RCPA
REHABILITATION & COMMUNITY PROVIDERS ASSOCIATION

THE quarterly advisor

MARCH 2026

CONFERENCE

RCPA Announces 2026 Annual Conference "Power in Purpose: Promoting Possibilities"

RCPA will be returning to the Hershey Lodge from September 29 to October 2 for our annual conference. Our lineup of keynote speakers is well underway, including DHS Secretary Valerie Arkoosh, and our opening keynote speaker, Dave Raymond! In today's stress-filled world, where burnout is glorified and joy often feels like a guilty pleasure, many professionals have forgotten how to be sustainably happy. They're chasing success but starving for purpose. This speaker transforms perspectives through storytelling. During this session, participants will learn how to build well-being from the inside, transforming culture, rewiring brains, boost productivity, and lead with purpose.

Dave Raymond

Dave Raymond will share his personal journey from behind the mask of a world-famous mascot to the frontlines of the happiness movement. More than a keynote, this is a wake-up call. A heartfelt, high-energy reminder that fun isn't a distraction from success – it's the foundation to forge your own Evolution of Happiness journey.

We are currently accepting **proposals for workshop sessions**, and **applications for sponsors and exhibitors**. For more information, visit the **RCPA Conference website**. ◂

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 signing up for **emails and meeting invitations** as well as **complete website access**.

RCPA

PAProviders.org

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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

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Christine Tartaglione
Accounts Receivable Manager/Accounting Assistant

NEW MEMBER INFORMATION

March 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**

Interested in becoming an RCPA Partner? Please contact **Tieanna Lloyd** for details.

BUSINESS

Cantata Health Solutions
2303 Ranch Road 620 S, Ste 160 #523
Lakeway, TX 78734
Dylan Bestler, Marketing Coordinator

Human Services Leadership Institute
6800 Coral Ridge Road
Sebring, FLa 33876
Tim Nolan, EdD, President

Motivo
36 McCollum Drive
Clark, NJ 07066
Lynn Conran, Marketing Manager

IPRC

MGB Spaulding Rehabilitation
300 1st Avenue
Charlestown, MA 02129
Michelle Alexander, Director of Pediatrics

PROVIDER

Auberle
1101 Hartman St
McKeesport, PA 15132
Darla Poole, CEO

Helping Hands Warming Hearts
611 N 33rd St
Philadelphia, PA 19104
Candice Ray, CEO/CFO

SPECIAL FEATURE

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 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! ◂

COVID-19 Health Care ETS OSHA Recordkeeping and Reporting Update

By Gordon Smoko, CSP, CFPS, ARM, Senior Risk Manager, Certified Praesidium Guardian, Brown & Brown Insurance

Brown & Brown

Significant changes occurred to OSHA's COVID-19 Health Care Emergency Temporary Standard (ETS), which affects many RCPA members. OSHA issued a memorandum (February 2025) announcing an immediate suspension of its COVID-19 recordkeeping and reporting requirements under 29 CFR 1910.502. See this **Enforcement Stay Memorandum** link for complete details of this enforcement stay. This has important implications for many RCPA members' OSHA recordkeeping and reporting functions.

The COVID-19 Health Care ETS had specific requirements in two main areas; recordkeeping and reporting. Employers subject to the standard were required since 2021 to maintain a "COVID log" in addition to and separate from their OSHA 300. Also, employers subject to the standard were required to report each employee COVID-19 fatality to OSHA within 8 hours of learning about the fatality and also report each employee COVID-19 inpatient hospitalization to OSHA within 24 hours of learning about the inpatient hospitalization, regardless of the amount of time between the exposure to COVID-19 in the work environment and the death or inpatient hospitalization.

