contended that our association along with other numerous organizations have worked together and strived to improve client outcomes by targeting resources that best match client and community needs. Additionally, each organization in its own way has worked diligently with the Departments of Human Services and Drug and Alcohol Programs to ensure client choice, improving quality of care, and assuring the adequacy of provider networks.

Proponents of the bill argued that it would increase access to care, but on the contrary, the reality was the bill would have resulted in higher costs for services that do not adequately meet local needs. Due to RCPA and the coalition's advocacy, SB 1089 did not move through the legislative process and its language was not inserted into any state budget-related bill during budget negotiations. ◀



The \$75k Challenge

Now, more than ever, health and human services providers need to be proactive in helping elected officials work towards common sense solutions in the areas of workforce, tax, regulation, health care, and human services.

The Rehabilitation and Community Providers Association Political Action Committee (RCPA-PAC) is challenging members to help us raise \$75,000 — specifically, we are looking for 75 member organizations to raise \$1,000 each. Members can raise the \$1,000 by holding a number of fun activities and including staff, such as staff members pay \$5 to wear jeans, or let your employees buy a chance to throw a pie in the CEO's face. We need YOU and YOUR STAFF to help us reach this goal, because it provides an avenue for our members and staff to make a meaningful impact on the political process. **Our goal is to reach the \$75,000 by the end of this summer.**

Interested in learning about more fun ideas to raise money for RCPA-PAC or interested in donating now? Please visit our website, download the [PAC FAQ Card](#), [Donation Card](#), or email [Jack Phillips](#), RCPA Director of Government Affairs.

Your participation in the RCPA-PAC is completely voluntary and you may contribute as much or as little as you choose. Donations are not tax-deductible and will be used for political purposes. You may choose not to participate without fear of reprisal. You will not be favored or disadvantaged by reason of the amount of your contribution or decision not to contribute. ◀

HHS Secretary Speaks on Value-Based Care for Post-Acute Care

On June 5, 2018, Health and Human Services (HHS) Secretary Alex Azar gave a [speech](#) to the American Health Care Association (AHCA) and National Center for Assisted Living (NCAL) on the future of value-based care for post-acute care (PAC). His speech included information on the importance of more coordinated care in PAC through more interoperability of electronic health records (EHR) and other efforts to hold providers more accountable for the outcomes of their patients. ◀

CMS Releases Guidance on Electronic Visit Verification

On May 16, 2018, the Centers for Medicare and Medicaid Services (CMS) issued an [informational bulletin](#) to assist states with implementing electronic visit verification (EVV) systems for Medicaid personal care services and home health services. The bulletin also includes Frequently Asked Questions (FAQs). These requirements were included in the 21st Century Cures Act that was signed into law in December 2016. ◀

MedPAC Releases June Report to Congress

On June 15, 2018, the Medicare Payment Advisory Commission (MedPAC) released their June 2018 [Report to Congress](#). The report includes two chapters specific to post-acute care (PAC) providers.

Chapter 4, “Paying for sequential stays in a unified prospective payment system for post-acute care,” considers refinements to improve payment for sequential stays within a unified post-acute care prospective payment system (PAC PPS). MedPAC will continue to explore an “episode-based PPS,” which resembles a bundled payment approach for the entirety of a patient’s post-acute care. MedPAC thinks one of the main advantages of this approach is that providers would have an incentive to cover a mix of services to meet a patient’s care needs over the entire PAC episode, rather than to furnish more sequential PAC stays.

Chapter 5 considers several approaches to encourage beneficiaries to use higher quality PAC providers, and considers policies meant to simplify the acute care hospital discharge planning process for beneficiaries. The chapter discussed a “flexible approach,” in which hospitals define the criteria for identifying higher quality PAC providers, and a “prescriptive approach,” in which CMS would select the quality measures and set performance levels. ◀

CMS Launches First Data Element Library

The Centers for Medicare and Medicaid Services (CMS) has launched the first [Data Element Library \(DEL\)](#), which is a public resource for providers, vendors, researchers, and other stakeholders that use CMS assessments. End users will be able to search and obtain reports on CMS post-acute care assessment contents, including questions, response codes, relevant attributes, and their associated health information technology (IT) standards, in one location. ◀

CIB on CURES Section 12005 (EPSDT)

(Medicaid.gov sent this bulletin 06/20/2018)

Today, the Centers for Medicare & Medicaid Services (CMS) released an Informational Bulletin that describes the requirements of section 12005 of the 21st Century Cures Act (the Cures Act). States are expected to be providing all medically necessary services to children under age 21 who are residing in an inpatient psychiatric hospital or facility, consistent with the requirements described in this guidance, by the effective date of January 1, 2019. The informational bulletin and letter can be accessed on the [Medicaid.gov website](#). ◀

Barley to Retire from OMHSAS

Julie Barley will be retiring from the state after 35 years, 25 of which were with the Office of Mental Health and Substance Abuse Services (OMHSAS). Julie has been a true advocate for providers and a consistent resource for RCPA. The staff and members thank Julie for her tireless efforts and wish her well as she joins the family business. ◀

DOH Awarded ACL TBI State Partnership Program Mentor Grant

The Pennsylvania Department of Health (DOH), Bureau of Family Health (BFH) has been awarded the Administration for Community Living (ACL) Traumatic Brain Injury (TBI) State Partnership Program Mentor Grant. This funding opportunity will allow for the BFH to develop a NeuroResource Facilitation Program. The program will connect families and individuals with TBI to services and resources through case management. The BFH will also fund brain injury education and training to increase knowledge of TBI with a focus on TBI screening in the juvenile justice and the older adult population. The overall project aim is to help maximize the health, independence, and well-being of persons with TBI and their families in Pennsylvania. Through the Mentor Grant Program, the BFH will also mentor other states to assist with enhancing their programming and will collaborate with ACL and other Mentor States to build on the overall TBI infrastructure. ◀



