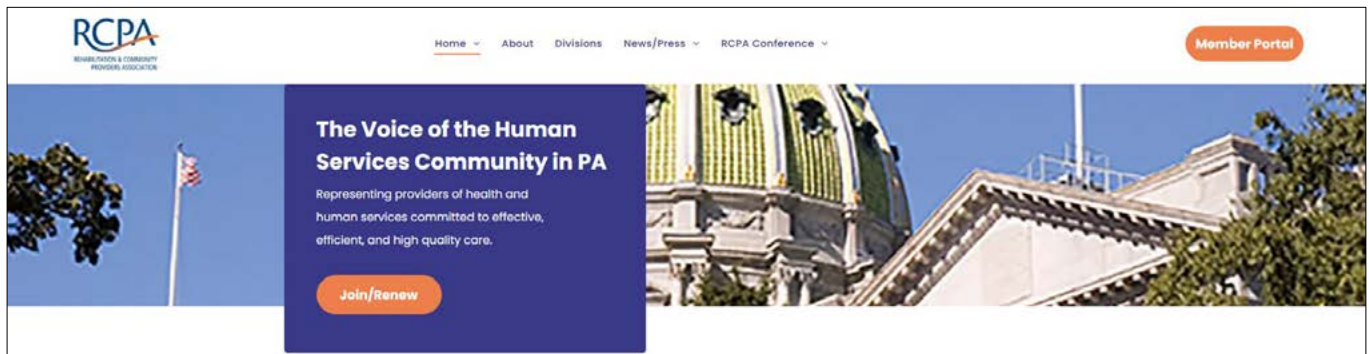


### SPECIAL FEATURE

#### RCPA Launches New Website and Member Portal

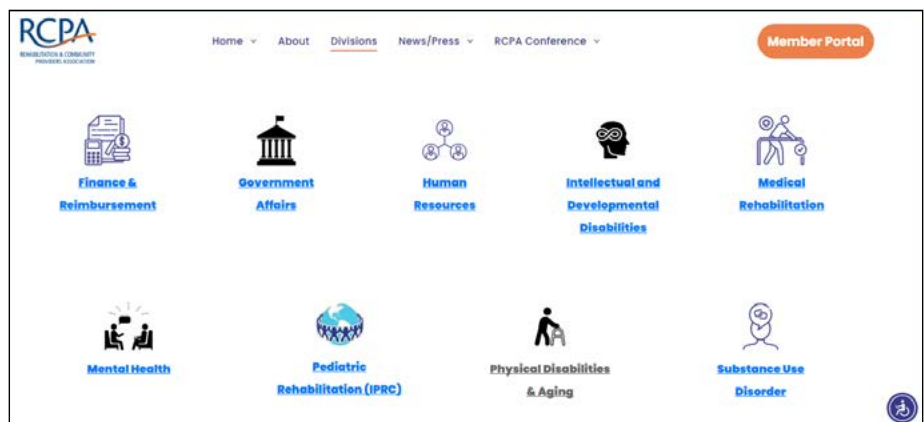


RCPA has formally launched our new website and opened up member account access. Changes you can see include:

**Our website is now greatly modernized.** Members can find information much more quickly in the new, consolidated layout. Membership benefits and a link to membership applications are readily available directly on the RCPA home page. All divisions can be found on the division landing page, and each individual division page will contain content such as:

- ▶ Policy director's name and contact details;
- ▶ Legislative priorities;
- ▶ Meeting schedule;
- ▶ Web posts; and
- ▶ Additional resources.

Topics that relate to multiple divisions will be posted to each relevant division page for further ease of access.



A view of some of our divisions on the division landing page

continued on page 4

## About RCPA:

With more than 400 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, criminal and juvenile justice, medical and pediatric rehabilitation, and physical disabilities and aging services, across 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 registering for your new RCPA member portal. See the [cover article](#) on our new website and portal platform for details. Contact **Tieanna Lloyd** with questions.



## STAFF

**Richard S. Edley, PhD**  
*President and CEO*

**Jim Sharp, MS**  
*COO and Director of Mental Health, BH Division*

**Cathy Barrick**  
*IDD Policy Analyst*

**Allison Brognia**  
*Event Planner/ Accounts Payable Manager*

**Melissa Dehoff**  
*Director, Rehabilitation Services Divisions*

**Carol Ferenz**  
*Conference Coordinator*

**Cindi Hobbes**  
*Director, International Pediatric Rehabilitation Collaborative*

**Tieanna Lloyd**  
*Membership Services/Business Partnerships 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*

**Fady Sahhar**  
*Director, Physical Disabilities & Aging Division*

**Emma Sharp**  
*Policy Associate, BH Division*

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

**Tim Sohosky**  
*Director, Intellectual/Developmental Disabilities Division*

**Christine Tartaglione**  
*Accounts Receivable Manager/Accounting Assistant*

# NEW MEMBER INFORMATION

June 2026

## RCPA PARTNERS

Be Sure to Visit our [RCPA Partners Page](#)

RCPA is proud to have the following organizations as RCPA Partners:

- [ADP](#)
- [Brown & Brown of the Lehigh Valley](#)
- [Clinically AI](#)
- [Embolden WC Trust](#)
- [First Nonprofit](#)
- [Greenspace Health](#)
- [Hearten](#)
- [Human Services Leadership Institute](#)
- [PUPS Software](#)
- [Quantum Strategies](#)
- [The Ramsay Group](#)
- [Relias](#)
- [Videra Health](#)

Interested in becoming an RCPA Partner?  
Please contact [Tieanna Lloyd](#) for details.

