



CONFERENCE

RCPA Pre-Conference Registration Now Open

Registration for the RCPA Pre-Conference on Monday, October 1, 2018, 1:00 pm – 4:15 pm, is now open.

There are three pre-conference sessions available to choose from:

1. [Medical Marijuana in PA; Legal and Clinical Implications \(50 seats\)](#)
2. [Strategies for Specialty Providers to Take Advantage of Value-Based Payment Arrangements \(100 seats\)](#)
3. [Mergers and Acquisitions: When, Why, and How? \(50 seats\)](#)

Please note that these sessions have limited seating on a first-come, first-served basis. You will find more information in the RCPA online [Fueling the Future](#)

[Preconference registration brochure](#). Questions about the conference may be directed to [Sarah Eyster](#), Conference Coordinator, or [Tieanna Lloyd](#), Conference Registrar. ◀



A MESSAGE FROM THE CEO

The 2018 RCPA Annual Conference is coming! Now in our third year at the Hershey Lodge, we continue to work to maximize the venue and fill the program with excellent speakers to stimulate a wide range of discussion.

There are more than 65 workshops, more than 16 continuing education options, an active Exhibit Hall, and networking events to interact with colleagues. This year, we have also moved to a slightly different format for the conference, based on your feedback that we have received over time. Some of this year's highlights include:

- A pre-conference program on Monday featuring three options:
 - Value-Based Purchasing
 - Mergers and Acquisitions
 - Medical Marijuana

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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

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Eastern Region Representative*

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Rehabilitation and Community

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©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

RCPA Member Strawberry Fields' Good Day Cafe Opens Its Doors

Congratulations to RCPA Member Dickinson Center Who Celebrated 60 years in Northwest PA



Online registration is NOW OPEN for RCPA Annual Conference: Fueling the Future!



Online registration is now open. See the RCPA Conference brochure or the RCPA Conference website for schedule and program information.

Hotel Reservations are now OPEN!

The room block for the RCPA 2018 Conference at the Hershey Lodge has been set up for [online reservations](#). Guests who prefer can call 855-729-3108 and ask for the room block for the RCPA Conference, at the Hershey Lodge, October 2-4. ◀



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

NEW MEMBERS

PROVIDER

ACHIEVA

711 Bingham St
Pittsburgh, PA 15203
SW Region
Steve Suroviec, President/CEO

MIGLIORE TREATMENT SERVICES

60 S 41st St
Harrisburg, PA 17111
Central Region
Renea Snyder, CEO

BUSINESS

HHAEXCHANGE

1 Court Sq, Fl 44
Long Island City, NY 11101
Danisha Reed, Marketing and Events Coordinator

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.

A Message from the CEO continued from front page

- ▶ Tuesday morning keynote from Attorney Michael Cohen who discusses workplace harassment and responsibility;
- ▶ An opportunity to hear from Secretaries Teresa Miller (DHS), Teresa Osborne (Aging), Dr. Rachel Levine (DOH), and Jennifer Smith (DDAP), offering an overview of their priorities and initiatives;
- ▶ A Plenary by Lara and Todd Crooks, parents who turned tragedy into real system change;
- ▶ A panel of all the Deputy Secretaries led by Community Behavioral Health (CBH) CEO Joan Erney;
- ▶ A presentation by Rachel Simon, author of six books, speaking on "From Darkness to Light," which focuses

on working with individuals with disabilities with dignity and respect in the community;

- ▶ The Association Awards luncheon;
- ▶ A book signing by author (and State Representative) Mike Schlossberg; and
- ▶ An Exhibit Hall prize giveaway and reception which includes the presentation of several Lifetime Achievement Awards.

And so much more...

With your participation, this year's conference is sure to be a success. See you then!

[Richard S. Edley](#), PhD, President/CEO ◀

Government Affairs

General Assembly Fall Session Days

The House and Senate have announced their fall Legislative dates. The PA Senate will be in session this fall for 10 days and the PA House will be in session for 11 voting days and 2 non-voting days. The following are the dates each chamber will be in session:

2018 SENATE SESSION SCHEDULE

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

2018 HOUSE SESSION SCHEDULE

September 12, 13, 24, 25, 26
October 1 (non-voting), 2 (non-voting), 9, 10, 15, 16, 17
November 13

In January, a new legislative session will start, both chambers will convene, and each of the caucuses will vote for their respective leaders. Additionally, all bills from this current session that did not make it through the legislative process this term will have to be refiled and go through the legislative process again.

Questions, contact RCPA Director of Government Affairs [Jack Phillips](#). ◀

RCPA Asked to Testify at House Committee Hearing

On Wednesday, September 5, 10:00 am – 12:00 pm in Room G-50 of the Irvis Office Building, the House Labor and Industry Committee ("Committee") will hold a public hearing on the Pennsylvania Department of Labor & Industry's proposed rulemaking regarding the impact of their proposed Minimum Wage/Overtime Regulation on employers. The Committee has asked RCPA to have one of its members testify at the hearing. Questions, contact RCPA Director of Government Affairs [Jack Phillips](#). ◀



Update on Governor's Minimum Wage Executive Order

As you may recall, Governor Tom Wolf signed an executive order that increases pay for employees under the governor's jurisdiction to no less than \$12 an hour on July 1, 2018 and raises the wage by 50 cents a year until reaching at least \$15 per hour in 2024.

The Governor's executive order also covers employees of state contractors, those that lease property to the Commonwealth, and employees that perform direct services to the Commonwealth or spend at least 20 percent of their working time on ancillary services related to the contract or lease.

RCPA has received numerous inquiries from members asking how the executive order will affect them, and if providers will have to increase employees' salaries to comply with the executive order. RCPA has reached out to the Governor's Office, and the Office of General Counsel (OGC) is still reviewing. OGC is comparing the new executive order with the executive order from 2016. As of right now, it does not look as though providers are included in the new executive order. RCPA will stay on top of this issue and as soon as we get a final determination from the Governor's Office and/or OGC we will send out an alert. Questions, contact RCPA Director of Government Affairs [Jack Phillips](#). ◀

Medicare Red Tape Relief Project

House Ways and Means Chairman Kevin Brady (R-TX) and **Health Subcommittee Chairman Peter Roskam (R-IL)** released a [report](#) outlining how Congress and the Administration can reduce red tape and regulatory burdens in the Medicare program. The release of the report is part of the Committee's "**Medicare Red Tape Relief Project**" to modernize and improve the Medicare program by identifying opportunities to reduce legislative and regulatory burdens on Medicare providers, while improving the efficiency and quality of the Medicare program for seniors and individuals with disabilities. Through meetings, roundtable discussions, and comments from the Request for Information (RFI), health care providers identified the following major issues and themes:

- ▶ Remove red tape that distracts providers from patient care;
- ▶ Remove red tape that increases the costs of health care;
- ▶ Remove red tape to improve access to care;
- ▶ Remove red tape that stands in the way of modernizing the Medicare program;
- ▶ Remove red tape that stands in the way of streamlining and coordinating care;

- ▶ Remove red tape that stands in the way of transparency for providers and beneficiaries; and
- ▶ Remove red tape that burdens facilities with reduced staffing and exacerbates the shortage of health care workers.

