



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

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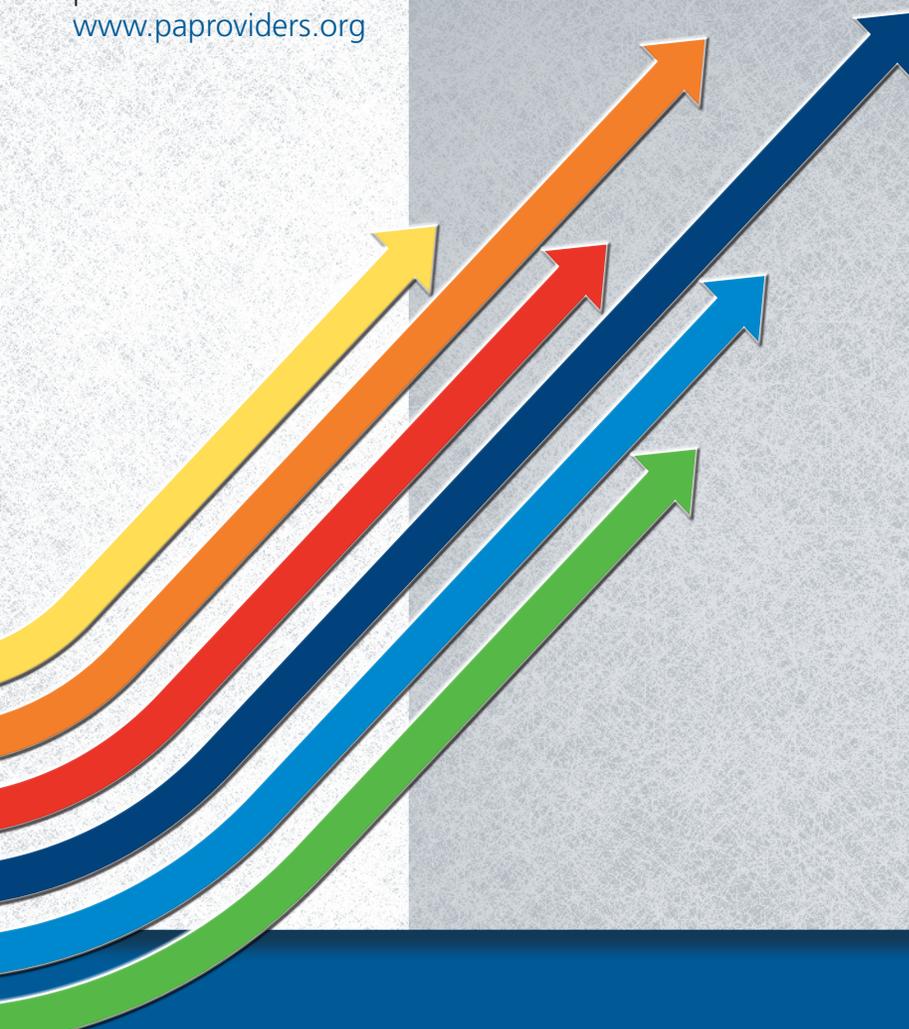
A New CommonWealth

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■ **RCPA NEWS**

RCPA Meets With DPW Secretary

On July 11 RCPA met with Department of Public Welfare (DPW) Secretary Bev Mackereth and several of her staff to provide a brief overview of the organization and introduce President and CEO Richard Edley. The meeting included discussion about budget issues, the behavioral health carve-out, health care reform, Medicaid expansion, regulatory reform, the block grant, and numerous issues related to the intellectual disabilities system.

Task Force Focuses on ACA Effect on Small Business

On July 11 the Health Care Opportunities Task Force met, with much of the meeting devoted to how the Affordable Care Act (ACA) will affect small businesses. The meeting began with an update from Aryanna Abouzari, JD, Affordable Care Act outreach specialist, US Department of Health and Human Services, Region III. Then Dave Dickson, district director, Philadelphia District Office and Mike Kane, Harrisburg branch manager, US Small Business Administration, discussed how the ACA relates to small businesses. An update was provided by Jean Bennett, PhD, regional administrator, Substance Abuse and Mental Health Services Administration. The next meeting is August 1. All interested members are encouraged to attend.

■ **NEW MEMBERS**

Provider Member

Twin Lakes Center
Brooke McKenzie, Executive Director
Somerset

Government Member

Bedford-Somerset MH/MR
Randy Hay, Administrator
Somerset

Business Member

The Medicine Shoppe Long Term Care Division
Daniel Brown, Director of Sales and Marketing
Mechanicsburg

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2013 RCPA Conference

A New CommonWealth

Dr. Paul Keckley to Keynote Conference



The association is honored to welcome **Paul H. Keckley, PhD**, who will set the stage for the RCPA conference, focusing the attention of participants on emerging trends, challenges, and opportunities related to health care reform efforts and how those affect the work of various stakeholder groups, including health plans, providers, government, employers, and most importantly, consumers. Make sure conference plans include this dynamic morning event on October 9. Dr. Keckley is a health economist and a leading expert on US health industry trends and reform. He has testified before Congress and advised policymakers in Republican and Democratic administrations. As executive director of the Deloitte Center for Health Solutions, a research center within Deloitte, LLP, he led a team of policy analysts and health services researchers to investigate health care industry business trends and regulatory issues pertinent to state and federal government, health systems, health insurance, device and drug manufacturers, and information technology companies.

A Wounded Warrior and the Golden Retriever Who Saved Him

RCPA welcome **Luis Carlos Montalván** and **Tuesday** as the conference plenary speaker on October 11. A highly decorated captain in the US Army, Luis Montalván never backed down from a challenge during his two tours of duty in Iraq. After returning home, however, the pressures of his physical wounds, traumatic brain injury, and crippling post-traumatic stress disorder began to take their toll. Then Luis met Tuesday, a beautiful and sensitive golden retriever trained to assist the disabled. Luis and Tuesday are public advocates on issues relating to service members, veterans and their families, and Americans living with disabilities. A *New York Times* bestselling author and well-respected speaker, Luis will share their story and engage with the audience about recovery, healing, and continuing to improve services to those in need.



The Results Are In



Recently we completed a survey of members. The response was excellent and I thank those of you who took the time to offer feedback and suggestions. We received responses from across every division of RCPA and almost equally from both children and adult providers. While we are still taking time to pour over the results, here is what we have learned thus far.

