



Special Feature

Groups Turn To Court To Force Change In State Policies Affecting Individuals With Intellectual Disabilities; RCPA President/CEO Richard S. Edley, PhD, Leads Rally – See PennLive story [here](#).

- ▶ Pennsylvania Sued Over Change To Services For Intellectually Disabled (includes video)
- ▶ Pennsylvania DHS Faces Lawsuit Over Special Needs Program Policies (includes video)
- ▶ People With Intellectual Disabilities, And Their Jobs, At Center Of Lawsuit Against Pennsylvania
- ▶ Agencies For Handicapped Sue Over State Regs Forcing Community Participation



RCPA President and CEO Richard S. Edley, PhD kicks off CPS rally

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©2019. This monthly newsletter is written by the Rehabilitation and Community Providers Association (RCPA) for the health and human services communities. Deadline for publication is the 20th of every month or the Friday before.

The views and opinions expressed in these articles are those of the authors and do not necessarily reflect the official policy or position of RCPA.

Members in the News

- ▶ RCPA Partner Brown & Brown Symposium: "Best Practices Surrounding Issues of Abuse" – Thursday, December 12, 2019
- ▶ Deer Lakes School District Officials Partner With RCPA Member Wesley Family Services To Offer Allegheny County's Only Public School-Based Partial Hospital Program For Students With Severe Mental Health And Psychological Issues
- ▶ ANCOR Welcomes New Members To Board Of Representatives -- RCPA Congratulates Mike Bernatovich Of Member Organization Step By Step, Inc.
- ▶ Wolf Administration Hosts First Of Two Conferences Promoting Innovation In Services For People With Disabilities – RCPA members Merakey, Keystone Human Services, KenCrest Services, and Milestone HCQU West presented



Visit the [RCPA website](#) for up-to-date information on legislation, meetings, trainings, and other industry developments. ◀



NEW MEMBERS

ASSOCIATE

The Sierra Group Foundation

112 N 8th St, Ste 210

Philadelphia, PA 19107

Janet Fiore, President

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

Jim Bobeck, President/CEO of Step By Step, Inc. and RCPA Board Member, Retiring After More Than 40-Year Career



Step By Step executive Jim Bobeck has recently announced his retirement. Bobeck served for 33 years as Step By Step's President and CEO and oversaw an agency that began in the Wilkes-Barre area in the 1970s, which grew to include more than 1,300 employees serving over 2,000

individuals in 18 counties throughout Pennsylvania.

Bobek has been an active leader for RCPA, as well as its predecessor organization, PARF.

Mr. George Rable, Chairperson of the Step By Step Board of Directors noted, "Under Jim's leadership and dedication, the Agency has grown tenfold serving a diverse population. He will certainly be missed."

Bobek remarked, "I've been privileged to be surrounded by the best human service professionals anywhere. Together we developed a community system of care for people with disabilities that ranks as one of the best in the country. Thank you to my lifetime friends made here, and thank you to our consumers who gave me a life filled with purpose."

Step By Step's Board of Directors has formed an executive search committee and plans to announce the hiring of a new CEO in the near future. ◀

PA changed its standard for involuntary mental health treatment earlier this year. So why aren't counties using it?

(RCPA Mental Health Division Director Sarah Eyster is quoted here)

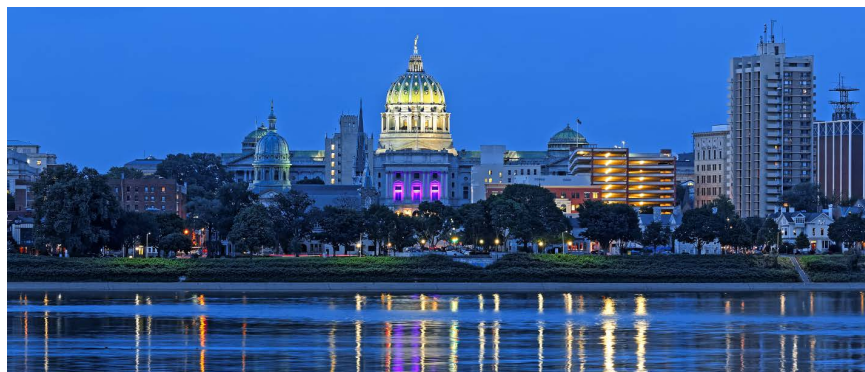
Government Affairs

RCPA's Legislative Tracking Report

RCPA is constantly tracking various policy initiatives and legislation that may have positive or negative effects on our members and those we serve — so for your convenience, RCPA has created a legislative tracking report. You can [review this tracking report](#) to see the legislative initiatives that the General Assembly may undertake during the 2019/20 Legislative Session. If you have questions on a specific bill or policy, please contact [Jack Phillips](#), RCPA Director of Government Affairs. ◀

RCPA Legislative Information

RCPA members can now find the most recent [documents](#) on legislative priorities, position papers, and other important legislative information on RCPA's website. Please check the [RCPA website](#) for additional updates on legislative happenings. ◀



Department of the Auditor General's Press Release: Pennsylvania Taxpayers Paid at Least \$178 Million for Opioid-Related Hospital Stays in 2017

HARRISBURG (Oct. 16) – Auditor General Eugene DePasquale said while Pennsylvania is making progress in the fight to curb fentanyl overdoses, his new special

report shows significant work remains to be done to save lives and stop the flow of the dangerous drug.

"Fentanyl, which can be 50 times more powerful than heroin, is often present in street drugs such as heroin and cocaine, but users don't realize it," DePasquale said. "Beyond the tragic cost in lives lost to overdoses, the fentanyl epidemic is driving billions

of dollars in costs to Pennsylvania taxpayers and our economy."

The [new report](#), titled "A Deadly Dose: Fentanyl's Impact on Pennsylvania," notes that:

- ▶ Pennsylvania taxpayers paid at least \$178 million for opioid-related hospital stays in 2017.
- ▶ Fentanyl contributed to a 65 percent increase in overdose deaths between 2015 and 2017.
- ▶ Fentanyl was among the top three deadliest drugs in nearly every Pennsylvania county that tracked the data in 2017.

"While Pennsylvania was able to achieve an 18 percent drop in overdose deaths from 2017 to 2018, mainly due to the increased access to overdose reversal medications like naloxone, the state still saw more than 4,000 overdose deaths last year," DePasquale said. "Fentanyl's deadly strength also poses a risk to first responders and law enforcement officers who may come into contact with the drug."