The Committee found many overlapping themes and issues that cut across all provider groups, including:

- ▶ The need for improved flexibility to provide telehealth services;
- ▶ Challenges associated with the Stark Law; and
- ▶ Documentation and reporting burdens, among other issues.

The Committee indicated that it will continue to work with the Administration to reduce burden for health care providers in 2019 and beyond. While Congress and the Committee will submit comments as the 2019 Medicare payments are finalized, the Committee noted the importance of "a consistent and open level of communication where every stakeholder stands on all of these issues that will reduce burdens and increase value-based patient care." (Source: Buchanan Ingersoll and Rooney's Health Care Daily Roundup, August 17, 2018) ◀

Health Center Quality Improvement FY 2018 Grant Awards

The **Department of Health and Human Services (HHS)** announced \$125 million in **Quality Improvement** grant awards to 1,352 **community health centers** throughout the United States. Funded by the **Health Resources and Services Administration (HRSA)**, health centers will use these funds to continue to improve quality, efficiency, and the effectiveness of healthcare delivery in the communities they serve. HRSA's Quality Improvement grant awards promote continued community health center improvements in the following categories: Expanding access to comprehensive care, improving care quality and outcomes, increasing comprehensive care delivery in a cost-effective way, addressing health disparities, advancing the use of health information technology, and delivering patient-centered care. Community health centers that exceed national clinical quality benchmarks, like Healthy People 2020 goals, receive special designation as National Quality Leaders. The top 30 percent of community health centers that achieve the best overall clinical performance receive designation as Health Center Quality Leaders. Almost \$3.5 million, through 42 awards, was awarded to health centers located in [Pennsylvania](#), including:

- ▶ Electronic Health Record (EHR) Reporters Awards: 33 awards totaling \$165,000
- ▶ Clinical Quality Improver Awards: 33 awards totaling \$932,293
- ▶ Health Center Quality Leader Awards: 14 awards totaling \$481,462
- ▶ National Quality Leader Awards: 1 award totaling \$41,731
- ▶ Enhancing Access to Care Awards: 16 awards totaling \$160,000
- ▶ Delivering High Value Health Care Awards: 3 awards totaling \$75,000
- ▶ Addressing Health Disparities Awards: 13 awards totaling \$279,500
- ▶ Advancing Health Information Technology (HIT) for Quality Awards: 42 awards totaling \$208,000
- ▶ Achieving PCMH Recognition Awards: 26 awards totaling \$1,135,000

For the state of **Florida**, more than \$5.5 million, through 46 awards, was awarded to health centers. HRSA also released new data compiled from health centers through its Uniform Data System (UDS) reporting, providing an update on health centers' provision of primary healthcare services. In 2017, more than 27 million people (approximately 1 in 12 U.S. residents) relied on an HRSA-supported health center for affordable, accessible primary healthcare. (Source: Buchanan Ingersoll and Rooney's *Health Care Daily Roundup*, August 17, 2018) ◀

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 current 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](#). ◀

RCPA PAC Needs Your Help!!

Now, more than ever, health and human service 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 RCPA PAC raises money and supports campaigns of state legislators who work tirelessly on issues that benefit mental health, intellectual disabilities, children's services, substance use disorder treatment and services, brain injuries, medical and vocational rehabilitation, physical disabilities and aging, and other related human services. The funds raised through RCPA PAC can make the difference between a win and a loss on an issue or assist in making a new ally.

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. ◀

CMS Streamlines Medicaid Review Process

The **Centers for Medicare and Medicaid Services (CMS)** [touted](#) significant improvements in managing the Medicaid program in partnership with states, including implementing changes to expedite the processing of state requests to make program or benefit changes to their Medicaid program through the **state plan amendment (SPA)** and **section 1915 waiver review process**. State changes to their Medicaid programs require the approval of CMS – typically through an SPA or section 1915 waiver – even for simple updates, which sometimes require states to endure a months-long federal review process, thus creating a substantial burden for both states and CMS. At the end of 2017, CMS issued a bulletin announcing an initiative to revamp these processes, highlighting four specific improvements: 1) a call with states within 15 days of receipt of each submission to review the state’s request and any critical timelines to help expedite the review process; 2) launch of new tools available to states to facilitate the development of complete submissions; 3) implementation of a strategy to reduce a significant backlog of state requests; and 4) expanding the use of MACPro, a web-based system for processing requests. Earlier this week, CMS issued a new bulletin to highlight the successes of implementing the above strategies; outline two additional long-term process improvements CMS is implementing; and highlight specific

enhancements made to the review process for SPAs and 1915 waivers. According to CMS, through extensive collaboration with states, the agency has achieved the following:

- ▶ Between calendar year 2016 and the first quarter of 2018, a 23 percent decrease in the median approval time for Medicaid SPAs.
- ▶ 84 percent of Medicaid SPAs were approved within the first 90-day review period in the first quarter of 2018, a 20 percent increase over calendar year 2016.
- ▶ Between calendar year 2016 and the first quarter of 2018, median approval times for HCBS waivers decreased by 7 percent. HCBS renewal approval times decreased by 38 percent and amendment approval times decreased by 44 percent for long-term care services.

