



An informational newsletter compiled by the Rehabilitation and Community Providers Association for the MH, IDD, D&A, and rehabilitation communities

REHABILITATION & COMMUNITY
PROVIDERS ASSOCIATION

JULY 2013

A Message From the CEO



This is the inaugural edition of *RCPA News* and the beginning of a new era. RCPA is among the largest associations of its kind

nationwide and certainly among the most diverse.

Over the last few months there has been no shortage of people telling me “change is hard” and it is. But it can also be exciting. How do we want to form this new organization? What can we do each day to provide value to our members? Where can change have the most impact?

I am also aware that while change can be positive, it is also important to not implement changes simply because of a merger and transition. There are many things that members have said they liked about PCPA and PARF; and they are worried that these will now be lost. So therein lies the key – change for impact, but allow for continuity and stability.

One area that will be very helpful in making decisions is an upcoming survey that will be distributed to members. Please take the time to offer feedback about areas where you would like to see some change and those you would not, including such things as committee structure, training and education, advocacy and lobbying, vendor relationships, etc. I have ideas of where this new association should be going, but your vision as the membership is critical.

As we begin our “new” association, there are issues at hand in Pennsylvania that we continue to lobby and address – the block grant and Medicaid expansion. Quite frankly, it is sad that we live in a state that under the rationale of “flexibility” cuts 10 percent out of mental health and substance abuse service budgets. And before it is even known if this supposed “pilot” works, the administration pronounces that it should be statewide. When the governor’s proposed 2013/14 budget was released it showed no additional cuts, but certainly no restoration of the original 10 percent. It is easy to become complacent with no further loss, but that is simply learned helplessness.

Regarding Medicaid expansion, staff, members, and I have met with several legislators, governor’s staff, and the governor. Regardless of how many studies come out showing the benefit to Pennsylvania citizens in need and the significant infusion of dollars into the commonwealth, there is simply no movement. When I talk to my counterparts and professionals in other states, they are amazed we live in such a backward state. Given all the wonderful innovations in the service delivery system that have come from Pennsylvania over the years, I find it difficult that this is how we are viewed today.

So we continue to fight on these and other issues just as we did in Washington, DC in late June with legislators and staff about concerns facing medical rehabilitation and vocational providers. We are a diverse association. There is never a shortage of areas we must assure are properly presented to lawmakers for greater understanding.

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This column represents my opinion, not necessarily that of the association.



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RCPA NEWS

RCPA Announces Board of Directors

The Rehabilitation and Community Providers Association (RCPA) is pleased to announce the appointment of its initial Board of Directors.

- Brad Barry**, Child Guidance Resource Centers
- Susan Blue**, Community Services Group (Co-Chair)
- Jim Bobeck**, Step by Step (Treasurer)
- Stephen Christian-Michaels**, Family Services of Western Pennsylvania
- William Conaboy**, Allied Services
- Richard Edley**, RCPA (President and CEO)
- Jon Evans**, Safe Harbor Behavioral Health
- William C. Folks**, Eagleville Hospital
- Karen Graff**, Pennel Mental Health Center
- Alan Hartl**, Lenape Valley Foundation
- Susan Hartman**, HealthSouth Nittany Valley Rehab
- Ruth Lefton**, MossRehab Hospital
- William McCarthy**, Stairways Behavioral Health
- Dennis Nebel**, Human Services Center (Secretary)
- Joe Pierangeli**, United Rehabilitation Services, Inc.
- Jack Poplar**, Acadia, Inc.
- Claudia Roth**, University of Pittsburgh Medical Center
- Colleen Stuart**, Venango Training and Development Center
- Jeff Wilush**, Horizon House (Co-Chair)

The board will meet July 2 and then set its schedule and agenda for the upcoming year. There will be an announcement subsequent to that meeting as to Honorary Board Members who may participate on the board as past-chairs of their respective organizations prior to the merger.

Finally, the RCPA Political Action Committee (PAC) is in the process of forming though the merger of the existing PACs. Alan Hartl, Lenape Valley Foundation, and Jim Gurreri, The Arc of Cumberland and Perry Counties, have agreed to serve as co-chairs with Richard Edley, RCPA, as treasurer. Please join us in congratulating these new board members and appointees.

IN THIS ISSUE

- 2** RCPA News
- 5** Legislative Affairs
- 8** Federal News Briefs
- 8** Conferences Trainings
- 9** State News Briefs
- 10** On the Autism Spectrum
- 11** Mental Health Headlines
- 12** Drug & Alcohol Action
- 14** IDD Focus
- 16** Children's Corner
- 18** Committees
- 18** Classifieds

Transitioning RCPA Communications

RCPA has many vehicles for communication with members – *RCPA News*, the [web site](#), [Facebook](#), and regular issuances of *Infos*, *Alerts*, and other documents. “Creating the most effective resources for members’ requires thoughtful and extensive planning,” noted Kris Ericson, technical and conference services coordinator. “Comprehensive change cannot happen overnight.” To that end, members will experience different “looks” over the next several months with RCPA communications. The newsletter – *RCPA News* – is now an electronic-only publication issued on the first of each month. Currently distributed as a PDF file, the newsletter will morph to a magazine format as new layouts are finalized, making it easier to read and connect through embedded links.

The [RCPA web site](#) will incorporate archives from PCPA and PARF, remaining the primary depository of past communications and member information. The home page and primary information will change first to reflect the new association, followed by the extensive revision of content. Development of new navigation toolbars, mobile device capability, effective search, and interaction features for members are all in planning stages to be added over the course of time.

An essential part of information access is for every interested staff in member agencies to sign up for [Members Only](#) access to the web site and for [email lists](#) of which they would like to be a part. Passwords are tied to specific email accounts. Questions about communications may be directed to [Dr. Ericson](#).

Staff Email Addresses Have Changed

Effective July 1 all RCPA staff have new email addresses. Based on the same formula, each email address is First Initial+Last Name@paproviders.org. For example, Executive Assistant Cindy Lloyd may be reached at clloyd@paproviders.org. Previous email addresses will forward for a time, but members are requested to please change contact lists and address books accordingly.