Naloxone, also known under the brand name Narcan, can quickly reverse the toxic effects of an overdose and

save lives, but it does not treat the root disease: opioid use disorder.

DePasquale's special report makes three primary observations:

- 1) The impact of the opioid and fentanyl crisis in Pennsylvania is broad, deep, and costly, causing devastation in communities across the state and the nation.** Opioid treatment and deaths cost the United States approximately \$500 billion per year in health care and treatment costs, criminal justice costs, lost productivity, and mortality costs, according to the White House Council of Economic Advisors. Pennsylvania's share of that cost is roughly \$25 billion per year – or nearly \$2,000 per person.
- 2) The federal government needs to enact a comprehensive plan to curb the illegal importation of fentanyl and its precursor ingredients, most of which comes from China.** While much of it comes through the U.S. mail, it also comes through legal ports of entry and evades detection.
- 3) Emergency treatments and long-term recovery options need to be adjusted to fully benefit the maximum number of people.** For example, the state should expand partnerships with local authorities, physicians, and advocacy groups to reinforce the effectiveness of Medication-Assisted Treatment (MAT), to diminish lingering stigma of its use, and to adequately fund a range of MAT options in prisons, jails, and recovery facilities. The state should also expand access to preventive measures, such as fentanyl test strips, which are currently illegal in Pennsylvania.

"Test strips that allow users to determine if fentanyl is present are one of the best overdose-prevention measures developed so far," DePasquale said. "The General Assembly should act to make test strips legal and widely available because they can help to save lives."

DePasquale's report also makes 10 recommendations for state and federal policymakers and legislators to consider.

Review the [full report](#) and learn more about the Department of the Auditor General [online](#). ◀



Negotiations Proceed on Licensing Board Bills

By Robert Swift, Staff Writer, Capitolwire

A bipartisan push to change how Pennsylvania's occupational licensing boards treat ex-offenders is proceeding this fall with interested groups working on bill language.

The effort began last May as Senate and House lawmakers introduced legislation to remove employment barriers for ex-offenders for such professions as barber, nurse, and auctioneer.

Companion bills [House Bill 1477](#) and [Senate Bill 637](#) are in the House Judiciary Committee and Senate Consumer Protection and Professional Licensure Committee, respectively.

"We hope to run it [HB 1477] out of committee this fall," said bill sponsor Rep. Sheryl Delozier, R-Cumberland, on Wednesday.

She said discussions have been underway between various groups and the Department of State, which

oversees the licensing boards to fashion compromise language.

Likewise, Jonathan Humma, legislative director for Sen. John DiSanto, R-Dauphin, said he's excited about the progress so far on SB 637, of which DiSanto is the sponsor.

The ultimate goal is to get the legislation enacted during the current legislative session, said Humma.

"The [Wolf] administration has been very helpful and responsive," he added.

The two bills would set new standards for occupational boards to use when considering licenses for applicants with criminal records. They would limit the 29 licensing boards and commissions to considering only convictions directly related to the occupation. The bill would remove language under

current law that allows a board to deny an application based on such considerations as "good moral character" or a drug crime unrelated to the occupation.

Also, the bills would have licensing boards consider such remedial factors as the nature of the offense, an applicant's rehabilitation record, and time elapsed since a crime.

Supporters say the legislation, if adopted, can help reduce criminal recidivism by helping ex-offenders get jobs, help make sure in-prison training for an occupation leads to an opportunity for a job, and help businesses hire trained workers.

The bills have attracted support from a broad coalition, including social justice advocates, business organizations, and prosecutors. ◀

Legislative Updates

The House and Senate both have telemedicine on their fall legislative agendas. The vehicle should be [Senator Vogel's SB 857](#). Senator Vogel had the telemedicine bill pass the Senate last session but it did not pass in the House due to other amendments.

On Tuesday, October 22, RCPA participated with providers and advocates in a rally, which was held in the Capitol's Main Rotunda, to highlight traumatic brain injuries and the need for funding.

RCPA has filed a lawsuit regarding DHS' Community Participation Services (CPS). We are continuing to develop legislative and public relations plans to pressure DHS into amending the CPS program. On Thursday, October 24, RCPA participated with



Advocates and families pose with signs at CPS rally

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providers and advocates in a rally in the Capitol's Main Rotunda, to highlight the need for consumer choice and the effect the CPS program has on providers and medically frail individuals.

CCBHCs are an issue we continue to work on; RCPA has submitted a letter to DHS, asking them to accept the federal dollars that were released to continue these programs. The letter copied the Governor, Senators Casey and Toomey, and the applicable State House and Senate Oversight Committee chairs. RCPA is working with the Pennsylvania CCBHCs to develop a media strategy. Jack Phillips has spoken with Senator Bob Casey's staff and is in the process of scheduling a call with Senator Judy Schwank (D-Berks). Jack is asking both offices to reach out to Governor Wolf and put pressure on the Governor to accept the federal funds. ◀

PA Senators Request Independent Investigation of Decision to Close the State's Polk, White Haven Centers

By Chris Comisac, Bureau Chief, Capitolwire

Ratcheting up their efforts to review the planned closures of two state facilities currently serving people with intellectual disabilities, four state senators have requested Pennsylvania's Inspector General to investigate the situation.

Having already proposed legislation to impose an immediate halt to the Department of Human Services' planned closures of the Polk State Center (Venango County) and the White Haven State Center (Luzerne County) "to fully explore options to closing" and allow "the employees and families to ascertain whether there are acceptable alternatives to the care provided at the centers," state Sens. John Yudichak, D-Luzerne, Lisa Baker, R-Luzerne, Scott Hutchinson, R-Venango, and Michele Brooks, R-Mercer, sent a letter on Oct. 2 to Inspector General Bruce Beemer asking for "a full investigation of the Department's deliberations and decision-making process" which they say is warranted because the "decision to close both Polk and White Haven State Centers could have life-or-death consequences for the residents who reside there."

In their letter the senators express their concerns that DHS did not consult with "a single center resident or family member prior to this decision, nor were employee caregivers at the centers asked about the plan, or the prudence of relocating the centers' residents"; the possibility of potential conflicts of interest for those who decided the facilities should be closed; and that the DHS announced the closing before having a plan to address the transition of the centers' employees to other employment.

