

❖ SPECIAL FEATURE

Richard Edley Receives Edward Sickles III Advocacy Award from The Arc Alliance

The Edward Sickles III Advocacy Award is awarded to a person in the community who has demonstrated leadership and persistence in the effort to advocate for and empower persons with developmental disabilities.

Richard S. Edley, PhD, President and CEO for the Rehabilitation and Community Providers Association (RCPA) in Pennsylvania, was honored with the presentation of the Edward Sickles III Advocacy Award in February 2023. The award was originally scheduled to be presented to Dr. Edley in 2020; however, the COVID pandemic interrupted those plans. Dr. Edley was recognized due to his ongoing advocacy efforts with the Office of Developmental Programs to assure that the needs of individuals served are met, as well as their providers, to support the viability of services. He meets regularly with the leadership in the Department of Human Services to assure that reasonable policies are enacted which will balance the needs of all affected. Dr. Edley continues to stand up for the rights of individuals to receive the support they require in order to live a quality life in their community. ◀





NEW MEMBER INFORMATION

March 2023

BUSINESS

Warfel Construction

1110 Enterprise Rd
East Petersburg, PA 17520
Robert Allen, Director of Healthcare
Construction

IPRC

Mayo Clinic Rochester

200 1st St SW
Rochester, MN 55902
Graham Frie, Operations Manager

Physical Therapy at St. Luke's

2301 Cherry Ln
Bethlehem, PA 18015
Carissa Snelling, Director, Outpatient Pediatric
Occupational Therapy

PROVIDER

AmeriBest Home Care

801 E Park Dr, Ste 100
Harrisburg, PA 17111
Omar Khanataev, CEO

Mission Autism Clinics

9 Banks Ave
McAdoo, PA 18237
Paul DeAngelo, CEO

The Network for Behavior Change, pc

120 E Uwchlan Ave Ste 202
Exton, PA 19341-1275
Steven Kossor, President/CEO/Founder,
Administrative Director

About RCPA:

With well over 350 members, the majority of who serve over one 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, substance use disorder, 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

Cathy Barrick

Administrative/Accounting Assistant

Allison Brognia

Event Planner/ Accounts Payable Manager

Melissa Dehoff

Director, Rehabilitation Services Divisions

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, Mental Health Services, BH Division

Jason Snyder

*Director, Substance Use Disorder Treatment Services,
BH Division*

❖ RCPA CONFERENCE

RCPA Conference 2023, A Decade of Unity: Enhancing Lives and Shaping the Future

Ten years ago, two reputable organizations — PCPA and PARF — joined together to form the Rehabilitation and Community Providers Association (RCPA). The result is a well-respected association with well over 350 members, the majority of who serve over one million Pennsylvanians annually. RCPA is among the largest and most diverse state health and human services trade associations in the nation.

This year our annual conference, to be held October 10 – 13 at the Hershey Lodge in Hershey, PA will celebrate our tenth year as an association. We are [accepting proposals](#) for the conference through March 13, 2023. Mark your calendars for what is sure to be another great event with many educational sessions and networking opportunities! ◀



❖ MEMBERS IN THE NEWS

RCPA Member Step By Step Welcomes Lynn Miller as VP of Business and Program Development



Step By Step is delighted to announce Lynn Miller has become their Vice President of Business and Program Development. Eric Lindey, President/CEO of Step By Step shared: *"We are thrilled to have Lynn join the Step By Step team! Her work throughout Pennsylvania and the US is well documented and we look forward to developing new services and partnerships with other providers that will continue our mission under Lynn's direction."*

Lynn most recently served as the national senior justice/WRAP associate and consultant at Advocates for Human Potential. Prior to joining Advocates for Human Potential, Lynn accepted the state's first position as the Department of Correction's Mental Health Advocate, where she was responsible for advising the Secretary of Corrections on improvements to the prison's behavioral health care services, including services for individuals with intellectual disabilities and dually diagnosed individuals. Lynn also served as the Chief of Staff in the Office of Mental Health and Substance Abuse Services (OMHSAS).

