



REHABILITATION & COMMUNITY
PROVIDERS ASSOCIATION

THE
quarterly advisor

JUNE 2024

❖ SPECIAL FEATURE

Find Inspiration and Listen to Incredible Stories: 2024 RCPA Conference to Host Speakers on Addiction Recovery, Finding One's Inner Potential, and More!

Get ready to see both new speakers and fan favorites at the RCPA 2024 Conference this September! Attendees will be able to listen to and interact with these speakers and more in person at the Hershey Lodge, September 24 – 27. With over 60 sessions, you won't want to miss this opportunity to learn from and engage with those pushing the boundaries in health and human services! Our lineup of speakers will include:



RCPA 2024
EMBRACING CHALLENGES
EMPOWERING SUCCESS

- **Michael Cohen:** Returning to share Part 2 of his "Be a Destination Employer," Michael will present on the latest in HR and workforce issues;
- Inspirational speaker **Craig Dietz:** Born without limbs, Craig will discuss finding one's potential despite life's obstacles;
- **CEO Lee Yaiva:** Lee will take attendees on his journey from addiction and living on a reservation to becoming CEO of the Arizona Scottsdale Recovery Center;
- **President and CEO Amy Thurston:** Amy will educate audiences on human trafficking, including ways to identify potential targets, and highlight how her organization Hope Inspire Love fights against human trafficking and exploitation; and
- **Natasha Nicolai:** A leader in Data and Digital Transformation, Natasha will outline how companies can implement a modern data architecture utilizing Cloud data sharing technology.

Registration information will be coming in the near future, so be sure to save the dates!

If your organization is interested in sponsoring or exhibiting at our conference, you can complete our [Sponsors, Exhibitors, and Advertisers Brochure](#) or contact [Carol Ferenz](#), Conference Coordinator. Spaces are filling up, so don't delay!

We look forward to sharing more details in the near future and would like to extend a thank you to those organizations who have already pledged support for the conference! ◀

Merakey Total Health Celebrates Grand Opening and Building Dedication



On May 3, 2024, Merakey Total Health leadership, Boards of Directors, friends and staff joined local officials and community members celebrated the grand opening of Merakey Total Health (MTH) with a ribbon cutting, building dedication, and tour of the newly renovated facility in Mt. Airy, Philadelphia.

The new health center improves access to integrated primary care for the Northwest Philadelphia community, including existing clients of Merakey and low income and uninsured residents [\[read full article\]](#). ◀

About RCPA:

With close to 400 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, criminal and juvenile justice, medical and pediatric rehabilitation, and physical disabilities and aging services, across 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)

Take full advantage of your RCPA membership by signing up for **emails and meeting invitations** as well as **complete website access**.



STAFF

Richard S. Edley, PhD
President and CEO

Jim Sharp, MS
COO and Director of Mental Health, BH Division

Cathy Barrick
IDD Policy Analyst

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

Fady Sahhar
Director, Physical Disabilities & Aging Division

Jason Snyder
Director, Substance Use Disorder Treatment Services, BH Division

Christine Tartaglione
Administrative & Accounting Assistant

Naomi Wallerson
Behavioral Health Policy Analyst

NEW MEMBER INFORMATION

June 2024

BUSINESS

Brier Dlugolecki Strategies
115 State St
Harrisburg, PA 17101
Pat Brier, Esquire

Linke Resources, LLC

106 Brookhollow Dr
Downingtown, PA 19335
George Linke, President/Founder

Therap Services

333 Kennedy Dr, Ste R101
Torrington, CT 06790
Nichole Washburn, Business
Development Consultant

IPRC

Arkansas Children's Hospital
1 Children's Way Slot #411
Little Rock, AR 72202
Amber Jones, Neuroscience Service
Director

