



Special Feature

Join Us for the RCPA Annual Meeting

The Rehabilitation and Community Providers Association (RCPA) invites you to join us for our Annual Meeting ([see schedule here](#)) Friday, May 10, at the Hershey Lodge, 325 University Drive, Hershey, PA.

This event will feature the following guest speakers:

- ▶ *Matt Baker, Federal Department of Health and Human Services (DHHS) Regional Director*
- ▶ *Patricia Danning, DHHS Regional Outreach Specialist*
- ▶ *Dr. Michael Gamel-McCormick, Disability Policy Director, Special Committee on Aging, for Senator Bob Casey*
- ▶ *Eugene DePasquale, PA Auditor General*

Please [register here](#) to attend. For your convenience, see the [map](#) of the Hershey Lodge meeting rooms.

A welcoming reception will be held the evening of Thursday, May 9, immediately following the [RCPA Golf Outing](#), at the Hershey Country Club, 1000 East Derry Road, from 5:00 pm – 7:00 pm in the [Traditions Room](#). RCPA **will formally hold our Membership Meeting** ([see agenda here](#)) **immediately following lunch on Friday, where we will hold the election of Officers and Directors**, and review association activities.

Hotel Reservations should be made directly with the Hershey Lodge, either [online](#) or by calling 855-729-3108. Attendees should identify themselves as part of the **RCPA Annual Meeting May 9** group to receive our group rate of \$174.00 plus taxes.

Please contact [Tina Miletic](#) for additional information. ◀

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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 is a discount for the first year 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.



Calling All Golfers!

Registration and Sponsorships Available for RCPA PAC Annual Golf Outing

It's time to [register](#) for RCPA PAC's 6th annual golf outing at the beautiful Hershey Country Club, 1000 East Derry Road, Hershey, PA 17033 on **Thursday, May 9!** Registration starts at 10:30 am, lunch begins at 11:00 am, followed by a putting contest and 12:30 pm shotgun start.

Golf outing [sponsorships](#) are also available. We hope you will consider becoming a golf sponsor. It is a great way for your organization to get noticed and an opportunity to support a worthwhile cause.

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. Even if you can't be a strong contributor to RCPA PAC fundraising efforts, we all have friends and business associates who are interested in helping our allies to victory. Getting involved in RCPA PAC not only allows you to help make decisions on who the committee supports, but also helps to identify new folks who will join in our successes. Further questions may be directed to [Jack Phillips](#), RCPA Director of Government Affairs. ◀



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

RCPA Appears Before House Republican Policy Committee

RCPA appeared before the House Policy Committee on Wednesday, May 1. RCPA staff and members presented information to Republican legislators regarding DHS' Community Participation proposal and rates. In addition to this discussion with the Policy Committee, Committee staff is in the process of setting up legislator site tours with some RCPA members, so legislators can see first-hand how DHS' Community Participation proposal and rates affect providers on a day-to-day basis. ◀

Draft Letters for Consumers to Oppose Legislation Threatening the Behavioral Health Carve Out

Legislation has been introduced to eliminate Pennsylvania's behavioral health carve out. Two legislators from York County, Rep. Seth Grove and Senator Kristin Phillips, have introduced companion bills, HB 335 and SB 268, which call for merging behavioral health with the larger statewide physical health system and network.

RCPA has created [draft opposition letters for consumers](#) so they can write their [legislators](#) to oppose HB 335 and SB 268. Please have consumers personalize the letters to include specific information about themselves and how the behavioral health carve out has worked for them.

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



Legislation Would Improve Mental Health Services in Schools

By Shelley Starkey, Policy & Advocacy Coordinator,
[National Council for Behavioral Health](#)

The Mental Health Services for Students Act (S 1122/HR 1109), introduced in the Senate earlier this week and in the House earlier this year, would increase access to evidence-based comprehensive mental health programs for the nation's youth in local schools and communities. The bill would build on youth-focused programs that incorporate promising practices in education, social services, local primary health care, and trauma-informed behavioral health care to help communities take action to help youth and adolescents in need. The National Council applauds Senator Tina Smith (D-MN) and Representatives Grace Napolitano (D-CA) and John Katko (R-NY) for their leadership on this important issue.

Expanding access to mental health services in schools has been a long-standing priority of the National Council, as 17 million youth have had a diagnosable mental health disorder, and one in four have substance use conditions, but less than 35 percent receive treatment. Given the early onset of emotional, mental health, and substance use disorders, and their subsequent direct and indirect costs, investments in prevention and early intervention programs are necessary.

"The Mental Health Services for Students Act builds on the great success of our youth suicide prevention program in Los Angeles County, where we are raising mental health awareness, reducing harmful stigma, and connecting our future leaders to life-saving care," Rep. Napolitano (D-CA) said at the introduction of the House version of the bill earlier this year. "Improved access to services for prevention, early identification, and intervention has helped countless youth in our communities thrive in school, at home, and in life, and it is a model that should be expanded to serve families across America."

The National Council joined over 50 other organizations as part of the Mental Health Liaison Group in writing a [letter of support](#) to Senator Smith (D-MN) for introducing the bill this week. ◀



RCPA's 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 2019/20 Legislative Session. If you have questions on a specific bill or policy, please contact [Jack Phillips](#), RCPA Director of Government Affairs. ◀

RCPA Legislative Information

RCPA members can now find the most recent documents on legislative priorities, position papers, and other important legislative information on RCPA's website. Please check the [RCPA website](#) for updates on legislative happenings. ◀

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 Finalizes Policies to Bring Innovative Telehealth Benefit to Medicare Advantage

Final Rule will strengthen popular Medicare private health insurance plans, expand telehealth access for patients, and improve coordination for dual-eligible individuals.

The Centers for Medicare & Medicaid Services (CMS) finalized policies that will increase plan choices and benefits, including allowing Medicare Advantage plans to include additional telehealth benefits. These policies continue the agency's efforts to modernize the Medicare Advantage and Part D programs, unleash innovation and drive competition to improve quality among private Medicare health and drug plans.

"Today's policies represent a historic step in bringing innovative technology to Medicare beneficiaries," said CMS Administrator Seema Verma. "With these new telehealth benefits, Medicare Advantage enrollees will be able to access the latest technology and have greater access to telehealth. By providing greater flexibility to Medicare Advantage plans, beneficiaries can receive more benefits, at lower costs and better quality."

The final policies announced today leverage new authorities provided to CMS in the Bipartisan Budget Act of 2018, which President Trump signed into law last year. CMS is finalizing changes that would allow Medicare Advantage beneficiaries to access additional telehealth benefits, starting in plan year 2020. These additional telehealth benefits offer patients the option to receive health care services from places like their homes, rather than requiring them to go to a health care facility.