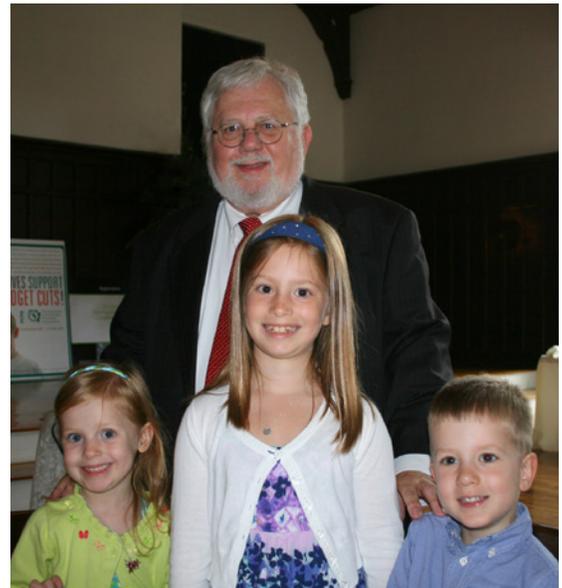
Thank you.

RCPA Thanks Retiring Leaders Kimes and Bianco

July 1 celebrates the official start of RCPA, but it also means the retirement of George Kimes, PCPA executive director and Gene Bianco, PARF president/CEO. RCPA extends deep thanks to these two gentlemen who not only served their respective associations for many years, but worked tirelessly to ensure that the merger process was a success and would meet the needs of both memberships. RCPA wishes a happy and healthy retirement to both George and Gene.



Joan Martin, UCP of Central Pennsylvania joins Gene Bianco, PARF, during his final Capitol Day as PARF president/CEO.



George Kimes is joined by three of his grandchildren at a celebration in his honor as he approached retirement.

Letter Addresses Block Grant

On June 16, then Executive Vice President Richard S. Edley, PhD, drafted a letter to the editor that was published on *PennLive* and in *The Scranton Times-Tribune*. The letter read as follows:

The Corbett administration's push to expand the current block grant pilot program to fund county social services will have a chilling effect on those receiving mental health, intellectual disability, and substance use services.

An expansion of the pilot program reflects a "ready, fire, aim" mentality. A real pilot program would include an independent and well-planned methodology for evaluating whether it was successful. This has not happened. Despite being in place for only a matter of months, the Corbett administration now wants to expand the program from 20 to as many as 40 or 50 counties. Where are the outcomes of the current pilot?

This urgency to expand this unproven program reveals the true nature of the block grant to cut funding. The governor's original proposal for the block grant was contingent on a 20 percent funding cut, later reduced to 10 percent by the General Assembly.

Affording counties flexibility can only stretch a dollar so far. Programs will be cut by definition and people will be hurt. Only the loudest and those with political sway will survive, while those without a voice will see services disappear.

The goals of flexibility and better integration of programs and services are laudable, but without a considered plan of action that utilizes the input of all stakeholders, there is no assurance that the block grant will result in meeting these goals. It is not possible to determine its success with no data and a few months of practice.

On June 14, SR Wodjack and Associates, LP, hosted an Harrisburg event which allowed President and CEO Richard Edley (right) to introduce RCPA and the strength it brings throughout the commonwealth to Gov. Tom Corbett.



A New Commonwealth

The RCPA Conference

Final planning is underway for the inaugural RCPA conference October 8 – 11 at Seven Springs Mountain Resort. The Conference Committee has endeavored to create robust educational workshop tracks for all members crossing all service lines and including business operations, human resources, and leadership. In addition to workshops and keynote presentations, the conference includes opportunities for networking with colleagues, additional meetings, and an extensive exhibit hall. Members interested in exhibiting who have not completed an exhibit contract should do so quickly as remaining space is limited. Registration and conference details will be sent to members and available online no later than August 1. Discounts for group and early bird registrations will be offered. Questions about the conference should be directed to [Kris Ericson](#), technical and conference services coordinator.

Bankard Achieves CMP Designation

Jen Bankard, director of training and resource development, recently received her Certified Meeting Professional (CMP) designation. The foremost certification of the meetings, conventions, and exhibitions industry, the CMP recognizes individuals who have achieved the industry's highest standard of professionalism. Established in 1985, the credential increases the proficiency of meeting professionals by:

- Identifying a body of knowledge;
- Establishing a level of knowledge and performance necessary for certification;
- Stimulating the advancement of the art and science of meeting management;
- Increasing the value of practitioners to their employers;
- Recognizing and raising industry standards, practices, and ethics; and
- Maximizing the value received from the products and services provided by certified meeting professionals.

Through the CMP program, individuals who are employed in meeting management pursue continuing education, increase industry involvement, and gain industry-wide recognition. The requirements for certification are based on professional experience and a written examination.

For additional information on legislative issues, contact RCPA at 717-364-3280. For copies of bills, call your local legislator, the House Document Room 717-787-5320, or visit the General Assembly's Electronic Bill Room at www.legis.state.pa.us.



State Revenue Picture Improving

After several months of revenues coming in under estimate, there is positive news regarding the state's financial status. The Pennsylvania Department of Revenue reported that May revenues came in about \$35 million over estimate (1.8 percent). The Independent Fiscal Office has also released its final estimate for the year and projects that the state will realize approximately \$153 million more than was projected in May. The projected budget deficit for the year is now \$220 million, \$300 million less than previously forecast. The general fund surplus is estimated to total \$144 million. It remains to be seen how these more positive estimates will affect budget negotiations.

State Budget Update

In June the House passed the \$28.3 billion Republican budget proposal, House Bill 1437, on party lines 108-92 and sent it to the Senate, where it is currently in the Senate Appropriations Committee. The House budget bill spends approximately \$100 million less than the governor's proposal and does not include the governor's initiatives for privatization of liquor or state pension reform. House Democrats had attempted to introduce funding increases in several areas, but were not successful in amending the bill. As in the governor's initial proposal, the House budget funding for community mental health, Behavioral Health Services Initiative, and assistance to drug and alcohol programs is flat, while the intellectual disability waiver allocation is increased by 11.6 percent, special pharmaceutical services is increased by 7 percent, and autism intervention and services is increased by 16.5 percent. Also reflecting the governor's proposed budget, there is an additional \$20 million allocated to reduce further the Intellectual Disability Waiting List. HB 1437 does not reflect what will be in the final state budget, but is the first step as legislative leadership in the House and Senate negotiate for budget priorities.

Senate Appropriations Committee Chair Corman has indicated that a Senate budget will probably spend closer to the governor's proposed budget, about \$100 million more than the House plan. Corman has also said he would consider either freezing or rolling back the phase out of the Capitol Stock and Franchise tax (a \$350 million savings over two years).

