RCPA 2017 Capitol Day

RCPA is hosting Capitol Day on Tuesday, April 25 to advocate for a realistic budget that offers the supports required by Pennsylvanians in need of adult and children’s mental health, brain injury, medical/vocational rehabilitation, intellectual and developmental disabilities, substance use, and autism services. It is important that members take action! RCPA urges members, supporters, consumers, and families to join us at Capitol Day and let elected officials know these services are essential and must be supported.

State Capitol Tours — available every half hour. Tours meet in the Main Rotunda at the information desk.

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©2017. This monthly newsletter is written by the Rehabilitation and Community Providers Association (RCPA) for the health and human services communities. Deadline for publication is the 20th of every month or the Friday before.
General Agenda

9:00 am – 3:00 pm RCPA Table – Main Rotunda
9:00 am – 3:00 pm RCPA Leadership and Member Legislative Visits – Capitol Complex
12:00 pm – 1:00 pm Press Conference/Rally – Main Rotunda

Rally Agenda

12:00 pm – 12:05 pm Welcome and Introductions
12:05 pm – 12:15 pm RCPA President/CEO Remarks
12:15 pm – 12:45 pm Legislator Comments
   a. Sen. Ryan Aument
   b. Sen. John Blake (tentative)
   c. Sen. Wayne Langerholc (tentative)
   d. Rep. Mike Sturla
   e. Rep. Aaron Kaufer
12:45 pm – 12:47 pm Thank you to Legislators and Introduction of PA Chapter of American Foundation for Suicide Prevention
12:47 pm – 12:55 pm Introduction of the Student Winners for the Pennsylvania Youth Suicide Prevention Initiative – PSA’s; Comments from Winners
12:55 pm – 1:00 pm Final Comments/Conclusion

Special Hotel Room Rate for RCPA Members

The Crowne Plaza in downtown Harrisburg has given RCPA members, who will be staying overnight on April 24, a special room rate of $129. When calling for a reservation or if using the web link, please use block code RCP. The $129 room rate includes breakfast.

RCPA asks members to schedule their own legislative appointments. Once appointments are made, please notify RCPA's Director of Government Affairs, Jack Phillips, with appointment times. Further questions may be directed to Jack Phillips.

RCPA’S 4th Annual Golf Outing

Calling all golfers (and those who pretend to play golf like Jack), it’s time to register for RCPA/RCPA PAC’s 4th annual golf outing at the beautiful Hershey Country Club, 1000 East Derry Road, Hershey, PA 17033 on Thursday, May 11. Registration starts at 10:30 am, lunch begins at 11:00 am, followed by a putting contest and 12:30 pm shotgun start.

Golf outing sponsorships are also available. We hope you will consider becoming a golf sponsor; it is a great way for your organization to get noticed and an opportunity to support a worthy cause.

The RCPA Political Action Committee (PAC) raises money and supports campaigns of state legislators who work tirelessly on issues that benefit mental health, intellectual/developmental disabilities, substance use, brain injuries, medical and vocational rehabilitation, and other related human services. The funds raised through RCPA PAC can make the difference between a win and a loss on an issue or assist in making a new ally. Even if you can’t be a strong contributor to RCPA PAC fundraising efforts, we all have friends and business associates who are interested in helping our allies to victory. Getting involved in RCPA PAC not only allows you to help make decisions on who the committee supports, but also helps to identify new folks who will join in our successes. Further questions may be directed to Jack Phillips.
New Members

BUSINESS
Baker Tilly
1650 Market St, Ste 4500
Philadelphia, PA 19103
Malorie Goldblatt, Senior Marketing Associate

Friel Lokuta Stauffer HSC, LLC
4200 Crums Mill Rd, Ste 203
Harrisburg, PA 17112
Kevin Friel, Principal

As the largest state association of its kind, RCPA continues to look for ways to strengthen its voice. One way to facilitate this is by the recruitment of new members. For new provider members, there are financial incentives for the first two years of membership. If you have questions about membership or know of an organization that would benefit from membership with RCPA, please contact Tieanna Lloyd, Accounts Receivable/Membership Services Manager.

Members in the News

• UPMC Moving Into The Central PA Health Market

• RCPA Member Magellan Health Selected as One of Fortune Magazine’s World’s Most Admired Companies

RCPA Congratulates New Executive Director of UCP of PA

Effective April 1, 2017, Paula Czyzewski will be the new Executive Director of UCP of PA. She assumes this statewide role in addition to remaining Executive Director of Blossom Philadelphia (formerly UCP of Philadelphia). RCPA also extends congratulations to Judith McCowan who was recently announced as the new head of UCP Central PA. Jeff Cooper currently serves in both roles and is retiring effective April 30.