Before this year, seniors in Original Medicare could only receive certain telehealth services if they lived in rural areas. Starting this year,

Original Medicare began paying for virtual check-ins across the country, meaning patients can connect with their doctors by phone or video chat. Historically, Medicare Advantage plans have been able to offer more telehealth services, compared to Original Medicare, as part of their supplemental benefits. But with the final rule, it will be more likely that plans will offer the additional telehealth benefits outside of supplemental benefits, expanding patients' access to telehealth services from more providers and in more parts of the country than before, whether they live in rural or urban areas.

CMS is also finalizing changes that will make improvements to Medicare Advantage and Part D Star Ratings so that consumers can identify high-value plans. The final rule updates the methodology for calculating Star Ratings, which provide information to consumers on plan quality. The new Star Ratings methodology will improve the stability and predictability for plans and will adjust how the ratings are set in the event of extreme and uncontrollable events such as hurricanes.

The final rule will improve the quality of care for beneficiaries dually eligible for Medicare and Medicaid who participate in Dual Eligible Special Needs Plans (D-SNPs). These beneficiaries usually have complex health needs; if they have a complaint about their health care or about access to items and services, they have to work with multiple organizations, one responsible for Medicare benefits and another responsible for Medicaid benefits,

in order to file an appeal. The final rule will create one appeals process across Medicare and Medicaid, which will make it easier for enrollees in certain D-SNPs to navigate the health care system and have access to high quality services. The final rule will also require plans to more seamlessly integrate Medicare and Medicaid benefits across the two programs, such as notifying the state Medicaid agency (or its designee) of hospital and skilled nursing facility admissions for certain high-risk beneficiaries, to promote coordination of care for these patients.

This announcement builds on the 2020 Rate Announcement and Final Call Letter released earlier in the week that gives Medicare Advantage plans flexibility to offer chronically ill patients a broader range of supplemental benefits that are not necessarily health related and can address social determinants of health. With these new telehealth and supplemental benefits, Medicare Advantage plans will have the flexibility to provide a historic set of offerings to beneficiaries. Medicare Advantage plans will be able to compete for patients based on their new offerings and overall cost. CMS is working to update the Medicare Plan Finder with these new choices, so that beneficiaries will be able to see their new choices and benefits and can pick the plans that work best for them.

The fact sheet on the CY 2020 Medicare Advantage and Part D Flexibility Final Rule (CMS-4185-F) can be found [here](#). The final rule can be downloaded from the [Federal Register](#). ◀

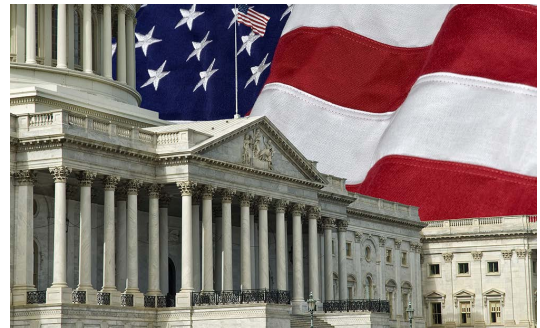
OMHA Revises Chapters in Case Processing Manual

The Office of Medicare Hearings and Appeals (OMHA) has published three revised [chapters](#) of the OMHA Case Processing Manual (OCPM). This manual standardizes the day-to-day procedures for carrying out adjudicative functions, in accordance with applicable statutes, regulations, and OMHA directives, and gives OMHA staff direction for processing appeals at the OMHA level of adjudication. As part of an ongoing effort to make the manual more user friendly and reflect recent regulatory changes, OMHA is in the process of drafting new OCPM chapters and revising existing chapters under a new format. The following revised chapters were issued:

- ▶ Chapter 4; Parties [Revised; effective 3-29-19]
- ▶ Chapter 7; Adjudication Time Frames, Case Prioritization, and Escalations [Revisions to section 7.4.3; effective 3-29-19]
- ▶ Chapter 19; Closing the Case [Revisions to sections 19.4.2, 19.5.1; effective 3-29-19] ◀

Behavioral Health Workforce Projections

The [21st Century Cures Act](#) mandated that The Health Resources and Services Administration (HRSA) [conduct analyses](#) on the adult and pediatric mental health and substance use disorder workforce. Included in the [full report](#) are the specific clinical shortage types for 2016–2030 and by state for 2016–2021. From this data, it is apparent that Pennsylvania needs to put forth additional efforts. ◀



State News

CHC Phase 3 Provider Session Registration Now Open

Registration is now open for the upcoming Community HealthChoices (CHC) Educational Provider Sessions for Phase three regions of the state. The locations for each region are available on the RSVP pages through the links below.

- ▶ May 13–15: [Lehigh/Capital Region Provider Summits](#)
- ▶ May 20–22: [Northwest Region Provider Summits](#)
- ▶ June 4–6: [Northeast Region Provider Summits](#)

Additionally, one day-long transportation summit will be held in each region. RSVP for this summit [here](#).

The agenda for each summit is as follows:

- ▶ **Registration:** 8:30 am – 9:30 am
- ▶ **CHC Overview Presentation:** 9:30 am – 12:00 pm
- ▶ **Lunch/MCO Meet and Greet:** 12:00 pm – 1:30 pm
- ▶ **Breakout sessions:** 1:30 pm – 3:30 pm

Prior to the summit meetings, emails will be sent to attendees regarding schedule, parking, and event location on each campus. Additionally, there is a CHC Questions and Answers (Q&A) [document](#) on the CHC website as a resource for additional questions. ◀

Implementation of Functional Eligibility Determination Process Begins

The Office of Long-Term Living (OLTL) issued a [bulletin](#) on April 1, 2019 that explains the Functional Eligibility Determination (FED) process, which is used to determine clinical eligibility for Medical Assistance Long-Term Services and Supports (LTSS). Previously, the assessors had used the level of care determination (LCD) tool.

As of April 1, OLTL began using the FED process to determine and redetermine whether an individual is nursing facility clinically eligible (NFCE) or nursing facility ineligible (NFI). The FED process is a multi-step process that begins with an assessment and concludes with translating

the assessment scores into a determination whether an individual is NFCE.

The bulletin includes details about the various sections of the [FED tool itself](#) and provides information on how the assessor enters the information and scores from the FED tool into the Pennsylvania Individualized Assessments (PIA).

Once the assessor enters the scores for an individual into the PIA, the PIA automated program translates the scores into a finding of NFCE or NFI. The bulletin includes a [matrix](#) that shows how the scores are translated and also includes examples. ◀

OLTL Provides Update on Electronic Visit Verification

[The Office of Long-Term Living \(OLTL\) released the following provider update on electronic visit verification \(EVV\).](#)

How will Electronic Visit Verification (EVV) impact providers who serve participants in OLTL programs?