- **Members like policy advocacy.**
Rules, regulations, and policies from various state and federal departments seem to change daily. Policies can be confusing and contradictory and members want timely, simple, and clear explanations, and an association that can intervene and “fix” problems as needed. The association is viewed as the connection to officials, which allows for coordinated input on proposed policy changes and, at times, regulatory relief.
- **Members like and want even more legislative advocacy.**
This area has to be of increased emphasis. We are a large and diverse association and need to use this strength to influence public policy not just report on it; to be proactive and not reactive. This includes legislation at the state and federal level and affecting the budget. We cannot “win” every battle, but we need to be fighting for what is right.

- **Members like committee participation.**
Committees are in many ways the lifeblood of an association. It allows for members to network and learn what other providers are doing and how issues are being addressed statewide. Committees also allow members to get timely updates on program issues and state and federal policy. The committees serve as a venue to meet with government lobbyists and state officials when indicated.
- **Members want increased access to meetings and more local and regional meetings.**
One of the goals for RCPA over the next year is to increase the use of conference calls and webcasts. We understand that travel to Harrisburg can be a hardship and this is especially true if a member wants to participate in several meetings and committees. In addition, members expressed interest in more in-person regional and local meetings. This is important feedback and as a staff we will develop a plan to address this request.

The greatest concern of providers is **funding**. Not surprising and this feeds directly into the aforementioned desire to continue policy and legislative advocacy. And finally, a comment from one member to me: “Good luck.”

Richard S. Edley, PhD, President/CEO
redley@paproviders.org

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

Leadership is not magnetic personality – that can just as well be a glib tongue. It is not ‘making friends and influencing people’ – that is flattery. Leadership is lifting a person’s vision to high sights, the raising of a person’s performance to a higher standard, the building of a personality beyond its normal limitations.

– Peter F. Drucker

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.



Budget Wrap-up

The final 2013/14 state budget appropriates \$10.956 billion in General Fund revenue for the Department of Public Welfare (DPW), an increase of \$334 million from the 2012/13 DPW budget.

Medical Assistance

State spending for the Medical Assistance (MA) appropriation totals \$5.743 billion, which is an increase of \$110 million. The enacted budget includes sufficient funds for increased provider payments.

- Rates paid to physical health managed care organizations (funded through the MA capitation appropriation) increase by a statewide average of at least 2 percent.
- Rates paid to behavioral health managed care organizations (also funded through the MA capitation appropriation) increase by a statewide average of at least 1.5 percent.

Disability Programs

State funding increases by \$128.7 million for the following home and community-based programs serving Pennsylvanians with disabilities.

- Intellectual disability community waiver programs increased by \$94.9 million, with \$19.867 million to provide services for 1,180 individuals, including 380 people on the county emergency waiting list, 700 graduates from special education programs, and 100 people who currently reside in a state center.
- Services for persons with disabilities increased by \$26 million, including \$15.8 million to expand services to 1,282 people who have a severe physical disability, including people with traumatic brain injuries.

- Attendant care increased by \$5.2 million, including \$4.1 million to expand services to an additional 400 disabled adults.
- Autism and intervention services increased by \$2.6 million.

Mental Health

State funding for mental health services increased by \$28.2 million. The increase includes \$23.4 million for state mental hospitals, primarily for increased personnel costs. The remaining \$4.7 million is for community placements for 90 hospital residents (Community Hospital Integration Projects Program – CHIPP). CHIPP funding will go to specific counties that take these residents and will not be block-granted in 2013/14. However, it will become part of county funding that may be block-granted beginning in 2014/15. No additional state funds are budgeted for the county mental health base program. Funding for this program, which may be block-granted under the Human Services Block Grant Pilot Program, maintains the 10 percent cut (worth \$55 million) enacted in 2012/13.

Department of Drug and Alcohol Programs

The budget funds assistance to drug and alcohol programs at the same level as 2012/13. This appropriation funds services provided through the counties for Pennsylvanians who do not have insurance or resources to pay for treatment.

Human Services Block Grant Pilot Program

The Public Welfare Code budget bill included a provision to expand the Human Services Block Grant Pilot Program from 20 to 30 counties. DPW will give priority to counties that participated in the pilot or applied to participate in the pilot.



Register for National Council Hill Day !

1 in 5
Who Do You Know?
9th ANNUAL
National Council HILL DAY
September 16 - 17, 2013, Washington, DC

National Council Hill Day is September 16-17 in Washington, DC, at the Hyatt Regency Hotel. Participants come to the city for a full day of sessions and workshops on federal behavioral health policy followed by visits with elected officials on Capitol Hill to advocate for issues important to providers and consumers. Participation in Hill Day is more important this year than ever before, as the US embarks on an era of dramatic

change in the health care system that has profound implications for providers of community services. Hill Day gives RCPA members the opportunity to make sure lawmakers in Washington, DC understand the crucial importance of maintaining support for rehabilitation and behavioral health services. More information and instructions for registration can be found on the [National Council web site](#).

Health IT Incentive Payments for Safety Net Clinics

The National Council reports that the *Medicaid Information Technology to Enhance Community Health (MITECH) Act*, introduced in July in the US House and Senate, would make federal incentive payments for the use of health IT available to a variety of health care safety net providers, including community behavioral health centers. MITECH (S. 1286/H.R. 2676) would add “safety net clinics and providers” to the types of entities currently eligible to receive incentive payments for the meaningful use of health IT. The bills specify that the payments are available to any clinic or network of clinics that is operated by a private non-profit or public entity with at least 30 percent of its patient volume attributable to “needy individuals.” The National Council has been working with congressional sponsors to secure re-introduction in the current Congress.

Prime Time to Visit Legislators in the Districts

Human services have been significantly underfunded for decades. The 2013/14 budget failed to restore the previous year’s 10 percent cuts to human services and members report that resources continue to be strained to the limit. In order to help legislators understand the importance of addressing the chronic underfunding of human services, they must be educated regarding the importance of the work RCPA members do every day. RCPA advocacy in Harrisburg needs to be accompanied by grass roots legislative work in the districts.

Summer offers a perfect opportunity for members to visit legislators in district offices or invite them to visit their agency. Legislators will be in their districts until September 23 when the House and Senate fall legislative session begins. Legislators respond best when hearing from providers and the families they serve. RCPA urges members to encourage board members, staff, families, and consumers to contact local legislators in the district in any way they can – visits, letters, phone calls, and emails. Contact information for legislators can be found at www.legis.state.pa.us. If services to Pennsylvanians in need of rehabilitation, mental health, intellectual disability, autism, or addiction care are to remain accessible and effective, funding must be preserved and Pennsylvania’s safety net must be protected. Further questions may be addressed to [Anne Leisure](#).