When the DHS announced the plan to close the two facilities, department officials and advocates of the closures said the 2018 closure of the DHS' Hamburg State Center will serve as a blueprint for the closure process, which is expected to take about three years. DHS said it will work directly with each resident and family from Polk and White Haven to explore all options, meet with potential community service providers, and develop individualized transition plans, with the agency adding that following their discharge, each patient's transition into the community will be closely monitored by DHS social workers, licensing, and regional staff to ensure they are safe, happy, and settled into their new homes. As for the roughly 1,173 state employees who work at the two centers, the department noted continued state employment was offered either prior to or within one year of the closure of the Hamburg Center to every staff member working at that facility who expressed an interest in state employment. ◀



CMS Discharge Planning Final Rule Empowers Patients

The Centers for Medicare and Medicaid Services (CMS) published a [final rule](#) in the September 30, 2019 Federal Register that revises requirements for discharge planning for inpatient rehabilitation hospitals, hospitals (including acute, children's, long term acute care, and critical access), and home health agencies. Each of these facilities must meet these requirements as a condition to participate in the Medicare and Medicaid programs. In addition to this final rule requiring the discharge planning process to focus on the patient's goals of care and treatment preferences, it also empowers patients to make informed decisions about their care as they are discharged from acute care to post-acute care (PAC).

The final rule includes a new requirement that sends necessary medical information to the receiving facility or appropriate PAC provider after a patient is discharged from the hospital or transferred to another PAC provider. In addition, hospitals must ensure and support patients' rights to access their medical records in the form and format requested by the patient. These regulations are effective on November 29, 2019. Contact RCPA Rehabilitation Services Director [Melissa Dehoff](#) with questions. ◀

Non-emergency Ambulance Trip Authorization Demonstration Extended Again

The Centers for Medicare and Medicaid Services (CMS) [announced](#) a third, one-year extension of the prior authorization demonstration for repetitive, scheduled non-emergency ambulance transportation, which will extend the demonstration through December 1, 2020. The goal of the demonstration is to determine if prior authorization helps reduce expenditures while maintaining or improving access to and quality of care. The demonstration applies to Pennsylvania, DC, Delaware, Maryland, New Jersey, North Carolina, South Carolina, Virginia, and West Virginia. ◀

CMS Releases Medicare Appeals Adjustment to the Amount in Controversy Threshold Amounts for CY 2020

The Centers for Medicare and Medicaid Services (CMS) released the annual adjustment to the amount in controversy (AIC) threshold amounts for Administrative Law Judge (ALJ) hearings and judicial review under the Medicare appeals process in the October 7, 2019 [Federal Register](#). The adjustment to the AIC threshold amounts will be effective for requests for ALJ hearings and judicial review filed on or after January 1, 2020. The calendar year (CY) 2020 AIC threshold amounts are \$170 for ALJ hearings and \$1,670 for judicial review. ◀



Member Resources Requested for PA VETCONNECT Program

Recently, the Pennsylvania Department of Military and Veterans Affairs (DMVA), Bureau of Programs, Initiatives, Reintegration, and Outreach contacted RCPA to share information with members about [PA VETCONNECT](#), which is an exciting new regional outreach initiative. Members can assist with this program by sharing resources and/or services that can assist a veteran in need.

Pennsylvania is home to nearly 800,000 veterans – the fourth largest veteran population in the nation. The DMVA recognizes that they are only one player of a vast network of organizations that are necessary to successfully serve these veterans. While DMVA – through its Office of Veterans Affairs (OVA) – provides a number of programs and benefits for veterans, there are still areas for which they do not have formal programs such as unemployment, homelessness, mental health issues, post-traumatic stress disorder (PTSD), and traumatic brain injury (TBI). DMVA hopes to address these gaps through creative inter-agency coordination and community partnerships.

The first phase of [PA VETCONNECT](#) encompasses a three-and-a-half-year rollout that began in December of 2018. During the first six months of this phase the concept was developed, requirements were documented, vision & mission statements were defined, initial stakeholders were identified, a focus group was engaged, and regions were established across the Commonwealth. DMVA-OVA looked at current processes to determine the most economical approach to accomplish this goal. To that end, three employee positions were repurposed and/or roles were redefined to administer and implement [PA VETCONNECT](#).

By dividing the Commonwealth into five regions, DMVA will be better able

to identify and create partnerships with local community resources and providers that can serve veterans and their families. This includes resources that are not traditionally thought of as veterans' services or programs. Once identified, the information on the service provider can be entered into a resource database that will be made available to County Directors of Veterans' Affairs, Veteran Service Officers & Specialists, and any other veterans' advocates for quick and easy reference.

DMVA-OVA further scrutinized its business plan and found cost saving measures to make several operational functions run more efficiently. The monies realized from the noted cost savings measures, as well as small cuts in other areas, created enough funding to support the hiring of the first five regional personnel for fiscal year 2019/2020. Moreover, DMVA will look at existing department owned facilities or partnerships with sister agencies to house regional personnel so as not to incur additional facility expenses.

Regional Program Outreach Coordinators (RPOCs) will be the "boots on the ground" individuals who will support the outreach team throughout the region, and establish and maintain working relationships with community leaders and local/regional organizations, Veteran Service Organizations, local/county/state government agencies, and other community partners, to gather information and identify resources to facilitate the delivery of services to veterans and their beneficiaries.

One of the elements of this project is a unique Information and Referral (I&R) database that provides those who serve veterans with the names, contact information, and basic overview of organizations that have resources to address veteran-specific needs. This database will eventually

contain thousands of organizations throughout the Commonwealth that have the resources to assist veterans' needs. With a county system already staffed by County Directors of Veterans Affairs, and a vast network of nonprofit organizations at their disposal, this I&R database will have the flexibility to connect veterans, service members, and their dependents to the programs and services they need regardless of the municipality, county, or region where they reside. Through this tool, advocates can more easily assist veterans in locating organizations or resources throughout the state that offer programs and services geared to their specific needs (Note: It is not the intent that advocates would simply hand the veteran or family member a printout of available resources. They believe the best practice would include working with the veteran or family member to find the appropriate resource or service by contacting the service provider, setting up appointments, arranging transportation, etc.).

