

❖ CONFERENCE

RCPA Conference 2025 “Striving to Thrive” Plans Underway

Planning is well underway for our conference to be held at the Hershey Lodge, September 9–12, 2025.

We are happy to announce that we have an exciting lineup of keynote speakers in development. **Kory Shrum** is a national speaker, podcaster, and USA TODAY bestselling author. When Kory’s mother was murdered, a tragic end to her difficult life, Kory was forced to examine why her story had turned out so differently from her mother’s. Kory shares her revolutionary approach to wellbeing and self-care that can transform not only a person’s professional or personal life, but also help companies and organizations redefine wellness.

Judge Victor Reyes served a District Judge for 15 years in the 10th Judicial District, located in Pueblo, Colorado. He has presided over criminal, civil, county court appeals, probate, domestic, restraining order, juvenile, and dependency and neglect matters. He is a graduate of Emory University and Georgetown University Law Center in Washington, DC. Judge Reyes speaks about practicing mindfulness, understanding secondary trauma, and enhancing personal resilience.

We will have some favorites returning, and will also be offering multiple workshop sessions.

We are grateful to our platinum sponsors Carelon and OneWell, and gold sponsors Embolden, Brown and Brown, and Hearten for their support of our event, as well as many other sponsors and exhibitors who have committed to the 2025 conference. There are still plenty of opportunities available; if you are interested, please contact [Carol Ferenz](#). ◀



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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COO and Director of Mental Health, BH Division

Cathy Barrick
IDD Policy Analyst

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Event Planner/ Accounts Payable Manager

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Carol Ferez
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Cindi Hobbes
Director, International Pediatric Rehabilitation Collaborative

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

Tim Sohosky
Director, Intellectual/Developmental Disabilities Division

Christine Tartaglione
Accounts Receivable Manager/Accounting Assistant



NEW MEMBER INFORMATION

March 2025

ASSOCIATE

Staunton Farm Foundation
Three Gateway Center, 401 Liberty Ave,
Ste 2325
Pittsburgh, PA 15222
Monique Jackson, Executive Director

BUSINESS

Apis Services, Inc.
3929 Perkiomen Avenue
Reading, PA 19606
Jennifer Gassen, Inperium Chief of Staff

Conner Strong & Buckelew
TRIAD1828, 2 Cooper St
Camden, NJ 08102
Alex Buzbee, Vice President, Business
Development

Health Management Associates
1650 Market St Ste 3010
Philadelphia, PA 19103
Marsha Johnson, Managing Principal

Inperium, Inc.
3929 Perkiomen Avenue
Reading, PA 19606
Jennifer Gassen, Inperium Chief of Staff

**Let's Work for Good Inc. d/b/a
Popcorn for the People**
140 Ethel Rd W Ste M
Piscataway, NJ 08854
Jennifer Gassen, Inperium Chief of Staff

GOVERNMENT

Chester County Intermediate Unit
455 Boot Rd
Downingtown, PA 19335
Sam Ewing, Director of Student Services

IPRC

Cook Children's Medical Center
801 7th Ave
Ft. Worth, TX 76104
Kendra Stubbs, DPT, Neurorehab
Therapy Manager

NON-PA BASED PROVIDER

Advancing Opportunities, Inc.
610 Beverly Rancocas Rd
Willingboro, NJ 08046
Paul Ronollo, Executive Director

Conexio Care, Inc.
590 Naamans Rd
Claymont, DE 19703
Jason Smith, Executive Director

Crossroads Programs, Inc.
610 Beverly Rancocas Rd
Willingboro, NJ 08046
Dr. Vincent LaSorsa, CEO

Helping Restore Ability, Inc.
4300 Beltway Place, Suite 130
Arlington, TX 76018

**Holly Hill Child & Family Solutions,
Inc.**
9599 Summer Hill Rd
California, KY 41007
James Sherry, CEO

**Shelby Residential and Vocational
Services, Inc.**
3971 Knight Arnold Rd
Memphis, TN 38118
Shannon Durbin, Executive Director