Self-Disclosure Reporting to OIG Available Online

The Office of the Inspector General (OIG) launched an online submission process for the Self-Disclosure Protocol (SDP). The SDP is for providers to voluntarily disclose self-discovered evidence of potential fraud to the OIG. Self-disclosure gives providers the opportunity to avoid a government-initiated investigation with the associated costs and interruption of services. The protocol and link for online submission are available on the [OIG web site](#).

ICD-10-CM Code Updates Available

The Centers for Medicare and Medicaid Services has updated the 2014 ICD-10-CM code manual available on the [ICD-10-CM and GEMS web site](#). The 2014 ICD-10-CM Addendum is also available. This document provides information about what is deleted in the files. The 2014 General Equivalence Mappings (GEMS) will be available in October on the ICD-10-CM and GEMS web site. [This site](#) also includes links to resources to assist providers in the implementation process.

Medicare Enrollment Fact Sheets Available

Fact sheets on provider and practitioner enrollment in Medicare through the Provider Enrollment, Chain, and Ownership System (PECOS) are available on the MLN Products [web site](#). Information about completion of enrollment applications and additional resources are available.

CMS Questions DPW Regarding HealthChoices

In early July, the Department of Public Welfare (DPW) received a [letter from the Centers for Medicare and Medicaid Services \(CMS\)](#) raising questions about HealthChoices, specifically the behavioral health agreements between the commonwealth and the counties. Deputy Secretary Dennis Marion shared the letter and emphasized in his [cover letter](#) that "...similar questions regarding the structure of Pennsylvania's procurement process have been raised in the past. However, Pennsylvania's approach to behavioral health care under HealthChoices has been approved repeatedly since its inception."

CMS concerns center on the behavioral health agreements and question if they are "subgrants or intergovernmental agreements that are subject to cost principles set forth in OMB Circular A-87." Essentially, the CMS concerns threaten the very nature of the right of first opportunity with the counties in HealthChoices and to the procurement process. Deputy Secretary Marion reported that the department is preparing for a follow-up conversation with CMS to discuss the issue more fully.

Obviously, this is a crucial issue that RCPA will need to track carefully and keep members posted along the way.

Input Needed for Alzheimer's Planning Committee

The Pennsylvania Alzheimer's Disease Planning Committee is developing a plan to address needs of persons with Alzheimer's disease and related brain disorders. Feedback is requested on supports and services needed for individuals, families, and other caregivers. The plan will incorporate public input gathered during a series of meetings.

Meetings are scheduled from 9:00 a.m. – 12:30 p.m.

August 8	Center for Healthy Aging, Ruth Pike Auditorium, 022 Biobehavioral Health Bldg, University Park
August 13	Penn State Worthington Scranton, Gallagher Conference Center, 120 Ridge View Dr, Dunmore
August 15	University of Pennsylvania, Biomedical Research Bldg, 421 Curie Blvd, Philadelphia
September 16	Clarion Hospital, One Hospital Dr, Clarion
September 17	University of Pittsburgh, William Pitt Union Bldg, 3959 5th Ave, Pittsburgh

To submit comments in person, contact the Pennsylvania Department of Aging at 800-753-8827 or 717-425-5115 or by email to alzstateplan@pa.gov. Submit written comments by email or mail to: Pennsylvania Alzheimer's State Plan, 555 Walnut St, 5th Fl, Harrisburg, PA 17101. More information is available on the Pennsylvania Department of Aging [web site](#).

Healthcare Innovation Planning Process Update

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 to engage stakeholders to develop a plan that incorporates new approaches to payment and care delivery emphasizing the quality, not quantity, of services delivered to patients. The central focus is to lay out a pathway for moving delivery systems and payment models away from fee-for-service to value-based models. In addition, there has been considerable discussion about the need for improved integration and the introduction of terms like “neighbor concept” for integration with subspecialties.

Seven work groups have been developed:

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

Each work group will address a specific work plan and develop recommendations for consideration by the initiative’s steering committee. RCPA is represented on all seven work groups. The commonwealth is working on a very short time frame. It intends to submit the innovation plan to CMMI by September 30. After completing the plan, Pennsylvania will apply for a large (\$30-\$60M) State Innovation Models testing grant to implement and evaluate the new system design over a three-year period.

MAAC Updates

The Medical Assistance Advisory Committee (MAAC) met June 27 and discussed ramifications of the six prescription limit policy. This is actually a six medication limit policy as all medications, whether prescription or over-the-counter, are counted. After the sixth medication is received, an individual can only get more medications if the medication(s) are listed on the automatic exemption list or the prescriber requests a Benefit Limit Exception (BLE). The Consumer Subcommittee reviewed BLE data from managed care organizations (MCOs) and found that one MCO denied medications at a higher rate than others. The Department of Public Welfare (DPW) will review the data further to determine why this discrepancy occurred. DPW outreach to pharmacists to remind them of the availability of the five-day emergency supply of medications was requested. Barriers to face-to-face grievance and appeal hearings were discussed.

The enhanced primary care physician fee was discussed. The Managed Care Delivery System Subcommittee report noted that for provider enrollment and credentialing each physical health MCO will receive a work plan from DPW to identify areas of needed improvement in processes. Robert Gardner, director, Bureau of Policy, Analysis, and Planning, announced that the 2013 HCPCS codes were implemented June 24. The Office of Medical Assistance Programs updated 93 procedure codes as identified in the Medical Assistance bulletin. Matt McGeorge provided a health information technology update. All Pennsylvania counties are served by health information exchanges. The Health Share Exchange of Southeast Pennsylvania was verbally approved. Technical assistance is provided to six behavioral health and two long-term

care providers. Best practices meetings have included discussion of support for meaningful use attestations at audit and will address preparation for Stage 2 meaningful use and health information exchanges.

Lynn Patrone presented the Office of Mental Health and Substance Abuse Services (OMHSAS) update. The 20 counties with block grant plans are under review. Olmstead planning is underway. OMHSAS is developing a template for counties to develop Olmstead plans. It is also working with the Offices of Developmental Programs and Long-Term Living to develop a unified plan. Ms. Patrone reported that there had not been a decision about how the 90-bed CHIP allocation would be reported in the budget.