The DMVA realizes that there is no way a program of this magnitude can be successful without the cooperation of our community partners, especially those who are on the ground level and work every day to improve the lives of veterans. The information and referral tool will roll out in phases, with the first quarter of 2020 targeted for a full statewide rollout.

Members can further assist in this project by completing the [Resource Application](#) to self-report. Members should note that the service provided need not consist of veteran-specific assistance or services; you would just need to provide services a veteran might need. Contact [Melissa Dehoff](#), RCPA Rehabilitation Services Director, with questions. ◀

DHS Releases HealthChoices Physical Health Managed Care RFA

On October 15, 2019, the Pennsylvania Department of Human Services (DHS) issued the HealthChoices Physical Health Medicaid managed care request for applications (RFAs). The Medicaid managed care organizations (MCOs) will serve the five HealthChoices zones covering all 67 counties. Applications are due December 17, 2019, and contracts are expected to begin January 2021. ◀

LIFE Program Expands in Commonwealth

The Pennsylvania Department of Human Services (DHS) recently announced a fourteen-county expansion of the [Living Independence For the Elderly \(LIFE\)](#) program. LIFE is a long-term care program that assists seniors with living independently in their homes, while receiving services and supports that meet their health and personal needs. LIFE is one of the Commonwealth's home and community-based services (HCBS) options that currently serves over 7,000 individuals.

The LIFE program was implemented initially in 1998, and is known in other states across the nation as the Program of All-Inclusive Care for the Elderly (PACE). In order to be eligible for the LIFE program, an individual must be 55 or older, meet the level of care for a skilled nursing facility or special rehabilitation facility, and be able to be safely served in the community.

Through this expansion, LIFE programs will be established in the following counties: Bradford, Cameron, Carbon, Centre, Clearfield, Elk, Fulton, Jefferson, Monroe, Potter, Sullivan, Susquehanna, Tioga, and Wayne. ◀

Medical Rehabilitation

IRF Provider Preview Reports Now Available

The inpatient rehabilitation facility (IRF) provider preview reports have been updated and are now available. The data contained within the preview reports is based on quality data submitted by IRFs between Quarter 2 – 2018 and Quarter 1 – 2019, and reflects what will be published on IRF Compare during the December 2019 refresh of the website. As of the December 2019 refresh, the Centers for Medicare and Medicaid Services (CMS) will no longer publicly display the *National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus Aureus (MRSA) Bacteremia* outcome measure, as finalized in the FY 2019 IRF PPS Final Rule. This change is reflected in the provider preview reports. ◀

FY 2020 IRF Grouper Available

The fiscal year (FY) 2020 inpatient rehabilitation facility (IRF) Grouper was recently issued by the Centers for Medicare and Medicaid Services (CMS). The grouper became effective for claims on October 1, 2019 and is available for [download](#). ◀

Therapists Now Eligible to Participate in Quality Payment Program

The Centers for Medicare and Medicaid Services (CMS) added new clinician types to be eligible to participate in the [Quality Payment Program \(QPP\)](#), which is part of the Merit-based Incentive Payment System (MIPS) in 2019. Included in the new clinicians are: clinical psychologists, physical therapists, occupational therapists, qualified speech-language pathologists, qualified audiologists, and registered dietitians and nutrition professionals. CMS published a number of resources for clinicians to refer to, including a [resource library](#), [participation and eligibility fact sheet](#), [participation infographic](#), [eligibility decision tree](#), and a [quick start guide](#). ◀

BrainFutures Releases New Report Requesting Schools to Adopt Brain Fitness Interventions

BrainFutures recently announced the launch of a policy initiative to improve student outcomes through the adoption of brain fitness programs in schools. This initiative is part of a nationwide movement to emphasize the connection between youth brain development, school success, and life outcomes. In partnership with The Kennedy Forum, BrainFutures released a report, *Brain Fitness and Executive Function: Evidence-Based Interventions That Improve Student Outcomes*, which examines the science and outcomes of classroom-based brain fitness programs that have been adopted in schools across the country. The report details the importance of foundational executive function skills — working memory, inhibitory control, and cognitive flexibility — for academic performance and how classroom programs can help improve those skills. It also highlights classroom interventions, specifically because they allow all students to engage in the program together without stigmatizing those with the greatest deficits, and analyzes 29 brain fitness interventions already being used in schools, including cognitive training programs, mindfulness tools, and executive function skills curricula. ◀

BIAA Announces Upcoming Webinars

The Brain Injury Association of America (BIAA) has [posted](#) their upcoming live webinars, including: Supported Decision Making and Independence After Brain Injury; Multidisciplinary Concussion Clinics: State of the Practice; and Psychological Risk Factors for Persistent Post-Concussive Symptoms. ◀

CDC Announces TBI Return to School Awardees

The Centers for Disease Control and Prevention (CDC) recently announced two new cooperative agreement awards for an extramural research funding opportunity, [RFA-CE-19-003: Evaluation of Return to School Programs for Traumatic Brain Injury](#). The awardees are:

Principal Investigator – Angela Ciccia, PhD, CCC-SLP
Institution – Case Western University
Title – School Transition After TBI (STATBI): Evaluating the Impact of Participation in a Formal Return-to-School Program for K–12 Students

Summary – The overall objective of this project is to evaluate the impact of a formal return to school (RTS) program (BrainSTEPS Pennsylvania) on outcomes for students in grades K–12 who have experienced TBI of any severity, compared to students who have no formal RTS programming in the state of Ohio. The results of this work will provide, for the first time, a systematic comparison of outcomes for students with TBI who receive services through a formal RTS program and students who receive variable services.

Principal Investigator – Ann Glang, PhD
Institution – University of Oregon
Title – Evaluation of Return to School Programs for Traumatic Brain Injury
Summary – The objective of this study is to determine the health, academic, and social outcomes of children/youth with TBI who are served by the Central Oregon TBI team model and compare them to outcomes of children/youth in a control site. ◀



Articles and topics selected for this newsletter are designed to help build continued knowledge base among our members for the topics that will impact you most as we move to managed care in Pennsylvania.

