

❖ RCPA CONFERENCE

Get Ready for a Lineup of Acclaimed Speakers, Conference Favorites, and Comedy at the 2023 RCPA Conference



The 2023 RCPA Conference will be here before you know it, so be sure to visit the [RCPA Conference website](#) for news regarding this event. New information is being added on a regular basis, and our program is shaping up with many thought-provoking workshops, keynote speakers, and some great networking events! This year, we are very excited to announce a special performance on the first day — Kirsten Michelle Cills will kick off the evening reception at 5:00 pm. Kirsten is a Philadelphia native comedian, actor, and writer, who has survived 9/11 and lives with cystic fibrosis. We are so happy to have her joining us in Hershey! You will also enjoy the return of some conference favorites like Michael Cohen, as well as new voices, including distinguished speaker and retired New Hampshire Supreme Court Justice John Broderick, Jr., who will share his personal and professional experiences with SUD and mental health challenges in his family.

We would also like to extend our thanks to those organizations that have already contributed and shown their support for our Conference! Sponsor and exhibitor spots are filling up quickly, so be sure to [complete the brochure](#) today!

As a reminder, sponsors, exhibitors, and advertisers who wish to be listed on the website, the mobile app, and in the conference program must submit all materials by **September 8**. In order to be considered for booth self-selection, a completed contract with payment must be submitted, and no reservation is considered complete without payment. If questions remain, please contact [Carol Ferenz](#), Conference Coordinator. Be sure to check out our current sponsors and exhibitors on the [Conference website](#)! ◀



NEW MEMBER INFORMATION

June 2023

BUSINESS

The Ramsay Group

2101 Market St
Philadelphia, PA 19103
Diana Ramsay, President

SageSurfer

1250 Borregas Ave
Sunnyvale, CA 94089
Anupam Khandelwal, CEO

IPRC

Phoenix Children's Hospital

1919 E Thomas Rd
Phoenix, AZ 85016
Chris Davis, PT

PROVIDER

Folium, Inc. dba Laurel Life Services

7564 Browns Mill Rd
Chambersburg, PA 17202
Mark Keck, President/CEO

Lawrence County Association for Responsible Care

28 S Mercer St
New Castle, PA 16101
Steve Albrecht, CEO

Liberty Resources

112 N 8th St, Ste 600
Philadelphia, PA 19107
Thomas Earle, 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)

Take full advantage of your RCPA membership by signing up for **emails and meeting invitations** as well as **complete website access**.



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Jim Sharp, MS

Director, Mental Health Services, BH Division

Jason Snyder

Director, Substance Use Disorder Treatment Services, BH Division

RCPA CONFERENCE

Add your organization to our current list of sponsors and exhibitors below!

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Platinum



Gold



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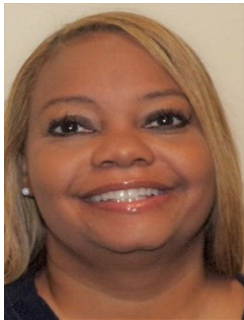


Exhibitors



MEMBERS IN THE NEWS

Tadiso Promotes Dr. Julie Zeigler to CFO



As of February 2023, Tadiso, Incorporated appointed Dr. Julie Zeigler as its new Chief Financial Officer. Dr. Zeigler has worked at Tadiso since 2018, first as a Licensed Practical Nurse, then as Business Analyst/Assistant to the CFO, and then as Controller. After completing her LPN certification, she earned a Bachelor's degree in Liberal Studies from Carlow University. She also has a Master of Business Administration degree from Point Park University and a Doctorate of Science degree in Information Systems and Communications from Robert Morris University. Most recently, she completed a certificate in Finance and Accounting from Harvard Business School Online. Founded in 1968, Tadiso is the oldest and largest single-site provider of Medication Assisted Treatment (MAT) in Pennsylvania. Dr. Zeigler is excited to direct the organization's financial operations. ◀

ANCOR Names Kelley Shepherd of RCPA Member Mainstay Life Services 2023 DSP of the Year for Leadership

The American Network of Community Options and Resources (ANCOR) awarded Kelley Shepherd, a direct support professional at Mainstay Life Services, with the 2023 Direct Support Professional of the Year Award for Leadership. She was recognized at ANCOR's 2023 Annual Conference in Chicago. Shepherd was chosen from a record-breaking pool of more than 350 outstanding nominees [\[read full press release\]](#). ◀



TELEHEALTH

SAMHSA Extends Ryan Haight Act of 2008

Ahead of the expiration of the COVID-19 Public Health Emergency (PHE), the Drug Enforcement Administration (DEA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) issued the "Temporary Extension of COVID-19 Telemedicine Flexibilities for Prescription of Controlled Medications" — a temporary rule that extends telemedicine flexibilities adopted during the COVID-19 PHE.