RCPA continues to press members of the General Assembly to fight for Medicaid expansion, restoration of the 10 percent cuts to county human service funding, elimination of the block grant, and support for the governor's initiative to reduce the waiting list. It is important that providers continue to communicate with local legislators and share the association's budget position. Questions and comments may be directed to [Anne Leisure](#).



Rep. Stephen Kinsey shares a story of a friend who receives services.



During the rally and press conference, Rep. Gene DiGirolamo introduces a "physician who takes Medicaid" he encountered walking in the corridors of the State Capitol.

PCPA/PARF Capitol Day Fills Rotunda

PCPA and PARF members joined forces June 5 for a joint Capitol Day event after the two associations voted to merge. The event drew hundreds of members from both organizations, the beginning of a louder and stronger voice in legislative advocacy. Members visited legislators communicating the associations' budget priorities and the importance of funding community mental health, intellectual disability, rehabilitation, and drug and alcohol services.

The highlight of the day was the legislative press conference in the Capitol Rotunda. Attendees filled the steps and the response to the rally/press conference was loud and enthusiastic. Legislative Affairs Committee Co-chair Alan Hartl and PARF President Jeff Wilush led the event. The press

conference was very well served by articulate and passionate legislative supporters including human services champions Gene DiGirolamo, Tom Murt, Mike Sturla, Stephen Kinsey, and Eddie Day Pashinski. All spoke vehemently in support of the importance of community services to their districts and pledged to advocate for those services. Other legislators who attended to show support were Reps. Rick Mirabito, Patty Kim, Ed Gainey, Michele Brownlee, Vanessa Brown, and Madeleine Dean. The final speakers were Larissa Jacobsen, certified peer specialist, TrueNorth Wellness, and Claire Crego, representing The Arc of Cumberland and Perry Counties. Both eloquently testified to the key role of community services to individual Pennsylvanians.



The crowd gathers on the steps for the rally and press conference.

Medicaid Expansion Bill Introduced

Representative DiGirolamo introduced House Bill 1492, legislation amending the Public Welfare Code to allow Pennsylvania to participate in the federal Medicaid expansion program. HB 1492 includes protections for Pennsylvania including the ability to drop the program if the federal commitment to reimbursement is not maintained. Under the language, Pennsylvania could also end the program if the state's Gross Receipts Tax is disapproved by the federal government. In addition, the Department of Public Welfare will be able to institute cost-offsetting mechanisms in the fourth year such as premiums, deductibles, and copayments. RCPA is actively working to support this bill.

Bill Exempting Psychiatrists From Prior Authorization Requirements Passes

House Bill 1287, reintroduced this session by Representative Bryan Cutler (R-Lancaster), passed in the House of Representatives by a vote of 156-37. This legislation exempts psychiatrists from electronic prior authorization in the fee-for-service Medicaid program when prescribing both preferred and non-preferred psychotropic medications, streamlining the bureaucratic process and significantly reducing wait times for individuals to receive medications. HB 1287 was referred to the Senate Public Health and Welfare Committee. In the last legislative session, this bill (then HB 1317) passed in the House but stalled in the Senate. It is crucial that RCPA members engage with state senators in a strong and sustained advocacy effort to ensure it reaches the governor's desk.

Navigator Bill Voted Out of House Health Committee

The Affordable Care Act requires health insurance exchanges to establish "navigator" programs to find and assist uninsured persons eligible to obtain coverage through the exchange learn about new coverage options and enroll through the exchange or "marketplace." HB 1522, a bill that would place additional requirements on those entities that would like to become navigators, was introduced on June 12 and approved by the House Health Committee on party lines June 18. HB 1522 places severe restrictions on individuals and organizations, including health care providers, seeking to educate the public or to assist individuals who will be purchasing insurance from the federal health insurance marketplace. It limits the ability of providers to counsel their patients and it interferes with free speech for community and consumer serving entities of all types. By imposing a civil penalty on anyone who is not a navigator, the bill limits public education and awareness activities to navigators, essentially violating free speech principles. In addition, the bill interferes with doctor/patient relationships by prohibiting health care providers from offering appropriate and effective counseling to their patients. There are also questions regarding the necessity for certification since the ACA includes guidelines and training requirements for navigators.

The association signed on to a letter issued by the Pennsylvania Health Law Project expressing concerns and asking that the bill be tabled. It is now in the House Rules committee and appears to be on a fast track. The insurance commissioner has indicated that he has some grave concerns and that the department does not have the resources to run the program.

Bill to Train Police and Other Judiciary Introduced

Representative Caltagirone (D-Berks) has introduced House Bill 1504, legislation that includes new training regarding the identification and recognition of mental health conditions and intellectual disability for police officers and the minor judiciary, such as magisterial district judges. The training must include proper techniques to be used when interacting with an individual suffering from a mental health episode and information on alternative services or diversionary options available to these individuals. If enacted, HB 1504 will help to ensure that individuals with mental health and substance abuse treatment needs are diverted to treatment, not prison, a far more effective use of scarce public resources and maximizing individuals' potential for living productive lives in the community.

Medicare/Medicaid EHR Incentive Program Calls

The Centers for Medicare and Medicaid Services (CMS) has scheduled a series of National Provider Calls regarding the Electronic Health Records (EHR) Incentive Program. A June 27 call addressed certified EHR technology. Future calls are planned for Medicare and Medicaid Eligible Professionals, Eligible Hospitals, and Critical Access Hospitals:

- July 23, 1:30 - 3:00 p.m.
Clinical Quality Measures
- July 24, 1:30 - 3:00 p.m.
Stage 2

For Medicare Eligible Professionals, Eligible Hospitals, and Critical Access Hospitals calls are scheduled:

- August 13, 1:30 – 3:00 p.m.
Hardship Exceptions
- August 15, 1:30 – 3:00 p.m.
Payment Adjustments

Registration information is available on the [CMS web site](#).

ICD-10 Transition Information

Information is available from an April National Provider Call on beginning to transition to ICD-10. The Centers for Medicare and Medicaid Services (CMS) video slide show is available on the CMS [YouTube channel](#). [Handouts and additional information](#) are available from the CMS web site.

