



REHABILITATION & COMMUNITY PROVIDERS ASSOCIATION

THE quarterly advisor

SEPTEMBER 2024

SPECIAL FEATURE

RCPA Conference is Just a Few Weeks Away!

Don't miss your chance to participate in this landmark event. Enjoy dynamic speakers, cutting-edge workshops, valuable networking time, and more, Sept 24–27, at the beautiful Hershey Lodge. Quick and secure credit

card registration is available from the [RCPA Conference website](#).

Registering online saves processing time and instantly confirms your place at conference.

Online registration closes on September 13.

Registrations with credit

card information included may be faxed to the office until September 20 at 5:00 pm. See you there! ◀



RCPA 2024 EMBRACING CHALLENGES EMPOWERING SUCCESS

DIVERSITY, EQUITY, AND INCLUSION

The Perspective Shift from Cultural Competence to Cultural Humility

In their paper, "Rethinking Cultural Competence: Shifting to Cultural Humility," Helen-Maria Lekas, Kerstin Pahl, and Crystal Fuller Lewis discuss a change in philosophy, practice, and training. The shift from cultural competence to cultural humility is more than just a change in nomenclature; it includes an acceptance that one is always learning and has never "arrived" when it comes to understanding and appreciating another culture. Cultural humility incorporates intersectionality into care provision and the recognition that no group or culture is a monolith.

"...training providers in becoming competent in various cultures presents the risk of stereotyping, stigmatizing, and

othering patients and can foster implicit racist attitudes and behaviors. Further, by disregarding intersectionality, cultural competence trainings tend to undermine provider recognition that patients inhabit multiple social statuses that potentially shape their beliefs, values and behavior. To address these risks, we propose training providers in cultural humility, that is, an orientation to care that is based on self-reflexivity, appreciation of patients' lay expertise, openness to sharing power with patients, and to continue learning from one's patients."

Read full article here: [Rethinking Cultural Competence: Shifting to Cultural Humility](#). ▶

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**.



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NEW MEMBER INFORMATION

September 2024

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Steve Suroviec, President/CEO

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The Arc of Erie County
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Steve Suroviec, President/CEO

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BUSINESS

The BI Collaborative
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Bob Hitson, Chief Growth Officer

PROVIDER

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Topton, PA 19562
Shari VanderGast, COO

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Travis Stem, CEO

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610 Freedom Business Ctr, Ste 100
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Terrapin House
3415 W Congress St
Allentown, PA 18104
Donna Bouclier, CEO

Wyoming Valley Behavioral Hospital
562 Wyoming Ave
Kingston, PA 18704
Lynn Brown, CEO

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

SPECIAL FEATURE



ProVantaCare

Expanding Access. Enhancing Outcomes.

View the [June 2024 Issue](#) of The Provider Advantage quarterly newsletter!

Leading with Science: How Clinical Research Drives Innovation at Eleos Health

Author: Shiri Sadeh-Sharvit, PhD

As the Chief Clinical Officer at Eleos, I've observed a troubling trend in the mental health technology sector: the race to innovate often outpaces the evidence backing these advancements. It's disheartening to see many companies encroach upon what were once revered clinical domains, driven more by the pressure to grow their business than the commitment to uphold the sacred duty we, as mental health providers, owe to our clients.

At Eleos, we believe an unwavering dedication to science and empirical data is an essential element of any health care tech firm — not solely to ensure product quality, but also to maintain the trust of the clinicians and clients we ultimately serve. We must not build on a foundation of hollow promises. Instead, our solutions — and our success as a company — must always remain firmly anchored in thorough and rigorous clinical study.

That goes for the organizations purchasing and using new technology as well. To ensure operational efficiency never comes at the expense of client welfare, providers must insist that their tech partners uphold certain standards [\[read full article\]](#). ◀

Hand Sanitizer Fire Safety in Health Care Settings

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

For many RCPA members, "Alcohol-Based Hand Sanitizer" (ABHS) has been an essential hand hygiene and infection prevention tool long before the pandemic. During the pandemic, use of hand sanitizer understandably increased significantly in health care settings, and this increased use in many health care settings remains today.