Governor Wolf Proposes Job Licensing Reform to Cut Red Tape & Strengthen Workforce

On June 14, Governor Wolf issued a [press release](#) announcing his intent for reforms to be made to several job licensing boards, and the licensing requirements, to remove barriers to employment so skilled workers can enter the careers of their choice, strengthen the workforce, and grow the economy. The press release includes his list of 13 job licenses to be eliminated. ◀

Community HealthChoices Q&A Document

As a result of the many Community HealthChoices (CHC) stakeholder events, the Department of Human Services (DHS) has added frequently asked questions (FAQ) documents to the CHC website for providers and participants. To assist stakeholders in finding answers to questions more quickly, DHS recently consolidated all FAQs into a single CHC Questions and Answers [document](#). This new document is in a searchable pdf format and contains a table of contents that allows the user to easily move to different sections within the document. For more information, visit the [DHS CHC web page](#). ◀

Save the Date: LGBTQ Aging Summit Planned for October 9–10

The Pennsylvania Department of Aging has released a Save the Date notice for their upcoming LGBTQ Aging Summit. The summit will be held on October 9–10, 2018 at the Sheraton Harrisburg Hershey Hotel, 4650 Lindle Road, Harrisburg, PA 17111. Registration information will be released over the summer. ◀



Inpatient Rehabilitation Facility Resources and RTI Analysis Report

The Centers for Medicare and Medicaid Services (CMS) has posted a number of various inpatient rehabilitation facility patient assessment instrument (IRF PAI) resources to their website, including the RTI International Report on patient assessment data elements.

Inpatient Rehabilitation Facility Prospective Payment System (IRF PPS) Proposed Rule for FY 2019: Reminder: Comments are due by June 26, 2018. See [May 4, 2018 RCPA Info](#) for additional information on the proposed provisions.

PROPOSED IRF-PAI Version 3.0: The proposed assessment tool indicates an effective date of October 1, 2019. However, the fiscal year (FY) 2019 IRF prospective payment system (PPS) proposed rule indicates it will be effective in FY 2020.

Change Table: Proposed IRF-PAI Version 3.0 – Effective October 1, 2019 (FY 2020) – Changes from Version 2.0 to 3.0: This table highlights the differences between the IRF PAI Version 3.0 and IRF PAI Version 2.0.

RTI International Report: [Analyses to Inform the Potential Use of Standardized Patient Assessment Data Elements in the Inpatient Rehabilitation Facility Prospective Payment System](#): This report includes a summary by RTI on the use of assessment data in the current IRF PPS and describes the process used to substitute data from the quality indicators sections of the IRF PA into the IRF PPS. The report also presents the case-mix groups (CMGs) and payment weights based on those elements that CMS proposes for FY 2020. ◀

Final Rule Issued on Changes to the CJR Payment Model

The Centers for Medicare and Medicaid Services (CMS) published a final rule in the June 8, 2018 [Federal Register](#). This rule finalizes a policy that provides flexibility in the determination of episode spending for Comprehensive Care for Joint Replacement Payment Model (CJR) participant hospitals, located in areas impacted by extreme and uncontrollable circumstances, for performance years 3 through 5. The final rule becomes effective on July 9, 2018. ◀



Procedure Code Change for Cognitive Rehab Therapy

The Office of Long-Term Living (OLTL) released the following notice to Service Coordination Entities (SCEs) regarding a procedure code change for Cognitive Rehabilitation Therapy (CRT) Services.

This notice is to advise all SCEs that due to 2018 Healthcare Common Procedure Coding System (HCPCS) updates, the procedure code for Cognitive Rehabilitation in the Independence and OBRA Waivers will change effective 7/1/18. The service procedure code 97532 SE will be end-dated as of 6/30/2018. The new service procedure code for Cognitive Rehabilitation is 97127 and will be effective 7/1/18. The service definition and units of service remain the same. OLTL requires the attention and assistance of SCEs in order to update the service procedure code for HCSIS Fiscal Year (FY) 2018-2019 service plans.

OLTL is systemically removing the service procedure code of 97532 SE from any impacted HCSIS FY 2018-2019 service plans in order to end-date service contracts and offerings as of 6/30/18 for providers enrolled to render the service. A system update must be completed prior to making the new service procedure code of 97127 available for selection onto service plans. A data fix is scheduled to occur in HCSIS on 6/21/18 to remove the remaining impacted 97532 SE service lines from FY 2018-2019 service plans. Please **do not add** the service **97532 SE** to any additional FY 2018-2019 service plans as this will impact the success of the data fix. The new service procedure code of 97127 will be added to HCSIS and available for selection onto service plans as of 6/25/18. Service Coordinators (SCs) will be required to add the new service code for impacted FY 2018-2019 service plans.

Once the service is available for selection onto FY 2018-2019 service plans, SCs will then submit a Critical Revision to OLTL for review and approval for the addition of the new service procedure code 97127. OLTL's Service Plan Review Team within the Bureau of Participant Operations will be communicating with SCEs that are directly impacted by this service procedure code change. A separate email communication will be sent to impacted SCEs to provide additional detail and guidance.