CMS Eligible Professional Clinical Quality Measure Update

The updated 2014 [clinical quality measures](#) (CQMs) for eligible professionals (EPs) are available, with specifications for electronic reporting. The Centers for Medicare and Medicaid Services (CMS) updates the specifications annually to ensure agreement with current clinical guidelines. Beginning in 2014, the CQM specifications will be used for multiple programs, such as the Physician Quality Reporting System, to align the EHR incentive programs and reduce the burden on providers to report quality measures. CMS encourages the implementation and use of the updated 2014 CQMs for EPs since they include new codes, logic corrections, and clarifications. However, CMS will accept all versions of the CQMs for meaningful use, beginning with those finalized in the December 4, 2012 *CMS-ONC Interim Final Rule*, until the next phase of the EHR incentive programs. Resources available on the [eCQM library](#) may be helpful in utilizing the CQMs:

- [Table of 2014 EP Measure Versions](#),
- [2014 eCQM Specifications for EP Release June 2013](#),
- [Technical Release Notes 2014 eCQM for EP Release June 2013](#),
- [2014 eCQM Measure Logic Guidance v1.4 Release June 2013](#),
- [Value Set Authority Center \[National Library of Medicine\]](#), and
- [eSpec Navigator 2014 eCQMs Release June 2013](#).

Information about the [EHR incentive program](#) is also available on the CMS web site.

■ CONFERENCES / TRAININGS

October 8 – 11. *A New CommonWealth*. The 2013 RCPA Conference. Seven Springs Mountain Resort. Champion, PA. Registration and complete details will be available by August 1.



Pennsylvania EHR Incentive Program Update

The Pennsylvania Medical Assistance (MA) Electronic Health Record (EHR) Incentive Program will conduct audits for MA meaningful use applications for eligible professionals, while the Centers for Medicare and Medicaid Services conducts them for eligible hospitals. Eligible professionals should save and upload to the application all documentation related to the attestation for meaningful use measures. During the summer and fall the MA program will present a series of webinars to address Medical Assistance EHR Incentive Program auditing, stage 2 meaningful use requirements, and several additional topics. For stage 2 meaningful use attestations, the EHR System must meet 2014 certification requirements. Providers are encouraged to work with their vendors to prepare for this change. Submit suggestions for topics to be covered in webinars and questions regarding the EHR incentive program to ra-mahealthit@pa.gov.

Improving Police Response to Mental Health Emergencies

From the Pennsylvania Mental Health and Justice Center of Excellence

The number of encounters between police and individuals with mental illness has risen in the past several decades as the number of people with severe mental illness living in the community has also increased. Unfortunately, standard police procedures are often ineffective in these situations and they can end tragically. The Pennsylvania Mental Health and Justice Center of Excellence works in partnership with the Pennsylvania Commission on Crime and Delinquency and the Office of Mental Health and Substance Abuse Services to promote training for police officers that will improve the way officers respond to calls for service involving a mental health emergency.

Criminal justice agencies in Pennsylvania express a need for training on handling mental health crises. In 2011, the Center of Excellence conducted a survey of law enforcement, County Office of Mental Health, and Criminal Justice Advisory Board personnel (total n=136) from 33 counties. Over half (56 percent) of law enforcement respondents reported that their counties had not engaged in any training on behavioral health issues. When asked to identify areas in which additional resources are needed, all three groups chose “training and MH issues” most frequently as their first choice.

The Center of Excellence encourages counties interested in pursuing training for law enforcement on issues pertaining to mental illness consider the comprehensive 40-hour [Crisis Intervention Team](#) program or the eight-hour public safety version of [Mental Health First Aid](#). More information about both of these programs can be found on the [Center for Excellence web site](#) or by contacting Coordinator [Katy Winckworth-Prejsnar](#).

RCPA Joins Healthcare Innovation Planning Process

The Commonwealth of Pennsylvania received a \$1.5 million award from the Centers for Medicare and Medicaid Innovation (CMMI) to develop a State Healthcare Innovation Plan. This award provides funding for the state to engage a broad group of stakeholders to develop a plan that incorporates new approaches to payment and care delivery emphasizing the quality, not quantity, of services delivered to patients. This process is supported by multiple state agencies as well as Governor Corbett’s office.

Six work groups have been developed:

- Delivery Models,
- Public Health Integration,
- IT Infrastructure,
- Performance Measurement,
- Payment Methodology, and
- Workforce Development.

The work groups will meet two to three times between now and September 5. Each work group will address a specific work plan and develop recommendations for consideration by the initiative’s steering committee. The overall goal is to lay a foundation to transform Pennsylvania’s health care system. RCPA will be represented on all six work groups.

OMAP Updates HCPCS Codes

The Office of Medical Assistance Programs (OMAP) issued *Medical Assistance Bulletin 99-13-07, 2013 HCPCS Updates and Other Procedure Code Changes* effective June 24. The bulletin applies to the Medical Assistance (MA) Fee-for-Service (FFS) program and directs providers to their respective managed care organizations (MCOs) for guidance on coding and billing questions. These changes are made to implement the 2013 HCPCS updates issued by the Centers for Medicare and Medicaid Services. OMAP has also added and end-dated procedure codes. Service limits have been added for some procedure codes, but a waiver may be requested through the 1150 Administrative Waiver (Program Exception) process. MA MCOs may choose to implement service limits, although they are not required to do so. Nor can the MCOs implement service limits that are more restrictive than FFS. MCOs must also provide advance notice before implementing service limits. The bulletin includes an attachment that provides a brief code description, modifiers, prior authorization requirements, and any limits. The [MA Fee Schedule](#) may be viewed online.

Prior Authorization Bulletin Update

Effective June 3, the Office of Medical Assistance Programs updated requirements for prior authorization through issuance of *Medical Assistance Bulletin 01-13-16, Prior Authorization of Benzodiazepines; Analgesics, Narcotic Long Acting; and Analgesics, Narcotic Short Acting – Pharmacy Services*. The bulletin provides updated handbook pages that include guidance for prior authorization requests for multiple prescriptions when the individual has two or more paid claims for benzodiazepines or four or more paid claims for the analgesics within the past 30 days. This process implements prospective review of multiple prescriptions for these medications. Review has been done through Retrospective Drug Utilization Review interventions.

Name Change Announced for Managed Care Organizations

AmeriHealth Mercy Health Plan and Keystone Mercy Health Plan changed their names. The new plans are [AmeriHealth Caritas Pennsylvania](#) and [Keystone First](#). For both plans, telephone contact information remains the same and providers have not changed. Member ID numbers are not changed, but the health plan name and the card design is changed. The name of AmeriHealth Northeast (plan code 41) has not changed to AmeriHealth Caritas Pennsylvania. It is a separate plan for the new east HealthChoices zone.