PROVIDER

**Allegheny Behavior Analysis Services,
LLC**
4900 Perry Hwy, Bldg 2, Ste 300
Pittsburgh, PA 15229
Laura Cwynar, CEO

Baymark Health Services

1720 Lakepointe Dr
Lewisville, TX 75057
Trevor George, Regional Director of
Operations

Corry Counseling of LECOM Health
45 E Washington St
Corry, PA 16407
Cassie Dundon, Executive Director

John F. Kennedy Behavioral Health Center

112 N Broad St
Philadelphia, PA 19102
Jo Williamson, President/CEO

RCPA PARTNERS

Be Sure to Visit our [RCPA Partners Page](#)

RCPA is proud to have the following organizations as RCPA Partners:

- ADP
- Brown & Brown of the Lehigh Valley
- Eleos Health
- Embolden WC Trust
- First Nonprofit
- Hearten
- Mirah
- Quantum Strategies
- Ramsay Group
- Relias
- Warfel Construction

Interested in becoming an RCPA Partner?
Please contact [Tieanna Lloyd](#) for details.

MEMBER CONTRIBUTOR CORNER

The Facts Behind the Fizzle: What Science Reveals About Behavioral Health Burnout

Author: Shiri Sadeh-Sharvit, PhD, *Eleos Health*

In March 2020, like many of my colleagues, I found myself navigating the dual roles of clinical psychologist and parent while grappling with an unprecedented global crisis.

As the pandemic unfolded, virtual therapy took over, and I felt grateful that my behavioral health program was able to adapt our services to COVID-19's social distancing requirements. I had a full schedule of individual sessions, intensive outpatient programs (IOP), and partial hospitalization programs (PHP). My caseload reached 30 direct care hours per week, including leading PHP and IOP groups for individuals grappling with severe mental health conditions.

My house became both my home and my workspace. I carved out a workstation for therapy sessions in the basement, a quiet corner amid the noisy family life on the floor above. During my brief 10-minute breaks between sessions, I had to make important decisions on how to spend that precious time: would I eat lunch, check in with my family, help my kiddos with their homework, or simply catch my breath?

One day, emerging from the depths of the basement after a long day of back-to-back sessions, I imagined myself returning from a coal mine — a metaphor that seemed to resonate deeply with me in the coming months. It was strange to find that providing therapy, which used to bring me so much joy, could also feel at times draining — and just like any other routine job. The experience made me realize you can still get exhausted doing what you love [[read full article](#)].



MEMBER CONTRIBUTOR CORNER

4 Ways RCM Will Define Behavioral Healthcare in 2024

By **Charles Reitano**, Senior VP of RCMS, for Qualifacts

The complexities of the Pennsylvania behavioral healthcare (BH) industry weigh heavier than ever these days.



Documentation, billing, reimbursement, denied claims, appeals, and other internal processes have become an intricate maze, demanding tremendous expertise and time to navigate correctly. Keeping up with the nuances of insurance companies, Medicare, Medicaid, and various payment models strain already limited resources, leaving agencies and staff feeling overwhelmed and struggling to stay afloat as they try to administer care to their community.

However, within these challenges lie an unprecedented opportunity for Revenue Cycle Management (RCM) technologies and platforms. By providing strategic solutions and expertise that address the specific problems facing the Pennsylvania BH industry, RCM technology has the potential to dramatically impact the success or failure of our respective organizations. The future of behavioral healthcare is about more than treating clients; it's about treating your agency as a business. Behavioral Health RCM is the key to unlocking its full potential [\[read full article\]](#). ◀

Strengthening Future Preparedness in Health and Human Services

Interview with our RCPA Partner and presenter at the 2024 RCPA Conference Bill Rizzo, Quantum Strategies, discussing his take on leadership and accountability for behavioral health companies.

The health and human services fields are ever evolving. How does your workshop prepare professionals to adapt to future challenges in these sectors?

BR: In today's dynamic business landscape, organizations must stay agile and focused to achieve their objectives. A crucial aspect of this is setting clear goals and fostering accountability at all levels.