The stay of COVID-19 recordkeeping and reporting requirements significantly reduces the administrative burden on health care facilities. With regard to recordkeeping, health care facilities no longer need to maintain a separate COVID-19 log. However, facilities must continue to record work-related COVID-19 cases on OSHA Forms 300, 300A, and 301 if they meet the criteria under 29 CFR 1904 (for example, confirmed cases requiring medical treatment or time off work). These facilities also no longer need to track and report fatalities and hospitalizations under the ETS rules in 29 CFR 1910.502, but they do need to follow the existing pre-covid hospitalization and fatality reporting requirements in 29 CFR 1904. The table below demonstrates what serious injury and fatality reporting was required under the ETS, both prior to and post stay.

Requirement	Standard OSHA (29 CFR 1904)	ETS (29 CFR 1910.502)	Post-stay (February 2025)
Fatality Reporting	Within 8 hours of discovery; if within 30 days of exposure	Within S hours of discovery; no time limit from exposure	Same as Standard OSHA
Hospitalization Reporting	Within 24 hours of discovery; if within 24 hours of exposure	Within 24 hours of discovery; no time limit from exposure	Same as Standard OSHA

Summary

Health care organizations subject to the COVID-19 ETS standard are no longer required to maintain COVID logs or track and report long term Covid-19 cases resulting in hospitalization or fatality as a result of this enforcement stay. This greatly reduces the OSHA recordkeeping and reporting burden for these organizations.

Thank you for your time and interest in safety! ◂

Threats to Section 504 of the Rehabilitation Act of 1973

Section 504 of the Rehabilitation Act of 1973 is a cornerstone of disability rights legislation. It protects people with disabilities from discrimination in schools, health care, housing, and public life. Today, those protections are increasingly under threat. Efforts to weaken, reinterpret, or roll back 504 protections jeopardize not only the legal safeguards, but the everyday access and dignity of millions of disabled people. For the disability community, this is not an abstract policy debate – it is about the right to learn, work, receive medical care, and participate fully without barriers. Section 504 weakening or elimination would mark a dangerous step backward, undermining decades of progress in equity and inclusion for individuals with disabilities.

Section 504 established that: *"No otherwise qualified individual with a disability in the United States... shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."*

Among other things, Section 504 ensures that schools provide accommodations to students with disabilities through "504 Plans." It requires health care facilities to have accessible medical equipment, provide sign language interpreters, and make other reasonable accommodations. It guarantees people with disabilities the right to receive services in the most integrated setting appropriate to their needs rather than being unnecessarily segregated or institutionalized.

Texas v. Kennedy (previously Texas v. Becerra) is a federal lawsuit initiated in Texas challenging parts of the US Department of Health and Human Services' (HHS) updated *Section 504 regulations* under the Rehabilitation Act. It was initiated in September 2024 and included a joint complaint from 17 states. Their complaint asked the court to eliminate Section 504 and the updated 2024 rules that protect people with disabilities from discrimination in health care and human services. The case has evolved over time, in part due to the 2024 election and subsequent steps by the Trump Administration, and in part due to the advocacy of the disability community.

In January 2026, nine states filed a new complaint, *Texas v. Kennedy* (2026), renewing the attack on Section 504.The new complaint states that the rule about the integration mandate published by the Department of Health and Human Services (HHS) is unlawful and unconstitutional, and the states are asking the federal court to block the rule about integration and all of the Section 504 regulations that were updated in 2024.

Currently, the states' constitutional challenge to Section 504 has been dropped, but the lawsuit is still ongoing as states continue to challenge specific parts of the updated regulations. The Diversity, Equity, and Inclusion Committee continues to investigate this topic and educate RCPA members as updates occur.

Learn More:

The Threat to Section 504: What's at Stake for the Disability Community

***Texas v. Kennedy* (formerly *Texas v. Becerra*): What it is and How You can Help Stop the Attack on Section 504**

504 Under Attack: Understanding the *Texas v. Kennedy* Lawsuit and Its Impact on Disability Rights ◂

TELEHEALTH

Medicare Telehealth Flexibilities Extended

As RCPA and the National Council continue their joint efforts in the expansion and sustainable footprint for telehealth access, we have most recently been focusing on legislation that ensures telehealth accessibility for individuals on Medicare. On the heels of the final hurdle being cleared for the Federal 4 walls telehealth requirements, the Medicare telehealth flexibilities waivers were again set to expire at the end of January 2026, but have now been formally extended, since Congress passed HR 7148 (the Consolidated Appropriations Act, 2026), and the bill was signed into law.

