

❖ SPECIAL FEATURE

RCPA Creates New Behavioral Health Division to Better Integrate Mental Health and SUD Treatment

Recognizing the continued movement toward integration of mental health (MH) and substance use disorder (SUD) treatment, and the opportunity to better support and serve its MH and SUD provider members, RCPA has created a Behavioral Health Division.

RCPA's MH and SUD policy focus will now operate under the BH Division umbrella, where shared MH and SUD interests and initiatives (e.g., workforce, value-based purchasing, telehealth, criminal justice, ICWCs/CCBHCs) will now be managed and supported across the disciplines — while still maintaining existing MH- and SUD-specific committees, subcommittees, and work groups where those interests are specific to one of the two policy areas.

Jim Sharp and Jason Snyder will direct the new BH Division.

- As Director of Mental Health Services, BH Division, Sharp, whose work to date has focused largely on children's MH, will maintain his MH policy focus, including continuing to lead separate Children's Mental Health and Adult Mental Health Committees, along with the other MH-specific committees and work groups already in place.
- As Director of Substance Use Disorder Treatment Services, BH Division, Snyder will maintain his policy focus on SUD and the existing SUD-specific committees and work groups.
- In addition, RCPA will no longer use the Drug and Alcohol title (or D&A acronym), replacing it with SUD.
- Both directors will also collaborate in areas of shared interest, including legislative, regulatory, and policy initiatives as appropriate.

RCPA will be hiring a BH policy analyst to support the new division.

"The new BH Division has the opportunity to capitalize on synergies where they exist while still maintaining discipline-specific focus on MH and SUD," said RCPA President/CEO Richard Edley. "Rather than taking anything away from our mental health and substance use disorder members, we are really enhancing their membership."

"As we look at where the behavioral health field continues to move, integration of mental health and substance use disorder is a hallmark of the advancing field. RCPA will better position itself to support its provider members' needs by structuring a BH Division that recognizes this evolution."

Contact Division Directors [Jim Sharp](#) or [Jason Snyder](#) with questions. ◀



Jim Sharp



Jason Snyder



NEW MEMBER INFORMATION

December 2022

ASSOCIATE

Shatterproof

101 Merritt 7 Corporate Park
Norwalk, CT 06851
Gary Mendell, Founder & CEO

Philadelphia Child and Family Therapy Training Center, Inc.

PO Box 21287, Philadelphia, PA 19114
Steve Simms, PhD, Director/Owner

BUSINESS

MAPHABIT, INC.

75 5th St NW, Ste 2240, Atlanta, GA 30308
Matt Golden, CEO

SETWorks

1520 Clay St, Kansas City, MO 64116
Kirstie MacArthur, Director of Sales, Growth
Marketing, & Business Development

BUSINESS INSURER

UnitedHealthcare Community Plan of Pennsylvania

1818 Market St, Philadelphia, PA 19018
Blair Boroch, CEO

PROVIDER

CNNH Therapy, LLC DBA NeurAbilities Healthcare

170 N Henderson Rd, Ste 200
King of Prussia, PA 19426
Kathleen Stengel, CEO

Maternal and Family Health Services

15 Public Sq, Ste 600, Wilkes-Barre, PA 18701
Maria Montoro Edwards, President/CEO

About RCPA:

With well over 350 members, the majority of who serve over one million Pennsylvanians annually, Rehabilitation and Community Providers Association (RCPA) is among the largest and most diverse state health and human services trade associations in the nation. RCPA advocates for those in need, works to advance effective state and federal public policies, serves as a forum for the exchange of information and experience, and provides professional support to members. RCPA provider members offer mental health, substance use disorder, intellectual and developmental disabilities, children's, brain injury, medical rehabilitation, and physical disabilities and aging services, through all settings and levels of care. Contact [Tieanna Lloyd](#), Membership Services Manager, with inquiries or updates regarding the following:

- **Membership Benefits**
- **Your Staffing Updates** (i.e., new hires, promotions, retirements)