The temporary rule took effect on May 11, 2023, and extended the full set of telemedicine flexibilities adopted during the COVID-19 PHE for six months — through November 11, 2023. For any practitioner-patient telemedicine relationships that have been or will be established up through November 11, 2023, the full set of telemedicine flexibilities regarding prescription of controlled medications established during the COVID-19 PHE will be extended for one-year — through November 11, 2024. Members may view a [full text of the temporary rule](#).

The RCPA Telehealth Operations Work Group will be meeting on Tuesday, June 27, as we continue our path towards creating full equity and access for telehealth across the Commonwealth, including the development of a new OMHSAS Telebehavioral Health Bulletin. Members may register for the meeting [here](#).

Interviewing and Hiring Nonverbal Autistic Individuals: A Guide to Ensuring Inclusivity and Fairness

by Vista Autism Services

Autistics bring unique perspectives and strengths to the workplace, and companies can tap their potential by creating an inclusive hiring process that accommodates their needs. When interviewing and hiring individuals with autism, it is crucial to understand that not all autistics communicate verbally. The following considerations provide a guide for interviewing and hiring nonverbal autistics, ensuring fairness, and promoting inclusivity.

1. **Adapting the Interview Process:** To accommodate nonverbal autistics, it is necessary to modify the interview process. Consider alternative communication methods, such as written or visual communication aids, augmentative and alternative communication (AAC) devices, or sign language interpreters.
2. **Diverse Interview Formats:** Create interview formats that allow nonverbal autistics to showcase their skills and abilities. Instead of relying solely on verbal responses, incorporate practical tasks, work samples, or portfolio presentations that allow candidates to demonstrate their capabilities. This approach can provide a more accurate assessment of their potential contributions to the organization.
3. **Assessing Nonverbal Communication:** While nonverbal autistics may not communicate verbally, they often have their own means of expression. Interviewers should be trained to observe and interpret nonverbal cues such as body language, facial expressions, gestures, or written responses. Pay attention to their engagement, enthusiasm, and ability to convey their thoughts effectively through nonverbal means.
4. **Focus on Strengths and Accommodations:** During the interview, emphasize discussions about the candidate's strengths and how these can contribute to the organization. Consider their unique skills, such as attention to detail, visual thinking, or problem-solving abilities. Additionally, inquire about the accommodations they may require in the workplace, such as sensory considerations, communication tools, or task adaptations. This shows respect for their needs and creates an inclusive environment.
5. **Collaboration with Supportive Individuals:** When interviewing nonverbal autistics, it can be beneficial to involve supportive individuals who are familiar with the candidate's communication methods and can provide valuable insights. These individuals could include family members, caregivers, or professionals who have worked closely with the candidate. Their involvement can help bridge communication gaps and ensure a more accurate assessment of the candidate's abilities.
6. **Training and Sensitivity:** To create an inclusive hiring process, provide training to interviewers and staff members on autism awareness, understanding nonverbal communication, and creating an inclusive workplace. Sensitize employees to the challenges faced by nonverbal autistics and promote an environment of respect, understanding, and accommodation.



By modifying the interview format, understanding nonverbal communication cues, focusing on strengths, collaborating with supportive individuals, and providing training, organizations can create an environment that embraces the diverse talents and perspectives of nonverbal autistics. Businesses can access the untapped potential of this valuable talent pool.