Lynn has a Bachelor of Science degree in behavioral science and earned her Master of Health Education degree from the Pennsylvania State University. She is also a member of the state's trauma informed initiative, which is intended to guide the Commonwealth and service providers on what it means to be trauma-informed and healing-centered.

RCPA extends our sincere congratulations to Ms. Miller and we look forward to working with you! ◀

MEMBER CONTRIBUTOR CORNER

New OSHA Injury Tracking Application Procedures

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

This article focuses on the changes to the ITA process that apply to submitting your calendar year 2022 OSHA information in OSHA's Injury Tracking Application (ITA). You may be aware that electronic submissions are required by establishments with 250 or more employees currently required to keep OSHA injury and illness records, and establishments with 20–249 employees classified in specific high hazard industries. This requirement started in 2017; for more information, visit the [Injury Tracking Application \(ITA\) OSHA website link](#).



The process to upload your calendar year 2022 300A Summary to OSHA's ITA changed for when you submit it in the ITA in early 2023. All current and new account holders need to link their ITA account with Login.gov. Login.gov is a secure sign-in service utilized by the United States government. It allows the public to access participating government agency applications using one account and password [\[read full article\]](#). ◀

Why Focus on the Money? How Value-Based Payments Shift the Focus

Value-based payments incentivize with money, but the focus is still on quality of care

(Source: The VBP Blog from XtraGlobex)

By Claire Ryder, Director of Business Development and Social Innovation for Resources for Human Development [\[Read Full Bio\]](#).

February 16, 2023 – At the RCPA Conference in October, there was a value-based presentation in nearly every timeslot. There was a helpful mix of provider and payer presentations. One question asked directly in one session by a provider CEO was, “why are we focusing on the money?” It is important to address this question because it comes up a lot, especially for non-profits that are used to being mission-driven and may have some discomfort with allowing money to drive their work.

There is an old phrase that many non-profits will be familiar with: No money, no mission. We all understand the need to bring in enough funds to be sustainable and provide good services, thereby fulfilling our mission. The value-based twist on this concept is: No outcomes, no income. While value-based payment (VBP) models aren't quite that rigid, it's a

helpful way to think about our payment arrangements. Value-based arrangements pay us for getting the desired outcomes. They do not pay us for providing useless services.

Typing that phrase, “useless services,” I can imagine readers balking. “Our services aren't useless!” I agree. I think our services are critical to the health of the broader population and a key factor in our society being able to function (imagine the ripple effects of no behavioral health services—tragic!). My confidence that our services aren't useless is why I am such an advocate for value-based payments for behavioral health providers. The fee-for-service (FFS) model, while familiar and therefore comfortable, does not serve providers well. More importantly, it does not serve participants well either [\[read full article\]](#). ◀

DIVERSITY

“Trauma-Free” Blackness

In February, the RCPA Diversity, Equity, & Inclusion Committee raised awareness of the unintended trauma associated with the perpetual images, videos, and dialogue surrounding racial violence, tension, and conflict. While such injustices and painful realities should be addressed, research indicates that Race Based Traumatic Stress (RBTs) has a lasting impact on the health and well-being of Black Americans. The impact of constant exposure to trauma is real.

In this article John Blake, contributor for CNN, discusses the concept of what he calls “trauma-free Blackness” and reflects on the importance and impact of presenting and consuming positive representations of Black culture and Black people. ◀

TELEHEALTH

OMHSAS Telehealth Technology Funding

The Office of Mental Health and Substance Abuse Services (OMHSAS) has announced a telehealth technology funding opportunity for behavioral health providers. The opportunity will allow qualified entities to request funding to invest in technology and training for behavioral health telehealth providers.

The funding opportunity was posted on Wednesday, February 1, 2023, on the DHS website under [OMHSAS Information](#) and will be open until December 31, 2023 or until the \$4 million in allocated funds have been expended. The funding criteria included standards that a provider may not have more than 50 employees in order to be eligible. RCPA formally requested that OMHSAS reconsider the eligibility criteria to include organizations up to 200 employees. RCPA met with OMHSAS on February 24 and will update members accordingly regarding any changes in the funding criteria. ◀

OMHSAS Telehealth Consent and Verification Standards

At the request of RCPA, OMHSAS provided an extension to the compliance requirements for the new telehealth consent and verifications standards.