As a reminder, EVV is a technology solution which electronically verifies the delivery dates and times of home and community-based services to the individuals needing those services. EVV is intended to require submission of information that will help electronically validate services and prevent fraudulent claims. Federal law (the 21st Century Cures Act) requires all state Medicaid agencies implement an EVV solution to manage their personal care services by January 1, 2020, and home health care services by January 1, 2023. The Department of Human Services (DHS) is moving forward with a soft implementation in September of 2019 and DHS will continue to provide you with guidance and updates as we move through this process. Updated information will be sent to you and will also be included on the [DHS website](#).

Providers Serving Participants Enrolled in the OBRA Waiver or Act 150 Program

Providers serving participants in the OBRA waiver or Act 150 program must adhere to all timelines and guidance issued by DHS in order to comply with EVV requirements in the fee-for-service system. DHS is working with vendors (DXC and Sandata) to develop an EVV system that will integrate with PROMiSe, our existing Medicaid Management Information System. Providers with their own internal EVV system must work with DHS to ensure their EVV system can interface with the DHS EVV aggregator system. Providers without an EVV system may secure their own EVV solution; if they choose to do so, they must follow all guidance issued by DHS to ensure training and implementation requirements are completed in order to implement EVV by September 2019. DHS will issue additional implementation details as they become available.

Providers Serving Participants in an Active Community HealthChoices (CHC) Zone (Southwest or Southeast)

Providers serving participants who are already enrolled in one of the CHC Managed Care Organizations (MCOs) will have the option to use the MCO's EVV system, HHAeXchange. A CHC-participating provider with their own internal EVV system must work with each contracted MCO to ensure the provider's system is able to send information to HHAeXchange. Providers should begin discussing training and system options with their contracted MCO(s) in order to implement EVV by September 2019.

Providers Serving Participants in the Phase 3 Region of CHC

Providers in Phase 3 of CHC, which includes Lehigh/Capital, Northeast, and Northwest Zones, must coordinate the use of EVV with MCOs when Phase 3 is implemented on January 1, 2020. This includes providers currently serving participants in Aging, Attendant Care, and Independence waivers. Providers who will be participating in CHC will have the option to use the MCO's EVV system, HHAeXchange. A CHC-participating provider with their own internal EVV system must work with each contracted MCO to ensure the provider's system is able to send information to HHAeXchange. Providers currently serving participants in the Phase 3 region of CHC should begin discussing training and system options with the three MCOs to ensure that they will be able to use EVV when they transition to CHC on January 1, 2020.

Contact [Melissa Dehoff](#), RCPA Director of Rehabilitation Services, with questions. ◀

CMS Releases FY 2020 IRF PPS Proposed Rule

The Centers for Medicare and Medicaid Services (CMS) [released](#) the proposed rule for the inpatient rehabilitation facility prospective payment system (IRF PPS) for fiscal year (FY) 2020.

Some of the key proposals in the rule include:

- ▶ **Net Payments:** Net payments for IRF's would increase by 2.3 percent, including a 3.0 percent market basket update, offset by a statutorily mandated cut of 0.5 percentage points for productivity, and a 0.2 percent decrease in outlier payments. This update reflects the proposed revision and rebasing of the market basket using data from 2016 as the base year instead of 2012.
- ▶ **Case-Mix Revisions:** The Functional Independence Measure (FIM) and Functional Modifier items were removed from the IRF Patient Assessment Instrument (PAI) as finalized in the FY 2019 IRF PPS final rule. CMS also indicated that the FY 2020 case-mix groups (CMGs) would be based on a patient's motor function, age, memory function, and communication function. However, in this proposed rule CMS made the decision not to include the communication and memory scores because their inclusion in the CMG definitions resulted in lower payments for patients with cognitive deficits (based on their analysis of two years of data).
- ▶ **Outlier Threshold and Cost-to-Charge Ratio:** CMS proposes to update the outlier threshold amount from \$9,402 for FY 2019 to \$9,935 for FY 2020 to ensure outlier payments account for 3 percent of total payments, as they did for FY 2019. CMS notes

that its initial analysis showed that outlier payments would be 3.2 percent and made the above proposed adjustment to maintain it at 3 percent.

- ▶ **Rehabilitation Physician Definition:** CMS proposes to clarify that compliance with the regulatory definition of "rehabilitation physician" (a licensed physician with specialized training and experience in inpatient rehabilitation) will be determined by the IRF. Currently, the regulations do not specify the level or type of training or experience that are required to satisfy this criteria.
- ▶ **Proposed Changes to IRF Quality Reporting Program (QRP):** CMS proposes to adopt two measures to the IRF QRP with data collection for discharges beginning October 1, 2020.
 - Transfer of Health Information to the Provider
 - Transfer of Health Information to the Patient

Transfer of Health Information is a required domain of the IMPACT Act and CMS has been developing these measures since 2016. The measures are process-based measures that assess if a "current reconciled medication list" is given to either the subsequent provider or to the patient/family/caregiver when the patient is discharged or transferred from his or her current PAC setting. CMS proposes to start collecting the measure via the IRF-PAI for discharges beginning October 1, 2020.

- ▶ **Proposed Revision to Discharge to Community Measure:** CMS proposes to revise the Discharge to Community post-acute care measure to exclude baseline nursing facility (NF) residents from the measures beginning

with the FY 2020 IRF QRP due to stakeholder recommendations. CMS proposes to define baseline NF residents as those who had a long-term NF stay in the 180 days preceding their hospitalization and IRF stay.

- ▶ **Proposed Standard Patient Assessment Data Elements (SPADEs):** This proposal is slated for reporting beginning in October 2020. In line with the IMPACT Act, CMS is required to develop and collect standardized patient assessment data in PAC settings. In this rule, CMS proposes to adopt "many of" the standardized patient assessment data elements (SPADEs) it had previously proposed in the FY 2018 IRF PPS proposed rule, as well adopt new SPADEs on social determinants of health. Some proposed items, such as the Brief Interview of Mental Status (BIMS), are currently on the IRF-PAI, in which case CMS is proposing to formally adopt them as SPADEs. However, most of the proposed items would entail adding new, additional reporting elements to the IRF-PAI.
- ▶ **Proposal to Collect All-Payer IRF PAI Data:** CMS proposes to expand the reporting of the IRF-PAI data to include data on all patients, regardless of their payer, beginning with patients discharged on or after October 1, 2020.