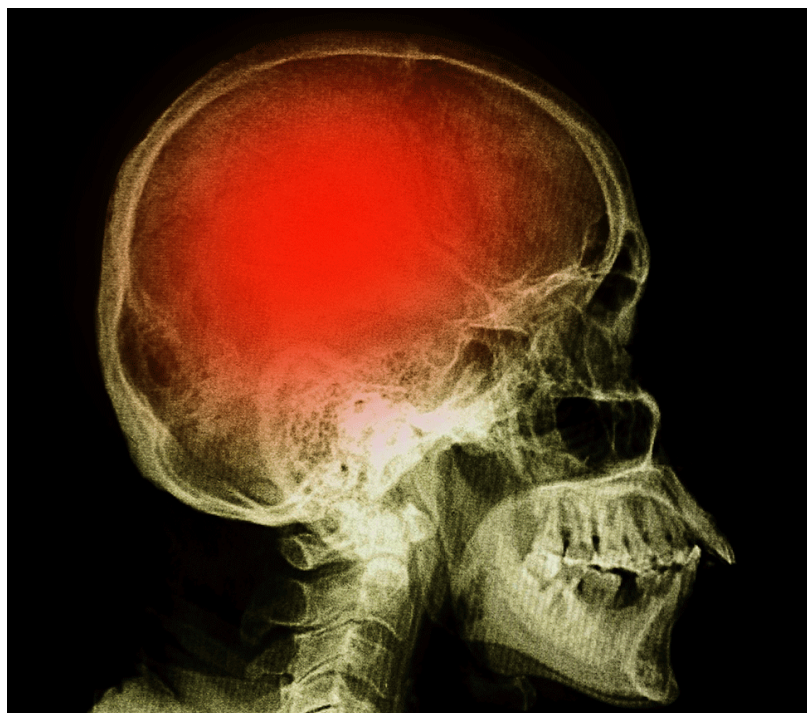
If you have any questions regarding the necessary service plan updates, please contact the [Bureau of Participant Operations](#) or Stacey Griffiths with the Bureau of Participant Operations at: 717-724-6547. ◀

Article Focuses on Concussion and Brain Injury as a Result of Domestic Violence

An article, titled "[Domestic Violence's Overlooked Damage: Concussion and Brain Injury](#)," was recently published in *Kaiser Health News* that focused on the increase in traumatic brain injury (TBI) as a result of injuries sustained due to domestic violence. The article highlights the work of a concussion and brain injury center in Arizona. ◀

BIAA Announces Upcoming Webinars

The Brain Injury Association of America (BIAA) has [posted](#) their upcoming live webinars, including July 2018 through January 2019. ◀



Auditor General DePasquale Initiates Review to Bring Transparency, Accountability to Prescription Drug Pricing

Auditor General Eugene DePasquale said he is launching a review to bring transparency and accountability to prescription drug pricing in Pennsylvania. The result will be a special report focused on practices by pharmacy benefit managers (PBMs), who negotiate with drug companies and insurers to help define which drugs are covered by health insurance plans, and set the drug reimbursement rates for community and chain pharmacies.

“States across the country are struggling with this issue because there currently is no state or federal oversight of these pharmacy benefit managers,” DePasquale said during a news conference at the Capitol. “Taxpayers and businesses deserve more transparency in the pricing of prescription reimbursements than is currently required, and I want to fix that.”

There are four major pharmacy benefit managers in Pennsylvania: CVS/Caremark, Perform Rx, Optum Rx, and ESI. They receive state and federal funding through subcontracts originated in the Department of Human Services (DHS) and paid for through Medicaid. DHS contracts with health insurance companies, called managed care organizations (MCOs); the MCOs contract with PBMs.

“My office is in the best position to review the impact PBMs have on hundreds of thousands of Pennsylvanians,” DePasquale said.

DePasquale said his team will look into these questions:

- ▶ How much does the state spend on pharmacy benefit managers;
- ▶ How do pharmacy benefit managers bill insurance companies for a drug;
- ▶ How do PBMs determine the drug reimbursement rate for pharmacies and are those rates consistent across different types of pharmacies;
- ▶ Do PBMs pass along savings from rebates and price cuts they get from drug manufacturers;
- ▶ Why is drug pricing information kept private when taxpayers are footing the bill;
- ▶ What is the Department of Human Services doing about contracts that involve pharmacy benefit managers;
- ▶ Are any Pennsylvania pharmacies subject to gag orders; and
- ▶ How can Pennsylvania ensure transparency and fairness in pharmacy pricing for consumers.

“I want to make sure that consumers always know how to receive the best price possible for the prescriptions they need,” DePasquale said.

DePasquale plans to hold regional hearings and invite local pharmacists, pharmacy benefit managers, health insurance companies, and health care providers to discuss how best to resolve this complicated issue so that Pennsylvanians are getting the best deals possible on prescription drugs. ◀

Implications of the ACA Medicaid Expansion: A Look at the Data and Evidence

This issue brief summarizes the current evidence surrounding the effects of Medicaid expansion on coverage, access, affordability, health outcomes, and economic indicators. The paper draws primarily from evidence revealed in 202 studies examined in a previous Henry J Kaiser Family Foundation (KFF) literature review on this subject.

[View the full report.](#) ◀

Navigating the No Wrong Door Medicaid Administrative Claiming Workbook and Toolkit

The Administration for Community Living (ACL) is hosting its third webinar in a series on navigating the [No Wrong Door Medicaid Administrative Claiming Workbook and Toolkit](#). This webinar will focus on tools related to drafting and testing claiming codes, calculating cost pools, and developing interagency agreements or MOUs. Learn more about states’ experiences and how engaging with stakeholders and partners can help a state begin the process of implementing Medicaid claiming. The three webinars are [available online](#). ◀

House Lawmakers Approve Delay of Caregiver Check-In Requirement

by Courtney Perkes | June 21, 2018 | [Disability Scoop](#)

The US House of Representatives passed a bill this week that would delay until 2020 the start of a controversial electronic visit verification program to track when personal care services are provided to people with disabilities.

"We're really thrilled," said Esme Grewal, Vice President of Government Relations at the American Network of Community Options and Resources, or ANCOR, a nonprofit trade association representing disability service providers. "We are hoping that it will continue passage through the Senate and that we'll see final passage very soon."

Electronic visit verification was mandated by Congress in December 2016 with a scheduled start date of January 2019. While the goal is to stop fraudulent Medicaid billing by requiring in-home care providers to electronically check in and out when providing services, advocates for people with disabilities have raised [concerns](#) about privacy, cost, and speed of implementation. In May, bipartisan legislation was [introduced](#) in the Senate and House that called for a one-year delay. The House bill approved Tuesday was a different version, which was introduced earlier this month by Rep. Brett Guthrie, R-Ky. It would delay implementation until January 2020 but, unlike the original bill, it would explicitly require the Centers for Medicare and Medicaid Services (CMS) to hold at least one public meeting this year to solicit feedback from patients, caregivers, and state health officials.