What many may not recognize is that ABHS typically contains 60% or more ethyl alcohol and is considered a Class 1 flammable liquid. Also, it readily evaporates at room temperature into an ignitable vapor. Fortunately, the incidence of fires related to ABHS has been relatively low; however, it is vital that ABHS is stored safely and that dispensers are installed and maintained correctly.

The Center for Disease Control recognizes the fire safety hazards associated with ABHS use in health care as noted here: [CDC Hand Sanitizer Clinical Safety & Fire Hazards](#). The CDC has adopted the National Fire Protection Association (NFPA) 101 – Life Safety Code guidelines for use and storage of ABHS in health care settings. NFPA provides model fire safety standards that are often adopted by government agencies as local ordinance; therefore, NFPA 101 may be law, depending on your jurisdiction [\[read full article\]](#). ◀

Succession Planning The Vital Role of Succession Planning in Health and Human Services

By William Rizzo, Managing Partner and Chief Strategist, Quantum Strategies

Succession planning is a critical element of strategic management within the health and human services sector, though its significance is frequently underestimated. Given the sector's dynamic and complex environment, implementing a proactive succession planning strategy is essential for ensuring organizational stability and long-term success.

Effective succession planning encompasses a comprehensive approach to identifying and nurturing future leaders who are equipped to uphold the organization's mission and values. This process begins with a thorough assessment of current staff competencies and performance, allowing organizations to pinpoint key roles that are crucial for maintaining operational continuity. Identifying these roles and evaluating potential successors ensures there is a clear understanding of where leadership gaps might arise and how they can be addressed.

A well-crafted succession plan includes developing strategies for smooth leadership transitions. This involves creating detailed plans for how leadership changes will be managed, ensuring that critical functions are not disrupted and a seamless transfer of knowledge and responsibilities occurs. By preparing for these transitions in advance, organizations can mitigate the risks associated with sudden departures or retirements, thereby avoiding interruptions in service delivery [\[read full article\]](#). ◀



Reporting Preparedness | The Transition to Performance-Based Contracting

By: Julia McConnell, Senior Solutions Consultant, Qualifacts

Understanding the Shift to Performance-Based Contracting and Value-Based Care

Over the past 15 years, health care models have shifted from fee-for-service to value-based care (VBC) and pay-for-performance, driven by federal initiatives to reduce high health care costs and improve client outcomes. Recently, Pennsylvania's Office of Developmental Programs announced changes to its Performance-Based Contracting Waiver for Residential Services. These types of reimbursement models emphasize the value of care clients receive based on health care outcomes, rather than the quantity of services provided, as seen in fee-for-service or capitated approaches. The reimbursement model aims to hold providers accountable for improving client outcomes and reducing costs. Pennsylvania's transition reflects a broader trend among states to adjust VBC and pay-for-performance contracting, particularly within the Intellectual and Developmental Disabilities (IDD) space.

Embracing Pay-for-Performance for IDD

This shift towards value-based care and pay for performance models should improve care and support better outcomes for persons with IDD. By aligning your performance-based contracting and VBC strategies with the right technology, providers can survive the shift and even thrive in the new market while ensuring their community receives the best care.

By focusing more on positive care outcomes, these new models can shift provider attention towards the most effective treatments in terms of cost and client impact. This is especially important for populations who require ongoing, specialized care that connects medical, behavioral, and social support services. VBC and pay-for-performance models ensure providers can deliver the necessary care to these individuals without feeling limited by billing practices [\[read the full article to learn strategies to transition to performance-based contracting\]](#). ◀

Provider Initiatives with ASERT Practical Tools to Support the Autism Community

By Andrea Layton and Emily Saich

The Autism Services, Education, Resources and Training (ASERT) Collaborative is a partnership between Penn State College of Medicine, UPMC Western Behavioral Health, and AJ Drexel Autism Institute, 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 through the development and curation of resources and trainings for individuals with autism, their families and caregivers, providers, professionals, and the community. Some of ASERT's current initiatives include education for professionals across the justice system, early intervention, and strategies to support under-served populations.