RCPA Is Going Green!

We are happy to report that RCPA is taking steps to become more environmentally friendly. As part of our going-green effort, we will be offering meeting materials (agendas, handouts, etc.), as well as other documents, in a convenient, easy-to-access, digital format for our members. What does this mean for you? It means that meeting handouts, membership certificates, and other materials will be emailed to you, enabling you to print them and/or save to your files for easy access on your mobile device or laptop and for future reference.

Here are some of the benefits to going green:

► Helps the environment through conservation;
► Cuts printing costs and increases efficiency, making your membership dues go even further;
► Adds convenience by making documents more readily available for easy access.

RCPA is committed to doing its part in helping the environment and becoming more efficient. If you have any questions about this initiative, please do not hesitate to contact Sharon Militello.
Federal HHS/CMS Open to Extending HCBS Rule Deadline

Newly appointed US Health and Human Services (HHS) Secretary Tom Price and Centers for Medicare and Medicaid Services (CMS) Administrator Seema Verma sent a letter to all governors in which a number of Medicaid-related issues were discussed. The letter begins with Secretary Price and Administrator Verma affirming their “partnership” with the states “in improving Medicaid and the lives of those it serves.” The letter discusses a number of issues, including the Affordable Care Act, the Medicaid state plan amendment approval process, employment and community engagement, Medicaid and private insurance alignment, the CMS Home and Community-Based Services (HCBS) rule, and the opioid epidemic.

Regarding the HCBS rule, Secretary Price and Administrator Verma wrote, “…CMS will work toward providing additional time for states to comply with the…HCBS rule,” and they “will be examining ways in which we can improve our engagement with states on the implementation of the HCBS rule, including greater state involvement in the process of assessing compliance of specific settings.” Currently, the deadline for states to be in compliance is March 17, 2019. The entire letter is available for anyone to view.

President Trump Signs Executive Order Requiring Regulatory Reform

On February 24, 2017, President Trump signed an Executive Order requiring every agency to establish a Regulatory Reform Task Force to eliminate red tape. Essentially, the task forces are required to research all regulations that are unnecessary, burdensome, and harmful to the economy, and make recommendations to repeal or simplify those regulations.

Federal News

In Memoriam

With regret, RCPA has learned of the passing of OMHSAS Deputy Secretary Dennis Marion. Our sincere condolences go out to Mr. Marion’s family and colleagues. Here is the announcement from the State.

Dr. Dale Adair Leaving Pennsylvania

Dr. Dale Adair, the Medical Director for OMHSAS, will be leaving Pennsylvania at the end of the fiscal year. Dr. Adair received the RCPA Community Leadership Award in 2016. Dr. Adair and his team were instrumental in securing funding for the Certified Community Behavioral Health Clinic (CCBHC) model being implemented in several locations around Pennsylvania on July 1 of this year. Dr. Adair will join his wife in South Carolina to further his work in psychiatry.

ISP Timeframe Reminder Issued

The Office of Long-Term Living (OLTL) has received inquiries regarding the length of time it is taking for Service Coordinators to contact newly enrolled waiver/program participants, schedule the first home visit, and submit the Initial Individual Service Plan (ISP). As a result, providers were reminded of the bulletin, Individual Service Plan Development, Review and Implementation, that was issued and effective on October 14, 2016. This communication served as a reminder of the Service Coordinator’s Initial ISP development responsibilities upon receipt of the participant’s completed information from the Independent Enrollment Broker (IEB).
MedPAC Discusses Unified Post-Acute Care Prospective Payment System

During the March 2, 2017, Medicare Payment Advisory Commission (MedPAC) public meeting, there was a presentation on implementing a unified post-acute care prospective payment system (PAC PPS). The Improving Medicare Post-Acute Care Transformation (IMPACT) Act mandates that MedPAC and the Department of Health and Human Services (HHS) separately evaluate and develop PAC PPS prototypes. The full report on this will be issued in June.

CCBHC Steering Committee Re-Convenes

On March 3, the steering committee for the Certified Community Behavioral Health Clinics (CCBHCs) met to learn about the diabetes prevention program currently being offered through the Department of Health as well as the Asthma Control Program. CCBHCs were asked to review the responsibilities and guidance document provided by Dr. Dale Adair and comment.