The Office of Developmental Programs update focused on the Autism Services, Education, Resources and Training Collaborative. The collaborative is to improve access to quality services and information, provide support to individuals and caregivers, train professionals in best practices, and facilitate the connection between individuals, families, and professionals.

Leesa Allen reported that Pennsylvania is considering use of the modified adjusted gross income prior to January 1, 2014 for eligibility determination for Medical Assistance. DPW will submit the necessary 1115 demonstration waiver to the Centers for Medicare and Medicaid Services. DPW hopes to avoid having to operate two systems for eligibility determination during the October 2013 – January 2014 time period, with one system for entrants through the federally-facilitated marketplace and the other for the traditional Medicaid population.

Integrating Certified Peer Specialists into Criminal Justice Settings

From the Pennsylvania Mental Health and Justice Center of Excellence

Individuals with serious mental illness (SMI) and/or co-occurring substance use disorders (COD) are overrepresented in the criminal justice system. The use of peer specialists has become an integral aspect of working with specific groups (e.g. military veterans, individuals with SMI) and there have been recent successful efforts to create formalized peer support systems for mental health consumers in Pennsylvania and other states. Forensic Peer Support (FPS) involves trained peer specialists with histories of mental illness and criminal justice involvement helping those with similar histories.

Certified Peer Specialists (CPS) with forensic training can provide a variety of valuable services. Such services include providing hope for recovery; encouraging peers to engage in treatment and support services; acting as recovery role models; and anticipating/assisting with the social, psychological, and financial difficulties associated with re-entry following incarceration. They can also provide encouragement and assistance with adherence to conditions of supervision (e.g. probation or parole).

CPS services are Medicaid billable and forensically-trained CPS' can work in various stages of the criminal justice system including crisis management, central booking, jail, courts, probation, and the community.

Although outcome data for FPS services are sparse, follow-up surveys conducted with 48 individuals who completed FPS training suggest several positive outcomes. For example:

- 97.9% believe training had a positive impact on their personal and/or professional life,
- 95.8% believe training enhanced their ability to interact with justice-involved individuals with SMI/COD,
- 85.3% reported being employed in peer support with 58.3% reporting "frequent" interaction with justice-involved clients,
- 45.8% report increased FPS involvement post-training,
- 77.1% developed skills applicable to their own life and recovery, and
- 85.4% believe that offering peer support services helps them maintain their own recovery from SMI/COD.

For more information on the data summarized above, contact [David DeMatteo](#). For more resources regarding the uses and implementation of forensic peer support, visit the [FPS section](#) of the Pennsylvania Mental Health and Justice Center of Excellence web site.

Outpatient Task Force Efforts Continue: Regulation Reform One Direction

The statewide Outpatient Task Force continues its efforts. A webinar with the state of New York was held in late June. The Office of Mental Health and Substance Abuse Services (OMHSAS) will follow up on information presented; having a targeted conversation with New York to see where its quality overlay may be included in the system in Pennsylvania. In addition, OMHSAS is continuing to work with New York to determine differences that exist such as how New York, having the clinical model like Pennsylvania, can allow less than 16 hours of psychiatric oversight (if this indeed is accurate information). OMHSAS plans to meet soon with New York representatives and will schedule another task force meeting after that. The Outpatient Task Force is expected to meet again between late August and mid-September.

Another crucial topic to be discussed is to plan and schedule to move forward with regulatory changes to existing outpatient regulations. The belief is that some concerns expressed by the task force can be improved through regulatory reform. The Outpatient Task Force will be helpful as OMHSAS moves through the regulatory reform process. In addition, OMHSAS will continue working with behavioral health managed care organizations regarding efforts of the Alternative Payment Arrangement Work Group to determine next steps.

DSP Recognition Week

The 2013 Direct Support Professionals Recognition Week is September 8 – 15. RCPA has asked Governor Corbett to issue a Pennsylvania proclamation in recognition of direct support workers. This initiative is done in cooperation with the national recognition coordinated by ANCOR.

Direct support professionals provide daily assistance to individuals diagnosed with intellectual, developmental, or physical disabilities. These supports

give persons the ability to live in their communities rather than institutional settings. Direct support staffs are the “unsung heroes” responsible for health, safety, and helping individuals maintain their independence.

RCPA asks members employing Direct Support Professionals (DSPs) in the intellectual, developmental, and physical disabilities systems to contact local media outlets and county governments to generate coverage of DSP Week. It is critical that community providers remind

the public of the important work of these staff. The publicity generated enlists public support of community services and positively reflects with state legislators, who will face another tough budget season in 2014/15.

Additional information will be sent to members in mid-August to assist in community outreach. RCPA also encourages members to share individual stories about direct support professional staff to be featured in the RCPA newsletter.

ODP UPDATES

ODP Futures Planning

The Office of Developmental Programs (ODP) Futures Planning Workgroup continues to develop recommendations for the future. This planning process will use long-term goals to create a short-term plan with action steps. Policy Specialist Linda Drummond represents members on this initiative. She has been assigned to the team addressing the objective “Determine the best and simplest system to manage services to improve outcomes.” Discussion focused on the need for recommendations to be person-centered, include positive approaches, and cross-systems collaboration and partnerships. Public comments will be solicited for each of the eight short-term objectives work groups.

Members may submit recommendations on any of the objectives to [Linda Drummond](#) and on the Futures Planning [web site](#).

The Office of Developmental Programs (ODP) has released the following information.

- **Announcement #50-13:** Now Available SC Times Newsletter for Spring/Summer 2013.
- **Announcement #051-13:** Availability of ODP Consolidated and Person/Family Directed Support Waiver Amendments Effective July 1, 2012, approved by CMS. ODP requested changes to both waivers in May, which CMS approved retroactive to July 1, 2012.
- **Announcement #052-13:** Understanding Incident Management Course Now Available. This two-credit hour course is required for supports coordinators and supervisors for the 2013 calendar year and is open to service providers, counties, and all interested parties.
- **Announcement #053-13:** Waiver Direct Service Provider Audit Requirements for FY 2012/13 Reporting Period. The document provides details on the specifics of audit requirements.
- **Informational Memo #054-13:** Quality Management Resources Updated. Providers can access the update tools at <http://pic.odpconsulting.net> and supports coordinators at <http://scoic.odpconsulting.net>.
- **HCSIS July Update:** For ODP-funded agencies, when rate loads are entered into HCSIS and/or PROMISE, the process can take up to five business days to complete.