In the ever-changing health and human services industry, where technology and innovation are rapidly transforming operations, effective goal setting and accountability practices are particularly crucial. Organizations in this sector are still catching up in terms of adopting modern management practices, making it even more important to break down goals into manageable, time-bound tasks that align with budgets and organizational needs.



Embracing a structured approach to goal setting and fostering a culture of accountability, organizations can stay focused, adapt to changes, and drive efficiency in their pursuit of success.

The workshop promises to tackle systemic inefficiencies. Could you give us a sneak peek into some of the methods you will introduce to identify and address these inefficiencies? [\[read full article\]](#). ◀

DIVERSITY, EQUITY, AND INCLUSION

Connecting Deeply Through Book Clubs

By **Janet Romero, MA, CPRP** | Mental Health VP of Operations, Step By Step, INC.

Transforming a work culture to be safe and welcoming for everyone requires a shared understanding and mission from top to bottom. Although knowledge is powerful, what is even more powerful is a deep-rooted understanding that expands beyond knowledge. Step By Step joined with the National Council for Mental Wellbeing and 15 organizations across the nation to transform our agency to be Trauma-informed, Resilience-oriented, and Equity-focused (TRE). Before even beginning, Step By Step committed to not just creating a check-box approach to move the transformation forward, but to engage team members in a meaningful way that impacted their personal and professional transformation.

In an effort to engage team members in a meaningful way, Step By Step decided to host a book club to give team members the opportunity to expand their knowledge over their Friday lunch hour. The team selected a conversation-style piece about understanding trauma, co-authored by Oprah Winfrey and Dr. Bruce Perry, called "What happened to You?" The book's compelling style capitalizes on Oprah's exceptional storytelling skills and impeccable question choices. In turn, Dr. Perry ramps up the reader's understanding through his capacity to explain complex neurological functions of the brain and connect concepts to stories in a way that makes trauma more easily understood.

The book club far exceeded anyone's expectations. Who knew hosting a book club would have so much of an impact on lives? [\[read full article\]](#). ◀

Federal Update

As the end-of-the-year expiration date (December 31, 2024) for current telehealth expansions at the federal Medicare level approaches, two additional hearings and meetings held earlier this month offer insight on how federal policymakers may be contemplating future Medicare telehealth policy. This spring, the House Energy and Commerce Health Subcommittee held a hearing to discuss “Legislative Proposals to Support Patient Access to Telehealth Services,” and the Medicare Payment Advisory Committee (MedPAC) on telehealth utilization research and MedPAC Commissioners similarly discussed potential permanent telehealth policies. While there continues to be broad support of expanding telehealth access, both events highlighted some policy sticking points, such as concerns around continuing payment parity for all Medicare services.

Geographic and Provider Expansions in Medicare

Some of the temporarily extended federal telehealth expansions from the COVID-19 public health emergency (PHE) include those related to removing geographical and locational restrictions which limit where patients could receive telehealth services. Additionally, some temporary policies have expanded the types of providers eligible to deliver services via telehealth, including federally qualified health centers (FQHCs) and rural health clinics (RHCs).

Medicare Reimbursement

Payment parity has often been one of the more controversial telehealth policies, as it ensures telehealth services are reimbursed at the same rate as in-person services, although some believe the services are not always equal, either in cost and/or quality. What has been established is the need for more certainty and consistency in telehealth payment policies to ensure provider commitment to investing in telehealth infrastructure.

RCPA is meeting with several PA legislators in Washington, DC on June 6, 2024 as part of the National Council’s Hill Day, to review the impacts of federal legislation on PA access to care, including telehealth.