The new standards, as outlined in OMHSAS telehealth bulletin titled "Bulletin OMHSAS-22-02," update the guidance contained in OMHSAS-21-09 regarding documentation of consent and the use of electronic signatures.

While these standards will not go into effect until March 31 2023, RCPA encourages providers to have their practices and policies in place to meet the deadline. There will be an RCPA Telehealth Operations Work Group meeting on Tuesday, March 13, 2023 at 10:00 am. At that time, we will review provider readiness and any other telehealth updates. Additionally, we hope to have OMHSAS on the call to provide any updated guidance. Please see the [event listing](#) for meeting details or to register. ◀

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.

- ▶ [Behavioral Health](#)
- ▶ [Children's](#)
- ▶ [Criminal Justice](#)
- ▶ [House Co-Sponsorship Memos](#)
- ▶ [Mental Health](#)
- ▶ [Senate Co-Sponsorship Memos](#) ◀



BEHAVIORAL HEALTH SUBSTANCE USE DISORDER TREATMENT SERVICES

New Law Removes Barrier to Accessing Addiction Treatment, But Will It Make A Difference?

By Jason Snyder, RCPA Director of Substance Use Disorder Treatment Services, BH Division

Although there has been relatively little fanfare, access to and the normalization of addiction treatment within the broader health care system reached a milestone at the end of 2022.

With the passage of the 2023 federal omnibus bill, which included the [Mainstreaming Addiction Treatment Act](#), the requirement to have an X-waiver from the Drug Enforcement Agency (DEA) and Substance Abuse and Mental Health Services Administration (SAMHSA) to prescribe buprenorphine — a Schedule III narcotic — for opioid use disorder was removed. Now, any prescriber with a general DEA license can prescribe the medication. In addition, limits on how many patients an individual prescriber can treat with buprenorphine have also been eliminated.

On the surface, this new law, which took place immediately (as it trumps DEA regulations) would appear to be almost panacea-like, especially in rural areas, when it comes to access to one of three Food and Drug Administration-approved medications for opioid use disorder (MOUD).

With no need for the X-waiver or the eight hours of training that came along with it, a big barrier has been removed. If only it was that simple.

As one former SAMHSA official who was intimately involved with oversight of MOUD said, during his time with the agency, the X-waiver was never the Number 1 barrier to prescribers' willingness to treat with buprenorphine.

Rather, physicians' belief that those who needed treatment for OUD needed more services, including

therapy, than could be provided in their office-based setting prevented them from treating those with OUD. That, and not the X-waiver, is the top barrier to physicians prescribing buprenorphine. In other words, they believe that medication alone isn't sufficient to treat OUD.

Regardless of whether that is in fact why more physicians don't prescribe, there are several implications here to consider.

Despite some progress toward destigmatizing the disease of addiction, stigma against addiction and the person with SUD is still pervasive within the general health care system (and plenty of other places). So even without the X-waiver requirement, doctors in this camp are unlikely to begin prescribing. [Research shows](#) that buprenorphine is associated with a decreased risk of overdose death. If people are willing to take buprenorphine but not engage in counseling, at least initially — in other words, meeting someone where they are — why refuse them a medication that could save their life?

There are those who would answer that question by citing a heightened risk of diversion of the medication or the proliferation of unscrupulous providers, but [evidence suggests](#) that people use nonprescribed buprenorphine to

self-treat or prevent withdrawal, and that diversion could be the result of a lack of access to treatment.

Proponents of medication itself as a form of treatment are certainly celebrating the removal of the X-waiver, citing the normalization of treating addiction in much the same way certain mental health diagnoses can be treated in an office-based setting with medication. Formerly requiring an additional DEA layer in the form of an X-waiver, above and beyond what they normally would have needed to prescribe narcotics, said to many physicians that indeed this must be something to avoid.

Yet even with this move to normalization and an easier path to prescribing, few people are expecting an immediate significant increase in the number of buprenorphine prescribers.