The proposed rule will be published in the April 24, 2019 edition of the [Federal Register](#). Comments on the provisions contained in the proposed rule will be accepted until June 17, 2019. Contact [Melissa Dehoff](#), RCPA Rehabilitation Services Director, with questions. ◀

Updated MLN Booklet on IRFs Available

The Centers for Medicare and Medicaid Services (CMS) recently released an updated [Medicare Learning Network \(MLN\) Educational Booklet](#) on the Inpatient Rehabilitation Facility Prospective Payment System (IRF PPS). The booklet contains an overview of the IRF PPS classification criteria, coverage criteria, and other requirements for IRFs. The new version of the booklet contains updates due to recent changes in IRF coverage, quality reporting, and other requirements. ◀

New IRF PEPPER Reports Now Available

The fourth quarter fiscal year (FY) 2018 Program for Evaluating Payment Patterns Electronic Reports (PEPPERS) are now available for inpatient rehabilitation facilities (IRFs) and other providers. These reports summarize provider-specific data statistics for Medicare services that may be at risk for improper payments. The PEPPER [access guide](#) provides instructions to IRFs on how to access their information. ◀



Registration Open for CMS IRF QRP Training Event

The Centers for Medicare and Medicaid Services (CMS) will be hosting a two-day inpatient rehabilitation facility quality reporting program (IRF QRP) in-person “Train the Trainer” education session. The event is scheduled for Thursday, May 9 and Friday, May 10, 2019, at the Sheraton Kansas City Hotel at Crown Center, and is open to all IRF providers, associations, and organizations. The primary focus of the sessions will be to provide staff at IRFs with information about IRF QRP changes and updates to the Inpatient Rehabilitation Facility-Patient Assessment Instrument (IRF-PAI) v. 3.00, which will become effective October 1, 2019. A full agenda can be accessed in the downloads section at the bottom of the [IRF Quality Reporting Training](#) web page. [Use this link](#) to register. CMS has capped in-person attendance to the first 250 registrants but the training will also be available via a live webcast. ◀

IRF QRP Review and Correct Reports Available

The Centers for Medicare and Medicaid Services (CMS) recently announced that the enhanced Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) review and correct reports are now available on demand in the Certification and Survey Provider Enhanced Reporting (CASPER) application. This report now includes patient level data and automated CSV file creation functionality that contains patient level results. Providers can access these reports by selecting the CASPER Reporting link on the “Welcome to the CMS QIES Systems for Providers” web page. *NOTE: Providers must log into the CMS Network using their CMSNet user ID and password in order to access this web page.* ◀

TBI Advisory Board to Convene on May 10

The Department of Health's (DOH) Traumatic Brain Injury (TBI) Advisory Board, established under section 1252 of the Federal Traumatic Brain Injury Act of 1996 (42 U.S.C.A. § 300d-52), will hold a public meeting on Friday, May 10, 2019, from 10:00 am to 2:30 pm. The meeting will be held in the large conference room of the Community Center, 2nd Floor, Giant Food Store, 2300 Linglestown Road, Harrisburg, PA 17110.

Currently in Pennsylvania, nearly 250,000 individuals are living with brain injury. Every year, on average, 8,600 residents of this Commonwealth sustain long term disabilities from brain injury. The DOH's Head Injury Program (HIP) strives to ensure that eligible individuals who have a TBI receive high quality rehabilitative services aimed at reducing functional limitations and improving quality of life. The Advisory Board assists DOH in understanding and meeting the needs of persons living with TBI and their families. This quarterly meeting will provide updates on a variety of topics, including the number of people served by HIP. In addition, meeting participants will discuss budgetary and programmatic issues, community programs relating to traumatic brain injury, and available advocacy opportunities.

For additional information, or for persons with a disability who wish to attend the meeting and require an auxiliary aid, service, or other accommodation to do so, contact Nicole Johnson, Division of Community Systems Development and Outreach, 717-772-2763, or for speech and/or hearing-impaired persons, contact V/TT 717-783-6514, or the Pennsylvania AT&T Relay Service at 800-654-5984. ◀

BIAA Announces Upcoming Webinars

The Brain Injury Association of America (BIAA) has [posted](#) their upcoming live webinars, including: Sexuality in Supported Living Programs; Person-Centered, Participation-Oriented Therapy in VA Polytrauma Transitional Rehabilitation; Postconcussive Headache – A Pain in the Brain?; Managing Impulsivity in the Community: Tips and Strategies for Families; Implementing Guidelines and Best Practices in Clinical Settings; How to Use Apps and Strategies in the Real World; The Challenge of Brain Injury in Older Adults; Employment and Accommodation After Brain Injury; Cultural Competency in Rehabilitation; Supported Decision Making and Independence After Brain Injury; and Psychological Risk Factors for Persistent Post-Concussive Symptoms. ◀

Annual BIAPA Conference Coming up in June

The 19th Annual Brain Injury Association of Pennsylvania (BIAPA) Conference, *Unlocking Potential through Exemplary Services, Innovation and Research*, is coming up quickly. The Lancaster Marriott and Convention Center will be the location for this June 23–25, 2019 event. There are 22 educational sessions/workshops planned as well as social events over the three days. Conference registration materials and online registration opened on April 5, now available on the BIAPA [website](#). ◀



Articles and topics selected for this newsletter are designed to help build continued knowledge base among our members for the topics that will impact you most as we move to managed care in Pennsylvania.

CHC Corner

The Office of Long-Term Living (OLTL) continues to roll out Community HealthChoices (CHC) in the Southeast Region, as it prepares to implement services in the remaining counties on January 1, 2020. Registration for Provider Summits in May and June is available [here](#).

Representatives of OLTL presented monitoring report updates at the April 4, 2019 Managed Long-Term Services and Supports (MLTSS) Medical Assistance Advisory Committee (MAAC) Subcommittee. The information covered service denials, complaints and grievances, missed services, and Person-Centered Service Plan changes through the end of January, 2019. Read the report [here](#) (select the link for the PDF file).