AFP Steering Committee

The Alliance for Full Participation (AFP) Steering Committee, which includes the Offices of Vocational Rehabilitation (OVR) and Developmental Programs (ODP), is focused on employment options for individuals with intellectual disability that include integration, productivity, independence, and doubling the number of individuals employed over the next five years. Linda Drummond is a member of the Steering Committee and four subcommittees: Focus on Individuals, Enhancing Skills, System Change, and Supports Coordination Outreach.

The recent meeting focused on a review of the vision and mission statement. Functions are to include being a clearinghouse and disseminating information, coordination of special projects, and work group activities. The newly formed workgroup, Focus on Individuals, had numerous persons interested in participating and will be developed regionally to allow greater individual and family involvement. ODP and OVR are developing trainings for supports coordinators and vocational counselors. The Pennsylvania Disability Employment and Empowerment Summit (October 23 – 25, Radisson Hotel, Camp Hill) will include a session about this steering committee.

September IDD and SCO Committees Overviews

The RCPA Intellectual and Developmental Disabilities (IDD) Committee and Supports Coordination Organizations (SCO) Subcommittee will meet September 5 at the Best Western Premier, 800 E Park Dr, Harrisburg. Invited guests for the IDD meeting include Office of Developmental Programs (ODP) Deputy Secretary Fred Lokuta, Bureau of Human Services Licensing Director Ron Melusky, and Office of Vocational Rehabilitation Director Steve Surovic. Members are requested to share questions and issues which they would like these state officials to address with [Linda Drummond](#) by August 9. The SCO meeting will include a presentation by AO Consulting regarding electronic health records and ODP staff addressing SCO monitoring.

■ MEDICAL REHABILITATION

Oppose Budget Cuts to Inpatient Rehabilitation Facilities

Rehabilitation providers are advised that Congresswoman Lynn Jenkins (KS-02) is circulating a “Dear Colleague” letter in the US House that will go to Secretary Sebelius regarding the 60 percent rule. Members are encouraged to contact local representatives to ask them to sign on to the letter. Contact information for legislators is available from the [RCPA web site](#).

CMS Has Dedicated CARE Web Site Link

The Centers for Medicare and Medicaid Services (CMS) now has a [web page](#) that provides an overview of the Continuity Assessment Record and Evaluation (CARE) item set activities and serves as a central location for reports about the development and reliability and validity testing of the CARE item set. CARE reliability and validity reports are available as well.

GAO Releases Report on Medicare Outpatient Therapy

The Government Accountability Office (GAO) released a [report](#) on the implementation of the manual medical review process for outpatient therapy services. It found that the Centers for Medicare and Medicaid Services (CMS) implemented two types of manual medical reviews (MMR) – reviews of preapproval requests and reviews of claims submitted without preapproval – for all outpatient therapy services that were above a \$3,700 per-beneficiary threshold provided during the last three months of 2012. However, CMS did not issue complete guidance on how to process preapproval requests before the implementation of the MMR process in October 2012 and the Medicare Administrative Contractors that conducted the MMRs were unable to fully automate systems for tracking preapproval requests in the time allotted.

■ VOCATIONAL REHABILITATION

Sheltered Work Centers

RCPA members include those providing vocational and work center programs, in particular those funded by the Office of Developmental Programs (ODP). A work group of these members will be formed to review current types of services offered, how many work centers have expanded into community employment entities, and recommendations on additional types of workplace services that programs could offer individuals. Watch for details from Linda Drummond.

RCPA President Richard Edley met recently with Secretary of Public Welfare Mackereth and ODP Deputy Secretary Lokuta and specifically asked if it was their intention to close traditional vocational workshops. Both responses were “No” and indicated that vocational services are a component of the continuum of community supports.

DDAP Forms Fentanyl Task Force

Based on the substantial number of fatal fentanyl overdoses across the commonwealth and the historic rapid escalation of fatal overdoses when fentanyl struck Pennsylvania hard in 2006, the Department of Drug and Alcohol Programs (DDAP) is assembling a Fentanyl Task Force to ensure that the state is as prepared as possible for this problem, should it escalate. Issues that will be discussed include:

- early warning system mechanisms,
- fatal overdoses,
- non-fatal overdoses,
- commonwealth response to trends such as availability of Narcan and the specific dosing requirements for fentanyl overdoses (more needed than for heroin overdoses),
- law enforcement (ensuring that law enforcement has as much current trending information as possible can only strengthen their ability to protect the public) and
- a “warm hand-off.” The department will develop ways to ensure that hospital emergency rooms know how and where to send overdose survivors for referral to treatment.

This will involve collaboration with county drug and alcohol directors. Kathy Jo Stence, DDAP, will lead the task force; RCPA will participate.

STAR Training Scheduled

Department of Drug and Alcohol Programs (DDAP) Provider “In Person” Classroom STAR Training has been scheduled. Interested members are encouraged to attend. Trainings and materials have been updated and address workflow business processes and provide an interactive discussion and lab day. Once registered, a confirmation email from DDAP with all the training information will be sent.

Reported data in the system includes the referral and screening process, assessment and treatment process, intervention and continued stay process, recovery process, and the discharge and reporting process for all Single County Authority-funded clients within the continuum of care. Pennsylvania and federal reporting requirements are fulfilled seamlessly by STAR for each organization.

Dates and Locations

August 14 – 16, 9:00 a.m. – 4:00 p.m.

STAR Provider, August 14 – 15
 STAR Lab, August 16
 Westmoreland County Community College
 Science Hall Rm 3401, 145 Pavilion Ln, Youngwood

August 28 – 30, 9:00 a.m. – 4:00 p.m.

STAR Provider, August 28 – 29
 STAR Lab, August 30
 9:00AM to 4:00PM
 Delaware County IU25
 200 Yale St, Morton

September 11 – 13, 9:00 a.m. – 4:00 p.m.

STAR Provider, September 11 – 12
 STAR Lab, September 13
 Temple University Center City
 1515 Market St, Ste 215, Philadelphia

Interested persons can view [seat availability and other information](#). To attend training, individuals are required to have a profile in the Training Management System (TMS). To create a profile, access <https://apps.ddap.pa.gov/TMS>. Contact the Training Section for help in creating a profile. Those attending must contact via email Robert Burhannan to be registered. Registrations will be completed based on the date and time emails are received. Registration will be open first to providers who have not attended any STAR trainings and then to others. STAR Provider/Lab Trainings offer PCB credits. For questions regarding registration, contact Robert Burhannan at 717-783-8200. To find out more about the STAR state reporting requirements, please visit the [DDAP web site](#).