ON THE AUTISM SPECTRUM

ASERT Statewide Launch Makes Headlines

The Autism Services, Education, Resources, & Training Collaborative (ASERT) Resource Center launched statewide at the end of May. The Resource Center, funded by the Bureau of Autism Services has three components: a statewide toll-free number for live assistance (877-231-4244), a new [web site](#), and outreach specialists available for community participation. The toll free number is available for Pennsylvanians with autism and their families, communities, and providers who support them from 8:00 a.m. – 5:00 p.m. Monday – Friday. The web site offers information about local, regional, and statewide events; professional training opportunities; community resources; services; current research; and other information relevant to the autism community. ASERT is a partnership of medical centers, centers of autism research and services, universities, community organizations, and other providers of services involved in the treatment and care of adults and children with autism. It serves as a national model of effective partnerships between public and private entities that can provide support on a wide scale through the efficient use of existing resources.

Update From the Eastern ASERT Center

The A.J. Drexel Autism Institute at Drexel University is one of three Autism Services, Education, Resources, & Training (ASERT) partners statewide, serving eastern Pennsylvania. The other primary partners are Western Psychiatric Institute and Clinic, University of Pittsburgh Medical Center's Center for Autism and Developmental Disorders in western Pennsylvania and Penn State Milton S. Hershey Medical Center in central Pennsylvania. The ASERT team at Drexel is coordinating training in customized employment for several large human services organizations in the region to create rewarding jobs for adults on the autism spectrum. The eastern Pennsylvania ASERT hosted a series of autism resource fairs for the public in June.

Military Suicide Prevention Symposium

A symposium was held June 12 at Fort Indiantown Gap sponsored by the Adult/Older Adult Suicide Prevention Coalition through a grant from the Office of Mental Health and Substance Abuse Services. Major General Wesley E. Craig, adjutant general of the Pennsylvania National Guard, spoke of the need to address suicide prevention across the nation, including the military. He spoke of the loss of 182 people by suicide in the Army, compared to combat losses of 176, and his own loss of two friends from his youth to suicide. The stress of multiple deployments increases suicide risk, but 80 percent of military suicides were not deployment related. Instead, many involved substance use disorders and failed personal relationships.

The military has developed many resources to assist individuals and to educate about recognition of suicide risk and assistance available. Stigma must be overcome so that people get the help that they need. Major General Mark A. Graham spoke of his personal losses; his younger son completed suicide and his older son was killed in combat. General Graham also stressed the need to address stigma. He praised efforts underway in the military and noted that leadership has to come from commanders to encourage soldiers and airmen to seek help; that it is not a sign of weakness, but a sign of strength. Staff Sergeant Earl Granville spoke of his severe combat injuries and the death of his older brother by suicide. A very moving [video reenactment](#) of his story was presented. A panel discussion highlighted current efforts and the need for more to be done for veterans and current military members and families to support suicide prevention and other behavioral health needs. Information gleaned from this symposium will be used for future suicide prevention planning.

In a further effort to identify behavioral health needs of veterans, the Pennsylvania Behavioral Health and Aging Coalition is conducting surveys of older adult veterans, family members, and providers of behavioral health services. See the June 20 *Info*, [Behavioral Health Needs of Older Adult Veterans](#) for more information and links to the surveys. RCPA members are encouraged to participate.

Mental Health Matters Funding Available

The Office of Mental Health and Substance Abuse Services (OMHSAS) is accepting scope of work proposals for programs under the *Mental Health Matters* initiative in fiscal year 2013/14. *Mental Health Matters* emphasizes community outreach and education to enhance understanding and reduce stigma against mental illness, including efforts to meet the behavioral health needs of service members, veterans, and their families. *Mental Health Matters* includes media campaigns, community services, Mental Health First Aid, crisis intervention teams, suicide prevention, and veteran's programs.

Submit applications by email to [Kathryn Jacobs](#) by **July 15**. Submitters will be notified by August 31 of the status of their application and any reporting requirements. [Proposal information](#) and the [application](#) are available from OMHSAS. Contact Kathryn Jacobs (717-265-8941 or mkjacobs@pa.gov) with questions.

Stigma Project Mini-Grants Available in Central Pennsylvania

The Pennsylvania Mental Health Consumers' Association (PMHCA) announced the availability of mini-grants in central Pennsylvania counties to reduce stigma against people with disabilities. Two mini-grants of \$2,500 are available to individuals or organizations to develop a project that portrays individuals with disabilities in the community in a positive fashion and/or provides an opportunity to act as a change agent to challenge stigma. The awards are limited to the counties of Adams, Bedford, Blair, Centre, Clinton, Columbia, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Lycoming, Mifflin, Montour, Northumberland, Perry, Potter, Snyder, Somerset, Tioga, Union, and York. [Information about the mini-grants](#) is available from the PMHCA web site. The application is available for [paper submission](#) or [submission online](#). Instructions are included in the application. The deadline for submission to The Stigma Project is July 26 at 5:00 p.m. Awardees will be notified by email on August 9 and announced at the [Living Well with a Disability Conference](#) in Lancaster August 23 – 26.

D&A Staffing Regulations: Recommendations for Changes

Recommendations for changes to Chapter 704, Staffing Requirements for Drug and Alcohol Treatment Activities, have been drafted. A group of dedicated members worked for many months to develop these recommendations. Input from all RCPA drug and alcohol provider members is now needed. As a reminder, the first set of General Regulations, Chapter 709, was submitted with recommendations for changes to the Department of Drug and Alcohol Programs (DDAP) in March. DDAP has indicated that a response will be provided soon.

Some recommendations for Chapter 704 are major and require explanation. Highlights of the most substantial changes and justification for them follows.