General information about CHC is available [here](#). ◀

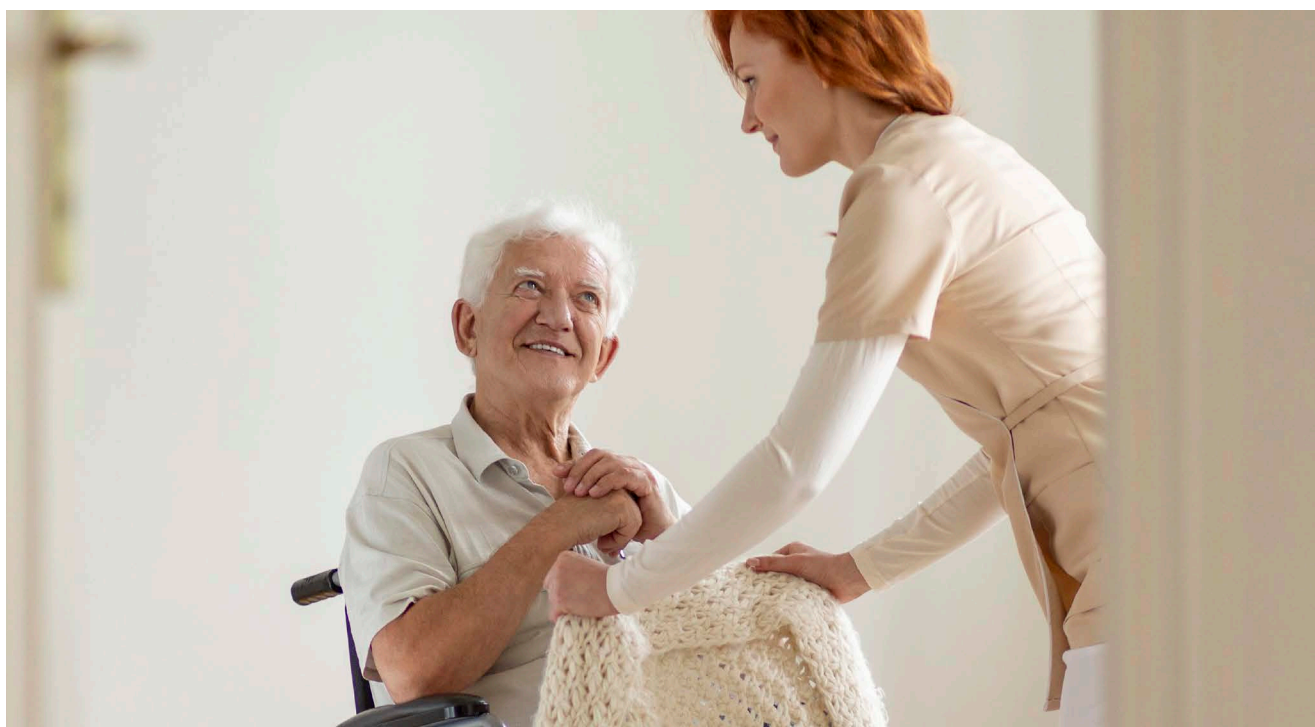
NASUAD Report on MLTSS

On March 29, 2019, the National Association of States United for Aging and Disabilities (NASUAD) released a report, entitled *Collaborating on HCBS Workforce Challenges in MLTSS Programs*, available at [this link](#).

The report is co-authored by Sage Squirrel Consulting, LLC and is the third report from the MLTSS Institute, established in 2016 to drive improvements in key MLTSS policy areas, facilitate sharing and learning among states, and provide direct and intensive technical assistance to states and health plans. The report identifies the challenges and promising practices in addressing workforce issues from three key aspects: network adequacy, rates and reimbursement, and quality. ◀

Assistive Technology Funding Guide

The Pennsylvania Assistive Technology Foundation (PATF) has released a funding guide to assist people with disabilities and older Pennsylvanians with navigating the complex process of finding and paying for assistive technology to meet their needs. The comprehensive resource, *Funding Your Assistive Technology: A Guide to Funding Resources in Pennsylvania*, is the first of its kind to be compiled for individuals with disabilities and seniors in Pennsylvania. Access the free guide from RCPA member PATF at [this link](#). ◀



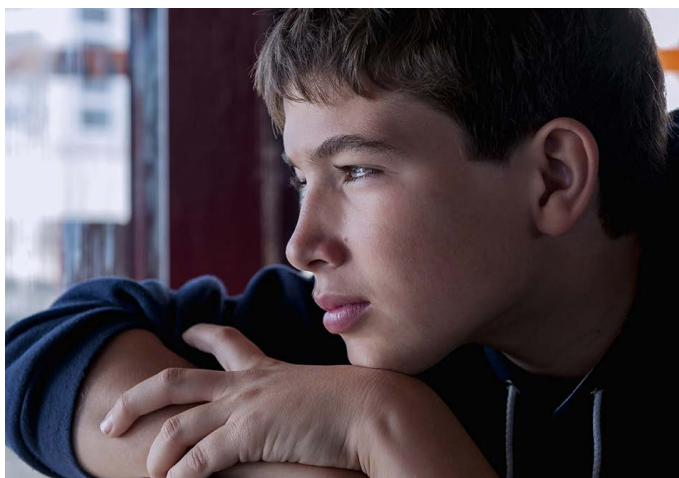
Mental Health Month

From the National Alliance on Mental Illness (NAMI)

Each year, millions of Americans face the reality of living with a mental illness. During May, NAMI and the rest of the country are raising awareness of mental health. We continually work to fight stigma, provide support, educate the public, and advocate for policies that support people with mental illness and their families. Visit the [NAMI website](#) for resources to support awareness, support, and advocacy. Please be sure to [share information, images, and graphics](#) to tell others what #WhyCare means to you.

Mental Health Awareness Days:

- **Monday, May 6, 2019 (2:30 pm – 3:30 pm) at Capitol Rotunda, Harrisburg**
- **Wednesday, May 8 (9:00 am – 1:00 pm) at Strawberry Square, Harrisburg** ◀



Act 25 of 2018: The Outpatient Psychiatric Oversight Act in Effect — Still Awaiting Guidance

On June 5, 2018, Governor Wolf signed this act into law, effective August 6, 2018. Guidance from the Department of Human Services (DHS), Office of Mental Health and Substance Abuse Services (OMHSAS) was to be provided. At the time of this writing, there has been no guidance issued and there are more questions all the time, especially for those providers who have experienced licensing visits recently. RCPA has contacted OMHSAS leadership, requesting a meeting to review and discuss the concerns. ◀

A Call for Change Turns 15 and Taking Notes for 2019

In 2004, the Office of Mental Health and Substance Abuse Services (OMHSAS) Advisory Committee formed a Recovery Work Group, tasked to explore how to transition the adult mental health system in Pennsylvania into a more recovery-oriented approach. The Recovery Work Group was convened, by invitation, to discuss the process of developing a blueprint for building a recovery-oriented service system in Pennsylvania. This collaboration of broad-based stakeholders resulted in *A Call for Change*, a document that would outline a destination for Systems Transformation and provide guidance on strategies for how to get there.

Because *A Call for Change* focused on transforming the adult-serving behavioral health system, in 2010, the OMHSAS Children's Bureau proceeded with developing a document to guide transformation of the child-serving system to one that promotes resiliency for children, youth, and their families. *A Call for Change: Transformation of the Children's Behavioral Health System in Pennsylvania* was drafted as a strategic plan, identifying an ideal array of services, goals, and prioritized action steps to achieve systems change.