STAFF

Richard S. Edley, PhD

President and CEO

Allison Brognia

Event Planner/ Accounts Payable Manager

Melissa Dehoff

Director, Rehabilitation Services Divisions

Carol Ferenz

Director, Intellectual/Developmental Disabilities Division

Cindi Hobbes

*Director, International Pediatric Rehabilitation
Collaborative*

Tieanna Lloyd

Accounts Receivable/Membership Services Manager

Tina Miletic

Assistant to the President/CEO, Finance Manager

Sharon Militello

Director, Communications

Hayley Myer

Administrative/Communications Specialist

Jack Phillips, JD

Director, Government Affairs

Jim Sharp, MS

Director, Mental Health Services, BH Division

Jason Snyder

*Director, Substance Use Disorder Treatment Services,
BH Division*

❖ SPECIAL FEATURES

Using Augmented Intelligence to Solve Workforce Challenges

By Alon Joffe (Cofounder and CEO of Eleos Health), Susan Blue (CEO, President and Owner of Community Services Group) and Dale Klatzker, PhD (President and CEO of Gaudenzia, Inc.)

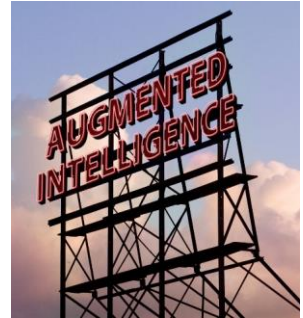
Provider burnout and workforce challenges are more prevalent than ever since the pandemic. This particularly affects the behavioral health field, with more people seeking mental health care and understaffed organizations struggling to recruit and retain their workforce to meet the growing demand.

One of the biggest issues fueling workforce challenges is administrative burden. Documentation takes up hours of the workday, leaving less time for client interaction and creating frustration for the provider. The Association for Behavioral Healthcare found that 95% of providers agreed that reduced administrative burden is needed to retain staff.

Consider a counseling session, where a provider needs to maintain a connection with the client while reviewing

their mental health concerns, checking for safety, and utilizing therapeutic interventions. Documentation takes the focus away from client care, eroding provider capacity and engagement.

The American Medical Association recommends the term “augmented intelligence” for technology that enhances human intelligence rather than replacing it. Augmented intelligence technology embedded in an electronic health record (EHR) workflow allows providers to focus on clients rather than charting [\[read full article\]](#). ◀



❖ RCPA PARTNERS

RCPA Partners offer members cost savings on such valuable services as property/casualty or unemployment insurance, telecommunications, e-learning, administrative services, and consulting. Visit this [web page](#) for a complete list of these organizations, with descriptions and a list of benefits.

Welcome RCPA Partner First Nonprofit!



Employee Retention Tax Refund Information

Your nonprofit may be eligible for up to \$26,000 per employee, paid in the form of a refund by the IRS, if you had to partially or fully suspend operations due to government orders OR experienced a significant revenue decrease during the COVID-19 pandemic. RCPA has partnered with First Nonprofit to provide our members with an opportunity to determine if you are eligible and, if so, provide a reputable, vetted, and affordable service to assist you in filing. Take this [five-question survey](#) to find out if you are eligible.

[Use this link for information about the Nonprofit Employee Retention Tax Refund.](#)

Contact Cheryl Jones with any additional questions: cjones@firstnonprofit.com | 612-308-4283

Beyond the Technology: Looking at the Big Picture When Choosing an EHR

By Brian Campbell, National Sales Director, Streamline Healthcare Solutions



Electronic Health Record (EHR) platforms are core to almost every aspect of a Behavioral Health and Human Services

organization's operations today, and they are becoming even more so as the industry evolves and organizations deal with threats from staffing shortages and increased competition, as well as opportunities presented by increased government funding and expanding service models like CCBHCs.

While there are significant technical considerations in choosing an EHR, organization leaders can benefit from considering this investment as a partnership to better serve their consumers and create efficiency for practitioners, saving both time and money.

The Total Cost of Ownership

Enterprise EHRs represent large, multi-year investments for behavioral health and human services organizations. The total cost of the investment will include all fees (implementation, training, licenses, etc.) paid over the

term of the contract. In many cases, saving money on implementation and training costs isn't "saving" at all — it's under-investing in important aspects of EHR success.

Complete View of Organizational Benefits

When considering EHRs, it is beneficial to go beyond simply comparing technical specs and look at the benefits an EHR provides in terms of the impact on the organization and the business. For example, EHR ease of use can have a core benefit of increased employee satisfaction and added value from reduced turnover at a time when behavioral health providers are facing significant staffing shortages.