Finally, it was reported that regulatory barriers are being discussed as well as planning for licensing visits to CCBHCs. It is expected that there will either be a joint visit or only one site licensing visit for the CCBHCs, as opposed to DDAP and OMHSAS/BHSL separately.

Medical Rehabilitation

Market Saturation and Utilization Data Tool Available

The Centers for Medicare and Medicaid Services (CMS) has posted to their website, the Market Saturation and Utilization Data Tool, which includes an interactive map and a data set that shows national, state, and county level provider services and utilization data for selected health services areas. This data can be used by CMS to monitor market saturation as a means to prevent fraud, waste, and abuse. The data can also be used to reveal the degree to which use of a service is related to the number of providers servicing a geographic region. The fourth release of the data tool includes a quarterly update of the data to the eight health services areas from release 3, and also includes Physical and Occupational Therapy and Clinical Laboratory (Billing Independently) data. Release four will therefore include four, twelve-month reference periods and the following health service areas: Home Health, Ambulance (Emergency, Non-Emergency, Emergency & Non-Emergency), Independent Diagnostic Testing Facilities (Part A and Part B), Skilled Nursing Facilities, Hospice, Physical and Occupational Therapy, and Clinical Laboratory (Billing Independently). Future releases may include comparable information on additional health service areas.

NHSN Data Submission Deadline for IRFs Extended to May 15

The Centers for Medicare and Medicaid Services (CMS) announced they would be extending the 2016 third quarter submission deadline for inpatient rehabilitation facility quality reporting program (IRF QRP) data submitted via the Centers for Disease Control and Prevention National Health and Safety Network (NHSN) to May 15, 2017.

Mental Health
PA ABLE Launch Announcement

On March 17, the Pennsylvania Department of the Treasury announced that the official launch of its PA Achieving a Better Life Experience (ABLE) Savings Program will occur on Monday, April 3, 2017, at a media and legislative event in the Capitol Rotunda at 12:30 pm. On that date, the PA Treasury ABLE program officially begins accepting accounts for enrollment and opens the door on hope for individuals with disabilities and the families who care for those loved ones. Kathleen F. McGrath, Esq., PA Savings Programs Director, invites stakeholders to join Treasurer Joe Torsella, US Senator Robert Casey, and PA Senator Lisa Baker as ABLE officially opens for business.

Pennsylvanians with eligible disabilities are about to receive the tools they need to build a sound fiscal future. ABLE accounts mean a new, fresh perspective on what living as a financially empowered individual can mean. A PA ABLE account gives individuals with qualified disabilities (Eligible Individuals), and their families and friends, a tax-free way to save for disability-related expenses, while maintaining government benefits. Federal and state law authorized the creation of PA ABLE accounts; additional information is available online.

The Pennsylvania Department of the Treasury welcomes the attendance of all stakeholders. Attendees are asked to RSVP with your name and the number you are bringing with you by March 30, 2017. Additional details will be provided to you once you RSVP your attendance.

Stakeholders are invited to share this information with anyone who has a stake in the successful launch of this new product. While program material will be available at the launch event, PA ABLE asks that requests for bulk material and outreach or speaking opportunities are sent by email. The more people who know about this program and what it means to be ABLE to look to living a secured future, the better.

Ms. McGrath also invites stakeholders to follow the Twitter handle @PATreasury for the latest updates, and help drive the conversation with the hashtag #PAABLE.

Brain Injury

CRCC Offers New Course in TBI

The Commission on Rehabilitation Counselor Certification (CRCC) recently announced a new course, TBI: Optimizing Vocational Rehabilitation through Recreation and Leisure, which offers seven continuing education clock hours. The course objective is to extend the vocational rehabilitation process with supplementary treatment modalities to provide the necessary framework and tools to help maximize vocational skill-building to individuals with Traumatic Brain Injury (TBI).
Transition from PCPC to ASAM Placement Tool in PA