### ASSOCIATE

#### The Arc of Northeastern Pennsylvania

115 Meadow Ave  
Scranton, PA 18505  
Marsha Pigga, Executive Director

### BUSINESS

#### Butler Human Services Furniture

930 West Barre Road  
Archbold, OH 43502  
Mark Buecelele, Regional Manager

#### Definium Therapeutics

One World Trade Center, Ste 8500  
New York, NY 10007  
Gretchen Shaub, Director, Government Affairs

#### Proven Software

24848 Deepwater Point Dr  
Saint Michaels, MD 21663  
Anne Hunte, CEO

### IPRC

#### Monroe Carell Jr. Children's Hospital at Vanderbilt

1215 21st Avenue South  
Medical Center East, South Tower, Ste 6209  
Nashville, TN 37232-0014  
Kerri McClain, Manager, Rehabilitation Services

#### Ranken Jordan Pediatric Bridge Hospital

11365 Dorsett Road  
Maryland Heights, MO 63043  
Nicholas Holekamp, MD

### PROVIDER

#### ARS Treatment Centers, P.C. d/b/a Crossroads Treatment Centers

200 E Broad St, Ste 300  
Greenville, SC 29601  
Rupert McCormac, CEO

#### EIG Services LLC

2500 Mosside Boulevard  
Monroeville, PA 15146-3511  
Martin Johnson, CEO

## NEW for 2026/27 membership year:

Business Members can now choose from three different membership tiers!  
Contact [Tieanna Lloyd](#) or view the [Business Member application](#) for details.

## National Council's Group Purchasing Program

RCPA has partnered with the [National Council for Mental Wellbeing](#) (NC) to provide a cost-saving purchasing solution designed to meet the unique needs of your organization: the [National Council Group Purchasing Program \(GPP\)](#). This members-only benefit unlocks significant savings without the hassle of traditional purchasing.

Powered by Pandion, the GPP offers savings of 10%–30% across a wide range of categories, such as food, transportation, medical supplies, software, and office essentials. Benefits include:

- ▶ Lower costs, same quality: bulk purchasing power results in big savings on everyday essentials.
- ▶ Predictable pricing: pre-negotiated rates help you budget with confidence.
- ▶ More funds for your mission, as savings can be directed to staffing, patient care, or expansion.
- ▶ Expertise in vendor research and negotiations at your fingertips.
- ▶ Trusted suppliers: obtain top-quality products from leading businesses at discounted rates.
- ▶ Simplified purchasing: one streamlined network for all of your procurement needs.

To learn more about this **free, member-focused program**, including implementation "next steps," download the [NC's GPP flyer](#) or [watch this webinar](#). On behalf of RCPA, thank you for your membership, and thank you for the work you're doing to connect more people to high-quality, comprehensive care! ◀

Continued from page 1

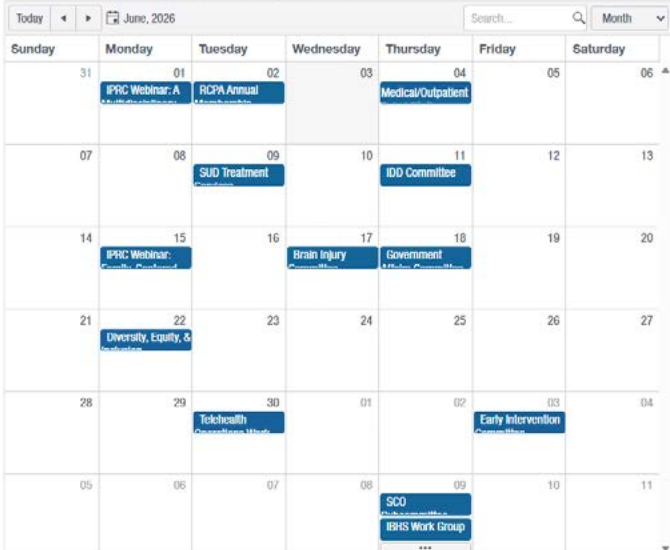
**2026 IDD Committee Meeting Schedule**

- February 5 | [Agenda](#)
- April 2 | [Agenda](#)
- June 11 | [Register](#)
- August 13
- October 8
- December 3

**2026 SCO Subcommittee Meeting Schedule**

- January 8 | [Agenda](#)
- March 12 | [Agenda](#)
- May 14 | [Agenda](#)
- July 9
- September 10
- November 12

Below is a list of our upcoming events.



The schedule section found on each division page


**Members are now able to create RCPA accounts.** This account will create a user portal, where you will be able to see a summary of events you have registered for as well as subscribe or unsubscribe from RCPA email lists. You will also be able to access members-only content on the website when logged into your account. [View instructions](#) on how to create your member portal account.

**Registration for RCPA committee and subcommittee meetings connect to your account.** Registering for RCPA meetings will be easier, as text fields will prepopulate with your account details when logged in. You will be able to register through your portal, and registration pages will have all meeting materials and information in one location.

**Emails from RCPA will reflect our updated look.** Be on the lookout for new email styles and content, particularly around our PAC Golf Outings and Conference.

We encourage you to [watch an overview of the new website for more details](#); please note you will be asked to provide your name and email address to view the video.

We are excited to begin this new era for RCPA and our members. Our hope is that this new website elevates our ability to serve you as well as your ability to serve your communities. ◀



**WELCOME TO YOUR RCPA PORTAL**


Email

Password

Remember Me
 [Forgot your password?](#)

**SIGN IN**

**SIGN UP**

Powered By  
  
[www.AssociationSphere.com](http://www.AssociationSphere.com)

## RCPA Annual Conference

### Find Power in Purpose at the 2026 RCPA Conference!

The RCPA 2026 Annual Conference, *Power in Purpose: Promoting Possibilities*, will take place from September 29 – October 2 at the Hershey Lodge. This conference is consistently a landmark event for the Pennsylvania behavioral health, brain injury, children's, early intervention, intellectual and developmental disabilities, medical rehabilitation, and physical disabilities and aging provider communities.