Vista Autism Services is a leading expert focused on data-driven approaches to improve the lives of autistics and their families. Headquartered in Hershey, PA, Vista provides an array of specialist services to individuals living in Central PA, including employment services. Our program assists individuals in obtaining and sustaining meaningful, competitive, and fulfilling employment, while working in close partnership with employers to ensure the right job match that benefits both parties. For more information, visit www.vistaautismservices.org. ◀

Juneteenth and Understanding Racial Trauma

Submitted by the Drexel University Behavioral Healthcare Education Faculty:

Karin C. Gladney, PhD, CAADC, Lindsay A. Martin, PhD, LPC, NCC, Christopher M. Owens, MA, LPC, CCTP, C-DBT – Associate Director, Brenda J. Weaver, MA, CPRP



A brief history. Although enslavement was officially abolished through the Emancipation Proclamation introduced by President Lincoln in 1862 (finally passed by Congress and signed by Lincoln in the ratification of the 13th Amendment to the Constitution in early 1865), many enslaved individuals continued to be held in enslavement. On June 19, 1865, the state of Texas adopted the ratified 13th Amendment through the issuance of General Order No. 3, informing Texans that enslavement was indeed abolished. Juneteenth, also referred to as Jubilee, Freedom Day, Liberation Day, and Emancipation Day, is a combination of the words “June” and “19th.” While this day has been celebrated by African Americans since June 19, 1866, it wasn’t until June 1908 that it became a state holiday in Texas, and finally a national holiday in 2021.

Racial trauma and the intergenerational transmission of trauma are two concepts relevant to the lives of Black Americans today. Racial trauma is caused by encounters with racial bias and ethnic discrimination, racism, and hate crimes resulting in mental and emotional injury. Intergenerational trauma captures the impact of years of generational challenges within families and the transmission of the oppressive or traumatic effects of historical events.

The tragedies and protests we witness daily across the United States have gained attention and sparked concerns about racism as a persistent social-political-personal

wellbeing issue in our society. On the borders of neutrality and numbness, the burning question is “are we wanting and willing to do the hard work needed to change widespread attitudes, assumptions, policies, and practices?”

The [American Counseling Association](#) identifies three ways we can support Black mental health in honor of Juneteenth:

- ▶ The first is “Listening to Black Voices” by centering and celebrating Black liberation and the Black American experience.
- ▶ Second, “Respecting Black Spaces” by supporting Black mental health without appropriating Black voices and spaces.
- ▶ And finally, “Learning Your History” by honoring Juneteenth and respecting Black identity by filling the gaps in our knowledge of American history and exploring opportunities that will challenge our understanding and beliefs as they relate to race in America.

A Juneteenth challenge from the BHE team. Who will host open and candid conversations about how your organizations, programs, services, workplaces, and communities are using their power to push for profound and persistent positive people progress? ◀

DIVERSITY

What's In a Name? Actually, a Lot.

"And there you have it, folks. While it seems so simple, it speaks volumes about how much work we need to do to normalize properly pronouncing non-English names — or, at least, taking a moment to make an effort to." - [Buzzfeed](#)

Kelly Clarkson recently drew attention on her [interview show](#) for her genuine effort to correctly pronounce the names of her Asian guests from the popular K-pop group "Twice" during their on screen interview. She paused the interview, requested correction, and immediately did better.

A name is part of an individual's identity. For native speakers of other languages or individuals with a name with ethnic representation, many share the frustration of constant mispronunciation. Often times, people feel pressured to accept "close enough" pronunciations because they feel embarrassed or don't want to draw attention. Some individuals share that they feel mocked by disingenuous or overly laborious attempts to pronounce their names. Mispronunciation can lead to feelings of alienation and not belonging.

Many times, individuals are given easier-to-pronounce nicknames or others avoid calling them by their given name entirely because they're unsure of how to pronounce it, they perceive it to be too difficult, or they simply haven't invested the effort to learn. Every person deserves to be called by their own name or the name they prefer.

What to do:

1. Stop and ask the individual how to correctly say their name and what they prefer to be called.
2. Repeat it back and ensure that you have learned it correctly.
3. Create an internal way to remember what you have learned. Write a phonetic cue for yourself, note a word that the name rhymes with, or record yourself saying it correctly.
4. Practice on your own so that you remember it and that the name becomes a part of your fluent speech. Don't make a fuss about it in front of the individual, do the work on your own.
5. Regularly address the person directly; model correct pronunciation and encourage others to do the same.

Perfect execution, 100% of the time, is not the expectation, but a genuine effort to pause and learn goes a long way to create an environment of inclusion for all.