This legislation extends key Medicare telehealth flexibilities through December 31, 2027, restoring continuity to coverage and avoiding a return to permanent, pre-pandemic Medicare telehealth policy. These waivers have been in place since 2020, when the COVID-19 public health emergency began, and have since been extended repeatedly, often on a short-term basis. This longer-term, an almost two-year extension, provides greater stability and reduces near-term uncertainty for providers and patients relying on telehealth services. The bill also ensures retroactive coverage during the brief lapse period for billing these services.

The following waivers are now extended:

- Waiver of location requirements (both geographic and type of site);
- Expanded list of eligible telehealth providers;
- Continued eligibility of Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) as telehealth providers;
- Delay of the prior in-person visit requirement for mental health services when certain permanent telehealth policy requirements are not met;
- Delay of the prior in-person visit requirement for mental health services delivered via telecommunications technology for FQHCs and RHCs;
- Continued allowance of audio-only telehealth services; and
- Continued use of telehealth to conduct face-to-face encounters for hospice recertification. ◂

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. ◂

Can A Polarizing Kennedy Deliver on the Great American Recovery Initiative?

By Jason Snyder, Director of Substance Use Disorder Treatment Services

US Health and Human Services (HHS) Secretary Robert F. Kennedy Jr.'s beliefs and philosophy on addiction and recovery can elicit strong emotions and reactions.

There are some who refer to him as a "crackpot," pushing antiquated, ineffective, and potentially dangerous solutions instead of focusing on evidence-based treatments and programs that research has demonstrated to be effective. His promotion of "**healing farms**," for example, has been much maligned among some advocacy movements.

To other, less vocal camps, Kennedy is a sane voice in the wilderness, a sage put in a position of power to not only carry a message of real recovery but to implement policies that align with his own experience. He is not shy about his recovery from addiction through a 12-step program for which a higher power is a foundational element.

President Trump's recent **executive order** establishing the Great American Recovery Initiative is the most concrete example yet of Kennedy's opportunity to imprint the treatment and recovery system.

According to a Feb. 2 **press release from HHS**, "The centerpiece of this plan is a $100 million investment to solve long-standing homelessness issues, fight opioid addiction, and improve public safety by expanding treatment that emphasizes recovery and self-sufficiency."

The $100 million will fund a pilot program called STREETS – Safety Through Recovery, Engagement and Evidence-Based Treatment and Supports. It intends to build "integrated care systems for people experiencing homelessness, substance abuse and mental health challenges and helping them find housing and employment."

Reaction has been **lukewarm at best** and **highly critical at worst**, likely in part to the dearth of details about the pilot program, including basic information about how the program will actually operate as well as which eight cities will be included. Moreover, this very work to attempt to integrate beyond physical and behavioral health to include health-related social needs has been going on in communities for many years. In addition, the Trump administration's ongoing negative rhetoric about and actions toward harm reduction and its whipsaw approach to SAMHSA grant funding have generated skepticism and criticism. Kennedy himself is a reason for much of the apprehension.

His unabashed embrace of abstinence, spirituality, and God—hallmarks of 12-step programs that many advocates have continually criticized for their doctrine of powerlessness over addiction—feels threaded throughout STREETS. In fact, Kennedy intends to "welcome full participation from faith-based organizations in (SAMHSA'S) programs and activities." And descriptions of his own recovery seem to differ from what had been a recently emerging mentality that claimed someone is in recovery when they say they're in recovery, despite other personal actions that may conflict with longstanding recovery beliefs.

Yet to this point, Kennedy has not implemented any policies that have directly limited access to medications to treat addiction. As well, there is an argument to be made that his emphasis on connection, spirituality, and religion are, in fact, **rooted in science**.