Community HealthChoices Enrollment Phase 3 Update

The Office of Long-Term Living (OLTL) provided an update to the current enrollment/projections in Community HealthChoices (CHC). Phase 3 rollout is scheduled to begin January 1, 2020. The Continuity of Care Period is in effect through June 30, 2020. Noteworthy:

Total CHC projected enrollment in Phase 3 is 143,006, which is in line with prior projections, in spite of the total statewide projected enrollment increase from 420,000 to 456,000. Most of the increase has been in the Southeast.

1. Phase 3 is also different from the rest of the state in the following ways:

- a. Only 30% of the eligible consumers are nursing facility clinically eligible (NFCE), versus 35% for the state as a whole.
- b. Of those NFCE consumers, only 13% are receiving services in the community, versus 20% statewide. That also reflects that 17% of the consumers are in nursing facilities, versus about 15% on a statewide basis.
- c. The skew towards a higher proportion of consumers living in nursing facilities is particularly more evident in the Northwest and Lehigh Capital zones.
- d. This represents a significant opportunity for rebalancing, to move more consumers into the community!

More details are available in [this presentation](#). ◀

CHC Corner

The Office of Long-Term Living (OLTL) and the three Community HealthChoices (CHC) managed care organizations continue to prepare to implement services in the remaining three regions on January 1, 2020. The three regions are Lehigh/Capital, Northwest, and Northeast. Participants have received information and pre-enrollment packets to make their selection of a plan through mid-November 2019. Participants who do not choose a plan will be auto-assigned to a plan, but will have until mid-December, 2019 to change to a different plan, effective January 1, 2020. The Independent Enrollment Broker, Maximus, provides information to participants about the three plans: UPMC Community HealthChoices, AmeriHealth Caritas Pennsylvania, and PA Health & Wellness. General information about CHC is available [here](#). ◀

Electronic Visit Verification Implementation January 1, 2020

Pennsylvania has not requested a delay in implementation of Electronic Visit Verification (EVV) requirements.

EVV is a technology solution which electronically verifies that home and community-based services are delivered to the individuals needing those services. EVV includes multiple technologies, such as telephonic, mobile application, and web portal verification inputs. Federal law requires all state Medicaid agencies to implement an EVV solution to manage their personal care services (PCS) by January 1, 2020, and home health care services (HHCS) by January 1, 2023. As of these dates, providers will be required to use EVV in order to receive payment for any claim for PCS or HHCS visits. Providers may use different systems to meet the EVV requirement, including systems provided by Sandata or alternate providers.

- DHS is working with DXC and Sandata to develop an EVV system that will integrate with PROMISE, our existing Medicaid Management Information System.
- Providers may use other EVV vendors/systems (Alternate EVV).
- Alternate EVV systems will need to capture the six required items under the Cures Act and will need to meet DHS system data requirements outlined in the technical specification documents.

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PROVIDERS USING THE DHS EVV SYSTEM OR CHC-MCO SYSTEM

Fee-For-Service Providers (OBRA Waiver and Act 150 Program)

- The DHS Sandata system training registration is now open for providers electing to use the DHS Sandata system for the OBRA waiver and Act 150 program. Providers using the DHS system must complete this training in order to begin setting up their agency accounts and security permissions. The DHS Sandata system is only available for Fee-For-Service providers.
 - ▶ Three types of training will be available: In person, classroom-style training offered at regional locations; instructor-led webinars; and self-paced online training

Current CHC Providers and Aging, Attendant Care, and Independence Waiver Providers

- ▶ If providers are electing to use the HHAExchange EVV system offered by the MCOs, providers must work with the MCOs to complete training and other onboarding requirements

PROVIDERS USING AN ALTERNATE SYSTEM

Fee-For-Service Providers (OBRA Waiver and Act 150 Program)

- The DHS Aggregator will receive information from Alternate EVV systems being used by providers in fee-for-service programs. Providers should contact Sandata at 855-705-2407 to complete third party system integration activities for fee-for-service programs.

Current CHC Providers and Aging, Attendant Care, and Independence Waiver Providers

- Providers using Alternate EVV systems in CHC will need to send their EVV data to the CHC-MCOs.
- Providers should contact [HHAExchange](#) to complete third party system integration activities for CHC.

There are two checklists available for providers to use as they plan their own implementation. The first checklist is intended [for those providers using the DHS Sandata EVV system](#) to capture service/visit information. The second checklist is intended for those [providers using a third-party or Alternate EVV vendor](#). Completion of the list of steps within the recommended timeframes will help providers meet all Medicaid requirements and prepare for EVV. Any questions can be sent to the [EVV Resource Account](#). ◀

Mental Health



Psychiatric Outpatient Regulations Promulgated – RCPA Member Call Held

The long-awaited outpatient regulations have been officially released and became effective October 12. The Office of Mental Health and Substance Abuse Services (OMHSAS) will be using these regulations for licensing visits as well. There are interpretive guidelines being drafted by OMHSAS which are not yet available for publication.

The Pennsylvania Psychiatric Outpatient [Regulations](#) were published in the *Pennsylvania Bulletin*, Volume 49, number 41. The first section is the Preamble, whereby OMHSAS provides a general overview, definitions, and commentary to changes and clarifications. To access the actual regulations, scroll to the PA Bulletin menu at the top of the page and select “next” to review the promulgated Outpatient Regulations 1153 and 5200.

An RCPA member call to review the newly promulgated regulations was held Monday, October 28. For more information, contact RCPA Mental Health Division Director [Sarah Eyster](#). ◀

Psychiatric Outpatient Services Survey – We Need You!

Psychiatric Outpatient Services in Pennsylvania have been woefully underfunded for decades. It is critical to gather data to demonstrate the community impact these devastating losses have created. Providers have done all they can to continue offering services in the community, knowing full well the losses may or may not be made up. Providers are the backbone of the psychiatric outpatient service delivery system; often the first place people find when they need help. This degree of care can help people avoid higher levels of care, is often more efficient than other services, and helps to keep people on their paths to recovery.



RCPA members – we need your data! Your colleagues helped create this survey, asking you to report how your organization manages outpatient service delivery. Without your input and the data drawn from it, it is impossible to “prove” the true losses of the providers in Pennsylvania. Without your information, it is just another day and another dollar lost.

With your information, graphics can be created and truths be told! With your information, we can shape the decision-making of the Commonwealth. With your information, we can fight for the outpatient service delivery system in Pennsylvania. With your time, we can make a difference.