To achieve this success, CMS undertook a significant effort to understand current processes and collaborated closely with states to understand where there was room for improvement and identify solutions. A work group was formed between CMS and representatives from over a dozen states and representatives of their national associations. (Source: Buchanan Ingersoll and Rooney’s *Health Care Daily Roundup*, August 17, 2018) ◀



CY 2019 Medicare Hospital OPPS Rule Released

The Centers for Medicare and Medicaid Services (CMS) released the calendar year (CY) 2019 Medicare Hospital Outpatient Prospective Payment System (OPPS) [proposed rule](#). The proposed rule would revise the Medicare hospital OPSS and the Medicare ambulatory surgical center (ASC) payment system for calendar year 2019. Included are proposed changes to the amounts as well as factors used to determine the payment rates and update and refine the requirements for the quality reporting programs (QRP). Some of the proposed highlights include a proposal to pay for visits at excepted off-campus provider-based departments at a Physician Fee Schedule (PFS) equivalent payment rate, which would result in lower copayments for beneficiaries and a savings to the Medicare program; reduction to the number of measures required to report under their quality reporting programs; and modifying the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) patient experience of care survey measure by removing the three recently revised pain communication questions beginning with January 1, 2022 discharges, which would avoid any potential unintended consequences of possible opioid overprescribing. The proposed rule was published in the July 31, 2018 [Federal Register](#). Comments will be accepted through September 24, 2018. ◀

E&C Health Subcommittee Hearing on MACRA and MIPS

The Energy and Commerce (E&C) Health Subcommittee held a [hearing](#) on July 26, 2018, entitled *MACRA and MIPS: An Update on the Merit-Based Incentive Payment System*. This was the fourth oversight hearing on the implementation of the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015. Members of the Subcommittee heard from witnesses on the importance of fee-for-service as an option for certain physicians in the traditional Medicare and how the Merit-Based Incentive Payment System (MIPS) has acted as a way to streamline quality programs and provided new financial opportunities for providers to participate and transition to new models of care. The hearing [webcast](#) is available. ◀

CMS Administrator Issues Letter to Doctors

On July 17, 2018, Centers for Medicare and Medicaid Services (CMS) Administrator, Seema Verma, issued a [letter](#) to doctors that addressed the paperwork burden they face, the high rates of doctor burnout, and praised CMS' proposals to simplify documentation requirements, including the proposed reforms to Evaluation and Management (E&M) payment codes included in the calendar year (CY) 2019 Medicare Physician Fee Schedule (MPFS) [proposed rule](#). ◀

Final Inpatient Hospital Payment Rule Issued

The Centers for Medicare and Medicaid Services (CMS) published the fiscal year (FY) 2019 inpatient prospective payment system (IPPS) [final rule](#) in the August 17, 2018 *Federal Register*. Some of the provisions contained in the final rule include: changes to inpatient admission order regulations; new performance-based scoring methodology for the Medicare Promoting Interoperability Program; finalization of an electronic health record (EHR) reporting period of any consecutive 90-day period for new and returning CMS or state Medicaid agency participants in 2019 and 2020; and reduction in the total number of measures acute care hospitals are required to report across four quality and value-based purchasing programs. The final rule becomes effective on October 1, 2018. ◀

Wave 1 Mailing of New Medicare Cards Complete

The Centers for Medicare & Medicaid Services (CMS) has finished mailing the new Medicare cards to beneficiaries who live in the Wave 1 states – Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia. If someone with Medicare who lives in one of the Wave 1 states didn't get a card, they can do the following:

- ▶ Sign into [MyMedicare.gov](#) to see if CMS mailed their card. If so, they can print an official card. They'll need to create an account, if they don't already have one.
- ▶ Call 1-800-MEDICARE (1-800-633-4227). There might be something that needs to be corrected, such as updating their mailing address.
- ▶ Use their current card to get health care services. ◀

Dates/Locations for Community HealthChoices SE Community Meetings Released

Beginning in January 2019, Community HealthChoices (CHC) will go into effect in the Southeast part of the state. To help providers learn more about CHC and ask questions, community meetings have been scheduled starting at the end of August and will continue through mid-October. Providers are encouraged to attend one of these sessions. Registration is required (either online or by telephone) and space is limited. Please see [this schedule](#) for the dates, times, and locations of the meetings. ◀

LGBTQ Aging Summit Planned for October 9–10

On August 2, the Department of Aging [announced](#) that the registration for Pennsylvania's Inaugural LGBTQ Aging Summit is open. The summit will be held on October 9–10, 2018, in Harrisburg, PA, and is occurring as a result of grassroots efforts made by numerous LGBTQ and senior advocacy groups. To learn more about Pennsylvania's Inaugural LGBTQ Aging Summit, register your attendance, or apply for scholarships, [visit this website](#). ◀

PA Independent Regulatory Review Commission Webinar Sept 12

Wondering what the Independent Regulatory Review Commission (IRRC) does? And wondering what happens to regulations before they are final and promulgated? Then this webinar is for you. The Pennsylvania IRRC will be providing an overview exclusively for RCPA members on Wednesday, September 12, 9:00 am – 10:00 am via webinar.

This webinar will be part of the RCPA Mental Health Committee meeting, so if you are attending that meeting (note the new start time of 9:00 am), then you are already registered for the webinar. If you are not attending that committee meeting, then please [register here](#) to participate in this webinar. Please contact [Sarah Eyster](#), RCPA Mental Health Division Director, with any questions. ◀



Statewide Hospital Assessment Payment & Policy Landscape Webinar September 11

On Tuesday, September 11, 2018, from 2:00 pm – 3:00 pm, an educational members-only webinar hosted by RCPA and led by [Wojdak Government Relations](#), on the statewide Quality Care Assessment (QCA), will be conducted. QCA is a program that annually provides more than \$1 billion in Medicaid payments to hospitals and freestanding medical rehabilitation hospitals. This webinar will provide members with a comprehensive understanding of:

- ▶ The background of the assessment and its initial design;
- ▶ The benefits and challenges of the assessment to the industry and to classes of providers;
- ▶ The details of the recent five-year reauthorization;
- ▶ The current politics and state agency dynamics around the assessment;
- ▶ The current federal climate related to provider assessments; and
- ▶ The future opportunities for freestanding medical rehabilitation hospitals.