DDAP has, in consultation with the Governor’s Policy Office and the Office of General Counsel, weighed options for continuing the use of its PCPC (Pennsylvania Client Placement Criteria) tool for determining the appropriate level of care for an individual seeking treatment or already within its treatment system. After weighing the options, DDAP has decided, with the support of the Governor, that “…the benefits of using a customized tool no longer exceed the benefits of using the nationally recognized ASAM (American Society of Addiction Medicine) tool. One reason for the transition stems from the Centers for Medicare & Medicaid Services (CMS) Medicaid Managed Care Final Rule that was issued last summer, which will limit federal reimbursement for residential treatment of Medicaid recipients to 15 days. In response to that rule, and specifically the provision related to the IMD exclusion, Pennsylvania aims to better position itself in submitting a 1115 waiver to CMS related to the IMD exclusion. The 1115 waiver application requires the use of the ASAM tool. This issue surrounding the IMD exclusion is not the only reason for making the change, however. The newly acquired treatment data system is already equipped with the ASAM continuum of care which will make this new system more usable with fewer modifications, which limits the risk of future system maintenance issues. Additionally, because the ASAM is currently utilized for placement decisions related to adolescents, and by many commercial insurance providers for both adults as well as adolescents, converting to this tool will create consistency for providers and payers across the treatment system.”

DDAP has emphasized that it understands that this major change will not come without its challenges. DDAP has a team of employees who are currently in the process of establishing a strategic plan for transitioning from the PCPC to the ASAM and will be gathering input from stakeholders and establish a workable process that moves to the use of the ASAM over time, with the goal of full implementation occurring by July 2018. More information will be shared on the progress and impacts of this effort. RCPA looks forward to working with DDAP as the process unfolds.

BIAA Signs Onto Letter Supporting Outpatient Therapy Services Cap Repeal Legislation

The Brain Injury Association of America (BIAA) signed onto a letter initiated by the Coalition to Preserve Rehabilitation (CPR) to show their support of the Medicare Access to Rehabilitation Services Act of 2017, also known as the outpatient therapy services cap repeal legislation. Individuals with stroke, brain injury, and other serious disabilities and chronic conditions often need intensive and ongoing rehabilitation care to improve their health status, maintain their functional abilities, and prevent deterioration of function. CPR has long argued that therapy caps are arbitrary and harm beneficiaries most in need of rehabilitation. CPR explains that outpatient therapy services should be administered in the best interest of individuals needing rehabilitation, rather than based on arbitrary limitations on coverage. This legislation was introduced in both the House and Senate.

CDC Report Highlights Latest Data and Results on Leading Causes of TBI

The Centers for Disease Control and Prevention (CDC) recently released a report, Traumatic Brain Injury-Related Emergency Department Visits, Hospitalizations, and Deaths – United States, 2007 and 2013, which includes the latest data and reported results on the leading causes of Traumatic Brain Injury (TBI) by age group and gender.
Centers of Excellence Update

Centers of Excellence (COEs) help ensure that people with opioid-related substance use disorder stay in treatment to receive follow-up care and are supported within their communities. The centers coordinate care for people with Medicaid, and treatment is team-based and “whole person” focused, with the explicit goal of integrating behavioral health and primary care. The COEs have put in place infrastructures and are hiring care management teams and beginning to provide services to those with opioid use disorder (OUD) under the COE model. The first data report was due from COEs on February 15 and is due monthly thereafter. Of the 45 COEs, 26 reported on February 15 that they so far have interacted with 582 patients. Many of the COEs that did not report are Phase II COEs and only began operating in January. Infrastructure includes development of effective referral systems in a “no wrong door” network among physical health providers (e.g., health systems, primary care practices), behavioral and mental health providers, the criminal justice system, and other treatment entry points. Patient interactions include face-to-face meetings between providers and patients, level of care assessments, and care management activities. DHS is continuing to collect and analyze the submitted data to ensure its integrity as well as provide ongoing assistance to COEs to ensure quality reporting. RCPA is proud to report that many of the COEs are members of the association. 

SAMHDA Launches Improvements to Public-Use Data Analysis System

The Substance Abuse and Mental Health Data Archive (SAMHDA) has made significant improvements to the Public-Use Data Analysis System (PDAS) Through this system, you can perform online analyses to create crosstabs and perform logistic regression from your web browser. You can also download output and underlying data in .csv format. Upgrades to PDAS include state data for the National Survey on Drug Use and Health Small Area Estimate, mapping and visualization tools, and an enhanced user interface. You are invited to try out PDAS and explore the spectrum of available public use files. If you have questions or require technical assistance, please contact the SAMHDA Help Desk via the online technical assistance form or by calling 888-741-7242. 