- ▶ [TED Talk: Call someone by Name – Memory Tips](#)
- ▶ [Warwick Say My Name – Research Project](#)
- ▶ [How to Respect Names Infographic \(PDF\)](#)
- ▶ [Additional Resources](#) ◀

GOVERNMENT AFFAIRS

RCPA's Legislative Tracking Reports

RCPA is constantly tracking various policy initiatives and legislation that may have positive or negative effects on our members and those we serve. For your convenience, RCPA has created a legislative tracking report, which is broken down into specific policy areas. You can review these tracking reports below to see the legislative initiatives that the PA General Assembly may undertake during the current Legislative Session. If you have questions on a specific bill or policy, please contact [Jack Phillips](#), Director of Government Affairs.

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|---------------------------------------------|------------------------------------------|------------------------------------------|
| ▶ Budget | ▶ Medical Rehabilitation | ▶ Substance Use Disorder |
| ▶ Criminal Justice | ▶ Mental Health | ▶ Telehealth |
| ▶ Drug and Alcohol | ▶ Minimum Wage | ▶ Telemedicine ◀ |
| ▶ Intellectual Disabilities | ▶ RCPA All Bills | |

❖ BEHAVIORAL HEALTH SUBSTANCE USE DISORDER TREATMENT SERVICES

Concerns Raised Over County Spending of Opioid Settlement Dollars

In 2021, states' attorneys general negotiated a \$26 billion settlement with Cardinal, McKesson, and AmerisourceBergen — all pharmaceutical distributors — and Johnson & Johnson, a manufacturer of opioids, for their roles in fueling the nation's opioid epidemic. Pennsylvania will receive more than \$1 billion. Distribution of the money began in 2022, with 70 percent headed directly to counties, 15 percent to the Commonwealth, and 15 percent to local governments, including some counties that had initiated their own litigation.

More than a year later, there are limited details of how each county is planning to spend its money and concerns that some of those plans are far afield of the intended uses of the money. Governor Shapiro, who helped negotiate the deal as Pennsylvania's attorney general, said at the time the money would expand access to life-saving treatment options. Some counties, though, are planning to use the money for law enforcement, for example.

To shine light on the issue, *Spotlight PA* convened a [virtual panel discussion](#) in May to discuss using the money for policing versus treatment. Jason Snyder, RCPA Policy Director for Substance Use Disorder Treatment Services, was a panelist.

When asked how he believed the counties should be spending the money, he said the spirit of the settlement was to remediate the damage done to individuals and families

by the pharmaceutical industry. He talked about expanding addiction treatment programs within the current system as opposed to developing new programs, recognizing the workforce challenges that existing providers are facing and the challenges in sustaining new programs rather than expanding existing ones. He also discussed the need for higher levels of care, given the physical side effects of drug supply adulterants like xylazine, where patients can receive both psychosocial counseling and physical health care, such as wound care. He also suggested the money be used to fund recovery support organizations and transportation for those in need of treatment.

Transparency and accountability were also discussed. Although there are parameters within which the money can be spent (see [Exhibit E](#) of the [master settlement](#)), local governments have discretion. With 67 counties in the Commonwealth and relatively little oversight of the spending — besides a trust that reviews how money was spent rather than approving spends — tracking and holding accountable individual counties will be difficult. Snyder suggested a legislative solution may be needed to require counties to report how they are distributing the money, who is making those decisions, how the decisions are being made, who is receiving the money, and how it is ultimately spent, in order to ensure fidelity with the spirit of the opioid settlement. ◀

❖ CHILDREN'S SERVICES



Children's School-Based Funding

As the Pennsylvania General Assembly returns to Harrisburg over the next several weeks, the issue of school-based mental health services funding is a front and center issue. In March, Governor Shapiro outlined a proposed \$500m budget for the next five years, dedicated to mental health services in the schools. While RCPA fully supports this initiative, it does create possible unintended consequences, such as the creation of a secondary mental health system that competes directly with community-based providers who offer licensed, certified services delivered by the Commonwealth's most knowledgeable, qualified, trained, and expert staff.