The legislation passed by a voice vote rather than roll call. On the House floor, Guthrie called the measure a simple fix to allow more time to develop electronic visit verification systems to "protect some of the most vulnerable Medicaid recipients."

"Home visits are a critical part of improving quality care to patients, many of whom have disabilities and require extra care in their homes," Guthrie said before the vote.

Advocates are urging the Senate to approve the same language as the House.

"I think the legislation passed (this week) was an improvement on the bill introduced in May, in that it had a heavy emphasis on stakeholder input," said Nicole Jorwic, Director of Rights Policy for The Arc.

Jorwic said her constituents have expressed strong interest in participating. She said it's important to create systems that are technologically sound but protect individual privacy rights, not only at the time of the check in, but when those records are used afterward.

"I think there's a real fear around this but also a real desire to work toward creating something good," Jorwic said. "It will also allow the industry time to work on better systems than what's been out there at this point."

Grewal said although privacy and cost concerns remain, securing a delay is the top legislative priority.

"A lot of these issues can potentially be addressed with a thoughtful time frame," Grewal said. ◀



CHC Corner

The Continuity of Care period ends in the SW on June 30 – below are some resources for participants and providers:

CHC MCO CONTACT INFORMATION

- ▶ AmeriHealth Caritas/Keystone First | [email](#) | [website](#) – 855-235-5115 (TTY 855-235-5112)
- ▶ Pennsylvania Health and Wellness (Centene) | [email](#) | [website](#) – 844-626-6813 (TTY 844-349-8916)
- ▶ UPMC Community HealthChoices | [email](#) | [website](#) – 844-833-0523 (TTY 866-407-8762)
- CHC LISTSERV // [STAY INFORMED](#)
- [COMMUNITY HEALTHCHOICES WEBSITE](#)
- [MLTSS SUBMAAC WEBSITE](#)
- [EMAIL COMMENTS](#)
- OLTL PROVIDER LINE: 800-932-0939
- OLTL PARTICIPANT LINE: 800-757-5042
- INDEPENDENT ENROLLMENT BROKER: 844-824-3655 or (TTY 833-254-0690) or [visit website](#)
- PENNSYLVANIA HEALTH LAW PROJECT: 215-625-3879

Senate Panel Looks to Fund Alzheimer's Research and Resources

By Tracie Mauriello, *Post-Gazette Washington Bureau*

WASHINGTON – Public health leaders and caregivers coalesced Tuesday [June 19] behind an effort to focus attention and funding on Alzheimer's disease.

There was no dissent among the witnesses or the members of the Senate Special Committee on Aging about the need for more resources such as those called for in legislation introduced by U.S. Sens. Susan Collins, R-Maine, and Catherine Cortez Masto, D-Nevada... [read full article here.](#) ◀

Mental Health

CCBHC Update

The Pennsylvania Certified Community Behavioral Health Clinics (CCBHCs) continue to move forward experiencing success with this model. There has been a lot of data collected, but it is too soon to share formally, as the data needs to be scrubbed for accuracy. However, the preliminary data looks very positive for the outcomes of people receiving CCBHC services. The CCBHC staff shared observations as they finish the first year of the demonstration grant, which included:

- ▶ Increased use of Peer Support and Community Recovery Specialists has been very positive and been especially helpful to maintain connections when a person chooses to drop treatment for a period of time
- ▶ Creating open access to care – no appointment necessary
- ▶ Early and easy “risk” stratification when a person is under-using or missing from services
- ▶ The designated collaborating organizations (DCOs) have created real opportunities for early treatment collaboration experiences (downside is when there is not a shared or real time access to the electronic health record)
- ▶ Long term engagement through peer and board communication and evaluation ◀

CCBHC Expansion Grant Opportunity Difficult to Obtain

The Substance Abuse and Mental Health Services Administration (SAMHSA) announced the availability of \$47 million dollars to expand CCBHCs in the existing approved demonstration program states, including Pennsylvania. SAMHSA held a webinar on June 14 to review the new Certified Community Behavioral Health Clinics (CCBHC) expansion grant opportunity. The opportunity is only available to the 24 current CCBHC demonstration states, which includes Pennsylvania. This is a two year grant, awarded to up to 25 providers, up to \$2 million a year. This is a direct grant between SAMHSA and providers; only providers who are registered with the eRC Common are eligible to submit an application. If a provider is not currently registered, it takes approximately six (6) weeks to be approved. Additionally, the provider must be able to be certified as a CCBHC within the four months post-award, and must offer Assertive Community Treatment (ACT) services as well as a more robust Assisted Outpatient Treatment (AOP).

This is not connected to the state Department of Human Services or to the Medicaid program; therefore, there will be no prospective payment rate — it is simply a grant.

Although it appears as though current CCBHCs in Pennsylvania are in the best position to be awarded these funds, the funds cannot be used to supplant the current demonstration program. The other group of providers that may be in a position to apply is those who began the certification process through the two-year demonstration project and withdrew their intent to continue. Further information is available [here](#). ◀

There's a Severe Shortage of Mental Health Professionals in Rural Areas. Here's Why That's a Serious Problem

By AJ Willingham and Elizabeth Elkin, CNN

Almost every American will, at some point or another, face a mental health challenge. It may be related to depression, anxiety, suicidal thoughts, substance abuse or maybe something more circumstantial like grief over a loss or trouble adjusting to a life change. The CDC reports 43.4 million adults suffered from some sort of behavioral health issue in 2015 alone... [read full article here](#). ◀



Mental Health Steering Committee Update

The Mental Health Steering Committee met on June 6 to review priorities and determine work activities necessary to address these priorities, which include:

- ▶ Value-Based Purchasing and related issues;
- ▶ Workforce recruitment and retention at all levels; and
- ▶ Regulatory restrictions and the review and change process.