Is Kennedy's approach and demeanor at times hard to accept? Is he (even purposely) out of touch with or dismissive of how the public discourse and science have evolved over the past 15 to 20 years? For many, yes. **Consider the example** of how he refers to "addicts" and "alcoholics" in recently launching a bipartisan initiative called Action for Progress with his cousin Patrick Kennedy.

Still, he has the opportunity to **walk the tightrope** to leverage his experience and philosophies in a way that improves the treatment model in place today, creating a stronger continuum of care—including medication and other evidence-based practices—for those suffering from substance use disorder, enabling social connectedness, sense of community, belongingness, and meaning and purpose. Not only are these values Kennedy holds, they are key tenets of **SAMHSA's working definition of recovery**.

With his first substantive SUD initiative in his hands, time will soon tell whether he can—or is willing—to walk that line. ◄

BEHAVIORAL HEALTH | MENTAL HEALTH

RCPA Strengthens Medicaid Advocacy Effort

In response to the pending overhaul of the Federal Medicaid system set to begin in January of 2027, RCPA has partnered with Medicaid consultant Leesa Allen. Leesa, the onetime Pennsylvania Medicaid Director, brings unpatrolled expertise in the Medicaid arena and has already begun her work with policy staff, to assist the organization with the following goals:

- Educating our policy staff on the interests and impacts of HR 1 ("One Big Beautiful Bill Act") on Federal and State Medicaid;
- Educating RCPA members on the implications of both the eligibility and work requirements;
- Assisting RCPA in developing strategies and advocacy actions to assist members in Medicaid change implementation;
- Assisting and guiding RCPA on the state level for inclusion in planning activities; and
- Assisting with conducting a statewide Medicaid forum in 2026.

The Department of Human Services has created a state task force charged with the oversight, development, and implementation of the HR 1 requirement changes for the state's Medicaid expansion population. This group of individuals exceeds 700,000 participants and makes up more than one-third of Pennsylvania Medicaid recipients.

The two most significant changes entail the redetermination of Medicaid eligibility, previously every 12 months, now to be completed every six months. Additionally, those under the expansion criteria will have to adhere to the new work requirements by which participants must show proof of work, school, or community engagement for 80 hours per month.

RCPA will continue to advocate for members through our efforts with Federal legislators and systems partners in the state. ◂

CHILDREN'S SERVICES

States Reining in Access to Autism Care

Applied Behavioral Analysis (ABA) is considered to be the "gold standard" in autism care, with a uniquely tailored, evidence-based, approach to understanding and improving behavior. ABA treatment is intensive, and comprehensive therapy can include 30–40 hours of direct treatment per week. Despite ABA's reputation for excellence, several states are beginning to limit access to this medically necessary treatment for children.

Upcoming Medicaid changes have already resulted in belt-tightening across various human services programs, and ABA therapy is no exception. North Carolina has attempted to cut payments to ABA providers by 10%, and Nebraska cut payments by 50%. Indiana plans to place hard caps on ABA therapy hours and limit provider enrollment standards. New York and California are also reassessing their ABA funding, potentially reducing reimbursement rates or changing eligibility criteria.

ABA therapy is one of the most expensive services to administer across the country due to its intensive, one-on-nature provided by highly trained professionals, and it is also one of the largest Medicaid cost-drivers in Pennsylvania. Although Pennsylvania has not cut ABA payments or limited the number of therapy hours, many providers continue to struggle with insufficient rates and a general lack of workforce to provide care. It remains crucial to continue to advocate for access to autism services, especially with the cuts expected to the Medicaid program over the next decade. ◂

PBC Moves Forward, FY 2026/27 Proposed Budget Leaves Questions

The Pennsylvania Office of Developmental Programs (ODP) continues to advance several major system initiatives, most notably the next phases of Performance-Based Contracting (PBC) for residential providers and supports coordination organizations (SCOs). Simultaneously, the proposed FY 2026/27 state budget offers limited funding increases and provides little detail on how those funds will be appropriated. ◂

FY 2026/27 Proposed Budget Highlights

The proposed FY 2026/27 state budget includes modest funding increases for the ID/A system, primarily intended to reduce the emergency waiting list. The proposal includes funding for:

- **400** new Consolidated waiver slots; and
- **850** new slots across the PFD/S and Community Living waivers

While these investments represent an important step, RCPA remains focused on the need for reliable, sustainable funding to expand provider capacity. Without addressing long-standing structural challenges in reimbursement, the system cannot ensure these new waiver slots will be fully utilized by a strained provider network. ◂

SCO Performance-Based Contracting Implementation

Supports coordination organizations are preparing for their own PBC model, marking a significant shift from fee-for-service unit billing to a Per Member-Per Month (PMPM) model. Current SCO preparatory activities include data submission, internal process adjustments, and caseload modifications. Initial performance periods will focus on establishing reliable baseline data across core metrics, such as:

- Timeliness of monitoring;
- Service planning compliance; and
- Participant outcomes.

Implementation is expected to accelerate through 2026, leading to a July 1, 2026 rollout. RCPA is collaborating with ODP and SCO stakeholders to ensure measurements are realistic, communication regarding changing expectations is clear, and metrics accurately reflect the complexities of service coordination. ◂

Residential Performance-Based Contracting: Phase 2

Residential PBC has entered its second phase, transitioning from baseline data collection and improvement planning to active implementation and performance tracking. Providers will now use the newly released PBC Portal to report on quality measures; updated tier assignments will reflect their success in meeting ODP's quality benchmarks.

As Phase 2 unfolds, providers must carefully balance how performance-related reimbursement compares with current and projected operating costs. RCPA continues to work closely with ODP to ensure the process remains transparent, expectations are reasonable, and performance standards are fully aligned with the resources required to achieve them. ◂

RCPA's Strategic Outlook

As these initiatives move forward, RCPA will closely track how PBC outcomes influence rates and provider sustainability. We are actively engaging with ODP to address chronic discrepancies across PBC data sources, specifically:

- Supports Intensity Scale (SIS): Concerns regarding untimely assessments; and
- Health Risk Screening Tool (HRST): Delays and inconsistencies in scoring that negatively impact provider tier assignments.

RCPA also continues to advocate for clearer, more consistent technical guidance for administrative entities (AEs). Ensuring uniform interpretation of PBC requirements and regulations across all regions remains a top priority. Finally, we will monitor budget negotiations to ensure proposed investments translate into predictable funding, and will continue to provide guidance as these initiatives progress. ◂

BIAPA Partners with The Penn Foundation on Opioids Pilot Project

Since January of 2022, the Brain Injury Association of Pennsylvania (BIAPA) has been implementing the Pennsylvania Department of Health's (DOH) initiative on the intersection of brain injury and opioid use disorder. Through this work, BIAPA launched a statewide awareness campaign and delivered 80 in-depth trainings for substance use disorder (SUD) providers and brain injury rehabilitation professionals. These efforts focused on building understanding of how opioid use and non-fatal overdose affect the brain—and how to more effectively support individuals with co-occurring brain injury and substance use disorders. Based on this background, BIAPA has shifted from training to implementation by launching a pilot project that puts these concepts into practice. This innovative model embeds brain injury screening and practical brain injury-informed strategies directly into an SUD treatment program, with the goal of improving client engagement, retention, and recovery outcomes. BIAPA is partnering with The Penn Foundation in Sellersville, Pennsylvania for this pilot, which officially launched on January 6, 2026. ◂

DHS Releases 2026 Proposed CHC and OBRA Waiver Amendments & Renewals for Comment

The Pennsylvania Department of Human Services (DHS) published proposed **changes** to the Community HealthChoices (CHC) Waiver and renewal of the Omnibus Budget Reconciliation Act (OBRA) **Waiver Amendment** in the January 31, 2026 Pennsylvania Bulletin. The waiver amendments will take effect on July 1, 2026. DHS proposes to add teleservice options for behavior therapy and benefits counseling, clarifying teleservice and Home and Community-based Services (HCBS) requirements, and removing outdated language in the CHC waiver. For the OBRA waiver, DHS includes proposed changes such as additions to teleservice, updates to quality improvement and monitoring processes, reassessment requirements following trigger events, revisions to the complaint process to align with the Centers for Medicare and Medicaid Services (CMS) Access Rule, updates to participant-direction goals, revisions to performance measures, and removal of outdated language. Public comments on the proposed amendments will be accepted until March 1, 2026. Members are encouraged to visit the **2026 CHC Waiver Amendment** web page for additional details, including the CHC Waiver comment form. RCPA will meet with members to review the proposed amendments in detail and develop comments based on this review. ◂