Pennsylvania Update

RCPA continues its efforts to create legislation to address the Federal 4 Walls barriers, as well as operational changes to Act 76 of 2022, to establish the needed flexibility of psychiatric time in the outpatient clinics. With the release of the CMS new final rules, OMHSAS, RCPA, and legislative committees are reviewing more deeply the impacts of the rules that could allow for greater flexibility and access, including these challenges we are seeing in the delivery of telehealth. The idea is that the eventual legislation will strengthen these access points for telehealth and other pathways to mental health care. While the legislation goes under further development, all current flexibilities for the 4 walls standard will continue, and waivers will be accepted for psychiatric time access by OMHSAS. ◀



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](#), containing the bills and resolutions we are currently following. You can review this tracking report 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 SUBSTANCE USE DISORDER TREATMENT SERVICES

Pending Bill Would Radically Change SUD, Mental Health Peer Services in PA

By Jason Snyder, RCPA Director of SUD Treatment Services

A yet-to-be-introduced bill would radically change the way peer services are provided in Pennsylvania, and nearly all stakeholders who would be affected, including peers and behavioral health treatment providers, are officially or unofficially opposed. Although the [co-sponsorship memo](#) describes the pending bill as a means to reduce overdose deaths by developing a sustainable funding stream for peer support services providers, the bill reaches far beyond funding.

Substance use disorder and mental health treatment providers, many of whom have been providing peer services within their organizations for years, would no longer be able to do so as they currently do. Instead, they would be forced to enter into a contractual arrangement with a peer support services provider, defined as “an independent, nonclinical, nonprofit organization, including a recovery community organization (RCO) or mental health peer organization that is led and governed by individuals in mental health and

substance use recovery that employs peer support specialists and provides peer recovery support services.”

Such a requirement would make treatment providers beholden to licensed peer support programs, add additional layers of administrative burden, and jeopardize access to peer services. The bill conflates mental health drop-in centers, crisis centers, and recovery community organizations (RCOs), a point of contention among the peer community. [SAMHSA defines RCOs](#) as “a nonprofit organization founded and led by people with direct lived experience with substance use challenges and recovery.” To become a “peer support services provider,” not only would an organization need to meet the definition, it would be forced to become licensed and regulated.

Although certified recovery specialist services provided by those with lived SUD experience are not part of the Medicaid state plan, the Department of Human Services (DHS) has said it

is working to include those services in-plan. Certified peer specialist services provided by those with lived mental health experience already are part of the Medicaid state plan. DHS’ Office of Mental Health and Substance Abuse Services currently licenses mental health peer services providers. This proposed bill would significantly affect the current licensure and reimbursement process. The bill would also remove any requirement of clinical supervision of peers for reimbursement, thereby removing what can be critical clinical judgement in certain cases where peers lack needed expertise to direct clients to immediate services they may need.

A [draft version](#) of the yet-to-be-introduced bill is available. RCPA will continue to monitor the bill’s progress, and with input from the membership, take an official position when it is introduced. Please contact RCPA SUD Treatment Services Policy Director [Jason Snyder](#) with any questions or comments. ◀



CMS Medicaid: New Final Rules 2024

Late last month, the Centers for Medicare and Medicaid Services (CMS) published final rules (CMS-2439-F) related to Medicaid and Children’s Health Insurance Program (CHIP) managed care.

The new final rules from CMS reflect the goals of two executive orders:

1. Executive Order 14009, from 2021, which required agency heads of departments with authorities and responsibilities related to Medicaid and the Affordable Care Act (ACA) to review “all existing regulations, orders, guidance documents, policies, and any other similar agency actions” to determine if there were inconsistencies with ensuring high-quality health care that is accessible and affordable to every American enrolled in Medicaid and CHIP.
2. Executive Order 14070, from 2022, directed agencies to “review agency actions to identify ways to continue to expand the availability of affordable health coverage, to improve the quality of coverage, strengthen benefits, and help more Americans enroll in quality health coverage.” A part of the review process includes examining policies/practices that would, among other things, strengthen benefits and improve access to care.