To address these areas, we asked each steering committee member to send current outcomes measurement tools used for contracting to Sarah Eyster. The intent is to put a list together and identify those which truly measure care outcomes, and are not bothersome for consumers, so we can approach the payors with a standard list that will reduce the administrative burden on providers.

The steering committee is working with the RCPA Human Resources Committee to gather data about current hiring practices, the changes and cost of changes as positions remain vacant longer, and the need to hire or pay to train staff in evidenced practices. The goal is to develop a one-page tool for our state and legislative partners; our intent is to have information available by the Mental Health Committee meeting on September 12. ◀

New CSAT Director

Capt. Chideha Ohuoha, MD, MPH, has joined SAMHSA as the new Director of the [Center for Substance Abuse Treatment \(CSAT\)](#). Prior to joining SAMHSA, Capt. Ohuoha has been stationed at Fort Belvoir, Maryland, as an officer of the US Public Health Service (USPHS) since 2008. He has also served as the Director of Addiction Medicine at Fort Belvoir since 2015 and was the Deputy Director of Addiction Medicine, Director of Addiction Medicine Research, and the chief psychiatrist for the Wounded Warrior Transition Brigade. During his career, Capt. Ohuoha has received many honors, including the Meritorious for his work with USPHS in 2016, Fort Belvoir Community Hospital ACE Awards in 2014 and 2015, the Army Commendation Medal, and the Outstanding Service Medal (USPHS) in 2012. He received a master's degree in Public Health from Harvard University and completed his psychiatric residency at St. Elizabeth's Hospital in Washington, DC, followed by a three-year addiction psychiatry fellowship at the National Institute of Mental Health. ◀

House Moves to Amend Medical Marijuana Law's Research Rules

By Mark Scoloro, Associated Press

HARRISBURG, PA (AP) — State lawmakers moved Tuesday to reinstate the research provision of Pennsylvania's medical marijuana law, a month after a court decision left it in limbo.

The House voted 167–31 to change the law by laying out more explicitly the goal of its provisions allowing medical schools to partner with companies that grow the drug and provide it to patients... [read full article here.](#) ◀

Organizations Support Sustainability of Tobacco and Cancer Control Efforts in Behavioral Health Settings

Thirteen organizations across 10 states and one territory, serving thousands of individuals with mental health and substance use disorders, have rejoined the [National Behavioral Health Network for Tobacco and Cancer Control](#) (NBHN) as alumni to amplify national efforts to eliminate smoking and cancer-related disparities. Two of these organizations are here in Pennsylvania and members of RCPA. Approximately 36 percent of individuals with mental health and substance use disorders smoke – more than double the rate of the general population – and are more likely to die from smoking-related cancers than any other cause. Led by the National Council in partnership with the Smoking Cessation Leadership Center, Behavioral Health and Wellness Program and Strategic Management Services, with generous support provided by the Centers for Disease Control and Prevention, these organizations will participate in a four-month virtual class that includes webinars, affinity group calls, one-on-one coaching from expert national faculty, and peer sharing and mentoring opportunities.

The growing list of NBHN alumni includes National Council partners like [Pittsburgh Mercy Health System](#), that worked to adopt a tobacco-free campus policy across more than 60 sites, impacting the lives of 30,000 clients annually.

The participants include:

- ▶ [American Samoa Community Cancer Coalition](#) – Nu'uuli, American Samoa
- ▶ [Berks Counseling Center](#) – Reading, PA
- ▶ [CarePlus NJ](#) – Paramus, NJ
- ▶ [The Center for Counseling & Consultation, Health Wellness](#) – Great Bend, KS
- ▶ [CODAC Health, Recovery & Wellness, Inc.](#) – Tucson, AZ
- ▶ [Health Solutions](#) – Pueblo, CO
- ▶ [Johnson County Mental Health Center](#) – Olathe, KS
- ▶ [Kentucky Cabinet for Health and Family Services](#) – Frankfort, KY
- ▶ [Northwest Alabama Mental Health Center](#) – Jasper, AL
- ▶ [Pacific Clinics](#) – Arcadia, CA
- ▶ [Pittsburgh Mercy](#) – Pittsburgh, PA
- ▶ [Saginaw County Community Mental Health Authority](#) – Saginaw, MI
- ▶ [Integral Care](#) – Austin, TX

Members are encouraged to learn how your organization can enhance tobacco and cancer control and prevention efforts among individuals with mental health and substance use disorders. Join the NBHN and gain free access to tobacco and cancer control and prevention toolkits, workforce development, training, and other information you need to eliminate tobacco and cancer disparities for the clients you serve.

Information provided by National Council for Behavioral Health ◀

Community Participation Services (CPS) Work Group Update

Representatives of RCPA's CPS Work Group met with Kristin Ahrens and Rick Smith from the Office of Developmental Programs (ODP) to discuss recommendations that the group developed. The work group was comprised of representatives from more than 25 providers and other RCPA members, along with RCPA IDD Division Director Carol Ferenz. The recommendations include a simplified structure of billing codes, a goal of community time based upon experiences the providers across the state have demonstrated in the first year of providing the service, and more flexibility in the definition of "community time." ODP staff has indicated that they are definitely interested in simplifying the billing codes and will take time to study our recommendations. It is likely that such a dramatic change would require an amendment to the waiver which will take at least a year to accomplish. They did state that the acceptable group size will remain at three as a maximum in order to be billed as community time but reminded us that if more than one group of three is present at a function, or community location, that can be acceptable as long as they do not congregate in a segregated manner. We will continue to work with ODP staff to find ways to deliver services that meet the needs of the individuals and meet regulatory guidelines in a manner that promotes everyday lives. ◀

