

❖ SPECIAL FEATURES

RCPA IMPLEMENTS WEBSITE ACCESSIBILITY TOOL

Thanks to [accessiBe](#), RCPA's websites are now more accessible to individuals with disabilities! Their accessibility tool is free to most nonprofits. It lets your end users tailor your websites for multiple different special needs, by selecting various settings for both accessibility and content. To see the options available, visit the [RCPA website](#) and the [RCPA Conference website](#), and click or tap on the round accessibility widget in the bottom left corner of your screen!

- [View the accessiBe TV commercial](#)
- [Visit the accessiBe website](#)



Sponsor, Exhibit, and Advertise in Hershey at the 2022 RCPA Annual Conference: Together

Join RCPA as we host the 2022 Annual Conference: "Together," in person from October 11–14, at the Hershey Lodge. RCPA staff and the Conference Committee are excited to release this year's [Sponsors, Exhibitors, and Advertisers brochure](#), with new opportunities to get in on the action.

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

Connections Hall Brings Us Together

Exhibit activities take place during the two busiest days of the conference, with many networking opportunities throughout the event. Check out the [Connections Hall web page](#) for more details!

Exciting New Sponsorship Opportunities

The association is privileged to have the backing of the finest organizations in the field for our conference. Through the use of sponsorship circles, RCPA is able to honor all supporting organizations. Visit the [Sponsors page](#) to view opportunities and available sponsorship circles!



NEW MEMBER INFORMATION

June 2022

BUSINESS

Ascend Career Services

135 W King St
Shippensburg, PA 17257
Patrick Metcalf, Owner

Consulting for Human Services, LLC

2226 Latona St
Philadelphia, PA 19146
Stacy DiStefano, Founding Principal

PROVIDER CENTRAL REGION

Clinical Outcomes Group, Inc.

437 N Centre St
Pottsville, PA 17901
Alicia Fleischut, Executive Director

SOUTHEAST REGION

Central Behavioral Health

1100 Powell St
Norristown, PA 19401
Valarie O'Connor, President/CEO

About RCPA:

With well over 350 members, the majority of who serve over 1 million Pennsylvanians annually, Rehabilitation and Community Providers Association (RCPA) is among the largest and most diverse state health and human services trade associations in the nation. RCPA advocates for those in need, works to advance effective state and federal public policies, serves as a forum for the exchange of information and experience, and provides professional support to members. RCPA provider members offer mental health, drug and alcohol, intellectual and developmental disabilities, children's, brain injury, medical rehabilitation, and physical disabilities and aging services, through all settings and levels of care. Contact **Tieanna Lloyd**, Membership Services Manager, with inquiries or updates regarding the following:

- **Membership Benefits**
- **Your Staffing Updates** (i.e., new hires, promotions, retirements)



STAFF

Richard S. Edley, PhD

President and CEO

Allison Brognia

Event Planner/ Accounts Payable Manager

Melissa Dehoff

Director, Rehabilitation Services Divisions

Sarah Eyster, MSW

Director, Mental Health Division

Carol Ferenz

Director, Intellectual/Developmental Disabilities Division

Cindi Hobbes

Director, International Pediatric Rehabilitation Collaborative

Tieanna Lloyd

Accounts Receivable/Membership Services Manager

Tina Miletic

Assistant to the President/CEO, Finance Manager

Sharon Militello

Director, Communications

Hayley Myer

Administrative/Communications Specialist

Jack Phillips, JD

Director, Government Affairs

Jim Sharp, MS

Director, Children's Division

Jason Snyder

Director, Drug & Alcohol Division

Fady Sahhar, XtraGlobex

Consultant, RCPSO President/CEO

❖ SPECIAL FEATURES

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Sign Up Now

The deadline for inclusion in all digital materials is August 11. Sponsors, exhibitors, and advertisers who wish to be listed on the website, the mobile app, and in the conference program must adhere to that deadline. The association looks forward to welcoming you at the conference! Space and opportunities are reserved on a first-come, first-served basis, and no reservation is considered complete without payment. If questions remain, please contact [Sarah Eyster](#) or [Carol Ferenz](#), Conference Coordinators. ◀