Acetyl Fentanyl Caused at Least 50 Fatalities

The Department of Drug and Alcohol Programs (DDAP) has issued a warning about fentanyl and its derivative, acetyl fentanyl, a deadly drug that resembles heroin but is much more potent and has caused 50 deaths in Pennsylvania this year. After recently confirming five overdoses (including one fatality) from the drug in Lebanon County, the department called upon coroners and medical examiners across Pennsylvania to screen for the drug on all apparent heroin and other opioid deaths in order to accurately track the extent of the problem.

As a result, the department determined that recreational use of both versions of the drug has resulted in at least 50 confirmed fatalities and five non-fatal overdoses statewide this year. Overdoses have been confirmed in Allegheny, Beaver, Berks, Blair, Bradford, Bucks, Butler, Cambria, Delaware, Erie, Lebanon, Lehigh, Philadelphia, Washington, and Westmoreland counties. The department is also awaiting toxicology reports from several other counties. The Centers for Disease Control and Prevention (CDC) reported in a health alert that the drug has also caused 14 deaths in Rhode Island since early March. The department has been in communication with CDC, seeking technical assistance to address the issue in Pennsylvania.

Fentanyl is a prescription narcotic used to relieve severe or chronic pain, commonly used for cancer patients or as a last-resort pain medication. It's available as a skin patch, lozenge, pill, shot, a film that dissolves in the mouth, or intravenously. As a recreational drug, acetyl fentanyl can often resemble heroin as it has the same consistency, color, and packaging. If a heroin user unknowingly mistakes fentanyl for heroin and takes too much of the drug, the user is at high risk of a fatal overdose. During the last major fentanyl overdose outbreak in 2006, there were 269 deaths in Philadelphia. "This is an especially important time for those addicted to heroin to seek treatment," DDAP Secretary Tennis urged. "Treatment works; these individuals, rather than risk death day after day, can attain recovery and go on to live rich and rewarding lives." The [CDC Health Alert](#) and [more information](#) are available. To seek treatment for drug or alcohol addiction, visit www.ddap.pa.gov.

Concerns Raised About HCPCS/CPT Code Update

RCPA members raised concerns about the Office of Mental Health and Substance Abuse Services (OMHSAS) issuance of the latest Behavioral Health Services Reporting Classification Chart with significant [limitations on use of Evaluation and Management \(E&M\) codes](#) by outpatient clinics (Provider Type 110). Providers were concerned that coordination of benefits would be impacted, resulting in cash flow and potential compliance problems in the future. Providers are limited to the lowest level codes that are used for medication checks, regardless of the individual's need and complexity of the service. Members have also expressed concern that physicians, including psychiatrists in private practice, are permitted to use an array of E&M codes, while providers are not. RCPA is researching the approaches that the behavioral health managed care organizations (MCOs) plan to implement the changes. The MCOs are also concerned that the OMHSAS crosswalk places a tremendous burden on providers. Many have indicated that they will work with providers to translate the appropriate codes that are used to equate to the codes allowed for reporting to OMHSAS as they have in the past. RCPA continues to seek resolution to these significant issues. Members are asked to contact [Betty Simmonds](#) with questions and concerns.

Community Conversations About Mental Health

The *Toolkit for Community Conversations About Mental Health* is designed to encourage community conversations and reduce the stigma associated with mental illnesses. The toolkit is comprised of an [informational booklet](#), a [discussion guide](#), and a [planning guide](#). A Spanish version of the toolkit will soon be available.

The National Conference on Mental Health underscored the importance of dialogue in developing understanding and supporting availability and access to mental health services. Prevention, treatment, and recovery services and supports are essential components of an active and healthy community. The Substance Abuse and Mental Health Services Administration suggests additional resources for community conversations at MentalHealth.gov, the [US Department of Veterans Affairs](#), and [Creating Community Solutions](#). RCPA members are encouraged to start conversations in their communities.

BS Licensing Update

Pennsylvania is now less than six months from the critical date set by the Department of Public Welfare for Behavior Specialist Consultants (BSC) working with children on the autism spectrum to obtain an independent practice license. In addition to clinical professionals with a current practice license, many BSCs are working to obtain a behavior specialist license from the Board of Medicine. As of July 8, the Department of State reports it has received 2,078 applications with 403 licenses issued. At that time there were 956 applications with discrepancies requiring additional documents, information, or clarifications. Provider agencies are also awaiting the release of a bulletin by the department that would confirm that the behavior specialist licensing standards will supersede prior Medicaid requirements for a mental health graduate degree.

Reducing Anxiety in New Situations

The summer months can bring a break from routine for both adults and children with autism. Whether it's the end of the school year, a family vacation, or another summer first-time experience, interacting with new people and places can lead to anxiety or fear. Below are five steps to help reduce anxiety in new situations from Dr. Amanda Pearl, Central Autism Service, Education, Resource and Training Director.

Discover the fear: Help your loved one to "be a detective" and figure out what the scariest part of the new situation might be. Ask "What are you scared will happen?" or "What bad thing are you expecting to happen?"

Talk about possible outcomes: Talk about the likelihood of each feared event happening. If the fear is very unlikely, challenge the thinking by asking questions. Ask: "How many times has your mom or dad forgotten to pick you up at the end of the day?" or "How often have you been lost in a large crowd?"

Discuss coping skills: If the event is likely to happen or the individual can point to previous experience that is causing the anxiety or fear, talk about ways to cope if it does occur. Ask: "What can you do if you are lost in a large crowd?" or "Who can you go to for help if your mom or dad doesn't pick you up?"

Practice: Break the fear down into smaller chunks to practice coping a little at a time. If the individual is fearful of getting lost in a big crowd at an amusement park, start to visit places with very small crowds and work up to larger and larger crowds. Continue discussing coping skills during this process and review the outcomes.

Build in rewards: Acknowledge that the individual is working hard at "facing their fear" and give rewards for taking new steps. Do not just reward for success! Sometimes thinking about a feared situation is even tougher than actually doing it. In many cases, it is impossible to avoid the feared situation and much better for everyone if the individual can use coping skills to decrease anxiety and fear. Implementing these steps takes some time and planning, but can help immensely to reduce anxiety and fear.

■ CONFERENCES / TRAININGS

September 17 – 18. *Ageing and Intellectual Disability Cross-systems Conference, Building Bridges*. Radisson Hotel. Camp Hill, PA. The [agenda and registration details](#) are available.