1 The work group struggled significantly with the issue of staffing ratios. The group was passionate about not suggesting change in this area if it impacted the integrity or quality of care in any manner. The group began from the foundation of addressing the intent of the current ratio regulations. However, the group also heard from nearly every provider that ratios have become a barrier in access and efficiencies of service delivery. Because services have evolved to multiple delivery methods such as a team approach, co-occurring mental health/D&A, integrated care models, and the phenomenon of high utilization of part-time counselors, no consistent methodology for calculating ratios currently exists. Providers are left to limit individuals in services to a number that meets the most

conservative methods implemented by surveyors on how to calculate ratios or risk citations. The group agreed that that some services should absolutely maintain a ratio for health and safety, such as the number of individuals per nurse in an inpatient setting, while other services could better meet the needs of individuals by ensuring that the level of staffing be determined by the individual's frequency and intensity level of care. Therefore, the recommendation is made that staffing ratios be removed from Chapter 704 and be emphasized under each level of care. For example, Chapter 709, Subchapters D, E, F, G, H, I, and K, provide the details of each level of care and are much better suited to discuss specific staffing ratios if needed. In non-ratio services, the agency must provide sufficient staff to meet the required frequency and intensity of each level of care provided and show compliance through documentation of service.

2 The work group felt strongly that the drug and alcohol field has evolved as the understanding of addictions and its complexities has increased. This evolution and understanding warrant highly trained staff. The group believes that providers should be held accountable for the training and supervision of those counselors with minimal experience. As such, it moved to eliminate the counselor assistant title, instead creating supervision and training requirements for those counselors with less than one year of experience. There is no intent to remove or

reduce persons in recovery from working in the field. The Recovery Specialist Position now exists and certifications are available that allow for persons without degrees to begin work in the field of addictions. Efforts must be made to increase the role of these critical positions and ensure that these important services are reimbursed by all insurance companies, managed care organizations, and other funders. Given the seriousness of the illness of addiction, it is vital that well-educated and highly trained clinical staff function as counselors. A bachelor's degree should be the minimum requirement (even though most insurance companies are requiring a certification, license, or master's degree.)

3 There has been a great deal of debate about the type of degree a counselor should have for many years. The list has changed numerous times and there are still exceptions to be considered. With ever-changing requirements through higher education, titles and degrees continually change. The emphasis should remain on the educational components of the degree, which should address the needs of the clinical staff. Hence, the work group recommends eliminating the long list of types of degrees accepted and request the department provide a definition for "relevant" and confirm that degrees fall in to that definition upon audit.

Questions and comments should be directed to [Lynn Cooper](#).

Dondero New DDAP Deputy Secretary

Following news of Kim Bowman's return to Chester County as director of the Chester County Department of Human Services, the Department of Drug and Alcohol Programs (DDAP) announced the appointment of Cheryl A. Dondero to succeed Ms. Bowman as DDAP's new deputy secretary. Ms. Dondero has been with the commonwealth for 33 years, which includes experience in progressively responsible management positions in a number of diverse agencies specializing in administration and training. Ms. Dondero currently fills the role of deputy secretary for administration for the Department of Banking and Securities and manages human resources, budget, procurement, contract compliance, and information technology. Prior to this she was the human resources director for the former Department of Banking.

This past year Ms. Dondero successfully managed all administrative aspects of the merger of the former Pennsylvania Securities Commission with the former Department of Banking to create the newly combined agency, realizing savings of over \$2 million in the first year alone. DDAP Secretary Gary Tennis reported that Ms. Dondero is passionate about the importance of DDAP's mission and possesses a heartfelt commitment to those suffering from this disease. The secretary emphasized Ms. Dondero's willingness to openly share about how much her own life, and those of her family and friends, have been impacted by the disease of addiction. Ms. Dondero will officially join DDAP in early August

Major Changes in D&A Licensing Reported

Ron Young, Department of Drug and Alcohol Programs (DDAP), presented at the June 18 Drug and Alcohol Committee meeting and reported a number of major changes in the drug and alcohol licensing process in Pennsylvania. Mr. Young stated that the revisions to the General Standards, Chapter 709, have been submitted to the Governor's Office and the Office of General Council for approval. As the newsletter went to print, a special meeting was planned for June 28 to present changes to Chapter 709 and others currently being implemented.

One significant change is the introduction of the use of an attestation in some circumstances. It appears that providers will be able to submit an attestation indicating that the policies have not changed so the auditors will not have to review the policy and procedure manual. In addition, an attestation that all agency staff has completed required trainings can be submitted (the agency will be expected to provide random samples for proof upon request). Another significant change reported was the ability for providers to review the list of required documents and submit relevant PDF files to the licensing office so that the auditor does not have to review them during the agency visit. Mr. Young noted that a number of these actions to reduce burdens were currently underway. He added that several goals of licensing included working to remove all redundancies and to reduce the on site visit to no more than one day. A number of RCPA members and staff were to attend the DDAP meeting on June 28.

*As for the
future, your
task is not to
foresee it but
to enable it.*

– Antoine de Saint-Exupery

Alzheimer's Committee Convenes

Earlier this year Governor Corbett established by executive order a 26-member Alzheimer's Disease Planning Committee to formulate an effective strategy regarding services, supports, research, and resources for the estimated 400,000 Pennsylvania's with Alzheimer's and related dementias. The kick-off of this initiative was June 7. As a member of the state's Aging/Intellectual Disability Committee, RCPA Policy Specialist Linda Drummond was invited to attend. This also provided an opportunity for Drummond to present to the planning committee about the need to include in any plan developed the intellectual and developmental disabilities population. It was emphasized that specialized services, supports, trainings, modifications, and funding are needed to continue to provide quality supports and services in communities. She also noted that individuals with Down syndrome often develop this disease at a much earlier age than the rest of the population.

Members of the planning committee include self-advocates, physicians, Alzheimer's specialists, state legislators, and the Office of Long Term Living. The committee is chaired by Secretary of Aging Brian Duke. Details, including a copy of the executive order, committee members, and press releases are available at www.aging@state.pa.us.

ODP UPDATES

The Office of Developmental Programs has released the following information, available at www.odpconsulting.net.

Announcement #044-13: Frequently Asked Questions: ISP Review Checklist, DP 1050 Form. Stakeholders may continue submitting questions regarding the ISP Review Checklist to ra-odpispinquiries@pa.gov.

Announcement #45-013: New Version Now Available SH/AIS User Guide. Updates to the user guide include revisions to sections on the prior authorization request process and Appendix E. Inquiries regarding the prior authorization of Supplemental Habilitation and Additional Individualized Staffing should be directed to ra-centralo.shais@pa.gov.

Reissue: Announcement #060-12: Changes Made to ODP's Customer Service Telephone System. Based on call volume to its Customer Service Line (888-565-9435) callers may now direct dial the applicable service line and during typical work hours may speak to the customer service representative.

Informational Packet #046-13: Agency with Choice Financial Management Services Wage and Benefit Ranges and Corresponding Department Established Fees for Specific Participant Directed Services Effective July 1, 2013.