Wake Enterprises, Inc.
3548 Bush Street
Raleigh, NC 27609
Laura Radulescu, Executive Director

PROVIDER

**Alternative Consulting Enterprises,
LLC**
527 E Lancaster Ave
Shillington, PA 19607
Seth Modesto, Senior Director of
Outpatient Services

Aspire Child and Family Services
1800 Byberry Rd Ste 1404
Huntingdon Valley, PA 19006
Drew Friedman, CEO

Care Lync
100 E Penn Center, Ste 400
Philadelphia, PA 19107
Heather Golin, Executive Director/COO

Community Keepers Home Care
7619 Elmwood Ave
Philadelphia, PA 19153
Samuel Martin, President/CEO

Person Driven Clinical Solutions LLC
3929 Perkiomen Ave
Reading, PA 19606
Guy Legare, Executive Director

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

OSHA Injury Tracking Application Update for Health Care

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



Most organizations are familiar with OSHA's "Injury Tracking Application" (ITA) which took effect January 1, 2017 and went fundamentally unchanged until this year. The 2024 changes may now require some RCPA members to report their OSHA 300A and OSHA 300/301 data, depending on size of their "establishment" and "North American Industrial Classification System" (NAICS) code. In this article, I highlight tools available to easily determine if you are meeting the new ITA reporting requirements.

It is essential to understand what OSHA means by "establishment" when navigating this regulation. An establishment by their definition is "a single physical location where business is conducted or where services or industrial operations are performed. For activities where employees do not work at a single physical location, such as construction; transportation; communications, electric, gas and sanitary services; and similar operations, the establishment is represented by main or branch offices, terminals, stations, etc. that either supervise such activities or are the base from which personnel carry out these activities" as defined at the link [OSHA 1904 Reporting Definitions](#). Therefore, an organization can have several "establishments," and this will impact how they apply the ITA regulation, since it is based on number of employees per establishment.

Once your "establishments" are defined, you can determine your reporting requirements. The 2024 changes to the ITA increased the number of establishments that are required to report based on the following as outlined by OSHA:

YOU MUST submit 300A data if your establishment meets one of the following criteria:

1. 250 or more employees and is not in an industry listed in the Exempt Industries list in [Appendix A to Subpart B of OSHA's recordkeeping regulation of 29 CFR Part 1904](#) or
2. 20–249 employees and is in an industry listed in [Appendix A to Subpart E of 29 CFR Part 1904](#).

YOU MUST also submit 300/301 data if your establishment(s) has 100 or more employees and is in an industry listed in [Appendix B to Subpart E of 29 CFR Part 1904](#) [\[read full article\]](#). ◀

Driving Lasting Impact Through Nonprofit Mergers & Acquisitions

By Diana Ramsay, President, MPP, OTR, FAOTA, The Ramsay Group

Increased competition for funding and growing demands for services have made nonprofit mergers and acquisitions (M&A) highly relevant today. M&As are often a necessity, but can also amplify impact when executed strategically.

To achieve the best outcomes, leaders must focus on this question:

"How can this enhance our mission and better serve the people who depend on us?"

Mission First Mindsets: A Commitment to Impact

Nonprofit M&As require a mindset shift. Leaders must check their egos at the door and focus on the future mission, not the current organization or even their own jobs. It's challenging and humbling.

Effective leaders are invested in their teams, making restructuring and consolidations difficult. The future role of board members or staff shouldn't be a consideration during high-level M&A discussions. Leaders and employees will find other positions, especially when you provide strong recommendations and connections.

Consolidation, though difficult, is often the best way to conserve resources, ensure financial stability, and allow patrons to receive services well into the future. Aligning expertise and reducing redundancy allows nonprofits to increase their capacity without diluting their mission.