October 8 – 11. *A New CommonWealth*. The 2013 RCPA Conference. Seven Springs Mountain Resort. Champion, PA. Registration and complete details are available at www.paproviders.org.

High School Football and TBI

Sports-related concussion is the most common athletic head injury, with football having the highest rate among high school athletes. Despite the incidence of concussion among high school football players, most research has focused on college and professional football. A study in the *Annals of Biomedical Engineering* looked at the frequency and cumulative impact by equipping 40 high school football players with helmet-mounted accelerometer arrays to measure linear and rotational acceleration. An impact exposure metric utilizing concussion injury risk curves was created to quantify cumulative exposure for each player over the course of the season. Impacts were weighted according to the associated risk due to linear acceleration and rotational acceleration alone, as well as the combined probability of injury associated with both. These risks were summed over the course of a season to generate risk weighted cumulative exposure. These data will provide a metric that may be used to better understand the cumulative effects of repetitive head impacts, injury mechanisms, and head impact exposure of athletes in football.

OCYF to Re-work Fiscal Processes

When Governor Corbett signed House Bill 1075, it triggered the start of important changes in the financial management and contracting process for children and youth dependency and delinquency service providers, counties, and the Office of Children, Youth and Families (OCYF). The law is effective immediately and provides for a 60-day period for the Department of Public Welfare to convene the Rate Methodology Task Force, which also has defined times for development of a process that includes reasonable and actual expenses incurred in the delivery of purchased services. The law affects all child welfare and juvenile justice services purchased by counties funded at least in part by Act 148 dollars and will eventually redefine the standards and process for provider-reported allowable costs under state and federal rules. One immediate change is that the new law includes the 30-day timely payment provision for contracted services. OCYF was in ongoing communications with RCPA during the crafting of HB 1075. The deputy secretary has invited RCPA to serve on the task force.

CDC Finds Child Maltreatment a Cost Driver for Medicaid

In a *Pediatrics* study, researchers from the Centers for Disease Control and Prevention (CDC) found that child maltreatment is a significant cost driver for the Medicaid system. The study also provided first-ever estimates of the effect of child maltreatment on health care spending. Researchers compared differences in health care spending for children identified by Child Protective Services (CPS) as at-risk for maltreatment and children from the general population. The study found that children who had a case investigated by CPS had Medicaid expenditures that were \$2,600 higher per year. This study showed some of the greatest utilization and cost differentials between the CPS group and the control group were for mental health, prescription medications, and targeted case management. The study underscores the importance of prevention efforts that can protect the health and well-being of children and reduce the impact of maltreatment on the health care system.

ABFT: The Book and the Training

The American Psychological Association has published *Attachment-Based Family Therapy for Depressed Adolescents*. The book is authored by Guy S. Diamond, Gary M. Diamond, and Suzanne A. Levy. Drs. Guy Diamond and Levy have presented their work several times to members and he was the 2011 recipient of the PCPA Marilyn Mennis Memorial Award for his research and clinical innovation. Attachment-Based Family Therapy (ABFT) is the only empirically supported family therapy model designed to treat adolescent depression. This book describes clinical strategies for therapists, the theoretical basis of the approach, and the evidence base that supports it. The book blends empirical research with clinical guidance, illustrative vignettes, and a case study, and shows family therapists how to create in-session, corrective attachment experiences. After 20 years at The Children's Hospital of Philadelphia, Dr. Diamond will retire as professor emeritus and become director of the family therapy doctoral program at Drexel University, where he will establish the ABFT national and international training center and continue to run the Center for Family Intervention Science. Dr. Levy serves as training director of the ABFT Training Center at Drexel University.

A New Opportunity for RCPA Organizations?

"The Patient Protection and Affordable Care Act is ushering in lots of changes and for some school districts, those include moving what are now part-time positions off the districts' payrolls and onto the books of private contractors." This was the opening sentence of a *Central Pennsylvania Business Journal* article and may announce a new business opportunity for rehabilitation and behavioral health providers. Contracting out services isn't a new concept for school districts. The Affordable Care Act and other fiscal pressures on schools are altering conditions in a way that many expect will result in more contracted workers. In recent months, numerous school districts in central Pennsylvania have reported considering or actually moving away from employing workers in various positions. In an effort to better manage expensive school district benefit packages and pension cost, the trend toward outsourcing professional and paraprofessional services to private providers is growing, especially in fields related to special education.

Many members currently employ and often deploy staff with strong background and experience in behavioral health and pediatric rehabilitation. As school districts shift from employment arrangements to special service contracts with local organizations there may be new opportunities to provide staff resources such as special education aides; mental health professionals; speech, occupational, and physical therapists; and other uniquely skilled personnel. As schools seek solutions to fiscal challenges and taxpayer reactions, private providers of outsourced services may be a viable "win-win" solution.

Facts About Childhood Trauma

A recent issue of the *PA CASSP Newsletter* focused on "The Impact of Violence on Children and Adolescents." The editor notes that the shootings at Sandy Hook Elementary School in 2012 not only again focused attention on issues related to gun control, but also on the effects on children of exposure to violence. While that incident galvanized national attention, many other children continue to experience violence on a daily basis in their homes and communities.

- Exposure to violence affects almost two out of every three children in the US.
- One in 10 children are exposed to multiple kinds of violence (sexual abuse, physical abuse, intimate partner violence, and community violence).
- Children are more likely to be exposed to violence than adults.
- About 1 in 10 children have seen another family member assaulted and more than 25 percent have been exposed to violence in their lifetime.

Prolonged or extreme stress can permanently damage the brain's "wiring." Toxic stress such as abuse and neglect can prevent healthy development of brain connections most important for later success in school and work. Research at the Center for the Developing Child, Harvard University, shows that significant early stress, including exposure to violence, can lead to lifelong problems. Studies show that experiences of abuse and exposure to violence can cause fear and chronic anxiety in children and that these states trigger extreme, prolonged activation of the body's stress response system. Professionals in mental health, pediatrics, and early childhood care and education are rapidly adopting a public health approach to wellness and prevention in addition to intervention and treatment. A growing body of research is informing the ability to prevent and respond to childhood trauma as a critical step in improving physical and mental health outcomes.