ASERT provides free virtual and in-person trainings to a range of stakeholders, with a number of virtual courses and programs specifically dedicated to supporting professionals and providers. Some of ASERT's current initiatives looking to make an impact are TRAIN, Project Reassure, Health Links, and Be Well, Think Well.



There has been an increased focus over the last few years on the rates and impact of trauma on individuals with disabilities, including those with autism. However, there are not many programs that offer trauma services and supports to meet the unique needs of autistic people who have experienced trauma. As a result, ASERT focused efforts on this important topic with two separate programs: TRAIN and Project Reassure [\[read full article\]](#). ◀

TELEHEALTH

CMS Proposed Rule to Eliminate the 4 Walls Standards

The Centers for Medicare and Medicaid Services (CMS) has issued a proposed rule, or Notice of Public Rulemaking, that could create exceptions to the existing four walls requirement for IHS/Tribal clinics, behavioral health clinics, and clinics located in rural areas.

The official language can be found on [page 15 of the Federal Register](#), which is scheduled to be published on July 22, and is copied below.

"This proposed rule includes a proposal to create exceptions to the Medicaid clinic services benefit four walls requirement, to authorize Medicaid payment for services provided outside the four walls of the clinic for IHS/Tribal clinics, behavioral health clinics, and clinics located in rural areas. Our current regulation at 42 CFR § 440.90(b) includes an exception to the four walls requirement under the Medicaid clinic services benefit only for certain clinic services furnished to individuals who are unhoused. We believe these proposed exceptions would help maintain and improve access for the populations served by IHS/Tribal clinics, behavioral health clinics, and clinics located in rural areas."

As a reminder, this is a **proposed** rule intended to announce and explain CMS' plan to address the problem. As such, all proposed rules must be published in the Federal Register to notify the public and give them an opportunity to submit comments. The proposed rule and the public comments received on it form the basis of a **final** rule. More information on the final rulemaking process is available [here](#). Interested parties should provide public comments on this proposed rule to the addresses listed in the Federal Register by **September 9, 2024**. ◀

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](#), 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

September Is National Recovery Month

September is National Recovery Month, a national observance held every year. The goal of Recovery Month, according to the Pennsylvania Department of Drug and Alcohol Programs (DDAP), is to come together, celebrate individuals in recovery, and offer hope to those who are struggling with a substance use disorder. It reinforces the positive message that behavioral health is essential to overall health, prevention works, treatment is effective, and people can and do recover from the disease of addiction.

Similarly, the Substance Abuse and Mental Health Services Administration (SAMHSA) says the purpose of Recovery Month is to promote and support new evidence-based treatment and recovery practices, the nation's strong and proud recovery community, and the dedication of service providers and communities who make recovery in all its forms possible.

In September, SAMHSA released a [report](#), "Recovery from Substance Use and Mental Health Problems Among Adults in the United States." Using data from the 2021 National Survey on Drug Use and Health (NSDUH), SAMHSA's report shows that 70 million adults aged 18 or older perceived that they ever had a substance use or mental health problem. For substance use, of the 29 million adults who

perceived that they ever had a substance use problem, 72 percent (or 20.9 million) considered themselves to be in recovery or to have recovered from their drug or alcohol use problem. For mental health, of the 58.7 million adults who perceived they ever had a mental health problem, 66.5 percent (or 38.8 million) considered themselves to be in recovery or to have recovered from their mental health problem.

SAMHSA's [working definition of recovery](#) defines it as a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. According to SAMHSA, there are four major dimensions to recovery: health, home, purpose, and community.

SAMHSA has made available a [Recovery Month Toolkit](#) to enable organizations to share information about recovery and resources to support it.