Stay focused on long-term mission fulfillment and monitor your own biases and egos throughout the process. External support and guidance is often extremely helpful during M&As [\[read full article\]](#). ◀



Four Biggest Risks Facing Human Services Organizations Today & How to Address Them

By Lisa Vanore, Partner, Senior Claim Consultant; Sarah Lambert, Partner, Account Executive; and Alexander Buzbee, Vice President, Business Development Executive for [Conner Strong & Buckelew](#)



INSURANCE | RISK MANAGEMENT | EMPLOYEE BENEFITS

Human services organizations are doing amazing work keeping individuals cared for and thriving in today's world. However, even the most humane and well-intentioned organizations face myriad risks that can lead to costly lawsuits and damages when unprepared.

There is an expectation that organizations within the human services industry are in complete control of their participants and their surroundings. But the unfortunate reality is that accidents do happen. And without the right policies and procedures in place, incidents can be extremely damaging to a business's bottom line and reputation.

Putting the right risk mitigation measures in place is more important today than ever before. Cultural shifts in societal attitudes are leading to juries awarding larger settlements to plaintiffs. In some cases, these settlements are astonishingly high. For example, a jury recently awarded \$485 million in compensatory and punitive damages in a case involving child sexual abuse, with a single behavioral health organization left on the hook to pay \$405 million of it.

While claims are inevitable, thankfully there are many risk mitigation steps and insurance policies human services organizations can put in place to contain damages and facilitate a quick claims remediation process. As experts in human services risk management and insurance, we understand the biggest risks facing these organizations today and have summarized the actionable steps these organizations can take to reduce their exposure to risks related to sexual misconduct and abuse, auto liability, duty of care breaches, and elopement [[read the full article](#)]. ◀

AI & Accreditation: CARF's Take On the Use of Behavioral Health Technology

By Sammy Williams, Eleos Health

Like a well-written progress note, accreditation for behavioral health centers must be organized, supported by data, and reflective of the quality of care provided. But, now that AI is in the mix, many organizations are left wondering how CARF views AI tools when it comes to meeting (and exceeding) accreditation standards.

Eleos Chief Clinical Officer Denny Morrison, PhD, [sat down with](#) Mike Johnson, Senior Managing Director of Behavioral Health at CARF, to clear up the commission's stance on AI.



Some of the highlights from their conversation:

- ▶ **AI is A-OK:** "Whether a provider uses an AI tool or not, it's still up to them as human professionals to ensure their documentation meets CARF's expectations."
- ▶ **Quality is key:** "CARF's focus is maintaining high-quality care that is delivered by trained professionals, even when technology is part of the process."
- ▶ **Ease the burden:** "The fact that we can have AI assisting the clinician in real time to keep up with those notes... we view that as something that has real value."
- ▶ **The bottom line:** CARF doesn't necessarily endorse the use of AI in behavioral health, but they also don't oppose it. Instead, they focus on the end result: the quality of care delivered to each client.

What this means for your center's mission is that the quality of care you provide not only impacts client outcomes — it's also the number one metric that matters to accreditors. How can behavioral health organizations automate processes and implement quality standards that drive compliance, engagement, and clinical progress? Learn how at [eleos.health](#). ◀

Strengthening Your Organization in Uncertain Times

By *Cara Renzelli, PhD, MBA* | Owner, *BTD Consulting LLC*

The behavioral health field is facing uncertain times, but the good news is that there are steps we can take in response to that uncertainty. Over the last 30 years that I've worked in the field, I've witnessed many changes. Some of these advanced patient care, such as long-acting injectable medications for both mental health and substance use disorders while others challenged care provision, such as the decline of what was once a robust BH workforce. Others typified "the pendulum always swings back" notion. For example, the early 1990s brought a heavy focus on adolescent BH, which eroded slowly into the early 2000s, yet now we are seeing a renewed focus on adolescents, earning a prominent place in health care discussions.