In a new CMS fact sheet on the new regulations, which was released on April 22, it is noted that these significant changes in policies would impact:

- Access;
- State Directed Payments;
- Medical Loss Ratio;
- In Lieu of Service and Setting (ILOS);
- Quality (Quality Strategy and External Quality Review (EQR));
- Quality (Medicaid and CHIP Quality Rating System (MAC QRS)); and
- CHIP.

The newly finalized rules focus on “new standards to help States improve their monitoring of access to care by requiring the establishment of new standards for appointment wait times, use of secret shopper surveys, use of enrollee experience surveys, and requiring States to submit a managed care plan analysis of payments made by plans to providers for specific services, to monitor plans’ network adequacy more closely.” In short, these new policies will impact network adequacy.

In addition to the access to care standards, there is one important item in particular that touches upon telehealth: appointment wait times, which is a new standard. The regulations go into effect on July 9, 2024, but some regulations have separate applicability dates which are outlined in the document and also noted in the fact sheet. ◀

CHILDREN’S SERVICES

PA State Complex Care for Children Initiative

As the state continues to address the needs and challenges around the provision of care to youth with complex behavioral and physical health needs, the PA Blueprint Committee begins its work in earnest to create this systematic pathway. The Blueprint Committee spent last summer developing a broad set of recommendations for DHS Secretary Arkoosh, in an effort to understand the barriers to the identification, assessment, and service delivery for youth in need of this intensive level of intervention.

RCPA has been invited to participate in this next level of addressing these barriers, along with a group of diverse stakeholders from across the commonwealth. The initiatives’ target areas include:

1. Communication;
2. Services and Programs;
3. Resource Navigation;
4. Staffing / Workforce;
5. Trauma-informed Supports; and
6. Payment Conditions.

Plans for Performance-Based Contracting for Residential Services Moving Quickly in Pennsylvania

The Office of Developmental Programs (ODP) is continuing plans to implement performance-based contracting for residential services. The driving forces stated for implementing this movement are:

- Developing a stable workforce;
- Improving clinical capacity of the system; and
- Ensuring sustainability of the service system.

Thirteen performance areas have been identified, and there are many measures defined in each of those performance areas. All current residential providers who wish to continue providing services will be evaluated and placed into one of four Provider Tiers based upon their performance. The tiers are Conditional, Primary, Clinically Enhanced, and Select. The Conditional tier is for providers who are operating on a provisional license, or are appealing a revoked license. Primary providers will be providers in good standing who meet all current expectations and some additional reporting requirements. Select and Clinically enhanced providers have performance targets they must meet in order to qualify for the tier.

New performance areas that begin January 2025 rely heavily on provider attestations, demonstration of data use in areas including incident management, health risk screening, behavioral support, follow up after hospitalizations, and engagement in competitive integrated employment.

ODP anticipates collecting data from providers this summer and making a determination of which tier providers will be assigned in November 2024. The initial assignment will be in effect for 18 months, and data collected during the initial time period will be used to support development of performance targets for future cycles. It is proposed that providers will be evaluated on an annual basis to determine their tier assignment.

In order to provide guidance to providers in order to prepare for this systemic change, ODP has developed a Provider Self-Assessment Tool and a Preparedness Work Plan. These tools are meant for the providers' use only and will not be submitted to ODP. Additionally, ODP has planned four preparedness summits scheduled in June.

Pay for performance is an important factor in this plan. Enhanced rates will be paid to the providers who meet the standards to be Select and Clinically Enhanced providers. Primary, Select, and Clinically Enhanced can earn additional payment for meeting certain performance measures. The intent is to support providers' efforts in continuous quality improvement of services.