Following the webinar, there will be a Q&A session to further discuss the presentation and share ideas related to Medicaid payments and policy. Members may also [submit questions](#) ahead of the webinar. [Please register here.](#) ◀

Changes to the IRF PPS Payment Rates for FY 2019

CMS finalized most of its payment proposals for FY 2019. However, it made small adjustments to the originally proposed outlier threshold and labor-related share due to updated data that had become available since the proposed rule. RCPA was asked to submit a letter of support from the House Ways and Means Committee; view a copy of that letter [here](#). These regulations become effective on October 1, 2018. For additional information, CMS has posted a [fact sheet](#). ◀

Changes to IRF PPS Coverage Requirements

CMS adopted all of its proposals relating to the IRF coverage requirements, including:

- ▶ Proposal to allow the Post-Admission Physician Evaluation to count towards one of the required three weekly face-to-face physician visits during the first week of a patient's stay in an IRF.
- ▶ Remote physician attendance and allowance to lead discussion at an interdisciplinary team meeting without any additional documentation requirements. CMS notes that hospitals would still be able to set their own policies about remote attendance, and that this proposal would alleviate documentation burden on physicians and allow the physicians "increased flexibility for time management."
- ▶ Admission order documentation requirement. CMS adopted its proposal to remove the requirement under the IRF PPS regulations that there be a physician order for inpatient care in the medical record. CMS believes this requirement is duplicative of the requirements under the Medicare Conditions of Participation (CoPs) regulations as well as the requirements under the general Medicare Part A payment regulations that are applicable to IRFs. Therefore, even though this requirement is eliminated, there will still need to be an admission order when a patient is admitted to an IRF since IRFs must adhere to all CoPs.
- ▶ Input on additional changes to the physician supervision requirements. CMS requested input on two areas being considered for future changes. The first area is whether some of the three weekly required physician visits could be completed remotely. The second area CMS requested information on was the use of non-physician practitioners, such as physician assistants, to satisfy some of the coverage criteria that must currently be completed only by a physician. CMS did not provide a detailed response to comments submitted but said it would consider these stakeholder comments for future rulemaking. ◀

Removal of the FIM Instrument and Revisions to the IRF PPS Case-Mix Groups

RCPA was discouraged to see that CMS finalized its proposals to enact new case-mix groups (CMGs) based on function data from the Quality Indicators section of the inpatient rehabilitation facility patient assessment instrument (IRF PAI) and remove the Functional Independence Measures (FIM) instrument from the IRF PAI effective October 1, 2019 (FY 2020). On a positive note, CMS will now have two years of data (FY 2017/2018) in its analysis to develop the FY 2020 CMGs rather than using FY 2017 data alone as originally proposed. CMS has indicated that any changes to the revised CMG definitions will be addressed in future rulemaking prior to implementation in FY 2020. In addition, CMS states it plans to provide training and educational resources on the data items in the Quality Indicators section of the IRF PAI before the new policies take effect on October 1, 2019. The final rule does not include additional analytical reports or data beyond what was published in the proposed rule, but members are encouraged to review the technical report that was referred to in the proposed rule ([Analyses to Inform the Potential Use of Standardized Patient Assessment Data Elements in the Inpatient Rehabilitation Facility Prospective Payment System](#) by RTI International). ◀

Proposed Changes to IRF QRP

CMS adopted its proposals to remove two measures from the inpatient rehabilitation facility (IRF) quality reporting program (QRP):

- ▶ National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Methicillin-resistant *Staphylococcus aureus* (MRSA) Bacteremia Outcome Measure (NQF #1716).
 - IRFs will no longer be required to submit data on this measure for the purposes of the IRF QRP beginning with October 1, 2018 admissions and discharges.
- ▶ Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680).
 - Providers will no longer be required to submit data on this measure for the purposes of the IRF QRP beginning with patients discharged on or after October 1, 2018. The inpatient rehabilitation facility patient assessment instrument (IRF-PAI) data items associated with reporting this measure (O0250A, O0250B, and O0250C) will be removed from the IRF-PAI version 3.0 effective October 1, 2019.
 - Beginning with October 1, 2018 discharges and until IRF-PAI version 3.0 is effective, IRFs should enter a dash (–) for items O0250A, O0250B, and O0250C. CMS states that it will provide ongoing guidance to providers to clarify that use of a dash for these assessment items beginning October 1, 2018 is appropriate and will not cause a non-compliance determination.

CMS finalized its proposals to begin publicly displaying data on the following four assessment-based measures in CY 2020, or as soon thereafter as technically feasible:

- ▶ Change in Self-Care (NQF #2633);
- ▶ Change in Mobility Score (NQF #2634);
- ▶ Discharge Self-Care Score (NQF #2635); and
- ▶ Discharge Mobility Score (NQF #2636). ◀

CMS Issues FY 2019 IRF PPS Final Rule

The Centers for Medicare and Medicaid Services (CMS) published the fiscal year (FY) 2019 inpatient rehabilitation facility prospective payment system (IRF PPS) [final rule](#) in the August 6, 2018 *Federal Register*. ◀



Webinar to Focus on Moderate-Severe TBI Rehab Guidelines

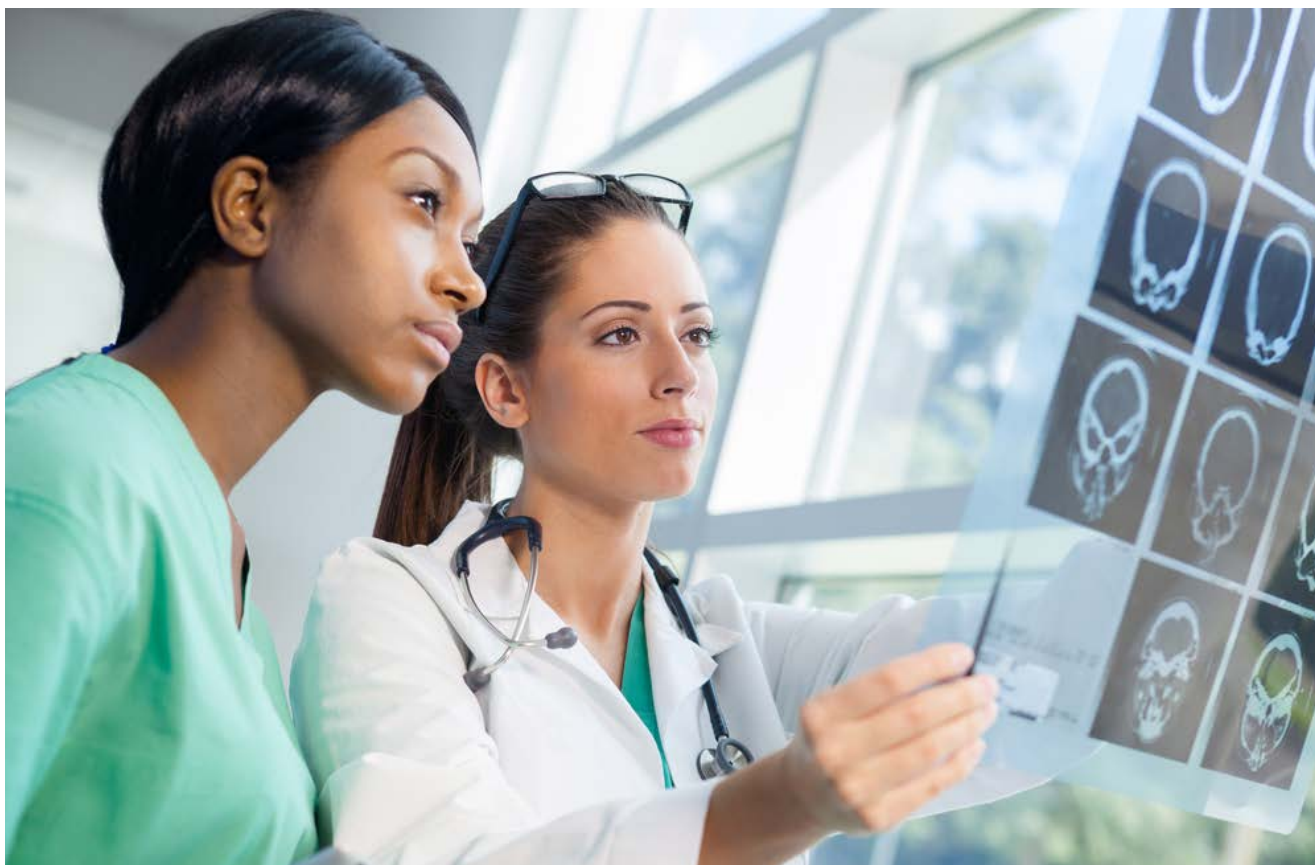
On Tuesday, September 25, 2018, at 3:00 pm, a Mitchell Rosenthal Memorial Research Webinar will be held that focuses on international guidelines for traumatic brain injury (TBI) rehabilitation. Mark Bayley, MD, FRCPC, and Bonnie Swaine, PT, PhD, will discuss the Ontario Neurotrauma Foundation's (ONF) joint project with the *Institut national d'excellence en santé et en services sociaux* on the guidelines for moderate-severe TBI rehabilitation. Through a one-hour webinar, the presenters will share the role of clinicians and consumers in shaping the design, unique features, and implementation of the guidelines. Registration information can be found [here](#). ◀