Several popular speakers are participating this year, including:

- ▶ Dave Raymond, the "Hero of Happiness" — Author, international keynote speaker, thought leader, and the original Phillie Phanatic.
- ▶ Judge Victor Reyes — Renowned facilitator of discussions on self-respect, self-compassion, domestic violence, and leader of yoga/mindfulness classes.
- ▶ Jennifer Lynn Robison — Lifestyle and communications expert, TEDx speaker, media contributor, and traumatic brain injury survivor/advocate.
- ▶ Ed Krow — Talent Transformation Expert on understanding the employee/employer dynamic, achieving talent and culture transformations, and turning negative growth into success.

#### Connections Hall

In addition to the Connections Hall activities, there are many networking opportunities throughout the conference. Exhibitors will also have the chance to compete for "Best of Show!"



**POWER IN  
PURPOSE**  
Promoting  
Possibilities

**RCPA 2026**

#### Sponsor and Exhibitor Opportunities

Our conference is privileged to have the support of the finest organizations in the field. Contributing organizations are honored by RCPA through sponsorship circles. View our [Sponsor/Exhibitor/Advertiser brochure](#), for the opportunity of name recognition and exhibitor booth self-selection (with completed contract and payment). Sponsorships and exhibit booths are reserved on a first-come, first-served basis. The deadline to submit all materials and be listed on the website, mobile app, and in the conference program is Tuesday, September 8. Please contact Conference Coordinator [Carol Ferez](#) with any questions.

**RCPA thanks these organizations that have committed their support to our 2026 Conference. You help make this conference an extraordinary, educational, and meaningful event for Pennsylvania's provider communities! ◀**

*Save the Date*

**2026 RCPA Conference**

**Sept 29 – Oct 2**

**Hershey Lodge**



## Auto Liability Trends Impacting Human Services Providers: What Agencies Need to Know in 2026



**By Emily Reiter, CIC, Vice President, Commercial Practice, Brown & Brown Insurance**

Transportation is a core component of services delivered by behavioral health, intellectual and developmental disability

(IDD), and other human services providers. Agencies regularly transport individuals to medical appointments, employment programs, day services, and community activities, making transportation essential to access, independence, and continuity of care. These services are mission-critical, but these services introduce meaningful operational and financial risk. In today's insurance environment, auto liability has become one of the most volatile lines of coverage for human services organizations. Agencies are experiencing higher premiums, stricter underwriting requirements, and reduced carrier options. This article examines the key factors shaping today's auto liability landscape, including workforce pressures, rising claim severity, insurer preferred safety practices, and the expanding role of telematics technology.

Staffing challenges remain pervasive across the human services sector, and transportation roles are among the most difficult to staff. As experienced drivers retire or leave for higher-paying opportunities in commercial transportation, agencies increasingly rely on newer drivers. These workforce pressures directly impact auto liability risk. Inexperienced or inconsistent drivers are statistically more likely to be involved in collisions, particularly in higher risk environments. Underwriters are closely evaluating driver selection standards, training frequency, and supervisory oversight to determine whether an organization is managing transportation risk effectively. Organizations without formal, documented driver management practices may face higher costs or coverage restrictions.

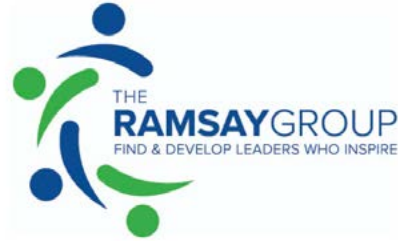
Compounding these staff related risks is a continued increase in auto liability claim severity. Vehicle repair costs have increased significantly, especially for vans and wheelchair accessible vehicles equipped with advanced safety technology, sensors, and specialized components. In addition, increasing medical costs drive higher bodily injury claim values. Broader litigation trends contribute to these challenges, with higher settlements and verdicts becoming more common nationwide in auto liability cases involving passenger injuries.

In consideration with these market pressures, insurers continue to differentiate organizations based on the quality of their risk management practices. Carriers look for comprehensive driver training programs, including both initial onboarding and ongoing education, as well as clear, written vehicle use policies. Consistent fleet maintenance, pre trip inspections, and documented corrective actions following incidents are also critical components of a strong safety program. In addition, technology is playing an increasingly important role. Telematics systems support proactive coaching by identifying risky driving behaviors before they result in claims, and many agencies report improved driver accountability, reduced accident frequency, and stronger documentation after implementation.

Auto liability risk in the human services sector continues to evolve as workforce challenges, rising claim severity, and insurer expectations converge. Agencies that take a proactive approach, by strengthening driver management practices, enforcing safety policies, maintaining vehicles diligently, and leveraging available technology, are better positioned in the marketplace to manage costs and protect the individuals they serve. Fleet risk management is no longer just an operational concern; it is a strategic priority that directly affects financial stability, organizational reputation, and mission fulfillment. ◀

### Making Every Meeting Count: How Format Affects Outcomes

By: *Diana Ramsay, President, MPP, OT, FAOTA, The Ramsay Group*



The shift to virtual meetings was one of the most successful forced experiments in history. Remote meetings have made organizations more efficient and flexible. What leaders are discovering, and research confirms, is that matching the format to the conversation can meaningfully affect outcomes.

#### What the Research Shows

A 2022 study published in *Nature* by researchers at Stanford Graduate School of Business and Columbia Business School found that in-person teams generated 15 to 20 percent more ideas than virtual teams working on the same problem. Notably, the same study found that virtual meetings performed just as well for evaluating and selecting ideas. A 2025 analysis of meeting formats reached a similar conclusion: in-person settings scored higher for relationship-building, rich discussion, and informal interaction, while virtual settings were stronger for flexibility, convenience, and participation across locations.

The takeaway isn't that one is better. It's that format and purpose should be deliberately matched when logistically and financially possible.

#### What In-Person and Virtual Meetings Do Well

Virtual meetings excel at moving information efficiently, such as operational check-ins and routine coordination. For organizations managing distributed teams or limited travel budgets, virtual is often the right choice.