In addition, [DDAP will kick off Recovery Month](#) on Thursday, September 12, at Soldiers and Sailors Grove in the Capitol Complex in Harrisburg, with "Share the Hope: A Recovery Story." The event will include wellness activities and demonstrations, speakers, food trucks, mobile clinic tours, and more. ◀



Lack of BH Providers in Medicare and Medicaid Impedes Enrollees' Access to Care

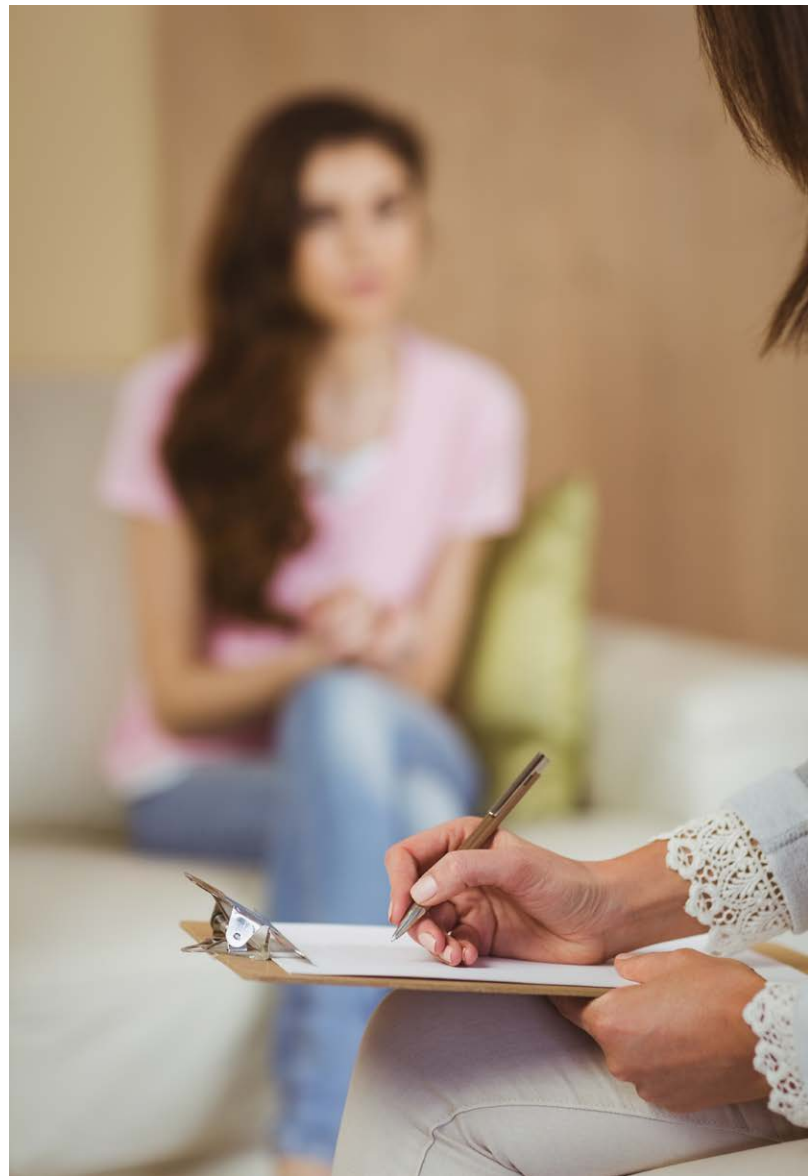
The Office of the Inspector General (OIG) has released a report citing there are not enough behavioral health providers participating in Medicare and Medicaid networks.

In an [analysis](#) published April 2, the government watchdog studied one urban and one rural county in 10 states across the country. The analysis found relatively few behavioral health providers are participating in Medicaid, Medicare, and Medicare Advantage programs, leading to difficulties in access for enrollees.