Race Car Drivers Donating Brains to Science to Further Concussion Research

A recent [article](#) in *The Drive* focuses on eight race car drivers that are donating their brains to science to help further concussion research in both athletes and veterans. They join approximately 3,500 former and current athletes and veterans in the [Concussion Legacy Foundation's](#) efforts towards studying the effects of high-stress situations on the human brain. ◀

BIAA Announces Upcoming Webinars

The Brain Injury Association of America (BIAA) has [posted](#) their upcoming live webinars, including Fall Prevention and Home Safety Strategies to Improve Independence After a Brain Injury; Risk for CTE in Football and Hockey; Cognitive Rehabilitation for the Aging Population; and Vestibular Issues After Brain Injury. ◀



DHS Announces EVV Implementation Timeline

The federal requirement to implement Electronic Visit Verification (EVV) has been delayed until January 2020. However, the PA Department of Human Services (DHS) recently announced that it will implement EVV for Medicaid homecare in Summer 2019. The tentative plan for Pennsylvania's implementation of EVV is:

- ▶ January 2019 – Guidance for implementation sent out
- ▶ Spring 2019 – Provider training on EVV
- ▶ Summer 2019 – Implementation of EVV

As shared previously, DHS will utilize an open system for EVV. This means that providers who already have an EVV system will be able to submit information to the state's EVV vendor. DHS is using the existing PROMISe fiscal agent contract with DXC for EVV. Providers who do not have their own EVV will be able to utilize the Department's system for compliance.

Use [this link](#) for more information about EVV on the state's website. Questions regarding EVV can be sent [via email](#). ◀

CHC Corner

- ▶ The three MCOs are in the process of establishing provider networks for Community HealthChoices (CHC), and in order to ensure network adequacy, the state is gathering information to establish a baseline of the number of full time equivalents (FTEs) needed to continue to provide services and meet the needs of participants. Due to this requirement, the CHC-MCOs will be asking providers for this information during a provider's initial enrollment with an MCO and on an ongoing basis.
- ▶ DHS delays the rollout of the Functional Eligibility Determination (FED) tool until March 2019. The reason for the delay is to increase the confidence in the validity of the tool as well as to provide additional training for its users.
- ▶ Aging Well will be conducting 60 participant information sessions throughout the five counties in Southeast PA. The schedule for these sessions can be found [here](#). ◀

The CBO Issues a Report “Exploring the Growth of Medicaid Managed Care”

The Congressional Budget Office (CBO) issued a report analyzing the growth of Medicaid Managed Care. Here are some highlights:

- ▶ Medicaid — a joint federal-state program that provides health benefits to over 70 million people with low income — accounted for \$375 billion of federal spending and \$230 billion of state spending in fiscal year 2017.
- ▶ Two of the most often cited are to increase the predictability of spending and to improve the coordination of care. To date, however, studies of managed care have not found consistent evidence to support those claims.
- ▶ The CBO estimates that between 1999 and 2012 (the most recent year for which data on beneficiaries are available), the portion of all Medicaid beneficiaries who were eligible for full benefits that was enrolled in managed care (that is, the enrollment rate) grew from 63 percent to 89 percent. The large percentage of Medicaid beneficiaries already enrolled in MCOs has led some analysts to speculate that there is limited capacity for further expansion of the program. But managed care's relatively small share of total Medicaid spending suggests that further growth in managed care's share of spending, if not its enrollment, is possible.
- ▶ Between 1999 and 2014, the number of states in which managed care accounted for more than 25 percent of Medicaid spending grew from 5 to 30, and the number of states in which it accounted for more than 50 percent of Medicaid spending grew from 2 to 13.

The full report can be found [here](#). ◀

Preparing For Value-Based Reimbursement—Even Before The Contracts Are Signed

By Sarah C. Threnhauser, MPA

This week, I've heard a lot of conversations about value-based reimbursement (VBR) that have ranged from, "We don't have the ability to track, let alone report, these types of performance measures", to "we're as ready as we are ever going to be." But the big question is what should executive teams be doing now to ensure that their organization is positioned and prepared for VBR, even if they don't have risk-based contracts yet. *OPEN MINDS* advisory board member Ken Carr answered that question at The 2018 *OPEN MINDS* Management Best Practices Institute in his seminar, [How To Prepare For & Succeed With Value-Based Reimbursement: An OPEN MINDS Executive Seminar On Organizational Readiness For Value-Based Contracting](#). Mr. Carr shared three steps to keep the momentum moving forward in preparation for value-based payment... [\[See full article here\]](#).