Combine the ease of use with functionality to estimate how an EHR will improve productivity. An EHR that can deliver a 2% increase in productivity might not seem like a big deal. However, for an organization with 200 users, a 2% increase in productivity is roughly equivalent to adding the productivity of four users. That can translate into \$250,000-plus in lower wage expenses per year or help mitigate staffing shortages by enabling the organization to provide the same level of service with fewer people.

[\[Read the Full Investing in an EHR Return on Investment Guidebook\]](#) ◀

DIVERSITY

Representation Really Does Matter

In this most recent election cycle, the candidate slate was more diverse than ever before. More women, People of Color, and individuals from the LGBTQIA+ community were not only on the ballot — but they won. You can find the New York Times summary of some of these monumental victories [here](#).

Recent studies have found that diverse representation really does matter; it leads to real differences in congressional behavior. Women, racial minorities, and veterans in Congress are all more likely to intervene on behalf of those groups. **Diversity of background does lead to real differences in legislation and constituency service.**

While November's elections were historical in many ways, there is still a long way to grow. Although recent Congresses have continued to set new highs for racial and ethnic diversity, they, along with their highest ranking staff, are still disproportionately white and male when compared with the overall US population. If this topic sparks your interest, consider diving deeper with these articles.

Matthew Hayden, James Curry, "[Lawmaker Age Issue Salience and Senior Representation in Congress](#)"

Kenneth Lowndes, Melina Ritchie, Erinn Lauterbach, "[Descriptive and Substantive Representation in Congress](#)"

Michele L. Swers, "[Connecting Descriptive and Substantive Representation: An Analysis of Sex Differences in Cosponsorship Activity](#)" ◀

Pennsylvania Update

On October 28, 2022, [House Bill 1630](#) was signed into law by Governor Tom Wolf as P.L. Act 98 of 2022 and is effective immediately. This law repealed three sections of the Office of Mental Health and Substance Abuse Services (OMHSAS) regulations at 55 Pa. Code § 1153.14(1); § 1223.14(2); and § 5230.55(c) that were previously suspended by the Public Health Emergency (PHE). Behavioral Health (BH) providers may now deliver and bill for BH services through audio-only telehealth, for both outpatient psychiatric services and outpatient drug and alcohol services, consistent with OMHSAS bulletin [OMHSAS-22-02](#), titled “Revised Guidelines for the Delivery of Behavioral Health Services Through Telehealth,” issued on July 1, 2022. Additionally, BH providers delivering psychiatric rehabilitation services now have the ability to provide supervision through a video or audio platform.

Outpatient Psych Services

1153.104(1) – § 1153.14. Noncovered services.

Payment will be made for the following types of services regardless of where or to whom they are provided:

- (1) A covered psychiatric outpatient clinic, mobile mental health treatment (MMHT), or partial hospitalization outpatient service conducted over the telephone.

Outpatient D&A

1223.14(2) – § 1223.14. Noncovered services.

Payment will be made for the following types of services regardless of where or to whom they are provided:

- (2) Clinic visits, psychotherapy, diagnostic psychological evaluations, psychiatric evaluations, and comprehensive medical evaluations conducted over the telephone, that is, any clinic service conducted over the telephone.

Psych Rehabilitation Services (PRS)

5230.55(c) – § 5230.55. Supervision.

- (c) A PRS director or psychiatric rehabilitation specialist designated as a supervisor shall meet with staff individually, face-to-face, no less than two times per calendar month.

Federal Update

CMS 2023 Medicare Physician Fee Schedule (MPFS) in the Federal Register

The Centers for Medicare and Medicaid Services (CMS) published the calendar year (CY) 2023 Medicare Physician Fee Schedule (MPFS) in the [Federal Register](#) for November 18, 2022. Some of the key provisions contained in the final rule, effective on January 1, 2023, include:

Medicare Telehealth Services

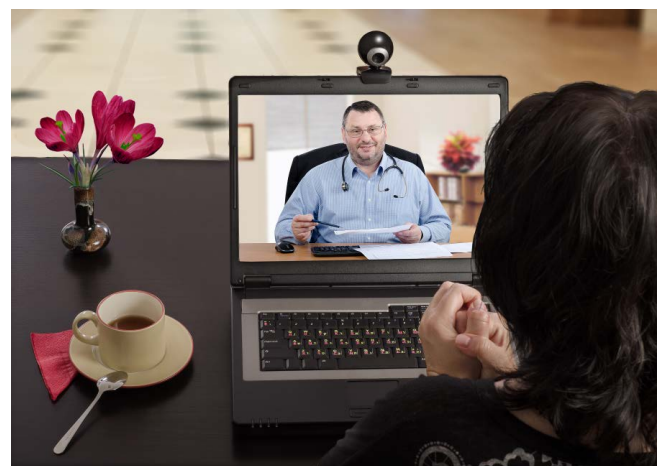
- ▶ Addition of new HCPCS codes to the list of Medicare telehealth services on a Category 1 basis.
- ▶ Implementation of the 151-day extensions of Medicare telehealth flexibilities, including allowing telehealth services to be provided in any geographic area and in any originating site setting.