At the heart of these changes, of course, is maintaining the balance between driving positive client outcomes and your organization's financial viability and sustainability. Today, funding in all its forms leads the list of unknowns and managing this uncertainty strains an already struggling system of care. Providers will be held to even higher expectations of supporting their assertions with data, more streamlined and efficient processes to reduce errors in documentation, and creative and forward-thinking methods to increase revenue. Below are a few actions that will strengthen your plans for future success.

Design a Sound Grant Strategy

Developing a proactive grant strategy contributes to success for you, the grantor, and those you serve. Related to your strategic plan, designing the grant strategy ensures that you are matching your mission and needs with the intent of the funding opportunity, plus the values of the funder. Based on my extensive experience with grant writing and reviewing, I predict that we will see a decline in federal and potentially state grants, which will increase demand on foundations to fill the gap. Because of a reduced number of funding opportunities, review criteria will become more stringent, thus further increasing competition for limited dollars.

Infuse Data into Your Work

We've seen the demand for data take hold in a variety of ways over the last 10–15 years. Terms like "evidence-based practice" and "data driven decision making" infiltrate

everyday discussions, but creating the default mode of infusing data into our conversations takes time and practice. The good news is that your organization holds great power in the data you have already. When you can, utilize checklists and similar types of process controls to make sure your EHR receives accurate information, so that you can be confident that your documentation and data hold a high degree of integrity. Anchoring assertions in evidence can pay dividends in future funding discussions.

Spotlight Successes Frequently

Although it may sound simple, we often forget to highlight what we've done well. There are many opportunities to share stories of your success with your colleagues in professional settings and through marketing channels (e.g., websites, newsletters). Bring data into these stories and you will be well on your way to developing an attractive dossier for prospective clients and funders.

I created BTD Consulting to help provider organizations succeed in all aspects of their business. If you'd like to discuss these ideas, or want to learn about how I may be able to support your work, please [email](#) me or visit my [website](#). ◀



RCPA welcomes member contributions to our quarterly newsletter. For details on how to submit an article for consideration, please contact [Sharon Militello](#), RCPA Director of Communications.

❖ DIVERSITY, EQUITY, AND INCLUSION

The Little Known History Of DEI and Why It's Critical to Its Survival

DEI is at a pivot point. The pendulum has swung hard these past few years, with the backlash spiking in 2022 through 2023 and stabilizing in 2024... Most businesses are quietly doing DEI work with less publicity. See [this article](#) for greater detail on the history and development of DEI initiatives. ◀



❖ TELEHEALTH

New OMHSAS Telehealth Bulletin

RCPA has partnered with OMHSAS to review the current Tele-Behavioral Health bulletin as the state looks to create a new working bulletin for telehealth services. The original guidelines were developed in 2020 and revised in 2022. RCPA assembled a Telehealth Steering Committee that sought to review the current bulletin as well as the NY State bulletin, which OMHSAS is looking to use as a blueprint for future guidance. The RCPA team reviewed these and provided a series of recommendations that would promote the expansion and use of telehealth, as well as reduce administrative and regulatory burdens that were barriers to access. One of the major recommendations included elimination of the encounter signature requirement, which is not a federal Medicaid requirement or a requisite for physical health treatment via telehealth. ◀

Federal Four Walls Update for PA

On Friday, November 1, the US Centers for Medicare and Medicaid Services (CMS) released a final rule for calendar year 2025 that will give states the option to cover Medicaid telehealth behavioral health clinic services delivered outside the "four walls." CMS waived this requirement during the Public Health Emergency (PHE). Now that the PHE has ended, CMS released this final rule to allow states to cover behavioral health outpatient clinic services outside the four walls. The final rule was set to take effect on January 1, 2025.