Interventions to Prevent Childhood Farm Injuries

Outside of Pittsburgh, Philadelphia, and several smaller cities, Pennsylvania is predominately a rural state in which agriculture is a leading industry. The state's history of family farms and a growing Amish community means that many children are part of the agricultural work force and exposed to risks that accompany farm work. A [study](#) published in *Pediatrics* looked at the effectiveness of the *North American Guidelines for Children's Agricultural Tasks*. Researchers looked at the global body of evidence surrounding the effectiveness of interventions. School-based programs appeared to be effective at increasing short-term knowledge acquisition and outcomes were enhanced with active, hands-on participation. Safety day camps showed positive results for knowledge acquisition. Tractor training programs and community- and farm-based interventions showed mixed results. Studies examining the *North American Guidelines for Children's Agricultural Tasks* suggested that uptake improves if dissemination is accompanied by a farm visit from a safety specialist or if information about child development principles is provided in conjunction with the guidelines.

Safe Schools and Mental Health Advocacy

On July 15 Sallie Lynagh, children's team leader, Disability Rights Network of Pennsylvania (DRN), testified before the House Select Committee on School Safety. In 2004 she authored a report on students with disabilities and school referrals to law enforcement. Her analysis found that, though students with disabilities comprised at that time only 13 percent of the school population, they accounted for 24 percent of those referred by schools to local law enforcement. In some schools, more than 50 percent of students referred to the police were students with disabilities. While not dismissing the value of law enforcement to school safety, Ms. Lynagh offered [testimony in support of more effective and evidence-based interventions](#) and strategies available to schools including:

1. Expand the availability of School Wide Positive Behavior Supports in Pennsylvania's schools.
2. Require specialized training of school resource officers.
3. Require that the Departments of Education and Public Welfare enter into a memorandum of understanding to promote the coordinated delivery of a continuum of school-based behavioral health services.
4. Require the Office of Safe Schools to analyze data on school referrals of students with disabilities to law enforcement and to make the data publicly available.

Ms. Lynagh is a frequent participant and collaborator in the work of the RCPA Children's Committee.

FDA Approves Device to Assist ADHD Diagnosis

The Food and Drug Administration (FDA) approved a device that analyzes brain activity to help confirm a diagnosis of attention deficit hyperactivity disorder (ADHD), which affects an estimated three – seven percent of school-age children. The device, essentially an electroencephalogram and computer program, measures and analyzes two frequency bands of electrical pulses related to brain activity. The FDA approved this technology under criteria for devices considered to be of low to moderate risk. It emphasized that the Neuropsychiatric EEG-Based Assessment Aid, or NEBA, is to be used in conjunction with other clinical information. It based its decision on a 2006 study of 275 children and adolescents. Christy Foreman, director of the Office of Device Evaluation at the FDA, said, "The NEBA system along with other clinical information may help healthcare providers more accurately determine if ADHD is the cause of a behavioral problem." Despite FDA approval there has been research conducted since the study on which the FDA based its decision that has cast doubt on the diagnostic accuracy of these two EEG frequency bands, called theta and beta waves.

COMMITTEE REPORTS

Intellectual and Developmental Disabilities Committee

The June Intellectual and Developmental Disabilities Committee featured a presentation by Eric Leibowitz, Scotio Properties. He addressed how other states handle leasing versus purchasing community homes. This is a new concept for Pennsylvania residential providers and he focused on the role of real estate in provider agencies, how it impacts providers financially, replacement of homes and changing needs of consumers, and design build. A 2013/14 legislative and state budget update was provided by Legislative Affairs Director Anne Leisure. Office of Developmental Programs Fiscal Director Deb Donahue and Fiscal Consultant John Cox presented an update on 2013/14 rates, the vacancy factor, and residential ineligible rates. A comprehensive summary of the meeting is available from [Members Online](#) on the web site.

Mental Health Committee

The June Mental Health Committee meeting featured Office of Mental Health and Substance Abuse Services (OMHSAS) Deputy Secretary Dennis Marion and Director of Policy, Planning, and Program Development Ellen DiDomenico who provided a policy update and highlighted opportunities afforded for behavioral health through medical homes, behavioral health homes, health homes, and medical neighborhoods with health care reform moving forward. OMHSAS is participating in a Center for Medicare and Medicaid Innovation (CMMI) grant to plan health care transformation in Pennsylvania.

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COMMITTEE REPORTS

Mental Health Committee cont.

OMHSAS and the Office of Medical Assistance Programs developed a mechanism to share health care and mental health information through behavioral health managed care organizations. Deputy Secretary Marion distributed a schematic that emphasized the small scale of the 10 percent cut on mental health services compared to other funding sources, particularly Medical Assistance. Anne Leisure presented a legislative update and thanked members for participation in Capitol Day. Paul DeNault shared the work of the Outpatient Task Force. Alternative payment arrangements have been explored to address the seriously mentally ill population. Stephen Christian-Michaels presented an update on the work of the Health Care Opportunities Task Force. The next meeting is September 4, 9:30 a.m. – 12:00 p.m., Best Western Premier-Central Hotel and Conference Center. A comprehensive summary of the meeting is available from [Members Online](#) on the web site.

Supports Coordination Organizations Subcommittee

Partnerships for Community Supports provided copies and the committee viewed the DVD, “Employment: Parents Coping with Fear and Anxiety.” Copies were also shared with Office of Developmental Programs (ODP) staff. SCO monitoring by ODP focused on concerns regarding SCO liability and what is and isn’t billable, consistency in monitoring across regions, and who is developing ODP trainings on SCO monitoring. Linda Drummond provided an update on the Governor’s Executive Order which established an Alzheimer’s Planning Committee. A comprehensive summary of the meeting is available from [Members Online](#) on the web site.

CALENDAR

SEPTEMBER		
Tuesday, September 3	9:30 a.m. – 12:00 p.m.	Legislative Affairs Committee
	1:00 – 4:00 p.m.	Drug & Alcohol Committee <i>Best Western Premier-Central Hotel & Conference Center</i>
Wednesday, September 4	9:30 a.m. – 12:00 p.m.	Mental Health Committee
	1:00 – 4:00 p.m.	Children’s Committee <i>Best Western Premier-Central Hotel & Conference Center</i>
Thursday, September 5	9:30 a.m. – 12:30 p.m.	Intellectual and Developmental Disabilities Committee
	1:00 – 4:00 p.m.	Supports Coordination Organizations Subcommittee <i>Best Western Premier-Central Hotel & Conference Center</i>
Wednesday, September 11	10:00 a.m. – 12:30 p.m.	Human Resources Committee <i>RCPA Office</i>
Thursday, September 12	12:00 – 1:00 p.m.	IPRC Webinar – Conversion Disorder <i>Webinar</i>
Thursday, September 19		UDS Training <i>RCPA Office</i>