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Next Steps on the Depression-Opioid Problem

By Ron Manderscheid, Executive Director, NACBHDD and NARMH

Originally published by Behavioral Healthcare Executive, August 13, 2018

Likely, the connection between depression and opioid use is so obvious that no one acts upon it or even talks about it. Yet, the consequences frequently are quite deadly. The issue: The failure to link depression treatment with opioid treatment. (read full article [here](#)) ◀



Outpatient Redesign Task Force Kicked Off

On July 27, the statewide Outpatient Redesign Task Force had its kickoff meeting. This task force is not intended to interfere with the current effort by OMHSAS/DHS to get the current outpatient regulations promulgated. However, the extreme lag between the last stakeholder efforts on outpatient regulatory changes have resulted in the need to act quickly to be ready to update the regulations again.

The goal is to try to get work done — not by reviewing line by line of a regulation, but rather relying on the actual work that needs to be done, by whom, in the most efficient manner that results in positive care outcomes. During all discussions, consideration of health populations, integrated care, and whole person care is critical. As a result, it was decided that there would be three sub groups to address the following areas:

- ▶ Children's and School-Based Services
- ▶ Regulatory Challenges with a focus on staffing and fiscal regulations
- ▶ Confidentiality in D&A and in Mental Health

Work group meetings will be convened in September/October and the full task force will meet again in late October. Please contact [Sarah Eyster](#) for more information. ◀

ASAM Implementation

ASAM implementation efforts continue. DDAP has reported that they are in the process of developing a FAQ document to provide further clarification and a revised Guidance Document. This document was previously released on a quarterly basis. There will also be additional guidance to accommodate women and children in these processes. Considerations for online training continue to be a major priority for members. DDAP has indicated that once ASAM is in place, online training will be acceptable in some instances. Questions about the ASAM implementation will also be included in the survey regarding rate setting that will be sent out soon. ◀

XYZ Rate Setting Update

There was significant discussion at the July 10 RCPA D&A Committee meeting regarding the new XYZ rate setting package. Some SCAs are responding well to the new process and others not as well. Some are meeting deadlines set by DDAP but others have not. What was clear from the discussions at the D&A committee meeting was that DDAP and OMHSAS understand that providers need rates that cover their costs; however, what was not clear is how we are going to achieve this goal. In some cases, new funding will be needed.

RCPA staff attended the last DDAP Rate Setting Work Group meeting. DDAP has requested that RCPA send out a survey to members to get some specific information regarding how the new XYZ packets are working out. The survey will also include questions about the BHMCO response to the changes. Members are asked to be on the lookout for the survey and respond as soon as possible — it is your experiences that help us advocate for the changes needed. ◀

IDD

Deputy Secretary Nancy Thaler Announces Retirement



Nancy Thaler, Deputy Secretary of the Office of Developmental Programs (ODP), has announced her retirement effective August 31, 2018. Secretary Thaler has served as the Deputy Secretary since June 2015. Previously, Thaler was Executive Director of the National Association of State Directors of Developmental Disabilities Services. She also previously served as the Director of Quality Improvement for the Center for Medicare and Medicaid Services (CMS). Deputy Thaler served the Commonwealth in the Department of Public Welfare (now DHS) from 1986 to 2003, first as Director of the Bureau of Community Programs, then as Deputy Secretary for the Office of Developmental Programs. During her tenure as Deputy Secretary, she advanced the philosophy of “Everyday Lives,” confirming the right of people with disabilities to live an everyday life; a life that is no different from that of all other citizens. Secretary Thaler has always demonstrated the utmost respect for people with disabilities, promoted full inclusion in the community, and has been referred to as a “champion for individuals with disabilities in Pennsylvania.”

Kristin Ahrens, Director, Bureau of Policy and Quality Management will serve in the role of Acting Deputy Secretary upon Secretary Thaler’s retirement. Ahrens has served in her current position since July of 2016. She has been instrumental in developing the ODP waivers and has been responsible for policy development, training, quality, and communications for the past two years. ◀

Chapter 6100 Regulations Sent to the Independent Regulatory Review Commission

The long awaited Chapter 6100 regulation package was sent in final form to the Independent Regulatory Review Commission (IRRC) on August 24, 2018. It is anticipated that an IRRC public meeting for the regulation package will be held on October 18, 2018. These regulations represent three years' worth of work and represent a great deal of change in practices in programs funded through the Office of Developmental Programs (ODP). If the package is approved, it will replace Chapter 51 regulations. Also included in the packet are amendments to Chapters 2380 (Adult Training Facilities), 2390 (Vocational Facilities), 6200 (Room and Board Charges), 6400 (Community Homes for Individuals with an Intellectual Disability or Autism), and 6500 (Family Living Homes) to make them compatible with Chapter 6100. Everyone who submitted comments on the draft regulations is receiving a copy either via email or hard copy; also the whole regulatory package can be [accessed here](#). ◀

ODP Forms Work Group to Study Community Participation Supports (CPS) Rate Structure

Members of RCPA's CPS Work Group have been asked to serve on a small work group, along with other providers, to dive deep into developing a more simplified and realistic billing/rate structure for this service. The group held its first meeting on August 27, 2018. We are very happy to report that the recommendations that were developed by RCPA's work group were reviewed at this meeting, and all were in favor of adopting the simplified method based on individuals' attendance either in a facility or in the community. The next step is to assign rates that will provide stability for facility-based services, and adequately cover the costs associated with community participation. The department has indicated that it hopes to have changes made for the fiscal year that begins July 2019. We are proud of the work accomplished by our work group, and grateful to all who participated in those meetings! ◀

Senator Casey Proposes Office of Disability Policy

Senator Bob Casey (D-PA), along with co-sponsors Senators Maggie Hassan (D-NH) and Tammy Duckworth (D-IL), have introduced SB 3261 – The Office of Disability Act of 2018.