At this time, OMHSAS and OMAP are in the final stages of a State Plan Amendment (SPA) that will be submitted to CMS. Once approved by CMS, the action will repeal the PA. "Four Walls Rule," and allow the delivery of telehealth services by all behavioral health clinics, as well as those delivering SUD services in PA. The amendment will be retroactive to January 1, 2025 to ensure billing coverage while CMS approves the SPA. ◀



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

PA Medicaid 1115 Waiver Demonstration Project

The Department of Human Services has received approval from CMS on the state's 1115 Demonstration Waiver, titled *Bridges to Success: Keystones of Health for Pennsylvania*. The proposed Keystones of Health program seeks to expand tools available to address critical health care needs of Pennsylvanians in four main areas: reentry supports, housing resources, food and nutrition services, and continuous health coverage for children under the age of six.

The funding for these programs will have to come from state funding sources, and with the projected budget, it looks like DHS will focus this year on reentry services. Proposed in this year's budget is \$4.8M to implement the reentry services ensuring Medicaid coverage for individuals reintegrating back into the community. As for full implementation of the PA 1115 Waiver projects, this year will focus on planning the other parts of the model. ◀

BEHAVIORAL HEALTH SUBSTANCE USE DISORDER TREATMENT SERVICES

Despite Growing Evidence of Harms, Pennsylvania Continues Its Push for Legalized Recreational Marijuana, Does Not Acknowledge Potential Risks

By Jason Snyder, SUD Treatment Services Director

As the RCPA Board of Directors and RCPA SUD treatment provider members continue to consider their position on the proposed legalization of recreational marijuana, the following represents my perspective on the lack of discussion by Gov. Shapiro and his administration about the potential harms that could be created with legalization.

Evidence of the harms related to cannabis use disorder (CUD) continues to grow. Even so, Pennsylvania Governor Josh Shapiro continues to push for legalization of adult recreational marijuana, making it a cornerstone of his Fiscal Year 2025/26 budget speech and revenue plan.

A February 2025 article in [JAMA Network Open](#), a peer-reviewed journal published by the American Medical Association, detailed the results of a study of 11.6 million people over a median of five years. The study found that individuals who require hospital-based care for a CUD

are at a 2.8-fold increased risk of death within five years relative to the general population.

In a [second article also published in February in the same journal](#), researchers studied whether the liberalization of medical cannabis and the legalization of nonmedical cannabis in Canada were associated with changes in the number of people with CUD and associated schizophrenia. The findings showed that the number of people with CUD and associated schizophrenia increased nearly 7 percent.

Plenty of additional research exists as well, including a [link between legalized adult recreational marijuana and an increase in adolescent suicides](#).

Governor Shapiro projects \$565M in revenue in the upcoming fiscal year if adult-use recreational marijuana is legalized. Much of his argument for legalization

BEHAVIORAL HEALTH SUBSTANCE USE DISORDER TREATMENT SERVICES

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centers on the fact that states surrounding Pennsylvania have legalized recreational marijuana and that the Commonwealth is losing revenue to these states. Democratic [Senator Sharif Street makes the argument](#) that Pennsylvania needs the money.

“Guess what? We need money,” said Street. “Pennsylvania needs revenue, and why should we let people in New Jersey, New York, and Ohio get our revenue from our citizens who are buying it over there?”

Holding the majority in their chamber, Pennsylvania’s Republican senators are at this point opposed to legalization, and have the power to block the governor’s efforts.

One of the most concerning aspects of the push to legalize marijuana is the refusal to acknowledge the harm that will be caused in the name of revenue. And the proof is not only in the rhetoric, but also in the proposed allocation of the projected revenue. None of it is directly allocated to the Department of Drug and Alcohol Programs (DDAP), which is responsible for the prevention, intervention, and treatment of substance use disorders (SUD).

If we believe the data and research, legalization of recreational marijuana will undoubtedly result in an increased need for SUD and mental health treatment. But there is no recognition of that, in words or in dollars. ◀

How Stigma Stifles

By *Monica E. Oss, OPEN MINDS* | February 10, 2025

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What are the key elements in helping consumers with addictions on the road to recovery? Medication is the “gold standard” for treatment (see [The MAT Barriers](#))—and therapy, a support system, self-care routines, and a relapse prevention plan are all critical. But stigma about addictions and addiction treatment remains an impediment to successful treatment and recovery (see [Ending Discrimination Against People With Mental And Substance Use Disorders](#)).