FROM DDAP

Prescription Drug Take-Back Program

The Pennsylvania Prescription Drug Take-Back Program is focused on alleviating the health and safety concerns from the diversion and abuse of prescription drugs by helping our citizens properly dispose of unused prescription medications. Many young people who abuse prescription drugs take them from medicine cabinets. Keeping unused opioids or other common drugs of abuse in a medicine cabinet is no longer safe or responsible.

Prescription drug misuse, abuse, and overdose are growing concerns across the nation. According to a 2015 survey in Pennsylvania, 41.0% of prescription-drug-using students indicated taking the drugs from a family member living in their home, 41.8% indicated that a friend or family member gave them to the student, 26.9% indicated that they bought the drugs from someone, 14.1% indicated they took them from someone not related to them, and 12.9% indicated they took drugs from relatives who were not living in their homes.

DDAP, in partnership with the Pennsylvania Commission on Crime and Delinquency (PCCD) and the Pennsylvania District Attorneys Association (PDAA), has worked to facilitate the installation of secure, permanent prescription drug take-back boxes in communities throughout the state. Find a permanent Drug Take-Back Location.
RCPA Testifies at Legislative Hearings on Community Participation

On March 13, 2017, RCPA’s Chief Operating Officer and Intellectual/Developmental Disabilities Division Director, Steve Suroviec, presented testimony before the House Human Services Committee on the Community Participation Support Service proposed by the Office of Developmental Programs (ODP). RCPA Board Member and Venango Training and Development Center’s Chief Executive Officer, Colleen Stuart, was also present to answer questions from committee members. Committee Chairman Gene DiGirolamo (R – Bucks) scheduled the hearing.

The testimony included statements of support for the concept of the service, which could provide greater flexibility to people with disabilities and service providers, and for Governor Wolf’s “Employment First” executive order. In light of recent changes and clarifications made by ODP to the Community Participation Service definition, RCPA announced in February that it was withdrawing its opposition to the service proposal. RCPA’s testimony outlined the reasons why it had withdrawn its opposition, but it also identified a number of concerns that still remain relative to how the ODP compromise would be implemented and their impact on individuals with disabilities.

RCPA CEO Richard Edley provided similar testimony during a March 23 public hearing held by the Senate Democratic Policy Committee at Handi-Crafters in Coatesville, Pennsylvania. The hearing was held at the request of State Senator Andy Dinniman (D–Chester). Handi-Crafters is an RCPA member.
IUP Studying Rural Jobs for People With IDD

Researchers at Indiana University of Pennsylvania (IUP) are engaged in a research project entitled “Employment Opportunities for Rural Residents with Disabilities in Pennsylvania,” commissioned by the Center for Rural Pennsylvania. The study will examine the opportunities and barriers to competitive-integrated employment for individuals with intellectual/developmental disabilities in rural areas. The research will also involve understanding the options and challenges for community providers when addressing these barriers, the strategies other states are using, and the resulting policy implications.

RCPA is assisting IUP wherever possible on this important research. The research team from IUP asked to get input from RCPA members about their perspectives, specifically supports coordination organizations (SCO) and vocational/employment service providers. Focus group sessions were held in March in conjunction with RCPA regional meetings in Wilkes-Barre, Blue Bell, and Harrisburg. Two more focus groups are expected to be held during April in Clarion and Pittsburgh. The information gleaned from these sessions will inform the researchers’ findings and conclusions. RCPA is hopeful the PA General Assembly, of which the Center for Rural Pennsylvania is an arm, will find the recommendations helpful when the project is completed.

DHS Allows “Choice Exception” in Revised Community Participation Plan

The Secretary of Human Services, Ted Dallas, circulated a message on March 3, 2017, to stakeholders of services funded through the Office of Developmental Programs (ODP) that outlined changes DHS was making to its proposed Community Participation Support Service definition. The Secretary’s message, and later affirmed in his testimony provided to the House Human Services Committee on March 13, said “It is critical to reiterate we are not closing workshops or adult day programs. Each individual has the choice of whether or not to participate in community activity, the amount, and frequency. That determination will be made with their ISP (individualized service plan) team.” The changes were made by DHS after receiving public comments on its original proposal, which would have restricted individuals from spending more than 25% of their weekly service time in a licensed vocational facility or licensed adult training facility. Under the revised plan, individuals must be afforded the opportunity to receive services outside a facility program for 25% of their monthly service time, but will not be forced to do so.