Notable Findings:

1. On average, there were fewer than five active behavioral health providers accepting Medicare and Medicaid patients per 1,000 enrollees. Traditional Medicare had the lowest rates of providers, at 2.9 per 1,000 on average, and Medicare Advantage had the highest rate at 4.7 per 1,000 enrollees.
2. Rural counties had fewer providers accepting Medicare and Medicaid than urban counties. In rural counties, there were 1.5 providers accepting traditional Medicare per 1,000 patients, compared to 4.4 in urban counties.
3. Across Medicaid, traditional Medicare, and Medicare Advantage, there were fewer than two providers per 1,000 enrollees that could prescribe medication for mental health issues, such as psychiatrists and psychiatric nurse practitioners.
4. Active providers accepting public insurance make up around one-third of the behavioral health workforce, according to the report.
5. Fewer than 10% of public insurance beneficiaries received mental health treatment in 2023.
6. CMS could also tighten network adequacy standards in Medicare Advantage and Medicaid to increase the size of insurers networks, the OIG said in its report.
7. The OIG recommended CMS increase its oversight of Medicaid and Medicare enrollees' use of behavioral health services, and recommended CMS examine allowing more types of behavioral health providers to participate in Medicare and Medicaid.
8. CMS said it concurred with the OIG's recommendations and said it has already taken several steps to improve access to behavioral health providers for Medicare and Medicaid beneficiaries.

Members may view the full report [here](#). ◀



PCCD Announces \$120M for School Safety and Mental Health Supports for Students

Pennsylvania schools and other eligible entities are now able to apply for grant funding for physical security upgrades and to strengthen behavioral health supports through two new school safety grant solicitations from the **Pennsylvania Commission on Crime and Delinquency's (PCCD) School Safety and Security Committee**.

The School Safety and Security Committee approved a funding framework to utilize nearly \$120 million in state school safety funding, secured by the Shapiro-Davis Administration in the 2024/25 budget, which includes:

- ▶ **\$100 million for noncompetitive FY 24/25 School Safety & Mental Health Grants** for eligible school entities to meet both physical security and behavioral health needs. Funding is distributed via formula grants to all school districts, charter

schools, area career and technical centers, and intermediate units in the Commonwealth.

- ▶ **\$19.7 million for competitive FY 24/25 Targeted School Safety Grants for Nonpublic Schools** to support programs addressing school violence and improving school safety and security. Municipalities, law enforcement agencies, and approved security vendors are also eligible to apply to support school security personnel services in all Pennsylvania schools.

Eligible applicants can find information about each of these solicitations, including eligibility criteria and application instructions, on PCCD's [School Safety and Security web page](#). PCCD staff will also host informational webinars and provide other resources to assist school entities and eligible applicants as they navigate these funding opportunities.

The seven-week application period for the competitive FY 24/25 Targeted School Safety Grants for Nonpublic Schools solicitation will close on Thursday, September 26, 2024. Noncompetitive, formula-based awards will be awarded on a rolling basis as applications are accepted by the agency and competitive awards are expected to be announced in November 2024.

Questions regarding the School Safety and Security Grant Program can be sent to [PCCD staff](#) or by visiting PCCD's School Safety and Security web page.

As in the past three funding years, RCPA strongly recommends providers engage with their school districts, to assist in the planning process and provide recommendations to enhance their current school-based programming or develop service models to meet the needs of the students and district. ◀



Office of Developmental Programs Moves Forward with Performance-Based Contracting for Residential Services

The Commonwealth of Pennsylvania's Department of Human Services, Office of Developmental Programs (ODP) is engaging in systems change to improve the quality and sustainability of services. ODP has applied for a statewide 1915(b)(4) Selective Contracting Waiver for residential services, including Residential Habilitation, Supported Living, and Life Sharing, which are currently offered in the Consolidated and Community Living 1915(c) Waiver programs. This change in residential services will be implemented in January 2025. ODP will seek a 1915(b)(4) Selective Contracting Waiver for supports coordination in the Medicaid State Plan, Consolidated, Person/Family-Directed Support, and Community Living Waivers for implementation in January 2026.

The original plan was to require all residential providers to submit data in August 2024, but that has now been adjusted to allow for two options for submitting data and having a tier assigned. Residential providers with a signed and submitted Residential Provider Agreement may choose to submit data and documentation to support tier determination between either August 1–31, 2024, or February 15–March 15, 2025. Residential providers that choose to submit data and documentation to support tier determination in August 2024 cannot resubmit data and documentation in February/March 2025 to support a different tier determination.