❖ MEMBER CONTRIBUTOR CORNER

OSHA COVID-19 Healthcare ETS Status

by Gordon Smoko, CSP, CFPS, ARM, Senior Risk Manager, *Brown & Brown*



RCPA members may have learned that on December 27, 2021 OSHA announced the withdrawal of on-recordkeeping portions of the Healthcare Emergency Temporary Standard (ETS). Also, you probably are aware OSHA formally withdrew its vaccine-or-test ETS for large employers effective January 26, 2022, following a Supreme Court decision that blocked enforcement of the ETS. Some are under the impression that the story ended there; however, the COVID-19 log and reporting provisions of the COVID-19 Healthcare ETS remain fully

in effect, and OSHA intends to use the general duty clause and other standards to continue enforcement efforts with the goal of a permanent regulation that will protect healthcare workers from COVID-19 hazards. For details, [use this link](#). This article reviews the current COVID-19 recordkeeping/reporting requirements and standards that apply to healthcare.

The COVID-19 log recordkeeping and reporting provisions, 29 CFR 1910.502(q)(2)(ii), (q)(3)(ii)-(iv), and (r), remain in effect if you were subject to the healthcare ETS. Below is the exact wording used in the standard, with comments and resources added for clarity... [\[read full article\]](#). ◀

Assistive Technology and Remote Supports

SafeinHome

When you want to live independently, it is good to know you can reach out to others. For people with disabilities, Remote Supports can assist them in living the way they want to.

What is Remote Supports?

Remote Supports is 24/7 access to trained staff, combined with both assistive and sensor technology to support people with disabilities to live the way they want. Together, SafeinHome and the people we serve choose a support plan based on their desires and goals while taking into account their unique needs and risks. SafeinHome can work with any care plans which are already in place. The best thing about Remote Supports is that staff are always available, but not in the way when they aren't needed.

What are Assistive Technologies?

Remote Supports uses Assistive Technologies to assist the people we serve. But, what is Assistive Tech, and how does it support independent living? Assistive Tech is anything which enhances the capabilities of a person with disabilities. They can be as simple as a communication board, or as advanced as medication reminder devices. Assistive Tech are tools that can be used at home and out in the community. Our tech coupled with our staff provides support with respect for privacy and space. What kind of Tech is there? How does it connect with our Remote Supports team? [\[read full article\]](#) ◀

MEMBERS IN THE NEWS

Mt. Lebanon Boy's Award-Winning Book is a 'Voice' for Inclusivity

(Mentions RCPA Member Achieva)

By Abby Mackey, Pittsburgh Post-Gazette

March 31, 2022

Holden Frye rushed home after a day of school in December 2019 with two major announcements: He knew exactly the charity his family should choose for their annual Christmastime donation, and he was going to write a book.

Both thoughts stemmed from an assembly given at his school, Mt. Lebanon's Hoover Elementary, earlier in the day.

The students got a visit from Kimberly Resh, founder and director of programs for the statewide organization Mikayla's Voice, and her message of inclusivity, especially as it relates to children [\[read full article\]](#). ◀

TELEHEALTH

Federal Flexibilities for Telehealth continue

In March, President Biden signed the newest Federal Omnibus that enabled the flexibilities for telehealth service delivery to extend 151 days past the end of any Public Health Emergency (PHE). The current PHE will end July 16, 2022, thus extending the current flexibilities into February 2023. These flexibilities include the use of audio only and no restrictions on the location of service delivery.

PA Telehealth

RCPA continues its efforts on the expansion of telehealth on both the state and legislative level. The OMHSAS Tele-Behavioral Bulletin now includes a waiver for audio-only services that will go from April 1, 2022 to March 31, 2023, keeping that service delivery in place for another year.