So what is the answer to increasing access to buprenorphine through increased prescribing? It is old-fashioned education and advocacy, to remove additional logistical barriers, change individual practice habits and provide additional support, including additional policy changes, for prescribers.

Fortunately, it can be done, as the removal of the X-waiver proves. ◀



❖ BEHAVIORAL HEALTH | MENTAL HEALTH

RCPA Adult Mental Health Regulatory Reform Efforts

As part of RCPA's global 2023 systems priorities, regulatory reform aimed at reducing administrative burden as well as addressing these standards that impact access to services and workforce issues, the RCPA Mental Health Services division has been working on both children's and adult regulatory reforms that address RCPA's foundational stance with current regulatory impacts.

The Adult MH review teams are currently focusing on Assertive Community Treatment (ACT), Community Residential Rehabilitation (CRR), and Long-Term Structured Residence (LTSR) regulation revisions, in addition to preparing for the release of the new Crisis Regulations that are expected to be released for public comment this spring. On the Children's Division side, the IBHS Steering Committee created a compelling set of recommendations

for review by the Independent Regulatory Review Commission (IRRC). The Commission has accepted the recommendations and will be reviewing for regulatory change this spring. It is the first set of regulations to be opened at their initial promulgation anniversary date in the history of the current regulatory process.

Also, the Children's Family-Based team presented OMHSAS with a set of programmatic regulation changes for Family-Based Services. OMHSAS and the RCPA family-based team have met to review these and there was favorable discussion on the implementation of the recommendations that, when enacted, will increase access to family-based services. RCPA thanks all of our regulatory review teams for their advocacy and efforts to bring about systems changes for those we serve. ◀

Federal Public Health Emergency Winding Down

President Joseph Biden announced in February that the Federal Public Health Emergency (PHE) will be ending May 11, 2023. The PHE-related federal flexibilities will be ending, but there remain several, including those under the guidance of CMS, that will be extended for a period of 151 days. This extension was enacted as part of a previous Biden-related OMNIBUS, including flexibilities in the delivery of telehealth services. ◀

❖ CHILDREN'S SERVICES

RCPA Early Intervention Steering Committee Present 2023 Position Statement

The RCPA Early Intervention Steering Committee has developed its [2023 Position Statement](#), which will be presented to newly appointed Office of Child Development and Early Learning (OCDEL) Deputy Secretary Shante Brown in the coming weeks. In previous meetings with OCDEL, the Steering Committee presented their strategic agenda with special focus on sustainable annual rate increases, a revised rate methodology, implementation strategies for the evidence-based coaching model and other systems-related practices around workforce, collaborative communication, and provider involvement in the state's strategic planning for early intervention services. The group continues to meet with OCDEL each month and as a committee on the first Friday of each month. Members interested in joining the committee can contact RCPA Policy Director [Jim Sharp](#). ◀



INTELLECTUAL/DEVELOPMENTAL DISABILITIES

ODP Plans for Development and Support of Qualified Staff

The Information Sharing and Advisory Committee (ISAC) became the Office of Developmental Programs' (ODP's) Stakeholder Quality Council in 2016, following the publication of *Everyday Lives: Values in Action*. It went on to create a detailed series of recommendations, strategies, and performance measures to guide ODP and gauge its progress in achieving the important goals outlined in *Everyday Lives*. These recommendations and strategies have influenced the development of new waiver applications, regulations, and policies; have improved trainings; helped to launch the Supporting Families Collaborative and several employment initiatives; and continue to serve as a guide for everyone engaged in developing, providing, and advocating for services in the ODP system. The strategies for each ISAC recommendation can be found [here](#).

One of these recommendations (#7) is to develop and support qualified staff. This recommendation is based upon the premise that people with disabilities receiving services benefit when:

- ▶ Staff who support them are well trained;
- ▶ Values, ethics, and person-centered decision-making are used in daily practice through mentorship and training; and
- ▶ Professional training that strengthens relationships and partnerships between individuals, families, and Direct Support Professionals (DSPs) is offered.