Office of Vocational Rehabilitation (OVR) Supported Employment Policy

OVR's new Supported Employment Policy will take effect on July 1, 2018. Many providers are concerned about the complexity of the new policy and the new rates. As a result of these concerns, RCPA, APSE, and PAR leadership, along with employment provider representatives, met with Ryan Hyde, Bureau Director for Central Operations at OVR, and Kim Robinson, Division Chief, Transition and 511, Central Operations at OVR on June 13. The group requested a delay in the implementation of the policy to allow providers time to prepare and to allow consideration of feedback from the stakeholders. The policy was initially introduced in 2016 and public comments were submitted at that time. Providers believe that many of the concerns that were expressed at that time have not been addressed by the newly released policy. Increased requirements to providers include the need to produce between 8 and 18 reports for each individual served (currently, three reports are required per individual). Also of concern is that the number of hours providers may be reimbursed for services will be decreasing, and with the implementation of regional rates, some providers will experience a significant rate reduction.

Ryan Hyde shared that OVR staff did give consideration to the comments they received in 2016 and that the new policy reflects many changes based upon that feedback. The delay of implementation was due in part to the WIOA requirements, as well as time needed to build the IT system to track the requirements in the new policy. He believes that the new opportunities available "a la carte" will be positive, and providers are pleased that the new policy allows for indirect support. He indicated that the new policy will be implemented July 1 as planned and they will not consider any further delay.

One of the biggest concerns for individuals with ID/A is the length of time individuals often spend waiting for service, only to receive a denial. This wait time is detrimental to those who are affected and may be an issue that could be resolved in the future. OVR staff agreed to continue meeting with this stakeholder group to collaborate on solutions for common concerns. The next meeting is scheduled in July. Please share any issues you would like addressed with [Carol Ferenz](#). ◀

ACRE Training Available

LARK Enterprises and Wesley Family Services have scheduled Association of Community Rehabilitation Educators (ACRE) training in Pittsburgh the week of July 30, 2018. They are offering this opportunity to other providers who may want to send staff to the training. If you are interested, please contact [Will Stennett](#), Director of Public Policy at Wesley Family Services, to make arrangements. ◀

Disability Workforce Crisis Action Plan

Community service providers for people with ID/A are critically aware of the ongoing crisis to find and retain direct support professionals (DSPs) who provide the supports necessary for individuals to live successfully in the community. This issue is not specific to Pennsylvania, and across the nation it is recognized that there is a DSP workforce crisis. RCPA, as a member of the American Network of Community Options and Resources (ANCOR), supports the ANCOR policy developed by their Government Relations Committee, which proposes a multi-pronged approach to this issue. The following is an excerpt from their plan:

According to the National Core Indicator's 2016 survey of 17 states, the average annual turnover rate for direct support professionals is 45 percent. The Bureau of Labor Statistics cites this sector as the most needed workforce, with the need rising into the next decade. The lack of a stable workforce not only harms individuals with disabilities and their families, but also can lead to increased institutionalization and costs. This crisis stems from low provider rates, lack of recognition and career growth, and failing to utilize innovative technology solutions. Potential solutions to the DSP workforce crisis include:

► **Designation of DSP Standard Occupational Classification**

DSPs lack their own discrete classification under the Bureau of Labor Statistics. This limits the ability for states and the federal government to collect data on this specific field. It also affects policy decisions, such as rate setting, which effects recruitment and retention. The Bureau of Labor Statistics needs to designate DSP as an individual class of workers.

► **Technology as a Solution**

Emerging and innovative technology not only can be one of the solutions to the DSP workforce crisis, but can also help to support individuals in their homes and allow reinvestment of cost savings into priorities like waiting lists for services. However, providers serving people with IDD have not received clear authority from CMS that they can be reimbursed for technology driven services, such as software applications (e.g., phone apps), tablet technology (e.g., iPads), smart home technology, or maintenance of technology solutions. Additionally, providers are unable to keep the savings generated by services that are delivered through technology. CMS should authorize payment for technology services under IDD service funding authorities and allow providers to reinvest savings generated by using technology.

► **Reporting IDD Service Reimbursement Rates**

In many states, IDD provider rates have not changed or have decreased for over a decade. It is becoming increasingly difficult for providers to maintain, recruit, and retain their DSP workforce due to low reimbursement rates. This is compounded by state increases in minimum wage. We believe that IDD rates and rate methodologies should be transparent and reported on an annual basis. Annual reporting of rates for IDD services will highlight the need for more rate adjustments and improve data surrounding the DSP workforce.

► **Transition to Independence**

The DSP workforce reduces the amount of hospitalizations and institutionalizations for individuals with IDD. This leads to increased savings, improves the quality of life for individuals with IDD, and allows individuals with IDD to participate in the community, such as living independently and pursuing employment opportunities. In 2015, Senator Grassley introduced the [Transition to Independence Act](#), which would create a demonstration program for states to receive a bonus payment for meeting specific, measurable benchmarks in expanding individual integrated employment for individuals with disabilities. We believe this legislation should be revisited, with a focus on how the DSP workforce leads to enhanced community engagement and independent living.

► **Support Pipeline Programs**

ANCOR and our members have been working at the state and local level to develop DSP workforce pipeline programs. Specifically, we are looking at opportunities at Workforce Investment Bureaus, universities, high schools, local businesses, and other sectors to create recruitment programs. However, to initiate many of these programs takes initial investments and working capital. Grant funding to support these initiatives will improve the likelihood of their beginning, success, and continuation. In 2010 the Department of Labor established standards

continued on page 17

continued from page 16

for Direct Support Professionals under the national registered apprenticeship system – this effort needs resources to be effective.