Please complete [this](#) survey by November 5. Don’t wait – do it today! So as the Alert is titled – We Need You! Contact [Sarah Eyster](#), RCPA Mental Health Division Director, with questions. ◀

CCBHC Programs Continue Advocacy to the Department of Human Services

Certified Community Behavioral Health Clinics (CCBHCs) in Pennsylvania continue to advocate to the Department of Human Services (DHS) and the Office of Mental Health and Substance Abuse Services (OMHSAS) to accept the federal funds available for this program. RCPA has confirmed that Pennsylvania is the only state not drawing down these funds to continue and sustain this program. CCBHC providers are meeting with local and state legislators, speaking with Senator Casey and Toomey’s offices to request assistance with accessing these funds. CCBHC programs offer services to people which meet several of DHS’ and the Governor’s initiatives. These include:

- ▶ Integration of physical and behavioral health care;
- ▶ Caring for the most vulnerable Pennsylvanians;
- ▶ Offering care levels that keep people in the community; and
- ▶ Expanded addiction services, including medication assisted treatment (MAT).

RCPA and the CCBHC providers plan to continue these advocacy efforts as long as they are needed. ◀

RCPA Members Advocating to Recover from the FY 2012/13 County Mental Health Budget Cuts

In FY 2012/13, the county based mental health dollars were cut by a monumental 10%. Since then, there has been no increase in county mental health funding and providers are again paying the price. Providers report hundreds and thousands of dollars in losses for services that are county funded, and services will surely have to be downsized — or even closed — as mental health issues and awareness are on the rise.

It is imperative that providers reach out and connect with your county commissioners to make them understand the impact on their constituents, their communities, and their state. There is no magic message other than the one of your experience and that of the people using your services. It is crucial for you all to get your voices heard, in every Pennsylvania county.

RCPA and other stakeholders are working to have county funds restored in the upcoming fiscal year. Governor Wolf and his key Administration staff are at this moment working on his proposed budget. But we need help pushing the message; that is where you come in. Please contact your county commissioners by mid-November — the County Commissioners Association of Pennsylvania (CCAP) meets November 23 to set CCAP legislative priorities — and ask them to make this restoration a CCAP priority. Your stories, and those of the people using your services, are what they must to hear to understand the urgency and impact if they are not restored. This is long overdue. Please contact [Sarah Eyster](#) with any questions. ◀

Gov. Wolf and Other Northeast Officials Team up to Push Pot, Vaping Regulations

The Associated Press, October 18, 2019, via WITF

(New York) — The governors from several Northeastern states said Thursday they want to work together to regulate marijuana and vaping, including possible regional restrictions on flavored vaping products.

Democratic governors from New York, Connecticut, New Jersey, and Pennsylvania met in New York City with health and legislative officials. Representatives from Massachusetts and Colorado were also on hand for the meeting.

“What we want to do is coordinate this on a regional basis,” said Connecticut Gov. Ned Lamont, noting how the “patchwork quilt of marijuana regulations makes no sense at all.” He said the group came up with “very preliminary” principles concerning how to regulate legalized, recreational marijuana, such as agreeing to have similar policies for THC content, edibles, advertising, and taxation in order to dissuade people from turning to the illicit market... [\[read more\]](#). ◀

Counseling Key to Successful Drug and Alcohol Treatment

Andrea Rose, The Record Herald, October 17, 2019

CHAMBERSBURG — The Franklin County Jail is on the leading edge when it comes to helping those with addictions kick their habits during and after their incarceration. The county’s Jail to Community Treatment medication-assisted treatment program has been recognized by the state Department of Corrections, which plans to replicate it in other counties. The program, which began in 2017, wasn’t always something to model.

“The program had a 100 percent failure rate of drug and alcohol treatment,” Justin Lensbower, health service administrator at the jail, recently told the county Board of Commissioners.

In the past, those incarcerated who had drug or alcohol addictions were offered medication in jail or shortly before release to help them wean off their drugs of choice and they were encouraged, if not required, to seek a treatment provider once released. But often, those appointments were never made.

“When you are struggling with finding housing and work and maybe keeping your kids out of trouble, treatment seems to drop off the quickest—it’s just one less thing to worry about,” said jail Warden Bill Bechtold. So Lensbower and Bechtold got together to brainstorm the problem... [\[read more\]](#). ◀

Congress Divided on Whether to do More on Opioids

Matt Laslo, WHYY, October 18, 2019

The bipartisan opioid law that President Trump signed last year aims to train medical professionals so they don’t over prescribe opioids. It also seeks to help states like Pennsylvania, New Jersey, and Delaware work together so patients don’t hop across state lines to get more pills. But there’s a divide in Congress about whether they should follow with more legislation, or let last year’s law work.

“We’ll see, we also want to see how what we’ve already passed played out before we consider new things,” said U.S. Rep. Frank Pallone, a New Jersey Democrat, who is now Chairman of the House Energy and Commerce Committee, which has jurisdiction over the crisis.

U.S. Sen. Pat Toomey of Pennsylvania, who doesn’t see eye to eye with Pallone on a lot, agrees with that approach. “It just continues to be a really, really difficult, challenging problem,” Toomey said... [\[read more\]](#). ◀



HHS Releases Long-Term Opioid Use Tapering Guide

The guide, directed towards clinicians, recommends strategies for tapering or discontinuing opioid prescriptions once the risk of continued prescribing, including the potential for developing an opioid use disorder, exceeds the therapeutic benefits. [Read the guide here.](#) ◀

Chapter 6100 Regulations Published

The long awaited [Chapter 6100 regulations](#) and the accompanying changes to [Chapter 2380](#), [2390](#), [6400](#), and [6500](#) (program requirements for licensed residential and day facilities) were published in the Pennsylvania Bulletin on October 5, 2019. The revisions made to the four licensing chapters align requirements to provide continuity across all programs, eliminate conflict for providers, and reduce DHS oversight complexity and costs. Areas that are now compatible include individual planning, individual rights, staff training, incident management, medication administration, and restrictive procedures. Chapter 6100 replaces Chapter 51, which previously regulated program and fiscal rules for services provided in facilities and in the home, and Chapter 6200 Room and Board Regulations. See the [Chapter 6100 Preamble here](#).