ODP will annually assign each provider a tier based on the provider's performance, as evaluated using the Performance-Based Contracting Residential Scoring Tool. Providers will apply for the tier for which they intend to qualify. A provider should only apply for a tier for which they know they will meet all required measures. Providers will have the opportunity to respond to the department's tier determination if they believe an error has been made, but may not correct an unmet measure after the fact.

Some areas will be scored in a composite category, and other measures stand alone. For the majority of composite categories, providers need to achieve at least 70% of the measures from the Complex Needs, Data Management, and Workforce Administration composite categories to obtain the desired tier. In some cases, providers might need to achieve slightly less than 70%, because not meeting one measure will result in a score of slightly less than 70%.

ODP has published several documents to assist providers in this transition.

- ▶ [Performance-Based Contracting Information](#)
- ▶ [Performance-Based Contracting Residential Services Implementation Guide](#)
- ▶ [Residential Performance Standards](#) ◀

Direct Support Professional Recognition Week: September 8–14, 2024

This nationwide recognition celebrating the workforce that plays such an important role in the lives of people with disabilities is just one way of showing appreciation and recognition of the essential work that they do every day.

We encourage our members to share the special events and recognition you plan for your staff so that RCPA can also recognize your staff on our social media. American Network of Community Options and Resources (ANCOR) suggests celebrating your staff in various ways, such as:

- ▶ Collect 30-second videos from the individuals you support, their family members, your other colleagues, and more with messages about the difference your

agency's DSPs are making in the lives of the people they support.

- ▶ Put together a gift bag for each DSP at your agency that includes their favorite candy and a small gift card, to be delivered by a team of managers to places where your DSPs work.
- ▶ Host a virtual party and/or happy hour for your organization's DSPs! Assemble family members, coworkers, and friends for a virtual chat and an opportunity to for those who love them to hear how valued they are.

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INTELLECTUAL/DEVELOPMENTAL DISABILITIES

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NADSP describes direct support professionals (DSPs) as staff who assist people with intellectual and/or developmental disabilities in realizing their full potential and becoming valued and participating members of their communities. Their work is complex and goes well beyond caregiving, requiring skills including independent problem solving, decision making, behavioral assessment and prevention, medication administration, health and allied health treatment, teaching new skills, crisis prevention and intervention, and more. The job duties of a DSP may resemble those of teachers, nurses, social workers, counselors, physical or occupational therapists, dietitians, chauffeurs, personal trainers, and others. Their work requires strong communication skills and the ability to build relationships with the people they support and their

families. DSPs may work in family or individual homes, intermediate care facilities, residential group homes, community job sites, vocational and day programs, and other locations. Their work is determined by the unique needs and preferences of the individuals they support and they are held to high ethical and professional standards.

RCPA recently submitted [comments](#) to the US Office of Management and Budget (OMB) supporting the development of a distinct Standard Occupational Code (SOC) for direct support professionals. Without one, the unique work that DSPs do will not be captured, and the historically low wages that DSPs make will remain the norm. An SOC will allow for good data around wages and allow for the professionalization of the DSP workforce. ◀



**Direct Support Professional
RECOGNITION WEEK**
September 8 - 14, 2024

RELIAS  ANCOR

MEDICAL REHAB

IRF Review Choice Demonstration Officially Starts in Pennsylvania

The inpatient rehabilitation facility (IRF) review choice demonstration (RCD) officially started in Pennsylvania on June 17, 2024. RCPA, along with the American Medical Rehabilitation Providers Association (AMRPA), has been closely monitoring all updates associated with the IRF RCD.