As part of ODP's ARPA plan to strengthen Home and Community-Based Services, providers were offered the opportunity to receive a one-time supplemental payment to address staff training and credentialing. This ARPA funding was made available in March 2022 and ODP received approximately 290 applications. Providers are utilizing various options to offer their staff opportunities to develop their skills. Some providers have chosen to integrate the National Association for Dual Diagnosis certifications for DSPs, while some are planning to integrate the knowledge of Lifecourse Ambassadors through staff credentialing. Other providers are creating career ladders for DSPs using the National Alliance for Direct Support Professionals (NADSP) E-Badge Academy.

To assist providers in efficiently accessing the NADSP E-Badge program, ODP has applied for NADSP Accreditation of MyODP courses. This process includes submission of an application for ODP Vision and Mission, along with general course requirements and certification processes. ODP has completed this step and are now in Phase 2 of the application process. NADSP will review and evaluate the course contents. Once approved, DSPs will be able to utilize select MyODP courses towards the completion of NADSP E-Badge Certifications. The ISAC will be tracking the percentage of agencies that are using tiered DSP credentialing/training and ODP plans to deploy a survey to providers in 2023 to collect this data. ◀

BRAIN INJURY

March is Brain Injury Awareness Month

Brain Injury Awareness Month is recognized during the month of March. RCPA, along with their partners the Brain Injury Association of PA (BIAPA) and the Brain Injury Association of America (BIAA), work to spread awareness about brain injury. Many individuals with disabilities have their lives defined for them. Brain Injury Awareness Month gives individuals a chance to overcome those definitions, allowing them to tell their own stories and change the narrative of their lives. BIAA will place a spotlight on the brain injury community through their #MoreThanMyBrainInjury campaign. In Pennsylvania, a [proclamation](#) has been signed and issued by Governor Shapiro recognizing Brain Injury Awareness Month.

Additionally, in observance of Brain Injury Awareness Month, the Administration for Community Living (ACL) hosted a virtual Traumatic Brain Injury (TBI) Partners Day on February 28, 2023. The day included sessions on aging, employment, the intersectionality of TBI and other medical and social issues, and peer support. ◀

Save the Dates for Upcoming BIAPA Activities

Save the dates for these upcoming Brain Injury Association of PA (BIAPA) Activities:

Run, Walk, Roll for Brain Injury

Partnership with Camp Cranium

Saturday, April 22, 2023 – Tyler State Park, Richboro, PA

Highmark Walks for a Healthy Community

May Date TBA – Pittsburgh

Saturday, June 2, 2023 – Lehigh Valley

BIAPA Annual Conference

June 27–28, 2023 – Lancaster Marriott, Lancaster, PA



❖ MEDICAL REHABILITATION

Proposed National Coverage Determination Could Expand Coverage for Mobility Device

On February 15, 2023, the Centers for Medicare and Medicaid Services (CMS) [released](#) a proposed National Coverage Determination (NCD) that power seat elevation equipment on Group 3 power wheelchairs falls within the benefit category for durable medical equipment (DME). CMS is proposing that the evidence is sufficient to determine that power seat elevation equipment is reasonable and necessary for individuals using power wheelchairs when all of the following conditions are met:

- ▶ The individual performs weight bearing transfers to/from the power wheelchair while in the home, using either their upper extremities during a non-level (uneven) sitting transfer and/or their lower

extremities during a sit to stand transfer. Transfers may be accomplished with or without caregiver assistance and/or the use of assistive equipment (e.g., sliding board, cane, crutch, walker); and

- ▶ The individual has undergone a specialty evaluation by a practitioner who has specific training and experience in rehabilitation wheelchair evaluations, such as a physical therapist (PT) or occupational therapist (OT) that assesses the individual's ability to safely use the seat elevation equipment in the home.

The proposed NCD is open for public comment for 30 days. The 30-day comment period will close on March 17, 2023. ◀



US News Announces New IRF Ranking Methodology

The US News recently [announced](#) that it will make several key changes to its rankings methodology for the upcoming 2023 rankings. The American Medical Rehabilitation Providers Association (AMRPA) played a role in these changes by making recommendations. For example, US News asserted that it is reducing the expert opinion score from 50 percent to 30 percent. In addition, US News will be making the following changes:

- ▶ Increasing the structure-related measures (condition volume, patient services score, advanced technology score, Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation, and National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) designation) from 25 percent to 35 percent of the total score. US News has not specified how the specific weights for the individual structure measures will increase.
- ▶ Increasing the weight for outcomes-related measures (30-day readmission, avoidable readmission during the IRF stay, and discharge to home/community) from 20 percent to 30 percent of the total score.