RCPA continues its advocacy efforts on behalf of members with the legislators, along with OMHSAS and the PA Department of Education (PDE), over the planning and implementation of the programming to ensure we are building a system of access and quality of care, with the community-based mental health providers as the focal point in delivering the model. ◀

❖ BEHAVIORAL HEALTH | MENTAL HEALTH

Coalition for the Mental Health Safety Net

The sustained funding of community-based mental health services, such as community residential programs, family-based support, outpatient care, and crisis intervention, are critical to the wellbeing of our constituents and our communities. Funding levels for county mental health services have direct impacts on whether these important community and family supports will be available. Yet for too many years, state funding for mental health services has lagged far behind its needs. Counties find themselves advocating for the prevention of funds being cut instead of achieving the increases that are needed to catch up from years of underfunding.

Under the Commonwealth's state governed and county administered mental health system, counties are responsible for:

- ▶ Clinical and Supportive Services to uninsured individuals, including efforts to engage and enroll people with mental illness to gain insurance coverage;
- ▶ Services and supports not covered by Medicaid, Medicare, and/or private insurance, such as residential programs, supportive and supported housing, employment services, case management, and psychiatric rehabilitation; and
- ▶ Essential services, such as crisis intervention and aftercare upon discharge from an institution.

State-funded, community-based mental health services often address social determinants of health that are critical to optimizing the effectiveness of the clinical services and the outcomes for individuals receiving services. For example, people with a mental illness who do not have stable housing often fail to effectively adhere to treatment, require crisis intervention, and ultimately cost more money. Thus, they often have poorer outcomes than comparable individuals with stable housing. For most counties, supportive housing/residential services is the largest single expenditure. The Coalition is open to all new partners who wish to join our mission of advocacy for this 2023/24 initiative, as the time to act and engage with your representative is now. The Coalition will also be developing an advocacy toolkit for members to come together to sustain the safety net and serve those who need it most. The reality is that the demand for service far outweighs capacity and rate structures to serve this population. ◀

❖ INTELLECTUAL/DEVELOPMENTAL DISABILITIES

Office of Developmental Programs Proposes Selective Contracting for Residential and Service Coordination Services

Deputy Secretary Kristin Ahrens recently announced ODP's plan to pursue two statewide 1915(b)(4) selective contracting waivers, for select services currently offered through targeted services management and in 1915(c) waiver programs. Specifically, the services in the Consolidated, Community Living, and Person/Family-Directed Support waivers that will be impacted are residential services and supports coordination. The target implementation is quarters 1–2 of fiscal year 24/25 for residential services, and quarters 1–2 of fiscal year 25/26 for supports coordination. ODP will use the 1915(b)(4) to waive "Freedom of Choice" among every "willing and qualified provider," and instead require providers to meet specific criteria set by ODP. ODP will need to ensure that there is an adequate network of providers in order to allow for participants to still have a choice of SCO and provider, but they will be able to limit the amount of providers entering the services.

This model will allow for flexibility to use alternative payment models and link payments to outcomes to further drive quality service provision. This process will include developing a class of "Preferred Providers" using new performance metrics, and align payment with outcomes by using "Pay for Performance." ODP will contract with a back office External Administrative Vendor (EAV) who will assist in data collection, analysis, and reporting for administration of the selective contracting program. Providers of supports coordination and residential services will be required to meet specific quality metrics in order to maintain contracts.

A concept paper will soon be released for public comment and ODP intends to offer several meetings with stakeholder groups to solicit feedback on the move toward selective contracting. Additionally, ODP will publish the 1915(b)(4) application and any accompanying 1915(c) amendments for public comment prior to submitting to CMS. Since this work is still conceptual over the next several months, ODP will seek input on establishing performance metrics to support different payment options, streamlining of oversight, evaluating and developing operational implementation activities, and developing a transition plan. ◀

Webinar September 28, “Incorporating Trauma Informed Best Practices Into Brain Injury Screening”

The “Incorporating Trauma Informed Best Practices Into Brain Injury Screening” webinar is planned for September 28, 2023 from 3:00 pm – 4:30 pm. Sponsored by the Traumatic Brain Injury (TBI) Technical Assistance and Resource Center (TARC), it will provide an overview of the need for a trauma-informed approach and best practice principles for implementing screening. A trauma-informed guide to screening will be reviewed and an example of how to implement this type of screening will be provided, using a trauma-informed approach with implementing a modified Ohio State University Traumatic Brain Injury Identification Method.

Screening for brain injury among underserved and vulnerable populations is critical to ensure access to resources and support. However, if not done well, screening can elicit a traumatic response, especially for those who have experienced trauma. Trauma can be experienced in a variety of ways, from intimate partner violence, child abuse, experiencing overdose, to military combat. Therefore, it is important to understand the principles and best practices as they relate to implementing a trauma-informed approach to screening for brain injury.