While the transformation of the residential service system is an understandable goal, there is great concern among the stakeholders regarding the speed at which the changes are proposed to be implemented. RCPA and our members will remain very involved with the comment periods and development of the plans. ◀

ASERT: Providing for Providers

ASERT (Autism Services, Education, Resources and Training) is a partnership of medical centers, centers of autism research and services, universities, and providers dedicated to serving the autistic population throughout the commonwealth and across the lifespan. ASERT's mission is to innovate, collaborate, and improve access to quality services, data, and information. The team does so through the development and curation of resources and trainings for individuals with autism, their families and caregivers, providers, professionals, and the community. Furthermore, ASERT maintains a statewide presence with representation at UPMC Western Psychiatry, Penn State College of Medicine, and AJ Drexel Autism Institute.

Some of ASERT's many current initiatives include education for professionals across the justice system, early intervention, and strategies to support underserved populations. The team is also continuing community outreach through relationships with advocacy organizations, state entities, and Penn State's Evidence to Impact Collaborative, which is dedicated to developing data-driven action plans.

Along with providing free virtual and in-person training sessions for providers in a variety of settings including, but not limited to, emergency departments, group homes, and mental health clinics, ASERT prides itself on the creation of resource collections to serve providers. Four of ASERT's key initiatives for providers are: TRAIN, AID in PA, project reassure for DSPs, and an emergency preparedness resource collection [\[read full article\]](#). ◀

Brain Injury Fundamentals Self-Paced Course

The Brain Injury Association of America's (BIAA) Academy of Certified Brain Injury Specialists (ACBIS) is offering a self-paced option for the [Brain Injury Fundamentals Certificate Course](#), which is a great option for those unable to participate in the in-person course. This course requires the completion of seven online video modules with a workbook. Once these modules are completed, attendees must attend a two hour live webinar that will contain additional educational information. This will be followed by an online quiz. The course covers the following:

- Cognition;
- Interaction and rapport building;
- Brain injury and behavior;
- Medical complications;
- Safe medication management; and
- Families coping with brain injury. ◀

BIAA Offers Upcoming Webinars

The Brain Injury Association of America (BIAA) will be offering the following webinars in June and July:

Wednesday, June 5, 2024, 3:00 pm ET
Concussions in Children: What We Know
Juliet Haarbauer-Krupa, PhD, FACRM

Understanding concussions in children helps to support monitoring and care to ensure optimal health and wellness outcomes and provides insights for concussion prevention. In this Robert Sbordone Concussion/mTBI webinar, Juliet Haarbauer-Krupa, PhD, FACRM, will provide concussion estimates in children including injury mechanisms. She will also discuss concussion diagnosis in children, where they are seen for care, the long-term effects of concussions, and interventions to improve recovery.

[Use this link](#) to register.

Thursday, July 11, 2024, 3:00 pm ET
Early Life Stress as a Risk Factor for Prolonged Recovery after Concussion
Coleen M. Atkins, PhD

Understanding the risk factors associated with prolonged recovery after mild traumatic brain injury (mTBI) is an important clinical consideration. One potential risk factor is a history of chronic stress. The immune system is primed after chronic stress and may be a link to worsened outcomes after mTBI. In this Robert Sbordone Concussion/mTBI webinar, Coleen Atkins, PhD, will discuss how chronic stress in early development can lead to prolonged cognitive deficits.

[Use this link](#) to register.



❖ BRAIN INJURY

Different Brain Structures in Females Lead to More Severe Cognitive Deficits After Concussion Than Males

According to a study led by the Perelman School of Medicine at the University of Pennsylvania, published in *Act Neuropathologica*, important brain structures that are key for signaling in the brain are narrower and less dense in females, and more likely to be damaged by brain injuries, such as concussion. Long-term cognitive deficits occur when the signals between brain structures weaken due to the injury. The structural differences in male and female brains might explain why females are more prone to concussions and experience longer recovery from the injury than their male counterparts.

Although males make up the majority of emergency department visits for concussion, this has been primarily attributed to their greater exposure to activities with a risk of head impacts compared to females. In contrast, it has recently been observed that female athletes have a higher rate of concussion and appear to have worse outcomes than their

male counterparts participating in the same sport.