When teams meet in a physical room, communication happens on multiple levels at once. People read body language and adjust in real time. Individual conversations before and after the meeting build professional familiarity and trust. On a screen, those nuances are harder to access. Video platforms allow only one voice at a time, limiting the natural overlap during idea generation and spontaneous exchange.

I've witnessed the difference firsthand while facilitating peer discussions in *The Collective™*. Virtual meetings were ideal for decisions and setting agendas. The teams that met in person, even just a few times, developed stronger bonds, had deeper discussions, and produced more strategic work, which then supported outcomes during subsequent virtual meetings.

#### Applying This to Your Organization

Virtual meetings have become the default for most organizations; and budget, geography, and logistics often place real limits on the ability to meet in person. What the research and experience show us is that, when possible, intentional meeting format selection supports better outcomes.

If an in-person meeting is an option, consider it for times that require building trust, alignment, or expansive thinking, such as when a leadership team forms, a major initiative launches, or to reset group dynamics. The in-person investment tends to raise the quality of subsequent virtual meetings.

A practical rule of thumb: if the meeting is about transmitting information, virtual is best. If it is about building trust or solving complex problems, the in-person format is worth the investment when possible.

As leaders, we must make the choice deliberately rather than by default.

For more about this topic, including research links and a practical decision framework, read the [expanded article on LinkedIn](#).

*The Ramsay Group is an RCPA member and partner organization that leads *The Collective™* and specializes in executive search, leadership strategy, and board development for health and human services organizations. Diana Ramsay can be reached via email [here](#). ◀*

## ❖ DIVERSITY, EQUITY, AND INCLUSION

### Why Supporting DEI Through Your Spending Matters

Every purchase is a choice. Whether it is buying groceries, cleaning supplies, selecting a courier company, choosing a bank, or shopping online, the choices we make when we spend our dollars support the values and practices of the companies we select. Supporting companies that prioritize your personal and organization's values is a great way to invest in workplaces and communities that reflect fairness and equality.

Companies that embrace DEI typically strive to create environments where people from different backgrounds, identities, abilities, and experiences can succeed. This can include equitable hiring and promotion practices, inclusive workplace policies, accessible services, supplier diversity programs, and efforts to ensure employees feel respected and represented. When businesses commit to these practices, they are often better equipped to understand and serve diverse communities.

Spending money at companies that support DEI efforts can have a broad economic impact as businesses respond to consumer behavior. When customers intentionally support organizations that invest in inclusive practices, they send a message that those values matter. Consumer demand can influence workplace culture, hiring practices, and corporate priorities in ways that extend beyond individual purchases.

There are also practical benefits to supporting inclusive businesses. For people with disabilities and their families, DEI efforts can be especially meaningful when they include accessibility and disability inclusion. Businesses that invest in accessible websites, inclusive customer service, workplace accommodations, and disability representation help create communities where participation is easier and barriers are reduced.

Supporting DEI through spending

does not require perfection. Instead, it is about choosing organizations that demonstrate a genuine commitment to progress, transparency, and accountability. Look for evidence of those commitments such as inclusive policies, public commitments, workforce initiatives, accessibility efforts, employee resource groups, or community partnerships.

At its core, spending with DEI-supportive companies is about aligning dollars with values. Small choices, multiplied across households, organizations, and communities, can help encourage workplaces and systems that are more inclusive and welcoming for everyone. ◀

Learn more:

[THE DEI DATASBASE – Search For Inclusive Companies](#)

[How to Identify Truly DEI-Focused Companies](#)

## ❖ 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](#), containing the bills and resolutions we are currently following. You can review this tracking report 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. ◀

## What's Next on the Telehealth Horizon

by Jim Sharp, RCPA COO and Director of Mental Health Services

Over the course of the last six years, the delivery of health services has been deeply impacted by the expansion in full utilization of telehealth. As we look forward to what the future possibilities hold we are encouraged by the development of practice and policies both at the federal and state level that create pathways to care.

Pennsylvania, like many states, endured a rigorous journey to eliminate the "4 Walls" requirements as outlined in the CMS Medicaid standards for the delivery and receipt of telehealth services. The State's own quest took nearly 18 months of advocacy and partnership with the Office of Mental Health and Substance Abuse Services (OMHSAS) as well as support from the Pennsylvania General Assembly.

What comes next? Through the federal lens, Medicaid telehealth delivery is on a very stable platform for ongoing utilization. This year, the federal government took a range of steps to expedite the adoption and awareness of telehealth especially in the Medicare sector. Medicare patients can now receive telehealth services for non-behavioral and mental health care in their homes through December 31, 2027.

Additionally, the Federal Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) can continue to serve as Medicare distance site providers for mental telehealth services through the end of December 2027. With the exception of additional CMS telehealth CPT codes it is expected that in the near future there will be limited changes in practice and policy specifications.

In Pennsylvania, OMHSAS has created a series of bulletins and interim guidances that have directed the delivery of tele-behavioral health services since the public health emergency. These standards have sought to provide a comprehensive platform that ensures access to services among the vast continuum of services under licensure. The original idea was for the creation of an updated Tele-Behavioral Health Bulletin in 2026, but the department has had to focus on updating standing regulatory packages as well as begin work on implementation of the HR 1 Medicaid changes set to commence in 2027. RCPA has been a working collaborator in all of these editions of telehealth policy and looks forward to these ongoing efforts.

While the "4 walls" barrier has been addressed, the next focus should be on elimination of the administrative burdens currently associated with the delivery of telehealth. RCPA and its partners at DHS have been working on language and efforts to eliminate the need for signed encounter forms for telehealth services. There is consensus that these additional steps have created the unintended consequences of an unnecessary, additional layer of administrative burden.