This office is proposed to be housed within the Governmental Accountability Office (GAO) and the purpose would be to review all proposed public policies that would affect people with disabilities. The office would provide congress and the public impartial analysis and possible impact of proposed laws, regulations, and guidance. Senator Casey released a [one-pager](#) on this subject, outlining the need for this office and how it would work. ◀

IDD Committee Asking for Feedback Regarding Meeting Structure

RCPA is looking for feedback regarding the IDD Division and its committee meeting structure. We currently have the IDD Committee meeting, and a Subcommittee for SCOs, that are scheduled five times a year. We realize that many of you travel for these meetings, and that your time is valuable. We want to ensure that we make the best use of your time, and of the guest speakers we invite to speak about specific subjects or updates. Please take a few minutes to complete a [brief survey](#) regarding these meetings. ◀

NADSP Petition for Standard Occupational Code for DSPs

Over 3,000 people have signed the online petition to recognize the critical position that direct care professionals hold in the workforce and call for assigning a Standard Occupational Classification (SOC) to these positions. Standard occupational codes are designated by the Department of Labor's Bureau of Labor Statistics (BLS) and serves as a classification system by the federal government for various careers. Positions such as Personal Care Aide, Home Health Aide, and Certified Nursing Assistant all have an SOC, but Direct Care Professionals do not. The President's Committee for People with Intellectual Disabilities, ANCOR, and others have included addressing this issue as one step toward improving the direct support professional crisis. Please consider [signing the petition online](#). ◀

ODP Focus on Residential Service Providers

In August, Deputy Secretary Nancy Thaler traveled to various regions to have face to face meetings with residential service provider CEOs, CFOs, Directors, County Administrative Entities, and HCQUs. The purpose of these meetings was to discuss recent analysis of available data, recommendations from oversight agencies, and clarify ODP's expectations of providers. Data included analysis of incidents of death, serious injuries, neglect, and analysis of licensing actions. Also discussed was the joint report "Ensuring Beneficiary Health and Safety in Group Homes Through State Implementation of Comprehensive Compliance Oversight" and the ongoing Federal OIG investigation of Pennsylvania's incident management system.

Qualitative analysis of incidents and regulatory violations found five reoccurring conditions that resulted in or contributed to unexpected death in 6400 licensed residential settings:

- ▶ A documented history of at least one similar event (i.e., choking);
- ▶ Previous recommendations by medical professionals were not acted upon;
- ▶ Staff caring for the participant had little-to-no experience working in the home or with the participant;
- ▶ Staff caring for the participant were not trained on the participant's needs; and
- ▶ Inconsistencies in participants' care plans (i.e., Jane is independent at mealtimes/ Jane needs supervision when eating/ Jane cannot have lunchmeat).

High risk regulatory violations were identified, along with health conditions that increase risk, and "The Fatal Four" conditions that indicate health risks. Those four conditions are:

***Constipation – Dehydration –
Aspiration – Epilepsy***

ODP staff outlined several improvement strategies to address these concerns. Some of these include service definition and rates allowing for hiring clinical professionals, HCQUs training and technical assistance including the [Fatal Four](#), instituting a county risk assessment in conjunction with support coordination organizations, licensing standards of practice for licensing staff, interpretive licensing guidelines that target at-risk residents, mortality review process, modifications to Speech Language Therapy service to allow for swallowing assessments, education and treatment, ISP revisions to include risk assessments/ mitigation, orientation package for new providers, require residential providers to complete Dual Diagnosis training, establish a learning collaborative for residential agencies, development of a framework for a successful residential program, and adoption of the Health Risk Screening Tool. [View the complete PowerPoint presentation.](#) ◀

ODP Publications since last RCPA News

- 071-18 Request for Approved Program Capacity and Noncontiguous Clearance
 - 071-18 Addendum Updated Form for Request for Approved Program Capacity & Noncontiguous Clearance
 - 071-18 Request for Approved Program Capacity Attachment 1
 - 071-18 Instructions for Completing the Approved Program Capacity & Noncontiguous Clearance Form, Attachment #2
 - 071-18 Attachment 3 Regional Waiver Capacity Manager Contact Information
- 072-18 KEPRO to Administer SIS Assessments
- 073-18 Updated Contact MyODP Resources Accounts and New Listing of Archived Communications
- 074-18 Face-to-Face Medication Administration Classroom Training Sessions Scheduled Fall/Winter 2018
- 075-18 Person Centered Thinking Training
- 076-18 Dual Diagnosis Training
- 077-18 DHS Will Implement Electronic Visit Verification (EVV) by July 1, 2019
- 078-18 Data Fix Scheduled to Adjust ISPs To Support Transition from Public Partnership, LLC to Palco, Inc. ◀

It's Here! Infant and Early Childhood Mental Health Endorsement® is LIVE!

Article submitted by Brandy Fox, LCSW, IMH-E Early Childhood Consultation Project Manager

The Pennsylvania Association for Infant Mental Health (PA-AIMH), with support from the Pennsylvania Project LAUNCH Partnership, is implementing the **Competency Guidelines for Endorsement in Culturally Sensitive, Relationship-Focused Practice Promoting Infant and Early Childhood Mental Health®**, developed by the Michigan Association for Infant Mental Health (MI-AIMH). Pennsylvania is now one of 29 US states and two international territories, whose IMH associations have joined a movement toward the promotion of infant/early childhood mental health principles and practices across all sectors who support infants, young children, and their families. The decision to move Pennsylvania in this direction was influenced greatly by the recommendations of the Early Childhood Mental Health Advisory Committee (2009), who indicated PA should "adopt and promote a set of early childhood mental health competencies for all professionals and across all levels of service provision for families with children from conception through age five."

The intent of the PA-AIMH Endorsement (IMH-E®, ECMH-E®) is to recognize and document the professional development of infant and family service providers within the diverse and rapidly expanding field, using an organized set of culturally sensitive, relationship-based infant mental health competencies. It is not a license or certification, but rather an overlay onto a person's professional credentials that recognizes evidence of a specialization in the field of infant/early childhood mental health. The Endorsement is one of the first and most comprehensive efforts in the country to identify best practice competencies at multiple levels and across disciplines and to offer a pathway for professional development in the infant, early childhood, and family field. Of additional importance, the PA-AIMH Endorsement will inform prospective employers, agencies, and peers

about culturally sensitive, relationship-based practice promoting infant mental health.

Over 140,000 babies are born in Pennsylvania every year. It is imperative that our professionals are infant and early childhood mental health informed; using knowledge, skills, and reflective experiences to guide our work with infants, toddlers, and families in promoting social-emotional development and addressing mental health concerns. The Endorsement materials provide potential candidates with a process for developing a professional development plan, and suggest a pathway for required and supplementary training and experiences to adequately prepare one for work in the infant and family field. Targeted and ongoing training for the professionals from the multiple disciplines that work with infants and young children and their families is essential to ensure that professionals understand infant and early childhood mental health and are equipped to promote positive practices to support these children, prevent problems when risk is identified, and intervene when necessary.