The Independent Regulatory Review Commission (IRRC) approved the regulations in October of 2018, and the package had been in review at the Attorney General's office and the Legislative Reference Bureau until it was approved for publication in the *Pennsylvania Bulletin*.

ODP staff have indicated to stakeholders that they understand achieving compliance with the new regulations will require extensive work. For this reason, during the initial implementation of Chapter 6100, ODP intends to use training and technical assistance in response to regulatory noncompliance. While providers are learning and adapting to the new requirements, sanctions will only be used in the event of serious or extensive noncompliance.

Upon publication, several sections of the regulations went into effect immediately (10/5/19). Those regulations include the fiscal sections regarding reserved capacity, documentation of claims, progress notes, fees schedule and cost-based rates, general payment provisions, and enforcement.

The limitation of number of individuals served at service locations will go into effect on January 1, 2020. Newly funded day service locations will be limited to no more than 25 individuals attending at a time. On February 1, 2020, the remaining sections, including changes to the licensing regulations, will go into effect. Certain parts of the incident management section will be delayed until January 1, 2021.

From a provider perspective, one of the biggest challenges to implement will be the new incident management policies and the expanded list of incidents that will require providers to complete certified investigations. This will require additional manpower in order to meet the demand for investigations and will require more staff to be trained as

certified investigators. This is a time consuming and expensive effort. ODP has pledged to work with providers over the coming year in a focused initiative to reduce occurrences of individual to individual abuse. This initiative will include training and technical assistance related to the administrative review and trend analysis. Additionally, ODP intends to increase the number of Certified Investigator Training courses to expand system capacity to complete the additional investigations.

Providers must comply with incident investigation requirements for the following incidents by January 1, 2021:

- ▶ Inpatient admission to a hospital as a result of an accidental injury;
- ▶ Injury requiring treatment beyond first aid as a result of an accidental injury; and
- ▶ Allegations of **any kind of abuse** to an individual by another individual.

ODP is scheduling several training sessions to help all stakeholders adapt to the new requirements. ◀



KenCrest Hosts Legislative Visits

In an ongoing effort to educate legislators about community programs for individuals with intellectual disabilities, KenCrest had six legislators visit their community living homes this summer. Representative Murt, Representative Daley, Congresswoman Houlihan, Representative Schroeder, Senator Kearney, and Representative Ciresi all took the time to visit at KenCrest. The time was spent discussing the importance of working and living in the community, supporting new models and technology, as well as the critical role that direct support professionals (DSPs) play in helping people with disabilities live in the community. The DSPs were encouraged to share with the representatives what their daily activities look like and why they enjoy supporting people with disabilities. ◀



Senator Kearney visits KenCrest residents



Representative Murt visits with a KenCrest resident

Community Participation Support (CPS) Update

RCPA has continued to advocate with ODP to change the CPS policies and reimbursement structure which negatively impact providers for individuals who have significant needs (such as medical or behavioral issues), that limit the time they spend out of the facility during the day, as well as for people who choose to stay in a service facility during their day.

When the new rate was implemented on July 1, 2019, the reduction in the reimbursement to providers has placed some in a difficult position. Providers are experiencing significant financial loss if they are unable to provide at least 25% of their services in the community. We respect that individuals should have choice and recognize that services are in jeopardy. As a result, the RCPA Board approved [filing a lawsuit](#) in the Commonwealth Court of Pennsylvania against DHS/ODP regarding the rate setting process and policies. We will keep our membership apprised of updates as they occur. ◀

Emergency Preparedness Tool

During emergency situations, it can be critical to have immediate access to medical information about individuals in your care, and can be helpful for anyone to have available when they are dealing with a health emergency or a public disaster. Healthcare Ready offers an online tool that can be used by the general public which enables users to print a personalized wallet card. Users can go online and complete the information regarding prescription medications, allergies, medical conditions, blood type, emergency contacts, and other important information. These cards can help people access their medical records during a personal emergency or after a disaster or public health emergency. [Visit the website](#) to create a personalized card for yourself and those in your care. ◀

ODP Announcements Since Last RCPA Newsletter

19-111 ODP Responds to Nationwide Shortage of Tuberculin Skin Test Antigens REISSUE

19-112 Residential Individual Support Plan (ISP) Staffing Face-to-Face Training Available Reissued

19-114 Registration Contact Information for Act 3 Hearings Regarding the Closure of Polk and White Haven Centers

19-116 Health Risk Screening Tool (HRST) Training October 2019

19-117 Open for Public Comment: Proposed Amendment to the Adult Autism Waiver (AAW)

19-118 Proposed Agency with Choice Bulletin Available for Public Comment

19-119 The Office of Developmental Programs Comprehensive Employment Report – 3rd Quarter, Fiscal Year 2018-2019

19-120 Now Available: Electronic Visit Verification (EVV) Training Registration and ODP Technical Guidance

19-121 SPeCTRUM 2.0 Training Deadline Extended for AAW and ACAP Providers

19-122 PA Family Network Offers Statewide Training Sessions

19-123 Update to the Quality Assessment and Improvement Process: Claim and Service Documentation Review

19-124 Now Available: Registration for Initial Certified Investigator Peer Review Course

19-125 Office of Developmental Programs' Virtual Training Offerings October 2019

19-126 Adult Autism Waiver Amendment Webinar Recording Now Available on MyODP

19-127 REVISED Investigations by an ODP-Certified Investigator Required by Chapter 6100: ODP's Expectations and Implementation Strategy

19-128 College of Direct Support (CDS) Webinar: Using CDS to Support More Culturally Responsive Organizations

19-129 Publication of New Chapter 6100 Regulations and Revisions of Licensing Chapters

19-130 Now Available: Amendments to the Consolidated, Community Living, and P/FDS Waivers Approved by CMS

19-131 Residential Individual Support Plan (ISP) Staffing Training

19-132 UPDATE: New ODP Regulation Additional Trainings Announced for Fall 2019

19-133 Registration Now Open for Certified Investigator Forum on November 8, 2019

19-134 UPDATE Health Risk Screening Tool (HRST) Training November 2019 – FINAL OPPORTUNITY

19-135 Supports Coordinators' Guide to the Communication Assessment and Reassessment

19-136 Amendment to the Adult Autism Waiver Submitted to CMS

19-138 Request for Approved Program Capacity and Noncontiguous Clearance

19-139 Office of Developmental Programs' Virtual Training Offerings November 2019

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Additional Supports Broker Certification Courses Announcement

Community Health Choices Eligibility

Community Health Choices Fall Providers Session Registration

Community Health Choices Transportation

Office of Vocational Rehabilitation Upcoming Webinars

Money Follows the Person Dual Diagnosis Professional Conference Series

OMHSAS IBHS Regulations Chapters 1155 & 5240 Promulgated

On October 19, 2019 the Department of Human Services (DHS) and Office of Mental Health and Substance Abuse Services (OMHSAS) released the newly promulgated Intensive Behavioral Health Services (IBHS) Regulations; Title 55, Chapters 1155 and 5240. The new regulations will be in full effect in 90 days.