RCPA stands at the ready to continue to address further barriers in efforts to ensure access to critical services through telehealth. ◀



## BEHAVIORAL HEALTH SUBSTANCE USE DISORDER TREATMENT SERVICES

### The Next Frontier in SUD Treatment: The Psychedelic Ibogaine

By Jason Snyder, RCPA Director of Substance Use Disorder Treatment Services

At first blush, psychedelics may seem to be the antithesis to substance use disorder (SUD) treatment, conjuring outdated images of 1960s counterculture.

But their increasing acceptance, especially among many of the same institutions that historically denounced them, holds great promise for those with SUD, mental health issues, including post-traumatic stress disorder (PTSD), and traumatic brain injuries. Proponents, including those who have undergone ibogaine treatment for SUD, tout elimination of withdrawal symptoms, loss of cravings to use drugs and an introspection unlike they had been able to achieve prior to the treatment.

With the recent significant attention in the media, medical and research communities, and even some legislative bodies, psychedelics are having their day. On April 18, 2026, President Trump issued an executive order, "**Accelerating Medical Treatments for Serious Mental Illness,**" that directs federal agencies to expedite access to psychedelic-assisted therapies for Americans suffering from serious mental illnesses, including SUD. Fifty-five years ago in 1971,

another Republican president, Richard M. Nixon, declared his war on drugs, with an especially strong aversion toward the psychedelic LSD, citing it as the root cause of the anti-Vietnam War movement, youth rebellion, and social disorder. The juxtaposition of the two eras underscores just how significant today's environment is.

Part of the reason for the vastly different philosophy on psychedelics today versus conservative ideologies of the past, **according to the New York Times**, is the immense promise they hold for treating veterans suffering from PTSD.

Although several psychedelics are being discussed as options for treatment of mental health and SUD, only ibogaine was specifically mentioned in the president's executive order. Ibogaine is a naturally occurring psychoactive compound found in the roots of the African shrub iboga. Ibogaine has been designated as a Schedule I drug since 1970, preventing its use within the United States, but clinics in Canada and Mexico offer legal ibogaine treatments [\[read full article\]](#). ◀

## CHILDREN'S SERVICES

### AI in Youth Mental Health Treatment

Youth mental health needs are continuing to skyrocket, and our current mental health system is not equipped to handle the volume. In Pennsylvania, roughly half of children with major depression reported that they did not receive treatment for their mental health concerns (**Hopeful Futures Campaign**), which is higher than the national average.

It seems the only thing growing more rapidly than youth mental health needs is artificial intelligence, and without access to clinical treatment, children are turning to AI chatbots for emotional and mental health support. Approximately **1 in 8** adolescents and young adults use AI chatbots for mental health advice. While access to some level of support

may be enticing for young people struggling with mental health needs with their instant feedback and perceived anonymity, outcomes for children have drastically varied.

Unfortunately, there have been instances of AI chatbots giving inappropriate advice to children who were looking for help, some of which resulted in suicide. For a child seeking help, it can be easy for the line between true social interaction and computer programs to be blurred. Recently, Pennsylvania's Governor Josh Shapiro sued the AI chatbot Character.AI for falsely claiming to be a licensed psychiatrist, leading individuals to believe they were talking to a clinician, not an algorithm.

Despite its flaws, AI is not leaving any time soon, and new AI platforms are being created seemingly daily. There are currently multiple chatbot programs being developed that form their algorithms from evidence-based, clinician-backed data that are specifically designed to address youth mental health needs. While these clinically-designed platforms are still in their early stages, they could become crucial in addressing the volume of the current youth mental health crisis. Until these programs have been fully vetted, experts still **caution against using AI chatbots** for any form of emotional support and encourage parents to help their children distinguish between helpful and harmful advice. ◀

## The HR 1 Medicaid Mountain to Climb

by Jim Sharp, RCPA COO and Director of Mental Health Services

In early May, RCPA hosted an HR 1 Medicaid Summit Webinar that was attended by more than 350 RCPA members, non-members, advocates, payers, DHS leadership, and stakeholders. The goal was to create a forum by which the human services communities could be updated on the pending changes for Medicaid as outlined in the HR1 legislation and its potential impacts on the Pennsylvania's Medicaid expansion population.

The program began with a federal overview by Peter Delia, lead policy strategist for the National Council for Mental Wellbeing, as well as a Pennsylvania impacts presentation by Leesa Allen, who this year came on board with the RCPA team to provide valuable guidance in support of our efforts.

The highlight of the hour-long forum was the panel discussion that featured:

- ▶ Hoa Pham, Deputy Secretary, Office of Income Maintenance, Department of Human Services;
- ▶ Peter Delia, JD, Federal Policy & Advocacy Strategist, National Council for Mental Wellbeing;
- ▶ Dr. Matthew Hurford, President and CEO, Community Care Behavioral Health;

- ▶ Leesa Allen, CEO and Medicaid Consultant, Leesa Allen Consulting LLC; and
- ▶ Dr. Richard S. Edley, PhD, President and CEO, RCPA.

The group addressed questions submitted by participants that sought clarification and guidance on critical areas, which included DHS' communication timelines, implementation steps, and potential procedural changes to stakeholders. One common theme echoed by all of the panelists was the need for engaged partnership amongst the stakeholders and how to ensure provider readiness for the implementation of these Medicaid changes.

Also, while final guidance from CMS is forthcoming in June, Pennsylvania will grapple with the exceptions criteria and medical frailty definitions for expansion recipients as that remains one of the most visible hurdles for all stakeholders.

There are many looming considerations and implementation changes pending for Pennsylvania to meet the federal start date of January 1, 2027, and RCPA will continue its efforts to ensure provider engagement in communication to ensure an even implementation of the legislation. ◀



## ODP Presses Pause on Supports Coordination Organization Performance-Based Contracting

On April 24, 2026, the Office of Developmental Programs (ODP) issued notice to Supports Coordination Organizations (SCOs) across Pennsylvania that it was pausing the implementation of Performance-Based Contracting (PBC) changes; particularly, the move to a Per Member-Per Month reimbursement rate.