Several years have passed since these documents were developed. In the Fall of 2018, the OMHSAS Mental Health Planning Council challenged OMHSAS to re-visit *A Call for Change*, to assess how far Pennsylvania's behavioral health system that serves children, youth, and their families, as well as adults and older adults, has progressed with transformation, and to identify priorities for future efforts. OMHSAS agreed to support the assessment of progress and the issuance of *A Call for Change, 2019*.

The assessment phase includes regional on-site listening sessions, intended to generate broad-based stakeholder input and dialogue. Any questions or comments related to the Call for Change Project can be directed [here](#). ◀

Vicari Named Acting Deputy Secretary of OMHSAS

As of March 25, Valerie Vicari assumed the Acting Deputy Secretary position for the Office of Mental Health and Substance Abuse Services (OMHSAS). Valerie has been working in the ever-evolving human services field for over 25 years. Her work has included experience in the children and youth service system and the behavioral health service system, both drug and alcohol services as well as mental health services. Her various roles have included direct service, case management, county administration, and Commonwealth administration.

Valerie has been a leader within the behavioral health arena since the inception of the Medicaid Behavioral

Health HealthChoices program in 2008. She was part of the OMHSAS team that brought innovative behavioral health community programming to Pennsylvania. Some examples of service development include telepsychiatry, Certified Peer Specialist (CPS) programs, Long Term Structured Rehabilitation programs (LTSR), and Assertive Community Treatment (ACT) teams. As services evolved, telepsychiatry, CPS, and ACT programming expanded to include individuals who have both behavioral health issues and forensic involvement as well.

Valerie's most recent position has been the Chief Executive Officer at Torrance State Hospital since June

2016. The oversight responsibilities included but were not limited to the civil psychiatric services, the Regional Forensic Psychiatric Center (RFPC), and the Sexual Responsibility Treatment Program (S RTP). There are over 300 patients served at Torrance State Hospital on an ongoing basis. During her leadership at Torrance, the hospital has become tobacco free, telepsychiatry has been developed within the forensic unit, and numerous recovery focused initiatives have commenced.

RCPA looks forward to continuing a long and productive relationship with OMHSAS and Acting Deputy Secretary Vicari, and we wish her the best of luck in this new and exciting role. ◀

Drug & Alcohol

Hospital Quality Improvement Program: Incentives for OUD ED Clinical Pathways

This initiative, funded by the Statewide Hospital Assessment, provides payment for hospitals that developed treatment pathways for HealthChoices recipients suffering from Opioid Use Disorder (OUD). The initiative allows hospitals to develop protocols for warm handoffs to community or inpatient detox services. The Department of Human Services (DHS) will offer an incentive to hospitals that provide follow-up treatment after Emergency Department (ED) visits for OUD within seven days of discharge. Participation is voluntary and the dollar amount of the payments depends on the clinical pathways chosen. There is a total of \$35 million available to hospitals.

Hospitals may choose to develop any of the following clinical pathways:

- ▶ ED initiation of buprenorphine with warm handoff to the community;
- ▶ Direct warm handoff to the community for medication-assisted treatment (MAT) or abstinence-based treatment;
- ▶ Specialized protocol to address pregnant women with OUD; or
- ▶ Direct inpatient admission pathway for methadone or observation for buprenorphine induction.

120 out of 160 hospitals are participating by developing at least one pathway and 77 hospitals developed all pathways. Requests for further details and questions should be directed to [Lynn Cooper](#). ◀



SUD Loan Repayment Program RFA Announcement

The substance use disorder (SUD) loan repayment program (LRP) offers educational loan repayment to practitioners who provide behavioral health care and treatment for substance use disorder and opioid addiction in designated Health Professional Shortage Areas and designated high substance use counties. The program aims to increase access to behavioral health care services associated with opioid use in underserved and high-use communities, and improve recruitment and retention of health practitioners in these communities. Physicians, psychiatrists, certified alcohol and drug counselors, certified advanced alcohol and drug counselors, physician assistants (PA-C), certified registered nurse practitioners (CRNP), psychologists, licensed clinical social workers (LCSW), licensed social workers (LSW), and licensed professional counselors (LPC) are all eligible for the program.

Practitioners must have already served two years treating substance use disorder and opioid addiction. They also must commit to a two-year contract to provide future services with the program; work at a practice site approved by the SUD LRP; be a graduate of an accredited educational program in the US; maintain a valid Pennsylvania license/certification; submit a complete application to the department and be approved by the department for participation. At least 50 percent of their work must be associated with substance (drug) use counseling, medication-assisted treatment, and other related support services with an established plan of care. Practitioners providing referral-based services only are not eligible.

- ▶ Loan repayment is provided for practitioners in exchange for two years of past service and a commitment to two additional years of full-time or half-time service at an approved practice site.
- ▶ Physicians and psychiatrists can receive up to

\$100,000 of educational loan repayment for a full-time service commitment and/or up to \$50,000 of educational loan repayment for a half-time service commitment.

- ▶ Certified alcohol and drug counselors, certified advanced alcohol and drug counselors, PA-Cs, CRNPs, psychologists, LCSWs, LSWs, & LPCs can receive up to \$60,000 of educational loan repayment for a full-time service commitment and/or up to \$30,000 of educational loan repayment for a half-time service commitment. Applications may only be submitted via a web-based platform in response to a competitive Request for Applications (RFA). Consideration for awards will include community need, Pennsylvania residency, graduation from Pennsylvania educational institutions, attainment of a health professions license within the past 10 years, and a connection to the community where the applicant is practicing.

The Request for Applications (RFA) #67-86 can be downloaded from this [web page](#).

- ▶ Applications are being accepted from May 1, 2019 until 11:59 pm June 3, 2019.
- ▶ Program information, application procedures and application instructions are found in RFA#67-86.
- ▶ All applications must be submitted via the SUD Loan Repayment Program's web-based application through the link on the above web page.
- ▶ Questions regarding this RFA must be submitted [via email](#) on or before May 12, 2019. No questions will be answered via phone or email. Answers to all questions submitted by May 12, 2019 will be posted on the above website by May 17, 2019 and will be considered an addendum to the RFA. ◀

Pennsylvania Advisory Council on Drug and Alcohol Abuse

In accordance with Act 50, members of the Pennsylvania Advisory Council on Drug and Alcohol Abuse act as advisors to the Governor, and to the Secretary of the Department of Drug and Alcohol Programs (DDAP), regarding substance use issues in Pennsylvania. The council is composed of the Secretary of DDAP, or his/her designee, and eight other members appointed by the Governor.

Council members, by statute, must be representative of the following categories:

- ▶ Substantial training or experience in the fields of drug or alcohol prevention, intervention, rehabilitation, treatment, or enforcement.
- ▶ Individual with a prior history of drug and alcohol dependency.
- ▶ No connection with, or experience in, drug or alcohol prevention, intervention, rehabilitation, treatment, or enforcement.