Legislatively, RCPA continues to shepherd HB 2419, which will address the shortage of psychiatrists by enabling their supervision of staff to be completed via telehealth. The bill passed the House in April 199-0 and moves on to the Senate for confirmation this month. If you have any questions regarding telehealth, please contact RCPA Children's Policy Director [Jim Sharp](#). ◀

GOVERNMENT AFFAIRS

RCPA's Legislative Tracking Reports

RCPA is constantly tracking various policy initiatives and legislation that may have positive or negative effects on our members and those we serve. For your convenience, RCPA has created a legislative tracking report, which is broken down into specific policy areas. You can review these tracking reports below to see the legislative initiatives that the PA General Assembly may undertake during the current Legislative Session. If you have questions on a specific bill or policy, please contact [Jack Phillips](#), Director of Government Affairs.

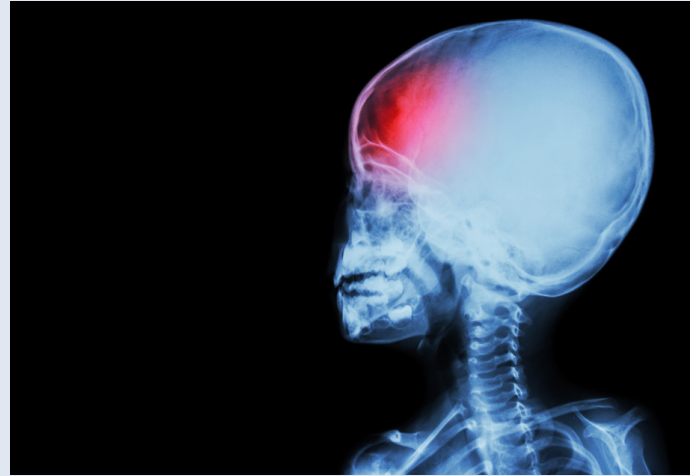
- [Brain Injury](#)
- [Budget](#)
- [Children's](#)
- [Criminal Justice](#)
- [Drug and Alcohol](#)
- [Intellectual Disabilities](#)
- [Mental Health](#)
- [Physical Disabilities](#)
- [Prudent Pay](#)



❖ BRAIN INJURY

#MoreThanMyBrainInjury Awareness Campaign Focuses on Stroke

The Brain Injury Association of America (BIAA) is helping to raise awareness with their [#MoreThanMyBrainInjury](#) campaign. The graphics on their [web page](#) help to promote awareness and understanding of brain injury from the perspective of an individual who had a stroke. Each image has this caption: **I had a stroke, but I'm more than my brain injury.** The page also provides an extensive amount of resources about stroke and brain injury. ◀



❖ MEDICAL REHABILITATION



Office of Inspector General Releases Report on Prior Authorization Denials

The Health and Human Services (HHS) Office of the Inspector General (OIG) released a report on Medicare Advantage Organizations' (MAOs) prior authorization denials. The report, [Some Medicare Advantage Organization Denials of Prior Authorization Requests Raise Concerns About Beneficiary Access to Medically Necessary Care](#), found that MAOs delayed or denied patients access to medically necessary care that met Medicare coverage criteria through the use of prior authorization. The OIG cites that 13 percent of prior authorization requests and 18 percent of payment requests it reviewed were denied despite meeting Medicare coverage rules. Inpatient rehabilitation was specifically identified by the OIG as a service that its reviewers believe is inappropriately restricted by MAOs. ◀



ADvancing States Releases Report on Nursing Facility Financing and MLTSS Program Implementation

ADvancing States is pleased to announce the release of a new issue brief “Addressing Nursing Facility Financing Challenges during MLTSS Program Development,” developed in collaboration with Milliman. This brief is intended to shed light on the complex and often-misunderstood relationship between nursing facility financing and Medicaid delivery system design [\[read full article\]](#). ◀