(ANCOR) Asks: Support efforts to increase the direct support professionals workforce

- ▶ Sign on to standard occupational classification (SOC) letter to encourage the Bureau of Labor Statistics to designate DSP as a discrete class of workers
- ▶ Encourage CMS to confirm Medicaid payments are authorized for the use of innovative technology solutions to deliver HCBS waiver services
- ▶ Allow providers to reinvest savings generated by using technology to deliver services
- ▶ Annual state reporting of IDD service reimbursement rates
- ▶ Revisit the Transition to Independence Act, with a focus on how the DSP workforce enhances community engagement and independent living
- ▶ Support federal, state, and local pipeline programs to increase the number of people entering the DSP field ◀



Managed Care and IDD

Over the past five years, many states have begun including people with IDD in their Medicaid Long-Term Services and Supports (MLTSS). Michigan, Iowa, Tennessee, Texas, and Arizona are among those who have introducing Medicaid Managed Care as an approach for delivery of LTSS to people with IDD. Moving to an MLTSS approach for these services is a complex process and requires the education, collaboration, and engagement of managed care plans, service providers, participants, families and caregivers, state systems, advocates, and other stakeholders in order to ensure that the MLTSS program can adequately meet the needs of these consumers. Managed care is not the only means available to states to achieve these goals, so careful analysis is necessary to ensure that managed care is the proper approach.

The National Association of States United for Aging and Disabilities (NASUAD) has issued a report discussing Strategies for Success. The report reviews strategies that have been successful in states that have implemented MLTSS for people with IDD. Strategies include assuring adequate planning time, continuous stakeholder engagement, thoughtful program design, capable health plan partners, strong state oversight, and appropriate accountability mechanisms. The report facilitates sharing and learning among states — for more information, [read the report here](#). ◀

Sexual Abuse of Individuals with Disabilities

The prevalence of sexual abuse of individuals with disabilities has generated much attention recently, in part due to the [NPR series](#) that aired in January.

ODP's Information Sharing and Advisory Committee (ISAC) is developing a statewide plan to involve all stakeholders in finding ways to prevent and appropriately support those who may be at risk, or victims of abuse. Individuals with disabilities are often targeted because they may not understand their rights, often lack sexual education, or may be afraid or unable to speak up.

Recently in Pennsylvania, [legislation passed](#) the state House of Representatives that would make it easier for people with intellectual disabilities to testify in court. The proposed law, introduced by Republican Rep. Garth Everett, would set out circumstances in which a judge could allow a person's testimony to be taken outside of a courtroom.

These reforms are all aimed at making it easier for police and prosecutors to investigate cases and take them to trial. It can be difficult to do that, in part because people with intellectual disabilities may have difficulty speaking, remembering details, or recalling a time sequence. One major result is that perpetrators often go unpunished and are free to assault again. RCPA has recently developed a committee to work on strategies that we, and our members, can implement to do our part in addressing this issue. Please contact [Carol Ferenz](#) if interested in joining the committee. ◀

ODP Announcements Since last Newsletter

- ▶ Home and Community-Based Services Eligibility/Ineligibility Change Form PA 1768 and Instructions
- ▶ HCBS Eligibility/Ineligibility/Change Form Attachment 1
- ▶ Process for Updating AE, SCO, and Provider Contact Information for QAI Improvement
- ▶ AWC Wage Ranges and Benefit Allowance for Specific PDS
- ▶ VF/EA Wage and Benefit Ranges for Specific PDS
- ▶ Public Comment Opportunity for Waiver Amendments and Transportation Fee Schedule Rates
- ▶ ODP News June 2018
- ▶ HCBS Provider Self-Assessment Webinar Recording Available
- ▶ 2018 Supports Broker Certification Training
- ▶ Quality Assessment and Improvement Training Webinars
- ▶ ODP Cost Report Information for Waiver Transportation Providers
- ▶ Needs Exception Allowance Rates
- ▶ Certified Investigator Report Administrative Review Manual and Supporting Items
- ▶ Home and Community-Based Services Settings Self Assessment Status Update
- ▶ Certified Investigator Program: Initial Certified Investigator and Peer Review Courses
- ▶ Quality Assessment & Improvement Changes for Fiscal Year 2018-2019

Change, Though Slow, Can Happen

June 20, 2018

From a blog by Al Condeluci, CEO of Community Living and Support Services (CLASS)

Years ago, I recounted an experience I had in my book, "Interdependence: The Route to Community" (1991). It related to a community outing of 6 people with disabilities I observed at a local McDonald's in 1989. As the story went, I had taken my children to McDonald's and while we were sitting with our meals, an obvious group of folks with disabilities, probably from a local group home, made their way into McDonald's. They had 2 staff that were overseeing them and it was clear who was whom. The folks with disabilities were dressed in ways that were culturally inappropriate, either too large, or small, or clearly mismatched clothing. Read full article [here.](#) ◀



Tour of ChildLine

Members of the PA Child Welfare Council work groups were invited to participate with a site visit to Pennsylvania's ChildLine office. The purpose for the tour was to provide awareness and education about the location of the office, its primary functions, and the "hotline" protocols required to support and supervise the 24/7, 365 days a year system. The tour was provided by Christine Reber, Division Director, and Carolyn Kearney, ChildLine Manager. The ChildLine Operations Division comprises six units per section: Hotline, Clearance Verification (FBI and Child Abuse), Interstate Compact, Appeals, Quality Assurance and Administrative Support and CWIS/Data. The mission of ChildLine is to collect referral information from mandated and permissive reporters of child welfare concerns and provide each referral to the appropriate investigative agency to ensure the safety and well-being of children, youth, and families. The vision of ChildLine is to improve the safety and well-being of Pennsylvania's children and youth.

During the tour, we observed the operational set-up and the physical location where employees work within the hotline unit. The hotline unit has eight supervisors and 70 caseworkers. These employees work shifts of eight hours with breaks built in throughout the shifts. We also had an opportunity to "shadow" an actual call and walk through the CWIS (Child Welfare Information System) review

process. It is an impressive system with its own challenges, not unlike other technology driven systems. For example, Internet/WiFi connectivity issues are constantly being addressed. The operation is housed inside of the Hillcrest building which is part of the State Hospital. The units are organized within the cinder block walls of the old building. The staff and supervisors were working with a new phone system that will improve the quality management of the calls received.