“Clinicians have observed for a long time that females suffer from concussion at higher rates than males in the same sports, and that they take longer to recover cognitive function, but couldn’t explain the underlying mechanisms of this phenomenon,” said senior author Douglas Smith, MD, a professor of Neurosurgery and director of Penn’s Center for Brain Injury and Repair. “The variances in brain structures of females and males not only illuminate why this disparity exists, but also exposes biomarkers, such as axon protein fragments, that can be measured in the blood to determine injury severity, monitor recovery, and eventually help identify and develop treatments that help patients repair these damaged structures and restore cognitive function.”

If neurons are telephones that send messages between brain cells, axons are the lines that connect them, allowing communication across the

brain. These axons form bundles that make up white matter in the brain and play a large role in learning and communication between different brain regions. Axons are delicate structures and are vulnerable to damage from concussion.

Communication between axons in the brain is powered by sodium channels that serve as the brain’s electric grid. When axons are damaged, these sodium channels are also impaired, which causes loss of signaling in the brain. The loss of signaling causes the cognitive impairment experienced by individuals after concussion.

In this study, researchers used large animal models of concussion to identify differences in brains of males and females after a concussion. They found that females had a higher population of smaller axons, which researchers demonstrated are more vulnerable to injury. They also reported that in these models, females had greater loss of sodium channels after concussion. ◀

❖ MEDICAL REHAB

IRF Review Choice Demonstration to Roll Out in Pennsylvania on June 17

RCPA, along with the American Medical Rehabilitation Providers Association (AMRPA), have been closely monitoring all updates associated with the inpatient rehabilitation facility (IRF) review choice demonstration (RCD), which is scheduled to start in Pennsylvania on June 17, 2024.

Novitas Solutions (the RCD contractor in PA) is beginning its efforts to educate and prepare PA IRFs for the new program. On April 24, 2024, Novitas hosted its first webinar for providers in the state, offering an overview of the process, the different review choices, and instructions for using the contractor-specific portal (Novitasphere). Additional webinars will be offered through June. ◀

FY 2025 IRF PPS Proposed Payment Rule Released

On March 27, 2024, the Centers for Medicare & Medicaid Services (CMS) issued a proposed rule to update Medicare payment policies and rates under the Inpatient Rehabilitation Facility (IRF) Prospective Payment System (PPS) and the IRF Quality Reporting Program (QRP) for fiscal year (FY) 2025.

Payment Updates

CMS estimates an overall increase in aggregate payments to IRFs by 2.5% or \$255 million (compared to the 4% payment update in FY 2024). CMS is proposing to update the outlier threshold amount from \$10,423 (FY 2024) to \$12,158 (FY 2025), which would account for an estimated 0.2 percent decrease to aggregate payments across the IRF PPS in FY 2025.

Quality Reporting Program (QRP) Updates

CMS is proposing to make additions, modifications, and remove some QRP measures. A proposal was included to collect four new Standardized Patient Assessment Data Elements (SPADE) in the IRF QRP, to bolster the collection of information on social determinants of health (SDOH):

- Living Situation – requests current living situation;
- 2 Food Items – questions about food running out;
- Utilities – questions about threats to shutting off utilities; and
- Modification to an existing SPADE on transportation. ◀

❖ PHYSICAL DISABILITIES & AGING

Key Procurement and Waiver Updates

OLTL has several outstanding procurements:

- Independent Enrollment Broker has been awarded to Maximus and the contract is being finalized.
- Agency with Choice still has pending litigation but has been included in the plan for 2025 Community HealthChoices.
- Community HealthChoices is still in blackout. The target is to announce the awards before August 1, 2024.