Spearheaded by our SCO Committee members, RCPA, in collaboration with five other major statewide associations, formally requested that ODP pause the implementation of PBC for SCOs. While we continue to support the long-term goals of increasing quality and accountability, our collective letter sent to Deputy Secretary Kristin Ahrens on April 21, 2026, detailed significant concerns regarding the system's readiness for the current July 1 deadline. The committee identified critical gaps in operational procedures, including inconsistent guidance on billing methodologies and service definitions, as well as a lack of access to the real-time data necessary for decision-making and compliance. Furthermore, there are deep concerns that the proposed rate structure does not reflect the actual cost of service delivery, creating a risk for financial instability and unintended negative impacts on workforce retention and service quality for the 60,000 Pennsylvanians served by the ID/A system.

We support ODP's move to pause implementation and allow for the establishment of a revised timeline that proceeds only after operational guidance is published, data systems are functional and accessible, and performance measures are aligned with realistic system capabilities. RCPA believes that a defined pause was the most responsible path forward to ensure the new model is sustainable and capable of improving outcomes. ◀



## Commonwealth Court Decision Impacts the Office of Developmental Programs Rulemaking Process

On May 4, 2026, the Pennsylvania Commonwealth Court granted a motion to publish its previously unpublished opinion in *Dunkelberger v. Department of Human Services (DHS)*. In issuing its original opinion, the court invalidated ODP's "40/60 rule" that previously applied to family caregivers. The rule limited the amount of time a family member was permitted to provide in a given week. The court noted that ODP erred in its creation of this rule, as it did not follow established rulemaking procedures. The court invalidated the rule and called into question ODP's process of creating administrative rules via bulletin or other manner that does not follow proper regulatory procedures.

With the court's decision now published, it is formally recognized as precedential authority. This decision creates legal significance beyond the parties involved in *Dunkelberger*. Because the ruling now carries precedential weight, DHS and its program offices must account for the court's analysis when developing, enforcing, or revising policies that impact providers and caregivers. This includes heightened scrutiny of administrative rules that may not be clearly supported by statute or adopted through proper regulatory procedures. This decision may serve as a reference point in future legal challenges and could shape how DHS approaches policy development, stakeholder engagement, and compliance with administrative law requirements. ◀

## CMS Releases Guidance on Enforcement Discretion for Medicaid Fee-for-Service Grievance System Requirements

The Centers for Medicare and Medicaid Services (CMS) [sent](#) an informational bulletin regarding the exercise of enforcement discretion for requirements for a Medicaid fee-for-service grievance system for home and community-based services until December 2027. Per the bulletin, until December 31, 2027, CMS does not anticipate taking enforcement action against states with respect to the fee-for-service grievance system requirements that were issued as part of the *Ensuring Access to Medicaid Services final rule* (Access rule). Previously, states were required to develop and implement this system by July 9, 2026. ◀

### New Tool Developed for Navigating Concussions

The National Association of State Head Injury Administrators (NASHIA) has developed a new tool called the [Concussion Navigator](#). This includes a comprehensive suite of digital tools designed to support individuals, families, and healthcare providers in managing traumatic brain injury (TBI) care. The platform features three essential components:

- ▶ **Learn**, which provides evidence-based training and education about TBI management;
- ▶ **Track**, an interactive symptom tracking system that helps monitor recovery following a potential TBI; and
- ▶ **Find**, a sophisticated resource geolocator that connects users with nearby TBI services and support.

Together, these integrated tools create a user-friendly ecosystem that streamlines access to TBI resources, enhances recovery monitoring, and improves care coordination for those affected by concussions and traumatic brain injuries. ◀

### Guide to Help Families Understand Brain Injury is Now Available

The Brain Injury Association of America (BIAA) has developed a new guide, [Understanding the Brain Injury Journey: A Practical Guide for Families](#), for individuals and families who are navigating the days, weeks, and months following a brain injury. ◀

### BIAA Publishes the 2026 State of Brain Injury Report

Recognizing the need for a comprehensive look at the current state of brain injury in America, the Brain Injury Association of America (BIAA) has published the [2026 State of Brain Injury Report](#). A collaboration from distinguished leaders in the field of brain injury and neurorehabilitation, this report explores the impact that acquired brain injury has on millions of Americans. ◀



### Webinar Focuses on Mental Health Supports for Military Service Members

The National Association of State Head Injury Administrators (NASHIA) is facilitating a webinar, [Mental Health Supports for Military Service Members](#), on Wednesday, June 17, 2026, from 1:00 pm – 2:30 pm. This webinar will explore the innovative and collaborative approaches to advancing mental health and brain injury support for service members, veterans, and their families.

An estimated 17–23% of US service members and veterans experience a traumatic brain injury (TBI), and many also face co-occurring mental health challenges such as post-traumatic stress disorder (PTSD), depression, and suicide risk—highlighting a critical need for coordinated, effective systems of care. ◀

## CMS Proposes to Expand Comprehensive Care for Joint Replacement Model

The Centers for Medicare and Medicaid Services (CMS) recently released the fiscal year (FY) 2027 hospital inpatient prospective payment system (IPPS) **proposed rule**. Included in this proposed rule, CMS is proposing to expand its Comprehensive Care for Joint Replacement (CCJR) model nationwide to improve care coordination and reduce costs for Medicare patients undergoing hip, knee, and ankle replacements. The model would hold hospitals accountable for the full episode of care, including surgery and 90 days of recovery, encouraging better outcomes and more efficient use of resources.

For background purposes, from April 2016 through December 2024, the CMS Innovation Center tested the **CJR Model** to improve care for Medicare patients undergoing joint replacement procedures. During that time, the model generated significant Medicare savings while maintaining quality of care for beneficiaries. Under the CJR Model, hospitals were held responsible for Medicare spending for the joint replacement surgery, the hospital stay, and the first 90 days of recovery, including follow-up care such as physical therapy.