Informational Packet #047-13: Vendor Fiscal/Employer Agent Financial Management Services Wage and Benefit Ranges for Specific Participant Directed Services Effective July 1, 2013

Announcement #048-13: SC Curriculum 2013 Required Training Dual Diagnosis in the United States: Past, Present, and Future. The webcast provides two credit hours of ODP Supports Coordination (SC) and SC Supervisors required training for 2013.

Dual Diagnoses Resources Online

The Positive Practices Committee for the Western Region of Pennsylvania, which consists of provider representatives, county intellectual disability and mental health representatives, clinicians, and stakeholders from 23 western counties has developed a [positive practices web site](#) to provide information and resources on dual diagnoses.

Unnecessary Staffing Resources Available

The Southeast Pennsylvania Positive Practices Committee launched an initiative in 2011 continuing through 2012, "Elimination of Unnecessary 1:1 Staffing." Numerous stakeholders provided input into this effort including Policy Specialist Linda Drummond. This work resulted in a *Catalog of Resources*. These resources may be used to assist agencies in reducing the need for intensive staffing and assisting those supported to lead lives that are more independent in the community. The catalog includes five sections:

- Background,
- Resources to Support People with Behavioral Health Needs,
- Resources to Support People with Physical Health Needs,
- Resources to Support People Who Are Aging, and
- Technology and Alternatives.

Positive Practices Committee Videoconference

The Statewide Positive Practices Committee will hold a video conference July 17 from three PaTTAN locations across the state. The morning session will feature "Scott's Story" about supporting individuals dually diagnosed with intellectual disability or autism and mental illness. The afternoon session, "Fetal Alcohol Spectrum Disorders," addresses the impact on the person's ability to respond and how traditional behavioral supports may not be helpful. Fetal Alcohol Spectrum Disorder is the leading preventable cause of intellectual disability. Registration is available [online](#) or by calling Jeffrey Wheeler at 800-446-5607.

Report on Managing Long-term Service and Supports Issued

Managed Long-Term Services and Supports: 2012 Report to the President has been developed by the President's Committee for People with Intellectual Disability. As states are making or investigating changes to how long-term services and supports are provided, this report reviews what managed long-term services are, what experiences states have with this type of service model, and potential benefits and concerns. A [plain language summary](#) of the report is available. Specific recommendations emphasize that disability stakeholders need to be actively involved in managed care development; choice and person-centered options are important as well as assuring consumer rights and protections. Quality measurements and data collection are necessary components of any state's plan. Concerns include limited provider choices, reduced state oversight of services, and the limited experiences of managed care agencies with intellectual and developmental disabilities service and support needs. Benefits include service coordination, potential dollar savings, reduction of waiting lists, and care focused on staying healthy.

ODEP Report

Real People Real Impact was released by the US Office of Disability Employment Policy (ODEP). ODEP works to address barriers to employment for people with disabilities. Those achievements and resources are highlighted in this report. These include:

- Increased employment opportunities in small and minority-owned businesses with the "Add Us In" initiative,
- Collaboration with the Department of Labor Employment and Training Administration on policy guidance,
- Increasing employment of those with disabilities in the federal government by implementation of Presidential Executive Order 13548, and
- Promoting integrated employment at competitive wages as the preferred goal.

What is Early Childhood Mental Health Consultation?

The Early Childhood Mental Health Consultation Program (ECMH) provides individualized services when there is concern around the social-emotional development and/or behavior of a child ages birth through five. Services are provided to Keystone STAR-enrolled early care and education facilities. The web site for the University of Pittsburgh's Office of Child Development has developed and made available an [informational video](#) that discusses how ECMH works.

DSM-V and Child Mental Health

The American Psychiatric Association's Diagnostic and Statistical Manual (DSM-V) is available and most of the expected changes impacting children and adolescents have been written about for months. Unification of the autism spectrum diagnosis, a new alternative to pediatric bipolar disorder, and a less restrictive approach to traumatic stress in children are reflected in the new manual. Many other things have been added or changed. Disruptive mood dysregulation disorder (DMDD) is one of the new diagnostic categories designed to respond to the concern that many chronically irritable children with impairing tantrums and rages were being diagnosed with bipolar disorder, but absent the manic episodes characteristic of bipolar. DMDD is a first step towards developing better interventions for children who really don't respond well to the standard treatments for bipolar. A [relatively concise review](#) of the most significant changes in the new DSM has been posted on the American Psychiatric Association web site.

BHRS Work Group Update

Members of the Office of Mental Health and Substance Abuse Services (OMHSAS) Behavioral Health Rehabilitation Services (BHRS) work group continue to meet and discuss the appropriate and optimal use of BHRS in community-based treatment and support systems. Part of the discussion has focused on the clinical and statutory origins of BHRS as well as the history of traditional and non-traditional BHRS services. To support efforts of the work group and that of providers and managed care organizations, OMHSAS has compiled documents reflecting the [history of BHRS](#) and listing the [key Department of Public Welfare bulletins](#). OMHSAS hopes to complete a revised BHRS clarification bulletin in the next several weeks.

Awareness Days in September

- **September 9** is Fetal Alcohol Spectrum Disorder (FASD) Awareness Day. This day, the ninth day of the ninth month, was selected to emphasize the importance of mothers not drinking for all nine months of pregnancy. For many years members have worked to advance Pennsylvania's awareness, prevention, identification, and intervention efforts. Awareness efforts have grown from one day to the whole month of September. For information about FASD and many related resources access the Centers for Disease Prevention and Control [web site](#).
- **September 10** is observed each year as World Suicide Prevention Day. This year's theme is "Stigma: A Major Barrier to Suicide Prevention." Pennsylvania maintains an extraordinarily active Youth Suicide Prevention Initiative and is home to the Garrett Lee Smith Grant-funded youth suicide prevention efforts to facilitate early identification of youth in primary health care settings and forge collaborations between primary care and mental health practitioners. Information on suicide prevention at the [national level](#) and information about Pennsylvania's [youth suicide prevention efforts](#) are available online.