Registration to participate in this webinar is available [here](#). Questions about the webinar should be directed [here](#). ◀

Upcoming BIAA Webinars

The Brain Injury Association of America (BIAA) has announced their upcoming webinars. Each webinar is \$50 (except where indicated) and includes 1 ACBIS CEU.

Thursday, June 1, 2023 at 3:00 pm

Emergency Preparedness for Healthcare Organizations

John Wood, MBA

In this Business of Brain Injury webinar, John Wood, MBA will focus on emergency preparedness and its key components such as communication, education, training, and implementation specific to health care organizations and individuals with brain injury. As June 1 represents the start of the Atlantic hurricane season, he will discuss hurricane preparedness in detail, but it will be applicable to all organizations wanting to develop a detailed understanding of how to create or fine-tune their current disaster plan. [Use this link to register](#).

Thursday, June 15, 2023 at 3:00 pm

TBI and Co-occurring Mental Health and Substance Use Disorders: Treatment Considerations

Scott Peters, MS, OTR/L

Preinjury mental health diagnoses and substance use are not uncommon in traumatic brain injury survivors. Establishing and maintaining stability with these features and a traumatic brain injury is complex. In this free David Strauss Clinical webinar, Scott Peters will discuss multiple treatment frames of reference that may be helpful with appropriate modifications to effectively serve this population. This webinar is free and sponsored by Aware Recovery Care. [Use this link to register](#).

Wednesday, July 12, 2023 at 3:00 pm

From a Split Second to a Long Haul: When Traumatic Brain Injuries in Children Become Chronic Health Conditions

Brad G Kurowski, MD, MS; Juliet Haarbauer-Krupa, PhD; and Christopher C Giza, MD

This Mitch Rosenthal Memorial Research webinar will describe how traumatic brain injury (TBI) in children might meet criteria of a chronic health condition. Evidence to support this, as well as how identifying a health condition can facilitate improved monitoring and care of children over time, will be presented. [Use this link to register](#).

Wednesday, July 26, 2023 at 12:00 pm

Supporting Participation for Older Adults Experiencing Brain Injury

Emily Nalder, PhD and Shlomit Rotenberg, PhD

In this David Strauss Clinical webinar, Emily Nalder, PhD and Shlomit Rotenberg, PhD will discuss personal and environmental factors shaping how people engage in activities later in life and how that intersects with brain injury. They will describe current literature on self-management in aging and strategies to improve activity participation in older adults. They will also discuss results from a recent randomized, controlled trial on metacognitive intervention for older adults with memory issues. [Use this link to register](#). ◀

❖ MEDICAL REHABILITATION

Therapy Local Coverage Determinations Are Retired

Medicare Administrative Contractor (MAC) Novitas Solutions recently announced the retirement of two therapy-related local coverage determinations (LCDs). The LCDs that were retired include:

- ▶ [Therapy and Rehabilitation Services \(PT, OT\) \(L35036\)](#)
- ▶ [Billing and Coding: Therapy and Rehabilitation Services \(PT, OT\) \(A57703\)](#) ◀

❖ PHYSICAL DISABILITIES & AGING

CDC and NCOA Create Online Interactive Falls Free Checkup Screening Tool

The Centers for Disease Control and Prevention (CDC) [Foundation](#) and the National Council on Aging (NCOA) partnered with CDC's Injury Center to create an online interactive [Falls Free CheckUp screening tool](#), based on the [STEADI Stay Independent](#) brochure. Adults aged 65 and older, caregivers, or health care providers (on behalf of an older adult) answer 12 simple yes or no questions to get a result of either normal fall risk or high fall risk. The results page offers a brief video explaining the results and next steps. The main goal is to encourage older adults at high risk to schedule an appointment with their doctor to talk about their fall risk and strategies to reduce their risk of falling. Strategies may include strength and balance exercises, physical therapy, and tapering or discontinuing medications that cause unsteadiness. Health care providers and systems can use these strategies with their older adult patients as the first step of screening in STEADI-based fall prevention. State, local, territorial, and tribal health departments can use this tool in their communities to identify older adults at most need for fall prevention. ◀



RCPA Events Calendar

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