Based on evaluation of the CJR Model, the CJR Expanded (CJR-X)

Model would create strong incentives for hospitals to coordinate care more effectively, avoid unnecessary services like avoidable re-hospitalization and emergency care, and focus on delivering the best outcomes for patients. It would specifically encourage better communication with post-acute care providers to support recovery. Beginning October 1, 2027, CJR-X would be required for most hospitals, making it the first mandatory, nationwide test of an episode-based payment model. Comments on the proposed rule are due by June 9, 2026. ◀

## CMS Issues Proposed Rule on Medicaid Supplemental Payments

On May 20, 2026, the Centers for Medicare and Medicaid Services (CMS) released a proposed rule that would change how states structure certain Medicaid payments in managed care and fee-for-service programs. The proposal would place limits on state-directed payments and align some Medicaid reimbursement rates more closely with Medicare rates. CMS estimates the rule could reduce Medicaid spending by \$775 billion over 10 years, including \$510 billion in federal savings.

CMS said the rule is intended to address financing arrangements involving provider taxes and intergovernmental transfers, which they said can increase federal Medicaid spending. CMS cited a 2024 report from the Medicaid and CHIP Payment and Access Commission (MACPAC), showing that more than half of state-directed payments are financed through these mechanisms.

Under the proposal, provider payment rates in expansion states would generally be capped at 100% of Medicare rates, while non-expansion states would be capped at 110%. Similar limits would apply to some targeted fee-for-service payments. The rule would also establish new national standards for transparency and oversight. The full proposed rule is published [here](#). The CMS fact sheet is available [here](#). ◀

## House Committee Hearing on Physician Payment Reform

On May 20, 2026, the House Energy & Commerce Health Subcommittee held a hearing; “Health Hearing: Examining the Medicare Physician Fee Schedule, MACRA, and Opportunities for Payment Reforms.” The hearing built on previous committee hearings that were part of its healthcare affordability series and focused on the Medicare Physician Fee Schedule (PFS), reforms enacted in the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), and opportunities for Medicare physician payment reform. A recording of the hearing and witness testimony can be found [here](#). ◀

## U.S. News & World Report Webinar on Rankings Methodology

Recently, *U.S. News and World Report* (U.S. News) hosted a webinar titled “A First Look at the 2026–2027 Best Hospitals Methodology.” A recording of the webinar is available by registering [here](#). During the webinar, there were a number of updates pending specific to the Rehabilitation Rankings Methodology:

- ▶ U.S. News will not only be providing the national ranking of the Top 50 rehabilitation providers but will expand the rankings to include regional rankings; these rankings will recognize the next 250 rehabilitation providers, to allow for more local/state/regional opportunities for patients and families to identify the best hospitals near their homes.
- ▶ To account for the removal of the Patient Services and Advanced Technologies measures (which had a combined weight of 15% towards the composite score), U.S. News will be making the following updates to the rankings methodology:
  - Outcomes measures will move from a 30% weight to at least 40% in aggregate. U.S. News did not provide additional details about the weight changes to each of the outcomes measures, which include:
    - Successful Return to Home/Community;
    - Potentially Preventable Readmissions During the Stay; and
    - Potentially Preventable Readmissions After Discharge.
  - Expert Opinion will have a reduced weight, moving from 30% to 25%.
  - CARF Accreditation and Model Systems measures will be separated and each be assigned 5% weight (10% combined weight) towards the composite score.
    - In past years, each measure had a 2.5% weight with Model Systems receiving the additional CARF Accreditation 2.5% weight regardless of accreditation status.
  - Remaining weight adjustments (up to 5% in total) may occur for:
    - Flu vaccination measure; and
    - Volume measures.

These changes are consistent with [recommendations](#) made by the American Medical Rehabilitation Providers Association (AMRPA) and communicated to U.S. News.

The [U.S. News and World Report Healthcare of Tomorrow](#) conference is coming up on June 17–18, 2026, at the Grand Hyatt in Washington, DC. The agenda includes a session “Inside U.S. News Best Hospitals,” where once again information will be shared regarding the changes to the rankings and ratings methodology for the summer 2026 release. AMRPA staff will attend the conference and continue to educate members on short- and longer-term changes planned to the U.S. News rankings methodology. ◀



## Commonwealth Court Reverses Community HealthChoices MCO Awards

The Pennsylvania Commonwealth Court recently reversed the Department of Human Services' (DHS) award of Community HealthChoices (CHC) managed care contracts, finding deficiencies in the procurement process and setting aside the awards. This decision effectively halts the planned transition to a new MCO structure and requires DHS to take corrective action, which may include reevaluation or reprocurement.

The reversal introduces immediate uncertainty for long-term services and supports (LTSS) providers and effectively pauses the anticipated transition to a new managed care landscape. In the near term, incumbent MCOs are expected to remain in place, preserving operational continuity but delaying planned network realignments, contracting cycles, and potential rate or value-based payment changes tied to new awards. Providers preparing to shift relationships or expand within newly selected plans should reassess and remain flexible, prioritizing stability with existing MCO partners while closely monitoring DHS guidance. The ruling also reinforces the point that procurement outcomes can change late in the process, underscoring the importance of diversified plan relationships and cautious contracting strategies.

Looking forward, the CHC disruption intersects with Pennsylvania's broader managed care roadmap, particularly the upcoming HealthChoices procurement for physical health services. This creates a strategic inflection point for the Commonwealth as it works toward CMS' 2030 expectation of greater alignment between physical health and LTSS managed care. Pennsylvania could use the timing of both procurements to move toward a more integrated model—either through aligned awards, coordinated contracting structures, or unified plan participation across programs. For LTSS providers, this signals that future positioning will increasingly depend on the ability to operate within integrated care frameworks, where relationships with plans that span both physical health and LTSS will become more critical to network access, care coordination expectations, and long-term growth. ◀

## Value-Based Purchasing (VBP) Innovation Forum

Pennsylvania's Office of Long-Term Living (OLTL) launched the VBP Innovation Forum, an opportunity for providers and provider groups to collaborate and pitch ideas to the three managed care organizations (MCOs), moderated by the National MLTSS Health Plan Association.