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- ▶ The public at large.
- ▶ To the extent possible, all geographic areas of the Commonwealth are to be represented.

Council Members

If you are interested in being considered as an Advisory Council member, please forward a letter of interest and resume (including your name, address, phone number, email address, county of residence, date of submission, and which category/categories you would be representative of) to the address below:

Department of Drug and Alcohol Programs
Attn: Advisory Council Membership
One Penn Center
2601 N 3rd Street, 5th Floor
Harrisburg, PA 17110

Applicants' letters of interest/resumes will be reviewed on an as-needed basis as vacancies occur. We will contact potential candidates if being recommended.

Upcoming Meetings

- ▶ June 20, 2019 1:00 pm – 3:00 pm
- ▶ August 16 1:00 pm – 3:00 pm
- ▶ October 17 1:00 pm – 3:00 pm
- ▶ December 19 1:00 pm – 3:00 pm

Please contact Mary Jones at 717-214-1937 or [via email](#) with questions. ◀

DDAP Announces Funding for Gambling Disorder Treatment

The Department of Drug and Alcohol Programs (DDAP) has opportunities for drug and alcohol or mental health providers to enter into a grant agreement for funding to provide outpatient treatment services to people with a gambling disorder and their loved ones.

Per the National Council on Problem Gambling (NCPG), problem gambling includes all gambling and gaming behavior patterns that compromise, disrupt, or damage person, family, or vocational pursuits. Problem gambling is an emotional problem that has serious financial consequences. It is estimated that 2 million (1%) of US adults meet the criteria for pathological gambling in a given year. While responsible gambling and gaming can occur, a person with a gambling disorder does not gamble responsibly and their behavior interferes with all aspects of their life. Gambling can alter a person's mood and offer the same effect as a person ingesting drugs or alcohol — and over time, the gambler finds themselves developing tolerance and increasing their gambling behaviors to achieve the same emotional effects as before. In addition, family members and significant others can be severely affected by the gambler's behaviors and the consequences of problem gambling.

Not all insurances provide benefits for a primary diagnosis of a gambling disorder. When insurances do offer benefits

for a gambling disorder, patients are often faced with high deductibles or copays that they are unable to afford, due to the financial consequences of this disorder. This is where DDAP can help. As a payor of last resort, DDAP has funds available for treatment services to persons with a gambling disorder and their families or significant others. As a provider with a DDAP grant agreement, you will receive reimbursement for outpatient services at \$85.00 per individual session and \$35 per group session. In addition, you may also receive client referrals from the DDAP website and/or the 1-800-GAMBLER helpline. DDAP has staff dedicated to supporting you as a provider and will assist you along with the required client forms and annual monitoring process.

Free training is available to those who do not currently have a certificate for problem gambling treatment. Trainings are paid for by DDAP and provided by the Council on Compulsive Gambling in Pennsylvania, Inc. Visit the DDAP website to register for the [Gambling Counselor Certification Level 1 training](#) or call the Training Section at 717-736-7452.

Interested parties can log onto the DDAP website, review the qualifications, and fill out a [provider application](#) today. Questions regarding the grant and application should be directed to [Amy Hubbard](#) or by phone at 717-736-7562. ◀

Future Impact of Technology in Services for Individuals with IDD

With the ever-looming direct support professional (DSP) shortage and high turnover rates, providers of IDD services are looking more closely at technology options to help meet some of the needs of the individuals they serve. Many options are available to assist those with intellectual and other disabilities in relying less on staff, and more on themselves, with the help of technology to enjoy community life.

Applications cover a wide range of assistance, from automatic medication dispensers that remind an individual when it is time to take medication, to utilizing “Alexa” to alert an individual that it is time to wake up in the morning. Individuals can even make their own voice recording, or a video performing each step of a task such as morning hygiene, and then utilize that recording when carrying out the task. Assistive technology can help people with physical or other disabilities to control electrical appliances, audio/video equipment such as home entertainment systems, or locking and unlocking doors. Also available are systems that address concerns about health and safety such as cooking, falls, sleep patterns, wandering and elopement, etc. Sensors and cameras can send alerts to family or on-call staff who can check in on an individual if there is cause to be concerned. And as technology advances, so do the options for individuals with disabilities.

The Institute on Disabilities at Temple University is the home for Pennsylvania’s Initiative on Assistive Technology (PIAT). The institute partners with other groups to create regional centers across Pennsylvania. PIAT and the other assistive technology programs and projects create TechOWL – Technology for Our Whole Lives. Visit their [website](#) to learn more about the services they offer.

The Office of Developmental Programs (ODP) is actively exploring ways that technology can be utilized to enhance the lives of individuals in Pennsylvania. RCPA staff and members plan to be a part of these discussions and exploration of opportunities for the future. ◀



Senator Casey Expresses Concern About Block Grants for Medicaid

As members of ANCOR, we receive information on a national level regarding activity that could impact our services. In a recent communication from ANCOR, we became aware that Senator Bob Casey (D-PA) [wrote a letter](#) to US Secretary of Health and Human Services (HHS) Alex Azar, stating the importance of Medicaid, and demanding more information on administration proposals to block grant this program. These proposals are included in the [HHS portion of the President’s 2020 budget proposal](#). Policy stakeholders have noted the administration’s [commitment to reforming Medicaid](#). As such, the budget is an important guiding document on what actions and policies HHS and the administration might pursue outside of Congress.

Senator Casey’s letter expresses displeasure at the administration’s proposal, referring to Congress explicitly rejecting proposals to block grant or cap Medicaid. He brings up the right of individuals who depend on the program to be a part of discussions that would radically change the program, and states that “any waiver application must also remain true to the statutory requirements and obligations of the program.”