Behavioral Health

- ▶ Proposal finalized to create a new HCPCS code (G0323), describing General Behavioral Health Integration performed by clinical psychologists or clinical social workers, to account for monthly care integration where the mental health services provided are serving as the focal point of care integration.

Opioid Treatment Programs (OTPs)

- ▶ CMS also finalized the proposal to permit the use of two-way, interactive, audio-only technology to start treatment with buprenorphine in cases where audio-video technology isn’t available to the patient and all other applicable requirements are met. ◀



Legislative and Administrative Priorities 2023

In order to continue effectively serving and advocating for the human services community, RCPA has determined the following legislative and administrative priorities for 2023:

- ▶ Across RCPA Divisions
 - Workforce Initiatives and Funding
 - DSPs, counselors, and licensed staff
 - Regulatory Reform
 - Decreasing administrative burden
 - Address barriers and challenges in the PROMISE system that result in delays in providing services
 - Advocate for funding that reflects true “cost-plus” and for meaningful, transparent VBP models
 - Continue advocacy for the appropriate release of “rainy day funds” to bolster services and workforce
- ▶ Behavioral Health (Adult and Children’s Mental Health; Substance Use Disorder services)
 - Release of the BH Commission Dollars (\$100M)
 - Support a restoration and increase in county MH funding
 - Support and expansion of telehealth in line with federal standards, and for parity in rates
 - Support for the re-implementation of the national CCBHC model and funding
 - Work with legislature on SUD funding and dollar flow
 - Ensure the sustainability and integrity of the Opioid Use Disorder Centers of Excellence program
 - Advocate for the timely distribution of county and state opioid settlement dollars
- Reopen and amend the IBHS Regulations to address access issues
- ▶ Intellectual and Developmental Disabilities (IDD)
 - Support programs for the severely disabled (e.g., medical and behavioral complications)
 - Focus on revamping CPS and the Settings Rule interpretation
 - Implement recommendations from the Legislative IDD Task Force
 - Advocate for Standard Occupational Code (SOC) for DSPs
 - Attain a meaningful “seat at the table” in any managed care discussions
- ▶ Brain Injury/Physical Disabilities and Aging
 - Involvement with CHC Procurement
 - Brain Injury services
 - Meaningful changes and increases to funding and funding models
 - Medical Rehabilitation
 - Continued expansion of the 3-hour rule
- ▶ Early Intervention/Pediatrics
 - Continued advocacy in telehealth, rate expansion and transparency, and system consistency ◀

BRAIN INJURY

BIAPA to Offer First Caregiver Support Group in January 2023

Based on input from caregivers, the Brain Injury Association of PA (BIAPA) will be hosting their first Caregiver Support Group on January 11, 2023 from 6:00 pm – 7:00 pm via Zoom. This will be a monthly, virtual meeting for caregivers across Pennsylvania. BIAPA Board Member Tim Mueller and Program Coordinator Meghan Walsh-Farrell will facilitate the group, which will include coordinating presentations on specific topics of interest that the group may identify. We realize that caregivers may delay or neglect self-care due to the many demands they are managing. This group will be a time for caregivers to share their experiences, learn from others, and focus on coping. Use [this link](#) to join the monthly meeting. ◀



BIAA Offers Webinar on Current Concepts in ED Concussion Care

The Brain Injury Association of America (BIAA) will be offering a webinar on Wednesday, December 7, 2022 at 1:00 pm on the current concepts in emergency department (ED) concussion care. The webinar will be led by Mark Christensen, MD. Concussions affect millions of people each year and can have lasting physical, mental, and emotional impacts. Care for concussions starts in the emergency department for many patients, but assessments vary from facility to facility and provider to provider. The webinar will focus on how EDs can improve their objective assessment of concussions, leading to more precise diagnosis and discharge instructions. To participate in this webinar, [registration](#) is required. ◀