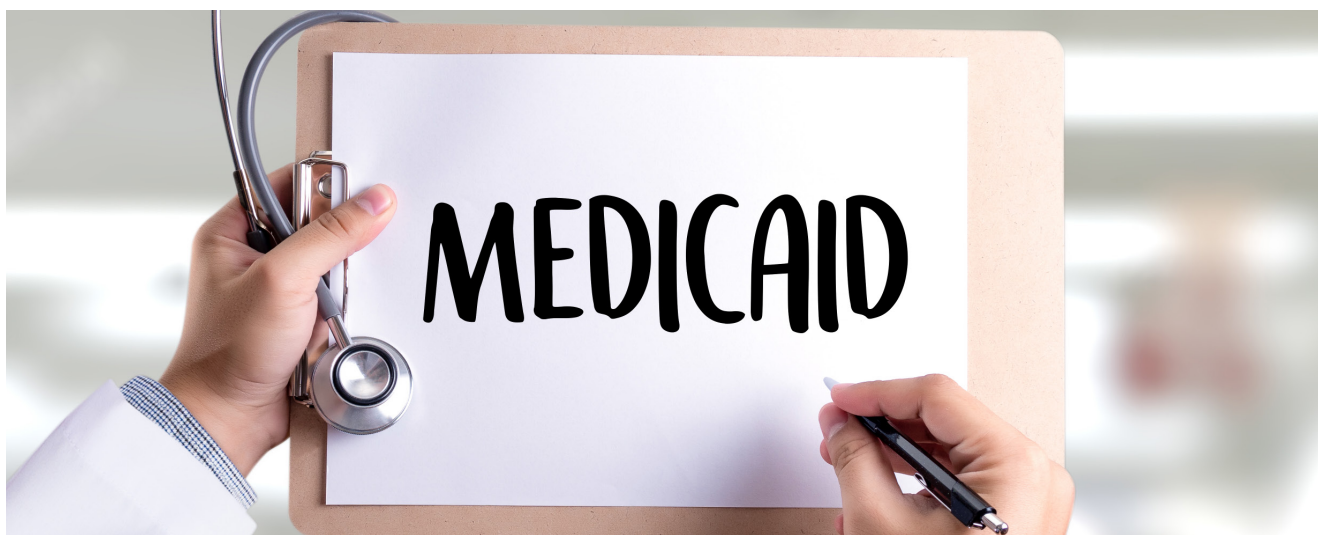
KFF Analysis: Combined Federal and State Spending on Medicaid Home and Community-Based Services (HCBS) Totaled \$116 Billion in FY 2020 With Wide Variability Across States

The analysis, based on KFF’s 19th survey of state officials administering Medicaid HCBS programs in all 50 states and DC, finds that most enrollees receive home and community-based services that are optional coverage choices made by state Medicaid programs, usually in the form of waivers or optional state plan benefits. That results in substantial variation in HCBS eligibility, spending, and benefits across states. Notably:

- Spending on HCBS accounted for 59% of total Medicaid long-term services and supports spending in FY 2019, the most recent year for which data is available.
- Spending data shows that among waiver target populations, annual per person costs for people with intellectual and developmental disabilities (\$48,900) were much higher than per person costs for seniors and adults with physical disabilities (\$17,600).
- States vary in scope of services provided as well as reimbursement for providers. The average provider reimbursement rate for home health agency services is \$118.82 per visit, based on analysis of the survey data provided by 20 states. The average provider reimbursement rate paid to personal care agencies is \$23.09 per hour in 22 of 37 states reporting this data.

Medicaid Home & Community-Based Services: People Served and Spending During COVID-19

KFF | March 4, 2022 ◀



Programs Offering Financial Incentives to Stop or Reduce Drug Use Show Great Promise and Could Gain Momentum With Recent Federal Ruling

A ruling earlier this year from the Office of Inspector General (OIG) within the Department of Health and Human Services (HHS) could open the door to more [contingency management \(CM\) programs](#) across the country. CM is an evidence-based approach for treating substance use disorders (SUD) that uses financial incentives to reward healthy behavior, such as abstinence and treatment retention.

The [OIG's advisory opinion](#) concluded that an app-based contingency management program developed by DynamiCare Health Inc., a digital therapeutics and telehealth company dedicated to helping people overcome addiction, will not incur a risk of sanctions under the federal Anti-Kickback Statute (AKS) and Beneficiary Inducement Prohibition (BIP). This is the first time the OIG has issued such an opinion for a nationally accessible CM program that offers patients the full-value, direct monetary rewards that research has shown to be effective.