Professionals eligible for endorsement range from those who have worked in the early childhood field for at least two years to those who have received a doctorate in their field. Each category of Endorsement has a set of educational, work, training, and reflective supervision/consultation requirements. For all categories, specialized work experience with infants, toddlers, and their families is required. The categories of Endorsement are based upon a professional's scope of work with young children and their families in the realm of promotion, prevention, intervention, and leadership. More information on the available categories and process of Endorsement® can be found on the [PA-AIMH website](#) or by contacting the [PA-AIMH Endorsement Coordinator](#). ◀

OMHSAS Inpatient Regulations Work Groups Scheduled

The Office of Mental Health and Substance Abuse Services (OMHSAS) has provided Webex information to individuals involved with the statewide work group on the development of inpatient regulations.

The following meetings are scheduled:

Extended Acute Care (EAC)	9/6/18	9:00 am – 12:00 pm
IP/Private Psych	9/6/18	1:00 pm – 3:00 pm
Residential Treatment Facility – Adult	9/10/18	9:00 am – 12:00 pm
Psychiatric Residential Treatment Facility	9/17/18	9:00 am – 12:00 pm
General Sections	9/24/18	9:00 am – 12:00 pm

School Safety and Security Committee (SSSC)

Robena Spangler was nominated and selected to participate on a work group that will inform the work of the School Safety and Security Committee, delegated to the Pennsylvania Commission on Crime and Delinquency (PCCD) by Act 44 of 2018. The SSSC is required to establish criteria to be used when conducting school safety and security assessments in three areas: Physical Security, Policy and Training, Behavioral Health and Climate. The goal of this work group is to utilize existing resources, knowledge, and expertise to establish the criteria for assessing behavioral health services available in each school, including Student Assistance Programs (SAP), and to assess the school climate. The work group is required to have a preliminary draft available to the SSSC by August 24. A [School Safety and Security web page](#) was created by PCCD. The page lists the names of the work group members. The work group is facilitated by Geoff Kolchin, Program Manager, OJJDP/PCCD. ◀

Intensive Behavioral Health Services (IBHS) Regulations Comments Due September 4

Chapter 5240 IBHS regulations will provide requirements and standards for licensing services formerly known as BHRS. The regulations contain standards for the following areas: Staffing, Service Planning and Delivery, Discharge, Records, Quality Improvement, Individual Services, Applied Behavioral Analysis (ABA), Evidence-Based Therapy (EBT), and Group Services. The RCPA BHRS/IBHS Work Group will collectively submit comments on behalf of BHRS providers who are members; however, individual agencies are encouraged to submit comments from their local sites. Please consider sharing your individual agency comments with the work group by sending them to [Robena Spangler](#). ◀



ABA in PA Initiative: Better Access to Treatment (BAT) Act

The ABA in PA Initiative has worked with the PA legislature to craft a bill to promote an increase in behavior analysts working in PA to improve the access to treatment for people struggling with substance abuse disorders, chronic mental illness, eating disorders, among others. Please see the [co-sponsorship memo from Representative Murt and Representative Mehaffie](#). The Act will set a minimum training and experience standard for licensed professionals within the applied behavior analysis (ABA) field. It also proposes to develop a behavior analyst oversight board to protect the public, administer disciplinary action, and license new professionals.

According to ABA in PA, today 29 states license behavior analysts to include NY, MD, and OH that border PA. Unlike other helping professions, such as Occupational Therapy or Speech Therapy, ABA remains unrecognized as an independent profession and lacks a freestanding, professional license with governance to protect the public from fraudulent and unethical practitioners. The supporters of the BAT Act assert that qualified professionals cannot distinguish themselves without a license from underqualified practitioners who can cause harm to patients and ultimately increase the cost to the system. ABA has a broader application nationally — however in PA, it has become artificially restricted to treating autism, which has an insurance mandate (Act 62). As the Act moves forward, the goal is NOT to limit or restrict the practice of other effective interventions. In fact, some professional overlap may occur with other helping professionals. Licensure is intended to recognize the unique expertise of applied behavior analysts. ABA in PA believes that the key issues addressed are:

- ▶ Keep talent in PA and create jobs;
- ▶ Protect consumers and improve access to life-changing care;
- ▶ Help PA serve more people in key underserved areas;
- ▶ Prevent fraud, waste, and abuse; and
- ▶ Save money by using real-time data to distinguish between effective programs and ineffective programs.

RCPA and ABA in PA are discussing potential areas of interest and ways to collaborate on initiatives that create better access to quality care and treatment for individuals who can benefit from ABA and other effective interventions. ◀



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

SEPTEMBER

Tuesday, September 11	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee <i>Conference Call</i>
Tuesday, September 11	12:30 pm – 3:30 pm	Drug & Alcohol Committee <i>Penn Grant Centre</i>
Tuesday, September 11	2:00 pm – 3:00 pm	Webinar – “The Statewide Hospital Assessment Payment & Policy Landscape” <i>RCPA Conference Room</i>
Wednesday, September 12	9:00 am – 12:00 pm 9:00 am – 10:00 am 1:00 pm – 4:00 pm	Mental Health Committee <i>Penn Grant Centre</i> <i>IRRC Webinar</i> Criminal Justice Committee <i>RCPA Conference Room</i>
Thursday, September 13	9:00 am – 3:30 pm	IDD Division-Wide Meeting <i>Penn Grant Centre</i>
Tuesday, September 18	10:00 am – 12:30 pm	Medical Rehabilitation Committee <i>RCPA Conference Room</i>
Tuesday, September 18	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee <i>Conference Call</i>
Wednesday, September 19	11:00 am – 3:00 pm	BH-MCO/RCPA Task Force Meeting <i>Penn Grant Centre</i>
Thursday, September 20	10:00 am – 3:00 pm	Early Intervention Committee Kickoff <i>Penn Grant Centre</i>
Thursday, September 20	12:00 pm – 1:00 pm	Outpatient Rehabilitation Committee <i>RCPA Conference Room – Webcast Only</i>
Thursday, September 27	1:30 pm – 3:30 pm	RCPA Sexual Abuse Prevention Committee <i>KePro Conference Room</i>



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

OCTOBER

Monday, October 1		RCPA Pre-Conference <i>Hershey Lodge</i>
October 2 – 4		RCPA Annual Conference <i>Hershey Lodge</i>
Tuesday, October 9	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee <i>Conference Call</i>
Tuesday, October 16	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee <i>Conference Call</i>
Wednesday, October 17	3:00 pm – 4:00 pm	IPRC Webinar: Sensory/Selective Feeder Strategies
Wednesday, October 24	10:00 am – 2:00 pm	Brain Injury Committee <i>Penn Grant Centre</i>