New Technology Introduced for Mild Traumatic Brain Injury Evaluation

Abbott Point of Care, Inc. has announced the launch of the *i-STAT TBI Plasma* test with a biomarker-based assay that is redefining the evaluation of mild traumatic brain injury (mTBI). The innovative biomarker assessment detects two complementary biomarkers with a 99.3 per cent negative predictive value and 95.8 percent sensitivity. These biomarkers can provide confidence by aiding decisions for the safe discharge of patients without performing a CT. The *i-STAT TBI Plasma* test has the potential to reduce the number of unnecessary CT scans for mTBI by up to 40 per cent. For each scan avoided, associated wait times, resource utilization, and costs may also be eliminated. ◀

❖ MEDICAL REHABILITATION

ACL Grants Awarded for Spinal Cord Injury Model Systems Centers

The Administration for Community Living's (ACL) National Institute for Disability, Independent Living, and Rehabilitation Research (NIDILRR) has announced the addition of four Spinal Cord Injury Model Systems Centers (SCIMS). The planned project period for these four grants is September 1, 2022 – August 31, 2026, with an estimated funding amount of \$490,000 per year for each grantee. Similar to the Traumatic Brain Injury Model Systems (TBIMS), this network creates opportunities for critical collaboration between SCI clinicians and researchers from across the US, and allows investigators to generate sample sizes that are adequate for the development and testing of a wide variety of interventions. NIDILRR currently supports 18 SCIMS centers through this program. ◀



PHYSICAL DISABILITIES & AGING

ACL Establishes National Center to Expand Direct Care Workforce

The Administration for Community Living (ACL) announced it has awarded a five-year grant totaling over \$6 million for a national center to expand and strengthen the direct care workforce. The National Direct Care Workforce Capacity Building Center will serve as a hub, providing tools, resources, and training to assist state systems and service providers, and to support the development and coordination of policies and programs that contribute to a stable, robust direct care workforce. The center's website will share resources from the federal government, highlight state and local model policies and best practices that can be replicated or adapted, and share training and technical assistance materials. In addition, the center will facilitate peer-to-peer sharing of lessons learned and promising practices through learning collaboratives and support collaboration between state systems, including Medicaid, aging, disability, and workforce agencies; service providers; and aging, disability, and labor stakeholders. ◀

PATF Releases New Editions of Financial Education Publications

The Pennsylvania Assistive Technology Foundation (PATF) announced the release of two brand new editions of our fully accessible financial education guides – *Cents and Sensibility: A Guide to Money Management, 7th Edition* and the *Educator Companion Manual, 2nd Edition*. Cents and Sensibility was published to address the financial education needs of people with disabilities, while providing comprehensive strategies, activities, and resources for anyone who wants to have control over their money. The book provides the tools people need to make informed financial decisions and tackles financial topics like how to save for the future without losing benefits that impact individuals with disabilities. The Educator Companion Manual helps anyone taking on an educator's role to engage all students in financial education. It includes financial education topics such as earning, saving, credit, and decision-making. ◀

SUBSTANCE USE DISORDER TREATMENT SERVICES

CDC Data Show Hopeful Trend in Overdose Deaths

The Centers for Disease Control and Prevention's November release of provisional drug overdose death data show 107,582 predicted overdose deaths in the 12-month period ending in June 2022. This represents a decrease in predicted overdose deaths for the third month in a row and a steady slowing of the rate of increase in overdose deaths for the eighth month in a row.

The decrease is likely due to the fact that four (Maryland, Ohio, Pennsylvania, and West Virginia) of the eight states reporting decreasing numbers reported sizable overdose death decreases of 100 or more, compared with the previous July-to-June period. Ohio, Pennsylvania, and West Virginia have consistently led the nation in overdose deaths.

Additionally, the wide distribution of naloxone, and expanded access to treatment for substance use disorder, are credited with helping the slowdown.

Despite the good news, skepticism remains.

Dr. Donald Burke, former dean of the University of Pittsburgh's School of Public Health, said the longstanding rise in US overdose deaths has mostly been steady, with occasional accelerations followed by slowdowns. He expects that grim pace to resume. "You can't celebrate every time you see a slight downturn," he said.