Children’s Services

Children’s Steering Committee at Work

The meeting of the Children’s Steering Committee on March 29 was dedicated to developing a comprehensive plan for aligning the RCPA Children’s division priorities with those established by DHS. As policymakers at the federal level are proposing changes that would overhaul the Medicaid program, we need to focus on the realities facing Pennsylvania’s children, youth, and families. We also need to sustain focus on the work ahead of us on the federal, state, and local levels. Over 1 million children in PA rely on the Medicaid program for health care coverage. The American Health Care Act proposes to limit the federal share and implement a per capita cap. According to facts published by PA Partnerships for Children, the number of uninsured children is at 4.1%, an all-time low*. If Medicaid is implemented on a per capita cap, the methodology for enrolling families and children increases risk of losing coverage. Huge cuts or limitations to federal funding will also mean that PA will be responsible for the financial hardship created by The American Health Care Act – at a $3 billion dollar deficit already experienced here in our state. The steering committee, in conjunction with RCPA children’s services providers, needs to take the position that policymakers be vigilant and calculate their next steps carefully and assure their communities’ children are protected from drastic reform of the Medicaid program.

*Source: 2015 American Community Survey
April

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<tr>
<th>Date</th>
<th>Time</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>Tuesday, April 4</td>
<td>1:00 pm – 2:00 pm EDT</td>
<td>IPRC Webinar — Brain Injury and Juvenile Justice: Implications for Pediatric Rehabilitation</td>
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<tr>
<td>Thursday, April 6</td>
<td>10:00 am – 2:00 pm</td>
<td>NW Regional Meeting, Park Inn by Radisson, 45 Holiday Inn Road, Clarion, PA 16214</td>
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<td>Tuesday, April 11</td>
<td>12:00 pm – 1:00 pm</td>
<td>IPRC Advocacy, Education &amp; Membership Committee Conference Call</td>
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<td>Tuesday, April 11</td>
<td>12:30 pm – 3:30 pm</td>
<td>Drug &amp; Alcohol Committee Penn Grant Centre</td>
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<td>Wednesday, April 12</td>
<td>9:30 am – 12:00 pm</td>
<td>Mental Health Committee</td>
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<td>1:00 pm – 4:00 pm</td>
<td>Criminal Justice Committee</td>
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<td>1:00 pm – 4:00 pm</td>
<td>Children’s Division Penn Grant Centre</td>
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<td>Thursday, April 13</td>
<td>9:30 am – 11:30 am</td>
<td>Supports Coordination Organization Subcommittee Penn Grant Centre</td>
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<td>12:00 pm – 4:00 pm</td>
<td>Intellectual/Developmental Disabilities Committee Penn Grant Centre</td>
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<td>Tuesday, April 18</td>
<td>12:15 pm – 1:00 pm</td>
<td>IPRC Outcomes &amp; Best Practices Committee Conference Call</td>
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<tr>
<td>Thursday, April 20</td>
<td>9:00 am – 10:00 am</td>
<td>Government Affairs Committee Conference Call</td>
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<tr>
<td>Tuesday, April 25</td>
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<td>RCPA Capitol Day Capitol Rotunda, Harrisburg, PA</td>
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May

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<tr>
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<tr>
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<td>IPRC Advocacy, Education &amp; Membership Committee Conference Call</td>
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<td>Wednesday, May 10</td>
<td>10:00 am – 12:30 pm</td>
<td>Human Resources Committee BH-MCO/RCPA Task Force Meeting Penn Grant Centre</td>
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<td>12:00 pm – 3:30 pm</td>
<td>RCPA PAC Golf Outing Meeting Hershey Country Club</td>
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<td>Thursday, May 11</td>
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<td>RCPA PAC Golf Outing Meeting Hershey Country Club</td>
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<tr>
<td>Thursday &amp; Friday, May 11 – 12</td>
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<td>Annual Membership Reception &amp; Meeting Hershey Country Club (reception), Hershey Lodge (meeting)</td>
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<tr>
<td>Tuesday, May 16</td>
<td>12:15 pm – 1:00 pm</td>
<td>IPRC Outcomes &amp; Best Practices Committee Conference Call</td>
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<td>Thursday, May 18</td>
<td>10:00 am – 12:30 pm</td>
<td>Outpatient Rehabilitation Committee RCPA Conference Room</td>
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<td>Wednesday, May 24</td>
<td>10:00 am – 2:00 pm</td>
<td>Brain Injury Committee Penn Grant Centre</td>
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<tr>
<td>Wednesday, May 31</td>
<td>10:00 am – 3:00 pm</td>
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