Novitas Solutions (the RCD contractor in PA) has been educating the PA IRFs for this new program. Novitas sends out weekly updates, updates their Frequently Asked Questions (FAQs), and hosts webinars for providers in the state. ◀

CMS Releases FY 2025 IRF PPS Final Payment Rule

On August 6, 2024, the Centers for Medicare and Medicaid Services (CMS) published the fiscal year (FY) 2025 inpatient rehabilitation facility prospective payment system (IRF PPS) final payment rule. This rule updates Medicare payment policies and rates under the IRF PPS and IRF Quality Reporting Program for FY 2025. The provisions included in the rule are located in this [fact sheet](#). ◀

❖ BRAIN INJURY

CMS Officially Recognizes Brain Injury as a Chronic Condition

The Centers for Medicare and Medicaid Services (CMS) recently announced that they are recognizing traumatic brain injury (TBI) as a chronic health condition. Obtaining official recognition of TBI as a chronic condition from CMS is a significant step forward and provides validation that brain injury should be more broadly recognized as a chronic condition. Formal recognition has the potential to provide several advantages for people with brain injury, including the allocation of additional public health resources to focus on the lifelong effects of brain injury as well as health insurance plans, primarily Medicare and Medicaid, providing additional benefits and other supports as they do for other chronic health conditions. The greatest benefit, however, would be an increase in public awareness of the long-term effects of brain injury that affect the estimated 5 million Americans with a brain injury-related disability. ◀

OLTL Wage and Rate Study Survey

The Office of Long-Term Living (OLTL), along with Mercer, sent out a Home and Community-Based Services (HCBS) Wage and Rate Study survey for calendar year (CY) 2023 (January 1, 2023 – December 31, 2023). The following Home and Community-Based Services (HCBS) categories are included in the survey:

- ▶ Adult Day;
- ▶ Structured Day Habilitation;
- ▶ Employment and Training;
- ▶ Personal Assistance Services; and
- ▶ Residential Habilitation

The survey is intended to collect current provider wage and rate data, and general feedback on the challenges of providing these services. The information submitted will be used to assist in developing a point of reference for the rate range to evaluate current payment rates. The surveys are due by August 23, 2024. ◀

BIAA Offers Recording Focused on Brain Injury as an Individual Disability

The Brain Injury Association of America (BIAA) hosted a virtual live event in July that focused on brain injury as an invisible disability. The event was hosted by BIAA's Director of Consumer Services, Greg Ayotte. During the event, insights and experiences on the reality of living with an invisible disability were shared by Brain Injury Survivor Council members. The [recording](#) is available to watch. ◀



Waiver Amendments

OLTL is considering updates for the Community HealthChoices and OBRA Waivers. The public comment period of only 30 days received a significant number of responses. RCPA provided input on several areas and led the Coalition For Choice response on behalf of a group of associations. The key areas addressed were:

- ▶ Support for reduction of years of experience for credentialed employment services providers;
- ▶ Comments on the addition of Chore Service;
- ▶ Extensive concerns about the background checks requirements when a child is “present versus resides in the home”;
- ▶ Comments on the development of Person-Centered Service Plans and the service coordinators’ caseloads;
- ▶ The waiver projections included a 600% increase in the number of participants utilizing the consumer-directed / FMS model, but there are no strategies or program changes associated with this increase; and
- ▶ Comments on the omission of the CRT-2 Service for Brain Injury and related waiver adjustments were also included.

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

Key Procurement Updates

OLTL has two outstanding procurements:

- E Agency with Choice still has pending litigation but has been included in the plan for 2025 Community HealthChoices.
- E Community HealthChoices is still in blackout. As of the writing of this update, no awards have been announced.
 - ▶ The known bidders are AmeriHealth Caritas / Keystone First; Aetna Better Health; Highmark Wholecare; Geisinger; Jefferson Health Partners; PA Health & Wellness (Centene); United Healthcare; and UPMC. ◀



RCPA Events Calendar

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



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We personally work on your search, protect your time, and support you through the entire process.



Diana Ramsay
President

Anne Walton
Managing Partner

With robust networks to draw from, searches are often completed in 55 days. We get it right, fast.

RCPA members receive a standing discount.

If a candidate you hire from us doesn't work out, we'll find another at no additional cost.