On average, 600–700 calls are received per day. The determination of how the calls are categorized — Child Protective Services (CPS) or General Protective Services (GPS) — is part of the staff's responsibility. In collaboration with the county where the referral information is sent, final decisions related to CPS or GPS calls are made and reported into CWIS. At the time of the tour (early June), the unit had 12 open caseworker positions. So, as you can see, workforce issues around recruitment and retention are experienced virtually in every human services agency! ChildLine is a critical component of child welfare in PA and it is important that we understand and support its function. I met with hard-working individuals who are dedicated to doing their jobs well. The RCPA Children's Division will continue to support child welfare reform initiatives that make sense and improve the quality of services for children and families in PA. ◀

RCPA Children's Steering Committee Update

The RCPA Children's Division consists of over 125 child-serving agencies and organizations that provide an array of services and programs intended to meet the needs of PA's most vulnerable children and their families. A central component of the division is the Children's Steering Committee. The primary role of the steering committee involves collaboration and priority setting of issues that directly impact the members across the larger division. The steering committee ensures alignment with statewide initiatives, makes recommendations that promote standards of care, and provides direction for addressing key issues to include legislative and regulatory affairs.

There are 15 provider agencies who dedicate time away from their work in order to participate on the committee at least six times per year. At times throughout the year, an unplanned issue may require the committee's attention. **Currently, the steering committee has two openings; our goal is to fill the openings prior to the next meeting on August 29.** We are also going through the process of replacing a co-chairperson. If you are interested, please submit a brief Letter of Interest that outlines your desire/interest to serve on the committee with a summary of your work experience that you believe qualifies you as a subject matter expert working with children, youth, and families. We strive to have a diverse group to include leadership in finance, service provision, business development, and supervision (both administrative and clinical). We believe that it is important to recognize each member's uniqueness and incorporate that in our strategies as we advance the goals and objectives of the committee. Interested individuals should submit a Letter of Interest to [Robena Spangler](#) no later than Monday, July 30. If you have questions, please feel free to contact Robena or [Garrett Trout](#), Committee Co-chair. Thank you, in advance, for your interest! ◀

ABA in PA Initiative Annual Meeting

ABA (Applied Behavior Analysis) in PA held their fourth annual meeting on May 31 in Hershey at the Penn State HMC University Conference Center. RCPA President/CEO Richard Edley and Children's Division Director Robena Spangler attended in support of the group's efforts to ensure quality evidence-based interventions, ABA, for individuals with an autism spectrum disorder. The group is committed to supporting the development of highly trained, experienced professionals and access to high quality services.

Dr. Cheryl Tierney-Aves, president of ABA in PA, opened the day's event with an enthusiastic message about the purpose of the ABA in PA Initiative. She also explained the importance of membership growth and volunteerism from the members as being vital to fundraising events. Social media analytics were shared to illustrate the "presence" and influence the group has on Facebook and Twitter. Facebook is the primary media tool used for connecting members with each other, educational resources, legislative updates, parent support needs, and other advocacy efforts. She thanked the leadership and board members. The agenda for the day included a personal story shared by Hema Gandhi, a mother of a child with autism. Hema also serves as the Director of Grants and Marketing for the ABA in PA Initiative. Other presentations included:

- ▶ Building an ABA Workforce;
- ▶ Fundraising and Finance Update;
- ▶ Recognition Awards (Rep. Tom Murt and Jim Laughman from PerformCare);
- ▶ BCBA Private Practice: Getting Started;
- ▶ Working Together to Conquer the MA Application;
- ▶ Strategy Session for Next Year; and
- ▶ Remarks/Update from Rachel Mann. ◀



Do Pennsylvania Children, Families Need Child Welfare Watchdog?

By Jo Ciavaglia, Bucks County Courier-Times

Thirty-nine states have independent offices that act as a child welfare watchdog for at-risk children and families. Now, state Rep. Katharine Watson wants Pennsylvania to be the next to create the child ombudsman position... [read full article here.](#) ◀

Are We Watching?

With the attention placed on the crisis involving children at the borders of California and Texas, I have considered reaching out to our partner at the Center for Children's Justice, Cathleen Palm. Cathleen, along with other dedicated children's professionals, participates on conference calls and webinars to discuss, collaborate, and strategize on some of the most important issues/challenges faced by children, youth, and families. I am privileged to be part of these discussions. The group, with Cathleen's leadership, has focused on the effects of trauma on very young children; therefore, in light of what's happening, it made sense to examine existing policy for future discussion. Information sharing is critical to establishing a community of learning. Hopefully, together we can support efforts that educate professionals on the effects of traumatic events on infant and early childhood mental health. For your review is ACF's guide related to [Children Entering the United States Unaccompanied](#), published in 2015 and still in effect. ◀



Events subject to change; members will be notified of any developments

JULY

Tuesday, July 10	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee <i>Conference Call</i>
Tuesday, July 10	12:30 pm – 3:30 pm	Drug & Alcohol Committee <i>Penn Grant Centre</i>
Tuesday, July 17	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee <i>Conference Call</i>

AUGUST

Tuesday, August 7	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee <i>Conference Call</i>
Tuesday, August 7	2:00 pm – 3:00 pm	IPRC Webinar: “Child Abuse Reporting and Considerations for Children with Special Health Needs”
Wednesday, August 8	10:00 am – 3:00 pm	Human Resources Committee <i>Penn Grant Centre</i>
Tuesday, August 14	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee <i>Conference Call</i>
Thursday, August 16	10:00 am – 3:00 pm	Children’s Division <i>Penn Grant Centre</i>
Wednesday, August 22	10:00 am – 2:00 pm	Brain Injury Committee <i>Penn Grant Centre</i>