For more information, please email [Esme Grant Grewal, Esq](#) ◀

ODP Announcements Since Last RCPA News

- ▶ 19-036 Process to Implement Participant Direction Transfers from AAW to an ID/A Waiver
- ▶ 19-037 June ACRE Basic Certification Training for Providers of Employment Services – Two Dates
- ▶ 19-038 Now Available: Registration for Initial Certified Investigator Courses and Peer Review Course
- ▶ 19-039 AAW SCO and Provider Contact Information for the Quality Assessment & Improvement Process
- ▶ 19-040 CAPS: Peer Specialist Training Program for Individuals with Autism
- ▶ 19-041 ODP Releases Quality Assessment & Improvement Annual Statewide Report of Self-Assessments for Fiscal Year (FY) 2018–2019
- ▶ 19-042 Generation of EIM Email Notifications for Supports Coordinators and Supports Coordination Supervisors
- ▶ 19-043 EIM Alerts for Incidents not Submitted Within 72 hours of Creation
- ▶ 19-044 Qualification Process for New Providers UPDATE
- ▶ 19-045 Updated Employment Resources Page on MyODP
- ▶ Employment Service Definition Quick Guide
- ▶ 19-046 Person Centered Thinking Training – Registration Available for Philadelphia and Harrisburg Sessions
- ▶ 19-047 PA Family Network Offers Statewide Training Sessions
- ▶ 19-048 Office of Vocational Rehabilitation (OVR) Contact Information for ID/Autism Coordinators – Updated 4/10/19
- ▶ Attachment 4 – Bulletin 00-19-01; updated 4/10/19 (OVR Contacts)
- ▶ 19-049 “Getting Connected to the Community” Training Available
- ▶ 19-025 Now Available: Updated ID/A Waiver Employment Service Definition Question and Answer Document and ID/A Waiver Employment Service Definition Quick Guide
- ▶ 7th Annual Lifesharing Conference Call for Presenters, October 21–22, 2019
- ▶ Money Follows the Person (MFP) Initiative: Recognizing and Addressing Mental Health Factors When Providing Behavior Supports May 21, 2019
- ▶ ODP Newsletter April 2019



RCPA Announces New Director of Children's Division

RCPA is pleased to announce the hiring of James (Jim) Sharp as the new director for its Children's Division. Jim brings 30 years of systems expertise to RCPA; most recently working for Merakey in several key positions, including Executive Director of Operations for Pennsylvania, Delaware, & Maryland; Executive Director of Behavioral Services and Development; and as the Regional Executive Director for NHS Northwestern Academy. Prior to his work at Merakey, Jim served as the Chief Juvenile Probation Officer at the Philadelphia Family Court Juvenile Probation, the nation's fourth largest juvenile probation department. In his tenure as Chief P.O., he aided in the

implementation of national and statewide models for violence prevention, aftercare reintegration, and juvenile drug and graduated sanctions courts.

Jim began his career as a juvenile probation officer in Montgomery County before joining George Junior Republic as Court Liaison and Admissions Director. In addition to his bachelor's degree from Mount Saint Mary's University, he holds a Master of Administration, and graduated Magna Cum Laude from Shippensburg University. Jim will begin in this position on May 13. Please join us in welcoming Jim to RCPA! ◀



****Warning: Graphic Content May Be Disturbing to Some Audiences****

Project PA | Reform May Finally be on Its Way to Pennsylvania's Child Welfare System

by Brian Sheehan, Friday, April 19, 2019, local21news.com

Reform may finally be on its way to Pennsylvania's child welfare system. And lawmakers say 14-year-old Grace Packer is the reason why. Legislators at the Capitol are expected to introduce legislation in honor of Grace Packer as early as this year.

Kidnapped, brutally beaten, killed and dismembered, the young girl's life ended before it ever had a chance to begin. Her adoptive mother, Sara Packer, is spending the rest of her life behind bars while the mother's boyfriend, Jacob Sullivan, sits on death row.

"He got what he deserved. Plain and simple," Bucks County District Attorney Matt Weintraub said. "Death is the appropriate sentence for this man."

Grace's brutal tale launched our Project PA: Children in Crisis series earlier this year... [\[read full article here\]](#).



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

MAY

| | | |
|--------------------------|---------------------|--|
| Wednesday, May 1 | 9:00 am – 2:00 pm | RCPA Capitol Day <i>Capitol Rotunda, Harrisburg, PA</i> |
| Tuesday, May 7 | 9:00 am – 4:30 pm | Sexuality Policy Development Workshop (Day One) <i>Penn Grant Centre</i> |
| Wednesday, May 8 | 9:00 am – 4:30 pm | Sexuality Policy Development Workshop (Day Two) <i>Penn Grant Centre</i> |
| Thursday, May 9 | 10:30 am – 5:00 pm | RCPA Golf Tournament <i>Hershey Country Club</i> |
| Thursday, May 9 | 5:00 pm – 7:00 pm | RCPA Annual Membership Reception <i>Hershey Country Club</i> |
| Friday, May 10 | 9:00 am – 1:30 pm | RCPA Annual Membership Meeting <i>Hershey Lodge</i> |
| Tuesday, May 14 | 12:00 pm – 1:00 pm | IPRC Advocacy, Education & Membership Committee <i>Conference Call</i> |
| Wednesday, May 15 | 10:00 am – 12:00 pm | Human Resources Committee <i>Penn Grant Centre</i> <i>Lunch sponsored by TBGHealth Inc.</i> |
| Wednesday, May 15 | 1:00 pm – 2:00 pm | Human Resources Training: Employment Compliance in the Age of Legalized Marijuana <i>Penn Grant Centre</i> |
| Thursday, May 16 | 10:00 am – 3:00 pm | Children's Division <i>Penn Grant Centre</i> |
| Thursday, May 16 | 10:00 am – 12:30 pm | Outpatient Rehab Committee <i>RCPA Conference Room</i> |
| Thursday, May 16 | 9:00 am – 10:00 am | Government Affairs Committee <i>Conference Call</i> |
| Tuesday, May 21 | 12:15 pm – 1:00 pm | IPRC Outcomes & Best Practices Committee <i>Conference Call</i> |
| Thursday, May 30 | 10:00 am – 2:00 pm | Early Intervention Committee <i>RCPA Conference Room</i> |



JUNE

| | | |
|---------------------------|---------------------|---|
| Friday, June 7 | 11:00 am – 3:00 pm | BH-MCO Task Force <i>RCPA Conference Room</i> <i>Lunch sponsored by PerformCare</i> |
| Tuesday, June 11 | 12:00 pm – 1:00 pm | IPRC Advocacy, Education & Membership Committee <i>Conference Call</i> |
| Tuesday, June 11 | 12:30 pm – 3:30 pm | Drug & Alcohol Committee <i>RCPA Conference Room</i> |
| Wednesday, June 12 | 9:30 am – 12:00 pm | Mental Health Committee <i>RCPA Conference Room</i> |
| Wednesday, June 12 | 10:00 am – 2:00 pm | Brain Injury Committee <i>Penn Grant Centre</i> |
| Wednesday, June 12 | 1:00 pm – 4:00 pm | Criminal Justice Committee <i>RCPA Conference Room</i> |
| Tuesday, June 18 | 10:00 am – 12:30 pm | Med Rehab Committee <i>RCPA Conference Room</i> |
| Tuesday, June 18 | 12:15 pm – 1:00 pm | IPRC Outcomes & Best Practices Committee <i>Conference Call</i> |
| Tuesday, June 18 | 2:00 pm – 3:00 pm | IPRC Webinar: Understanding the CDC Guideline for Treatment of Mild TBI Among Children |
| Thursday, June 20 | 9:00 am – 10:00 am | Government Affairs Committee <i>Conference Call</i> |