Despite the impact of stigma on treatment success, there are few evidence-based substance use disorder (SUD) stigma interventions. But recent research, [enCompass: Evaluation Of A Community-Based Substance Use Disorder Stigma Intervention](#), demonstrated some promising results of a new approach to stigma reduction:

enCompass: A Comprehensive Training On Navigating Addiction. The enCompass intervention is an eight-hour, facilitator-led training that incorporates a range of stigma reduction techniques, including education on SUD, contact with individuals with lived experience, skill-building exercises, and discussions on non-stigmatizing language. Participants’ knowledge of SUD treatment and medication was assessed alongside their stigma levels.

Across all measured dimensions—stereotypes, prejudice, and

discrimination—participants reported significantly lower levels of stigma after completing the training. Not only was there a decrease in stereotypes about individuals with SUD, but there was also a reduction in prejudice toward individuals with SUD. Additionally, there was a decline in discriminatory attitudes. Not surprisingly, individuals who had the least prior exposure to SUD information and/or had higher stigma levels saw the most significant improvements [[read full article](#)]. ◀



BEHAVIORAL HEALTH | MENTAL HEALTH



G CODES

The Center for Medicare and Medicaid Services (CMS) has established various Core Data Set Measures that states must report to CMS. The Office of Mental Health and Substance Abuse Services (OMHSAS) is therefore requiring Community Care to collect depression screening data and documented follow up, as a result of the depression screening from providers in scope for this requirement via claims submission using various G codes. All five PA BH-MCOs collaborated to develop a single set of specifications for this depression screening reporting.

Providers should not report depression screening G codes for persons already diagnosed with depression or bipolar disorder. When a depression screen is conducted as part of diagnostic evaluation or other qualifying service, only one of the G codes for depression screening should be submitted on the claim with the qualifying service. G Codes for depression screening cannot be submitted as a standalone claim.

RCPA has had similar conversations with multiple MCOs, who said that they continue to get the survey information, and they will update the FAQ that OMHSAS has already written and will put together some kind of implementation process. At this time, we're working with OMHSAS and the HealthChoices entities on the FAQ, start date, and the implementation values. ◀

CHILDREN'S SERVICES

Third Party Liability Survey

RCPA recently surveyed members to try to gain an understanding of the difficulties in third party liability claims. The primary obstacles for providers included a failure to pay by the commercial insurer and failure to receive an EOB or denial letter. We are now looking to gain feedback from the other system stakeholders to understand their difficulties in processing these complicated claims. We will continue to work with OMHSAS, our HealthChoices partners, and the Pennsylvania Department of Insurance, in an effort to ensure that third party liability claims can be processed in a timely and effective manner. Members can now view the full report [here](#). ◀

INTELLECTUAL/DEVELOPMENTAL DISABILITIES

ANCOR Issues Findings from 2024 State of America's Direct Support Workforce Crisis Survey

In a continued effort to better understand how providers navigate long-term shortages of qualified direct support professionals (DSPs), ANCOR fielded their fifth annual survey of community-based providers of intellectual and developmental disabilities (IDD) services.

This year's survey garnered responses from 496 distinct organizations delivering services in 47 states plus the District of Columbia. The results of the 2024 survey are a sobering revelation of a system of care in peril.

The following data points are among the key findings from the *State of America's Direct Support Workforce Crisis 2024*:

- ▶ 90% experienced moderate or severe staffing challenges in the past year;
- ▶ 69% reported turning away new referrals;
- ▶ 39% were discontinuing programs/services;
- ▶ 64% intended to delay the launch of new programs;
- ▶ 34% were considering further cuts to programs if recruitment and retention challenges failed to subside;
- ▶ 45% were experiencing more frequent reportable incidents;

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INTELLECTUAL/DEVELOPMENTAL DISABILITIES

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- ▶ 57% of case managers struggled to connect people with services; and
- ▶ 57% reported delivering services in areas where few or no other options exist.