Members are encouraged to share any feedback they have on this new methodology with [Melissa Dehoff](#). ◀

PHYSICAL DISABILITIES & AGING

ABLE Age Adjustment Act Passes

Congress recently passed the Achieving a Better Life Experience (ABLE) Age Adjustment [Act](#). The Act, whose lead sponsor was Senator Bob Casey (and co-sponsored by Senator Pat Toomey), expands the ABLE program eligibility by raising the age limit for onset of a disability from 26 to 46 starting in 2026. ABLE accounts are a tax-free way to save for disability-related expenses while maintaining means-tested government benefits. ◀

Documents Examining Long-Term Services and Supports are Released

Two documents/analyses examining long-term services and supports (LTSS) have been released recently, providing potential insights into payment and scalability for Home and Community-Based Services (HCBS) providers. The first is a Congressional [white paper](#) focused on long-term care insurance (LTCI), which is a policy designed to pay for extended care or LTSS required by a disability or chronic condition. The full report is available [here](#). The second is a new [report](#), "From Ideation to Standard Practice: Scaling Innovations in Long-Term Services and Supports," from AARP's Public Policy Institute, which focuses on the scalability of recent innovations. ◀



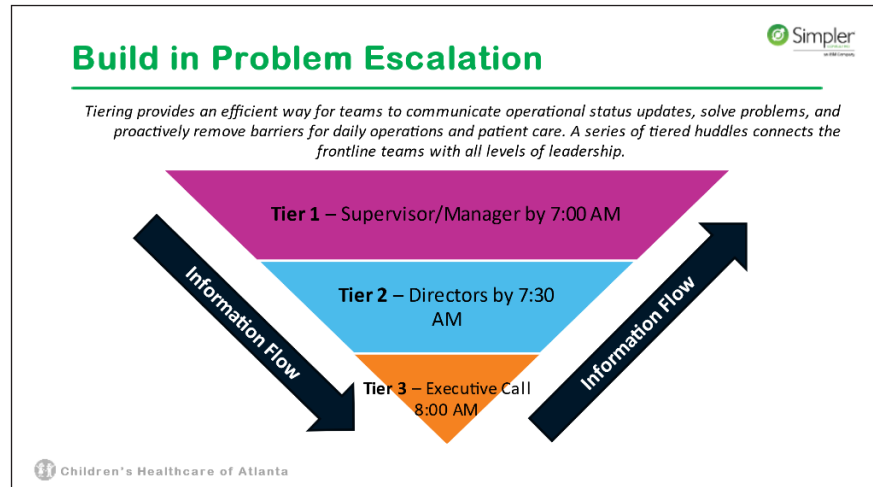
Implementing the Tiered Huddle Process

A Framework for Staff Empowerment, Timely Escalation, and Issue Resolution at Children's Healthcare of Atlanta

The IPRC values innovation and creative problem-solving. In this article, we present a new process implemented at Children's Healthcare of Atlanta (CHOA), focused on improved communication across teams and different levels of leadership. Special thanks to Susan Easom, MCD, CCC-SLP, Program Manager of Patient Safety & Quality, for her assistance gathering information, writing this article, and sharing the CHOA experience.

Atlanta, GA – Each day at Children's Healthcare of Atlanta begins with the tiered huddle, a hierarchy of 5-to-7-minute team meetings across the organization where information flows bi-directionally between front-line teams and executive leadership.

"Tier 1" huddles, at the front lines of care delivery, are the first groups of meetings to occur each day. They are immediately followed by "Tier 2" huddles with managers, and finally, a "Tier 3" huddle with executive leadership. These brief, daily meetings within units prepare for a successful shift. Teams come together to discuss issues such as patient safety concerns, process problems, equipment issues, supply shortages and delays, and staffing challenges [\[Read full article\]](#). ◀



RCPA Events Calendar

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