The 2025 Community HealthChoices and OBRA waiver amendments will be released in early July and will have a 30-day public comment period. ◀

Rate Refresh Study

The rate refresh study for select services (Personal Assistance, Adult Day Programs, Structured Adult Day, Residential Habilitation, and Employment Services) will require significant data input from providers. This study, the first since 2012, will be conducted by Mercer on a compressed timeline and will have multiple reviews with stakeholders. ◀



RCPA Events Calendar

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

ANYTHING CAN CHANGE THE WORLD OF WORK. ADP DESIGNS FORWARD-THINKING SOLUTIONS FOR THE NEXT ANYTHING.

Learn how to tomorrow-proof your business at
<https://www.adp.com/about-adp/the-next-anything.aspx>

HR | Payroll | Time | Talent | Benefits



Eleos Scribe

The AI documentation assistant
reducing burnout in behavioral health

Eleos Scribe embeds seamlessly within existing electronic health record (EHR) workflows for in-person or telehealth-based sessions across individual and group session formats, equipping behavioral health providers and leaders with the administrative support and insights they need to focus more on care — and less on ops.

- ✓ 50% less documentation time
- ✓ 36% more evidence-based care
- ✓ 3-4x better client symptom reduction



Request a Demo

AI Technology You Can Trust



EHR Agnostic

The only platform of its kind to embed seamlessly within existing EHR and telehealth workflows



Top Quality Data

The world's largest dataset on real-world therapy, expertly maintained with patent-pending NLU models



Deep Clinical Expertise

100+ years of collective clinical experience delivering evidence-based care in the field



Secure and Compliant

HIPAA, ISO27001, ISO 27799, SOC2 and HITRUST Certifications





**FOOTHOLD
TECHNOLOGY**

Transform the way
you provide care

Follow Us



footholdtechnology.com

**Maher Duessel is proud to be a member of the
Rehabilitation & Community Providers Association.**

**Maher Duessel is
committed to providing audit,
tax, and consulting services to
health and human service
agencies.**

www.md-cpas.com

MaherDuessel





Integrate the Best-in-Class Billing System with the EMR of your choice!

BEHAVIORAL HEALTH & I/DD BILLING EXPERTS

Behavioral Health & I/DD Billing Without MillinPro



Behavioral Health & I/DD Billing With MillinPro



All claims processed quickly and correctly - and they were paid!

Contact Us For A Free Consultation



MILLIN

solutions@millinmedical.com

T (516) 374 - 4530
millinmedical.com

303 Merrick Road
Lynbrook, NY 11563

Future-proof your Pennsylvania agency with an EHR experience that's uniquely yours.

200+ Pennsylvania agencies trust Qualifacts. Here are a few reasons why:

- Deep understanding of Pennsylvania state and Integrated Care and Wellness Clinic (ICWC) requirements
- Highly configurable, award-winning EHRs, solutions, and services
- Designed for behavioral health, rehabilitative, I/DD, and human services agencies
- End-to-end efficiency from scheduling through billing and reporting
- **OneQ™** integration with Virtual Care, Business Intelligence, Revenue Cycle Management Services, and more
- **NEW!** Qualifacts® iQ Artificial Intelligence

“ I’m a huge promoter of self-care for our clients and staff. Qualifacts has allowed our teams quickly and easily complete their documentation, so they can go home every day knowing their work is on track and on time. ”

Clinical Director, SpiritLife, headquartered in Penn Run, PA

Learn More:





QUANTUM STRATEGIES®

We Focus on Your HR Needs, So You Can Focus on Your Mission

- HR Operational Assessments
- HR Consulting and Managed Services
- Custom HRIS Design and Integration



William Rizzo

Managing Partner and Chief Strategist

(610) 624-1770 ext.702 | William.Rizzo@qs2500.com



2023 State of Healthcare Training Report

Training is crucial for clinical competence and optimal organizational performance.

With direct input from your peers, the 2023 State of Healthcare Training and Staff Development Report provides insights you can use to identify learning and development priorities, address industry challenges, and drive your organization forward.

GET MY COPY

RELIAS
relias.com

RCPA
REHABILITATION & COMMUNITY
PROVIDERS ASSOCIATION