Long-term underinvestment in home- and community-based services, together with stagnant and insufficient reimbursement rates, have hampered the ability of community providers to offer DSPs competitive wages and benefits. This has led to an exodus of qualified workers from the field, which was deeply exacerbated by the COVID-19 pandemic.

The resulting DSP workforce crisis has had a profound impact on the ability of community providers to deliver essential programs and adequately support people with IDD in our communities.

Download the Report

In Pennsylvania, RCPA partnered with The Alliance of Community Service Providers, The Arc of Pennsylvania, MAX Association, PAR, and TPA, in a collaborative workforce study and surveyed our members to collect data on the impact of the Commonwealth's ID/A investment.

The [2024 PA ID/A Workforce Compensation Study](#) also includes information on the demographic profile of

our workforce, employee benefits provided, and critical data on vacancies and retention for Direct Support Professionals who provide the lifeline for individuals and families served by our community system.

Also available is a [one-page infographic](#) highlighting key data points from the compensation report, complemented with additional facts regarding inflation and the waiting list for intellectual disability services. Examined together, these factors illustrate the continued urgency for ongoing investment to meet the needs of our ID/A community and the thousands of people who remain on a waiting list without essential services. ◀



BRAIN INJURY

Free Resource Contains Guidelines for Managing Patients with TBI

The American College of Surgeons (ACS) released free best practice guidelines for managing patients with traumatic brain injury (TBI). This guide, *Best Practices Guidelines: The Management of Traumatic Brain Injury*, was developed through a collaboration between members of the ACS Committee on Trauma and specialists representing neurosurgery, emergency medicine, pediatrics, rehabilitation medicine, anesthesiology, radiology, pharmacology, and nurses from the United States, Belgium, Canada, Colombia, Israel, Italy, Japan, and the United Kingdom. The guidelines include new evidence on:

- ▶ **Advanced neuromonitoring:** New recommendations for the use of advanced tools to improve monitoring of intracranial pressure and cerebral oxygenation
- ▶ **Biomarkers in TBI diagnosis:** The inclusion of emerging blood-based biomarkers to help identify the severity of brain injury and guide imaging decisions
- ▶ **Tiered intracranial pressure (ICP) management:** Recommendations to prevent secondary brain injury, with specific interventions based on the severity of the condition
- ▶ **Comprehensive rehabilitation:** Recommendations for early multidisciplinary rehabilitation, including physical, cognitive, and psychological therapies
- ▶ **Seizure prophylaxis medication:** New evidence supporting the use of prophylactic antiseizure medication for high-risk TBI patients to prevent early post-traumatic seizures ◀

❖ BRAIN INJURY (cont.)

BIAA Offers Webinar in April on Traumatic Brain Injury (TBI)

The Brain Injury Association of America (BIAA) will be offering the following webinar on Thursday, April 10, 2025 at 3:00 pm:

Won't You Be My Neighbor? How Neighborhood Factors Affect Life After TBI

Raj Kumar, PhD and Shannon Juengst, PhD, CRC

The Social Model of Disability indicates that disability occurs as a result of the interaction between a person and their environment. Despite this, research to understand TBI as a chronic condition with resulting disability overwhelmingly focuses only on characteristics and factors within the person (such as demographics, cognitive ability, etc.), and not characteristics of the environments in which people live, work, and play. Our two speakers will discuss how environmental factors, specifically characteristics of a person's neighborhood, affect outcomes after TBI. They will highlight findings from a forthcoming issue of the *Journal of Head Trauma Rehabilitation* on this topic and discuss how attending to these environmental factors is essential if we are to consider TBI from the lens of a Social Model – rather than a Medical Model – of disability. [Use this link](#) to register. ◀



❖ MEDICAL REHAB

Potential Issues with Telehealth Claims at Medicare Administrative Contractors (MACs)