The aim is to find innovative ways to improve services for people who are dually eligible or need long-term services and supports (LTSS), such as older adults and adults with disabilities. Through a competitive application process, a subset of providers will be invited to present their ideas in person at the VBP Innovation Showcase in Harrisburg on Wednesday, August 12, 2026. Leaders from the three CHC-MCOs will be in attendance, as well as national subject matter experts and representatives from OLTL. The first milestone was on April 17, 2026, when over 80 proposals had been submitted. RCPA members submitted 12+ proposals. ◀



## 2025 Home and Community-Based Services CAHPS Survey Results: Key Insights and Areas for Improvement

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey is a standardized tool for measuring managed care participants' experiences with healthcare services. Specifically, the Home and Community-Based Services (HCBS) CAHPS Survey evaluates the quality of care provided to individuals receiving long-term services and supports in their homes or communities. The survey collects feedback on various aspects of care, including communication with staff, personal safety, respect, service coordination, and access to services.

### OVERALL SCORES

The 2025 CAHPS survey results for Pennsylvania's Community HealthChoices (CHC) program showed mixed outcomes. While some measures met or exceeded the 86% performance goal, others fell short. Here are the highlights of the overall scores for CHC:

- ▶ Staff Listen and Communicate Well: 90%;
- ▶ Personal Safety and Respect: 96%;
- ▶ Service Coordinator is Helpful: 92%;
- ▶ Staff Are Reliable and Helpful: 85% (missed the goal of 86%); and
- ▶ Overall Participant Experience: 82% (missed the goal of 86%).

### MISSED MEASURES

Despite strong performance in some areas, CHC fell short of the 86% performance goal in several measures:

1. Choosing the Services That Matter to You: 82%;
2. Transportation to Medical Appointments: 72%;
3. Planning Your Time and Activities: 63%;
4. Overall Participant Experience: 82%;
5. Person-Centered Service Plan (PCSP) Included All the Things Important to You: 68%;
6. If Received Care, Rate Your Dental Care (Rating Score of 9 or 10): 81%;
7. Ability to Do Things in the Community: 40%;

8. Know How to Report Abuse, Neglect, or Exploitation: 74%;
9. Aware of Housing Rights and How to Get Information for Preventing Eviction/Foreclosure: 75%; and
10. Get Appointment for Counseling or Mental Health Treatment as Soon as Needed: 61%.

### DECLINED MEASURES

Several measures showed a decline in CHC scores from 2024 to 2025:

1. Transportation to Medical Appointments: Dropped from 80% in 2024 to 72% in 2025;
2. Ability to Do Things in the Community: Dropped from 50% in 2024 to 40% in 2025;
3. Get Appointment for Counseling or Mental Health Treatment as Soon as Needed: Dropped from 71% in 2024 to 61% in 2025; and
4. If Received Care, Rate Your Dental Care (Rating Score of 9 or 10): Dropped from 84% in 2024 to 81% in 2025.

While the 2025 HCBS CAHPS survey results for CHC demonstrate strong performance in areas like staff communication, personal safety, and service coordination, there are clear opportunities for improvement. Measures such as transportation, planning activities, and access to mental health services saw declines compared to 2024, highlighting areas that require attention to meet the performance goal of 86%. Addressing these gaps will be crucial to improving the overall experience for participants in Pennsylvania's Community HealthChoices program.

OLTL did not release the CAHPS results for the individual MCOs. RCPA is working with the MCOs to identify corrective action plans that impact our members, and how we could work with the MCOs to drive Value-Based Payment programs to benefit RCPA members. ◀



## RCPA Events Calendar

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

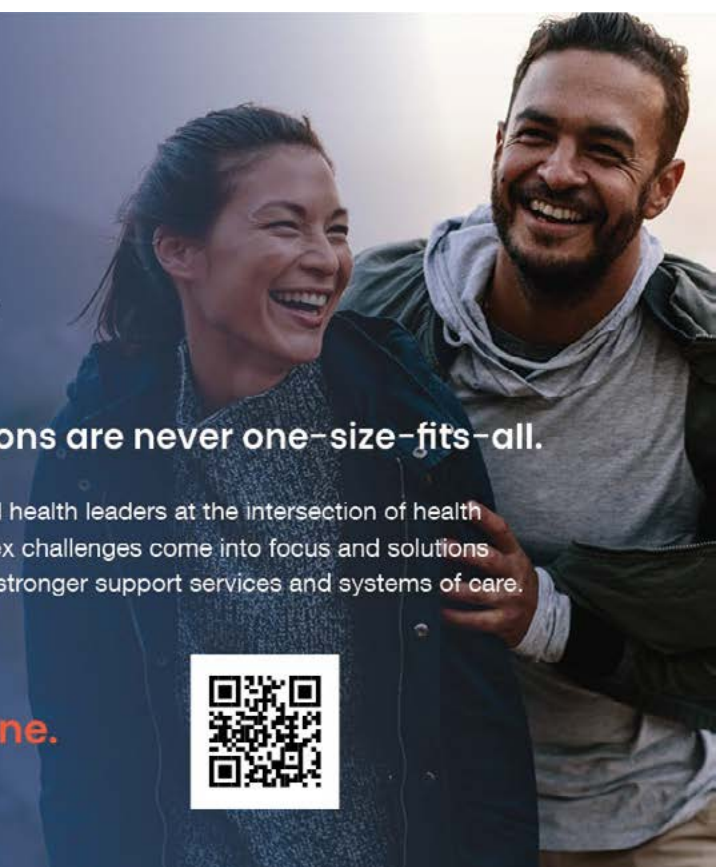


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