New Backpack Handouts Added

The Technical Assistance Center for Social and Emotional Intervention for young children (TACSEI) has added several handouts to the "Backpack Connection Series." These resources can be shared with parents, caregivers, early care and education providers, and the community to support good social and emotional development. The newest resource sheets include *How to Help Your Child Stop Biting*, *How to Help Your Child Recognize and Understand Jealousy*, *How to Help Your Child Have a Successful Bedtime*, *How to Help Your Child Manage Time and Understand Expectations*, *How to Help Your Child Learn to Trade*, and *How to Help Your Child Learn to Share*. The series was created by TACSEI to provide a way for communities and families to work together to help young children develop social-emotional skills and reduce challenging behavior. Each handout provides information that helps parents stay informed about what their child is learning at school and specific ideas on how to use the strategy or skill at home. Visit the [TACSEI web site](#) to see the entire series and check back as more handouts are periodically added.

OMHSAS Planning Council Elections and Updates

The spring meeting of the Children's Subcommittee, Office of Mental Health and Substance Abuse Services (OMHSAS) Planning Council, focused on conversations with the deputy secretary regarding his vision and plans to advance efficient and effective services and supports for children and youth, including Youth Mental Health First Aid and other elements of the *Mental Health Matters* initiative. The committee also reviewed its goals and priorities for the children's behavioral health system with hopes to develop and publish revised and updated goals and priorities this fall. The committee held elections for the co-chairs positions. Gloria McDonald, an active state and local leader working with the Youth and Family Training Institute, System of Care Partnership, and Pennsylvania Families Inc. will begin a two-year term as the parent co-chair. Connell O'Brien, RCPA children's policy specialist, was elected system partner co-chair.



Deputy Secretary Dennis Marion is focused on Mental Health matters and other initiatives in OMHSAS.

Invitation to Adoption Conference

The Pennsylvania Statewide Adoption, Permanency and Independent Living Conference (SWAN/IL) is making available a limited number of slots to interested child and family mental health professionals. This conference brings together families and professionals who want to increase their understanding of permanency issues. The conference is July 9 – 12 at the Lancaster Host Resort. It includes over 40 workshops and 700 participants, drawing on the expertise of professionals from across the state to provide the latest in practice information. Because of complex issues related to adoption and permanency and the current need of families, SWAN, Family Design Resources, and the Adoption/Permanency/Mental Health Collaboration want to extend an invitation to the mental health community. This is the first step in a plan to assist in the development of a cadre of mental health providers with a clear sensitivity to the needs and challenges of families formed through adoption or kinship. The goal is to develop a type of identification or certification process through this pilot project to direct families to these providers who have specific knowledge and expertise in this area.

Conference organizers will host a luncheon for all mental health professionals who attend the conference on July 12 to get feedback and discuss critical next steps. Continuing education credits are available for the conference at a cost of \$10 per day. A featured speaker is Dr. Lark Eshleman, an author, educator, and consultant whose expertise is working with children and teens who have experienced early emotional trauma, attachment difficulties, neglect, and abuse. The [letter of invitation](#) to child and family mental health providers, information about the conference, and [online registration](#) is available.

Intervention for Trauma in Schools

The Cognitive Behavioral Intervention for Trauma in Schools (CBITS) program is a group intervention for children in grades six through nine. The program is aimed at relieving symptoms of post-traumatic stress disorder (PTSD), depression, and general anxiety among children exposed to trauma. Types of traumatic events that participants have experienced include witnessing or being a victim of violence, experiencing a natural or man-made disaster, being in an accident or house fire, or suffering physical abuse or injury. Symptoms of PTSD, depression, and anxiety among children can include disorganized or agitated behavior, recurrent distressing recollections of an event, nightmares, attempts to reenact an event, intense psychological or physiological distress from cues that symbolize an aspect of the event, diminished interest or participation in certain activities, feelings of detachment or estrangement, difficulty falling asleep or staying asleep, and outbursts of anger. Children in CBITS work on processing traumatic memories, expressing grief, learning relaxation skills, challenging upsetting thoughts, and improving social problem-solving. These techniques and skills are learned through drawing and talking in individual and group settings. For more information access the [Promising Practices Network web site](#).

■ COMMITTEES

Children's Committee

The final PCPA Children's Committee meeting opened with introductions and the committee's thanks and best wishes to Steering Committee members Ted Glackman, Regan Kelly, and Megan Evans for their contributions. The chair also announced the addition of Jane Keim to the Steering Committee. Keim is a member of the Children's Institute in Pittsburgh, a pediatric rehabilitation service provider, and chair of the affiliated International Pediatric Rehabilitation Collaborative.

Courtney Coover, Office of Mental Health and Substance Abuse Services (OMHSAS) Children's Bureau, participated in a member discussion.

- *BHRS Redesign*: The group was updated on the OMHSAS work group and discussed concerns about continued erosion in service authorizations; family and community complaints; and rising costs related to credentialing standards, training, administrative requirements, and increased supervision needs for novice clinicians.
- *Behavior Specialist (BS) Licensing*: Current data from the Board of Medicine (BoM) was shared. Members report that a vast majority of eligible staff have or are near submission of applications and described some of the external issues and impediments to the process. RCPA will invite BoM staff to attend a future meeting. Members also report that they are absorbing increasing training and administrative costs and anticipate that these will grow as the labor pool of licensed professional declines.
- *Summer Therapeutic Activity Programs (STAP)*: Members described the range of impediments and disincentives to provide STAP and reported on significant local erosion in available services. OMHSAS will try to collect data from claims and managed care organizations to gauge the change in STAP service options, availability, and utilization.

The committee members also discussed:

- Growing Medicaid (MA) enrollment issues resulting in uncompensated care and service interruption related to MA disenrollment and identified several issues to be addressed with the state.
- Change in OMHSAS licensing experiences that include an increased and inconsistent citation focus and the lack of familiarity with programs and services. RCPA is requesting specific information that would allow OMHSAS to take supervisory or training action to address issues.
- A range of training topics and an overwhelming interest in DSM-V training. Staff reported on the State Wide Adoption Network conference invitation to mental health providers and the upcoming early childhood mental health and suicide prevention conferences.

■ CALENDAR

JULY		
Tuesday, July 2	10:00 a.m. – 1:00 p.m.	RCPA Board of Directors <i>Conference Call</i>
Wednesday, July 10	10:00 a.m. – 12:30 p.m.	Medical Division Meeting <i>RCPA – Web & Conference Call</i>
Thursday, July 11	1:00 – 3:30 p.m.	Health Care Opportunities Task Force <i>RCPA</i>
AUGUST		
Wednesday, August 7	10:00 a.m. – 12:30 p.m.	Head Injury Committee <i>RCPA</i>