(The [CDC](#) and [WITF](#) contributed to this article.) ◀

❖ MENTAL HEALTH

Early Intervention for Youth at Risk for Bipolar (The KEY Study)

The purpose of the federally funded “Early Intervention for Youth at Risk for Bipolar Disorder” (The KEY Study) is to understand the effectiveness of two psychotherapy approaches (delivered virtually) in preventing or decreasing the severity of psychiatric symptoms in adolescents with a family history of bipolar disorder. Dr. Tina Goldstein and colleagues at the University of Pittsburgh School of Medicine are seeking 12–18 year-olds without bipolar disorder (but can have other psychiatric disorders) who have a birth parent diagnosed with bipolar disorder for their intervention study. The child can remain in any current treatment while participating in the study. For more information, please contact the study coordinator via [email](#) or at 412-298-2784. ◀



❖ CHILDREN'S SERVICES

RCPA Submits New Regulatory Recommendations for IBHS to IRRC

On behalf of the RCPA IBHS providers and the children and families of Pennsylvania that they serve, we respectfully request the Independent Regulatory Review Commission (IRRC) to reopen for review Regulation #14-546: Intensive Behavioral Health Services. Since the IBHS implementation in the fall of 2019, the overreaching nature of the regulations, coupled with the effects of the pandemic, are straining an already depleted behavioral health workforce; and thus limiting their ability to provide vital services to children and families. Those same children and families languish on growing waiting lists with unmet treatment needs.

The Covid-19 DHS regulatory flexibilities provided some relief and OMHSAS has continued to offer waivers to work with providers in addressing the critical staffing shortages. Unfortunately, these waivers will not address the long-term impacts of the current regulatory requirements, as providers struggle to find qualified staff, as well as contend with operational requirements that do not contribute to the efficient delivery of IBHS services.

It has been stated many times through the development of the IBHS regulations that they were built to ensure access to quality care in a consistent and efficient manner. Unfortunately, the result has been a labyrinth of regulatory and operational interpretations, differentiated reimbursement for the same services, and a human services workforce crisis that offers no relief in the foreseeable future.

The RCPA IBHS providers have spent the last three years delivering IBHS services, and have used those experiences as part of a diligent and thoughtful review process, in creating this compelling set of recommendations. Recommendations that we feel, in partnership with all stakeholders, can address the barriers without losing the original vision for quality and access to care. ◀



2022 House Resolution 212 Calls for Legislative Task Force Study of Pennsylvania's ID/A System

In June of 2022, Pa House Resolution 212 was adopted, establishing a legislative task force on intellectual disabilities, developmental disabilities, and autism (ID/A), and directing the Joint State Government Commission to study the impact of this Commonwealth's current delivery of services to individuals with ID/A. The task force is to report its findings and recommendations to the House of Representatives in December of 2023.

The task force is charged with examining the efficiency, uniformity, and best practices of the administration of services through the county system, Quality of Life outcomes, including waiver services, waiting lists, and transitional protocols; and of moving into and out of one waiver or program to another, transitioning out of high school, and how current Federal and State laws and regulations impact and limit supports and services. There are several areas specified in the House Resolution that the task force members are to consider, including:

- Collaborations between the Department of Human Services, managed care organizations, and providers, including reimbursement rate settings, direct support professionals, other funding sources, and how providers collaborate to serve individuals with ID/A.
- Opportunities for integrated job coaching, community participation supports, including for individuals who chose not to go into the community because of underlying issues, and additional programs offered through the Office of Vocational Rehabilitation, or the Employment First Commission.
- Current treatment needs, including network capacity to treat and care for high acuity individuals, individuals with complex medical needs in addition to intellectual disabilities, and individuals who need special care and assistance with intensive behavioral health issues. The study examines all available living settings, including intermediate care facilities, community homes, state centers, services in family homes, Lifesharing, independent living with assistance, farmhouse settings, campus settings, and any other innovative residential services.
- Barriers and obstacles in transportation for individuals living in the home or receiving community-based services for jobs, medical appointments, and peer-to-peer groups.
- Workforce issues with direct support professionals, supports coordinators, behavioral and mental health specialists, or health care practitioners who assist with the provision of services.
- Providers who have ceased operations since the beginning of the COVID-19 pandemic.
- Input from representatives and advocates from all aspects of the sector and continuum of care to assist the Joint State Government Commission with its findings and recommendations in the report.

[\[read full article\]](#) ◀



RCPA Events Calendar

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