The [DHS/Health Choices IBHS web page](#) will be the repository for information regarding IBHS and the ongoing implementation. This site has access links to the IBHS Regulations, the IBHS Preamble, upcoming regional training information and registration, as well as important IBHS forms, including the [IBHS FAQ link](#). Access the new IBHS Regulations [here](#).

If you have any questions regarding the IBHS regulations, upcoming training, or feedback, please contact RCPA Children's Division Director Jim Sharp. ◀

Relias Training Exclusively for RCPA Members



Did you know that your membership includes discounted access to a wide range of training and certification curriculums that is self-paced and can be easily accessed online? With the recent promulgation of the new IBHS regulations and the staff qualification standards regarding the Registered Behavior Technician (RBT) Training curriculum completion, RELIAS offers this OMHSAS-approved curriculum that has been created. The RBT training plan was written by RELIAS ACE coordinator Dr. Rhonda Davin, BCBA, and is in line with the BCBA RBT Task List 2nd Edition. The [RELIAS portal](#), also available through the [RCPA website](#), offers 300 Behavioral Health trainings and 50 Applied Behavior Analysis trainings, including the RBT Training 2nd edition. Take advantage of the discounted course rates with your RCPA Membership. ◀

World Prematurity Day is November 17

World Prematurity Day, on November 17, is a special day where the whole world comes together to raise awareness of premature birth and make a difference for premature babies and their families — and we need you to be a part of this. Prematurity is a global problem; it can affect anyone regardless of race, religion, location, or social status. Every year, 15 million babies are born prematurely across the world. More than 1 million of these precious babies do not survive and the continent of Africa suffers greatly. 75% of the babies who die can be saved with low-cost interventions. This means that together, we can do so much more! [Join the March Of Dimes on #worldprematurityday](#) to make a difference for preemies. ◀

A purple square graphic with white text that reads "WORLD PREMATURETY DAY — NOVEMBER 17".

WORLD
PREMATURETY
— DAY —
NOVEMBER 17

Family First Prevention Services Act Pennsylvania Update

The Family First Prevention Services Act (FFPSA) targets reform of the federal child welfare financing streams, Title IV-E and Title IV-B of the Social Security Act, to provide services to families who are at risk of entering the child welfare system. The bill aims to prevent children from entering foster care by allowing federal reimbursement for mental health services, substance use treatment, and in-home parenting skill training. It also seeks to improve the well-being of children already in foster care by incentivizing states to reduce placement of children in congregate care.

In Pennsylvania, the Family First Initiative will launch on October 1, 2020 and the PA Statewide team is engaged in a comprehensive planning process that includes work committees on Specialized Settings, Title IV-E Prevention Services, Communications, and Systems Implementation.

The Office of Children, Youth and Families (OCYF) and the FFPSA Team will conduct a series of convenings across the state in the late fall to provide a strategic overview of Family First, discussions on evidence-based programming, and the implementation science of evidence-based services. These interactive and informative regional summits will be the first step in introducing the Family First Initiative across Pennsylvania. ◀



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

NOVEMBER

Thursday, November 7	12:00 pm – 1:00 pm	Outpatient Rehab Committee – Webcast Only
Tuesday, November 12	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee <i>Conference Call</i>
Wednesday, November 13	10:00 am – 1:00 pm	Human Resources Committee <i>Penn Grant Centre</i> <i>Lunch sponsored by Hays Companies</i>
Wednesday, November 13	1:00 pm – 2:00 pm	Human Resources Training: A Different Way of Thinking: How Consumerism, Wellness & Plan Design Can Improve Your Health Plan & How They Can't <i>Penn Grant Centre</i>
Tuesday, November 19	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee <i>Conference Call</i>
Thursday, November 21	9:00 am – 10:00 am	Government Affairs Committee <i>Conference Call</i>
Thursday, November 21	9:00 am – 12:00 pm	Children's Steering Committee <i>Penn Grant Centre</i>
Thursday, November 21	10:00 am – 11:30 am	IDD Employment Subcommittee <i>Penn Grant Centre</i>
Thursday, November 21	12:30 pm – 3:30 pm	Children's Committee <i>Penn Grant Centre</i>
Thursday, November 21	1:00 pm – 4:00 pm	Physical Disabilities & Aging Division <i>Penn Grant Centre</i>



DECEMBER

Tuesday, December 3	9:00 am – 12:00 pm	Drug & Alcohol Committee <i>Penn Grant Centre</i>
Wednesday, December 4	9:30 am – 12:00 pm	Mental Health Committee <i>RCPA Conference Room</i>
Wednesday, December 4	10:00 am – 2:00 pm	Brain Injury Committee <i>Penn Grant Centre</i>
Wednesday, December 4	1:00 pm – 4:00 pm	Criminal Justice Committee <i>RCPA Conference Room</i>
Thursday, December 5	12:00 pm – 1:00 pm	IPRC Webinar: Treating Transgender Youth
Tuesday, December 10	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee <i>Conference Call</i>
Wednesday, December 11	10:00 am – 12:00 pm	RCPA Membership Meeting <i>Penn Grant Centre</i>
Thursday, December 12	9:15 am – 11:30 am	SCO Subcommittee <i>RCPA Conference Room</i>
Thursday, December 12	12:00 pm – 3:00 pm	IDD Committee <i>Penn Grant Centre</i>
Tuesday, December 17	10:00 am – 12:30 pm	Med Rehab Committee <i>RCPA Conference Room</i>
Tuesday, December 17	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee <i>Conference Call</i>
Thursday, December 19	9:00 am – 10:00 am	Government Affairs Committee <i>Conference Call</i>