The year-end government funding agreement included another temporary extension of Medicare telehealth authorities through March 2025, including flexibilities involving the geographic restriction and what types of providers may bill for telehealth services. However, despite Congress' action before the end of the calendar year (2024), the Centers for Medicare and Medicaid Services (CMS) has not issued important payment guidance to the Medicare Administrative Contractors (MACs) with instructions to implement this change. These instructions are typically considered simple administrative updates, but CMS was slow to issue this guidance in the early weeks of 2025 without any publicly stated reason for the delay. Now, given the new Trump Administration's temporary freeze on public communications from health-related agencies, it is unclear when these instructions may be issued. The law is clear, and Medicare providers are authorized to continue providing telehealth services through March 2025; however, it is possible that some MACs may hold claims or face slowdowns in payment for telehealth services until the issue is resolved. ◀

❖ PHYSICAL DISABILITIES & AGING

Lawsuits Against Section 504 Threaten Long-Term Education and Access for Individuals with Disabilities

A significant lawsuit, *Texas v. Becerra*, involves Texas and 16 other states challenging the inclusion of gender dysphoria under Section 504 of the Rehabilitation Act. Filed in September 2024, Pennsylvania is not a party in this lawsuit. The lawsuit argues that the federal government overstepped its authority and seeks to declare Section 504 unconstitutional. The outcome remains uncertain, but the case has raised concerns among disability advocates about the potential dismantling of crucial protections.

If Section 504 is eliminated, the long-term risks could be substantial:

- ▶ **Educational Disparities:** Students with disabilities may lose access to necessary accommodations, leading to lower academic performance and higher dropout rates.
- ▶ **Health Care Inequities:** Without Section 504, individuals with disabilities might face reduced access to health care services and assistive technologies, exacerbating health disparities.

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- ▶ **Economic Impact:** Reduced educational and health care opportunities could lead to lower employment rates and economic participation among individuals with disabilities.
- ▶ **Social Inclusion:** The elimination of Section 504 could hinder the social integration of individuals with disabilities, impacting their overall quality of life.

These potential changes highlight the importance of maintaining and protecting the rights and accommodations provided by Section 504 for individuals with disabilities.

Call to action: Pennsylvania can ensure continued access and protections through legislative and executive actions. The process must start before the lawsuits are settled. ◀

Community HealthChoices Procurement

The procurement continues to be on hold / stay. There are no dates for the new contracts and the new MCOs start of services has been announced. In the meantime, the program continues to operate with the three current MCOs: AmeriHealth Caritas / Keystone First, PA Health & Wellness (Centene), and UPMC. ◀

Community HealthChoices Introduces In-Lieu of Services

Two CHC-MCOs have been approved to provide Assisted Living Residences (ALRs) as services in lieu of Skilled Nursing Facilities and Community Living. This represents a significant departure for the traditional consideration of ALRs as institutional settings, and while it may address some of the housing challenges, it is a concern for many advocates who consider this path a reversal of Pennsylvania’s leadership and innovation in rebalancing. ◀

OLTL Releases Rate Study Concluding The Need for Rate Revisions

OLTL recently released the [rate study](#) which was commissioned last August, after RCPA and other industry associations collaborated to access the information needed to establish rates for services.

The rate study also revealed the need for substantial and immediate rate increases for the services which were evaluated. The study concluded: “Given the comparisons to benchmark rates, it appears that revisions to the rates studied for this report would be appropriate. The tables below show detailed results from the benchmark rate comparison.” The specific rate gaps were:

Adult Day	19%
Employment and Training Services.....	35%
Personal Assistance — Agency.....	23%
Personal Assistance — PDS.....	12%
Residential Habilitation.....	44%
Structured Day Habilitation.....	22%

With these results in hand, RCPA will continue to work with the administration and legislature to effect these changes in the 2025/26 budget. ◀



RCPA Events Calendar

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



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744 South Street #1065 www.bowlingbiz.com
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