A recent article in the [Washington Post](#) described how CM works: When people pass a drug test, they earn rewards, usually a draw from a bowl containing prizes — written phrases of affirmation ("Good job!") and gift certificates in amounts from a few dollars to \$50. Testing occurs twice a week or more, and rewards often escalate to encourage people to stick it out long term; you might get one draw from the prize bowl for your

first drug-free sample, three draws the next week, and five the following week. Some programs remove the element of chance or offer straight cash instead of gift cards. Sometimes, a different behavior is rewarded, such as showing up for counseling. But the rewards are always immediate, to help the positive reinforcement land.

CM has been shown to be an effective approach for those with an SUD in more than 100 randomized controlled trials over 50 years. It has consistently been shown to increase abstinence among stimulant users more effectively than other, more ubiquitous methods, such as twelve-step programs or cognitive behavioral therapy. Evidence shows it can double abstinence rates across opioids, stimulants, alcohol, tobacco, and nicotine, compared to usual care alone. It is the most effective and most evidence-based treatment for stimulant use disorders. In 2021, the Biden Administration declared advancing CM among its drug policy priorities.

In the same [Washington Post](#) article, H. Westley Clark, an adviser to California's pilot program and a former director of the federal Center for Substance Abuse Treatment, said, "The science is well established. When you compare it to other treatments, CM ranks at the head of the pack." CM remains deeply underused by addiction treatment providers in the United States, despite an ever-growing drug overdose death crisis.

"The nation's overdose crisis and the new stimulant crisis are driving unabated record-high overdose death rates. With no FDA-approved medication for methamphetamine or cocaine use disorder, organizations that provide substance use treatment need to be able to adopt contingency management, which represents the most effective evidence-based approach available," said National Council for Mental Wellbeing President and CEO Chuck Ingoglia. "We are pleased with HHS-OIG's advisory opinion, and we're proud to have played a role in breaking down this barrier to evidence-based care."

In December 2021, California became the first state to receive federal approval to cover CM through Medicaid. The California Department of Health Care Services (DHCS) is now running a statewide pilot program for people with SUD. ◀



RCPA Members and Staff Participate in National Alliance for Direct Support Professionals (NADSP) Advocacy Symposium

In early March 2022, NADSP embarked on its first ever national advocacy event, the [2022 Advocacy Symposium, Amplifying The Voices Of Direct Support Professionals \(DSPs\)](#). After receiving training on effective advocacy strategy from Soapbox Consulting Group, attendees participated in over 250 meetings with legislative staff to share the perspective of direct support professionals to the forefront of Congress and the Administration during a time of unprecedented workforce challenges. Several of these meetings culminated into additional sponsors to the House of Representatives and US Senate bills regarding [establishing a Standard Occupation Classification within the Bureau of Statistics for direct support professionals \(S 1437 / HR 4779\)](#).

We were very impressed with the DSPs that participated in the event and would like to share the stories of some of our member DSPs.

Kelley Shepherd, DSP at Mainstay Life Services, shared that working as a DSP definitely comes with many challenges and responsibilities. We often use the phrase, “we wear many hats,” when referring to the scope of our duties. But, in the midst of all the responsibilities and challenges, there are a significant amount of stories where DSPs are able to provide a world of untapped potential for the people we support to have new experiences. For example, a few years ago I began supporting a gentleman who had never lived in a group home setting before. He had some time adjusting to having schedules that revolved around a number of people, having a change in staff — not only through turnover but also just shift to shift having different people in the house was an adjustment. We bonded pretty quickly, being somewhat close in age, and we were able to go to Steel City Comic-Con in Monroeville. I was able to chat with him quite a bit since his housemates were at program during the day, too. One summer, we were talking about how we should have a summer vacation. I was able to get him excited about doing a lab appointment because we scheduled “beach day” right after the appointment. We had lawn chairs and snack money and shorts and went to Keystone State Park beach area. He seemed content watching boaters and swimmers and we talked about the activities they had around. Then I suggested we go in the water. When we got our shoes off and went into the lake he told me that it was the first time he’d ever been at a beach to go in the lake before. It was an amazing day at the beach.



He’s since moved to another residency, but I’ve been able to take that experience with me since. Knowing that no experience is too small (and no experience is insignificant) is a major factor in what keeps me going amid the challenges and responsibilities facing DSPs today. ◀

More Intellectual/Developmental Disabilities
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❖ INTELLECTUAL/DEVELOPMENTAL DISABILITIES

Hayley Schaeffer, DSP at Emmaus, shared this story. In 2019, I got the phone call that an individual would be coming to the site that I supervised for emergency respite. To respect her privacy, we'll refer to her as Jane. In no time, the car pulled into the driveway, and I greeted her...introducing myself and welcoming her to the Galilee House. Jane was scared, she had been through so much, and absolutely refused to get out of the car. I remember reassuring her that she was safe, and we could wait here out on the driveway as long as she would like and whenever she felt comfortable, we could go inside. My DSPs, that I proudly supervise, worked swiftly to create a "Welcome" poster, while another went out to get Jane new clothes and other essentials. Those who knew Jane let us know that she loved two things: pizza and Dr. Pepper. So of course, we had a fresh pizza pie and some "Dr. P," as Jane would say, ready to go!

After what felt like hours of sitting in the driveway, she felt ready and chose to get out of the car. Jane's shoes and clothes had feces and urine on them and were tattered; nothing that was brought with her was salvageable. She lost everything. I asked Jane if I could assist her with getting washed up and into some clean clothes. One of the first things she ever said to me, while I was assisting her with a shower, was "Thank you for helping me." As a Residential Advisor, DSP, or anyone in this field, we know it isn't often you hear a "Thank you."

Jane shortly thereafter became a permanent resident at the Emmaus Community of Pittsburgh, where she thrives and continues to work towards reaching her maximum potential, with assistance and encouragement from her DSP staff, of course. In the past couple years that she's been with us at Emmaus, we've helped her grieve the passing of her mother, navigate a cancer diagnosis, go through surgery, she's become a volunteer in her community, she started a bowling league with her friends, and her 53rd birthday is this weekend! Jane continues to be as grateful as she was that first day by saying "thank you" to all her staff each and every day. It appears Jane knows just as much as I do that all the wonderful work her DSP staff does was the catalyst for change in her life. ◀



❖ CHILDREN'S SERVICES

New Children's Division Steering Committee – Early Intervention

As RCPA membership grows in this service arena, the Children's Division has developed an Early Intervention Steering Committee to begin advancing the agenda of providers and the development of a strategic plan. The group currently has more than 40 providers, including representation from its newest member, Early Intervention Providers Association of PA.

These efforts, combined with participation in the Early Intervention Part C State Task Force and ongoing dialogue with OCDEL, look to address ongoing challenges in pathways to sustainable funding, operational impacts of the regulations, and workforce development. If interested in participating, please contact RCPA Children's Policy Director [Jim Sharp](#). ◀

Telehealth Operations Group Holds First Meeting

The first meeting of the RCPA Telehealth group was held on May 23 and attended by members of all divisions. The group discussed the following as its goals/purpose:

- Advocacy;
- Internal Policy;
- Regulatory updates – federal and state;
- Networking;
- Workforce – retention; and
- Technology.

The next meeting will be held on Wednesday, June 29, 10:30 am – 12:00 pm. The agenda will target one of the topics above. ◀

Reminder to Contact Your Legislator to Fund County Mental Health

RCPA and the Coalition for the Mental Health Safety Net have been working diligently, asking legislators to, **at the very least**, fund the governor's county-based mental health funding line of \$36.6 million. We need you and your colleagues to reach out and ask your legislator to sign the [sample letter](#), then send to either Representative Michael Schlossberg (D) or Representative Rosemary Brown (R) of the Mental Health Caucus, showing their support for the county mental health funding line item. The letter can be modified as needed. The Coalition thanks you for participating; please reach out to [Sarah Eyster](#) or your Coalition contact for more information. ◀

RCPA Value-Based Payment Work Group Meetings for Provider Members Announced

The next RCPA provider member-only Value-Based Payment Work Group will meet on Thursday, June 16, at 2:00 pm. This meeting will “level set” for the state of Pennsylvania, terminology, and set the state for future meetings. This work group will meet again on July 13 at 1:30 pm to hear from Dr. Yvette Jackson of Devereux, who will discuss the VBP experience from another state and then open for discussion. ◀



RCPA Events Calendar

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