BIAA Article Highlights Health Disparities in TBI

In a recent article published by the Brain Injury Association of America (BIAA), it is noted that health disparities are differences in health outcomes and their causes among groups of people. Groups can be defined by factors such as race, ethnicity, gender, education, income, disability, geographic location (e.g., rural or urban), and sexual orientation. The Centers for Disease Control and Prevention (CDC) examined disparities in Traumatic Brain Injury (TBI) and has outlined which groups are most affected by TBI. While anyone can be at risk of getting a TBI, some groups have a greater likelihood of dying from a TBI or **living with long-term health problems** as a result of their injury, including:

- **Older Adults:** People aged 75 years and older have the highest numbers and rates of TBI-related hospitalizations and deaths. According to the CDC, this age group accounts for about 32 percent of TBI-related hospitalizations and 28 percent of TBI-related deaths.
- **Military Service Members and Veterans:** Since 2000, more than 500,000 service members have been diagnosed with a TBI. Studies suggest that service members and **veterans** who have sustained a TBI may have ongoing symptoms, experience co-occurring health conditions such as post-traumatic stress disorder and depression, have difficulty accessing health care, and report having thoughts of suicide.
- **Survivors of Intimate Partner Violence:** An estimated 36 percent of **intimate partner violence** (IPV) survivors have sustained injuries to the head, neck, or face. Survivors of IPV who have a TBI due to an assault are also more likely to be diagnosed with post-traumatic stress disorder, insomnia, and depression, and report worse overall health.
- **People Experiencing Homelessness:** Compared to the general population, people who experience homelessness are two to four times more likely to have a history of any type of TBI, and are up to 10 times more likely to have a history of a moderate or severe TBI. ◂

IRF RCD Expands to CA and TX in 2026

The Centers for Medicare and Medicaid Services (CMS) recently **announced** that the inpatient rehabilitation facility review choice demonstration (IRF RCD) will be expanded to California and Texas in 2026. This expansion marks the largest phase of the program to date, with 200+ new IRFs set to face 100% pre-claim or post-payment review. To assist IRFs with preparing, the American Medical Rehabilitation Providers Association (AMRPA) has been hosting webinars to help with this transition and has included leaders from Alabama and Pennsylvania hospitals who will share their experiences, best practices, and lessons learned from the first two years of the IRF RCD. ◄

CMS Releases Fiscal Year 2025 Improper Payments Fact Sheet

The Centers for Medicare and Medicaid Services (CMS) **released** the improper payments fact sheet for fiscal year 2025. According to the fact sheet, the improper payment measurement is not a measure of fraud, and not all improper payments are attributable to fraud or abuse; rather, these are payments that do not meet CMS program payment requirements, whether they be overpayments, underpayments, or payments with insufficient information. For FY 2025, the Medicaid estimated improper payment rate (comprised of the past three cycles of approximately 17 states per cycle from reviews in 2023, 2024, and 2025) was 6.12 percent, or $37.39B, compared to the FY 2024 rate of 5.09 percent. Of the improper payments, 77.17 percent were the result of insufficient documentation, which per CMS, is not generally indicative of fraud or abuse. The announcement notes the impact of unwinding from the COVID-19 public health emergency on the improper payment estimates. ◄

Welcome New Co-Chairs of Physical Disabilities and Aging Steering Committee

Four provider leaders have accepted leadership roles for the PD&A Division, representing various segments of the waiver services:

- Matt Perkins, Co-Chair – Service Coordination Unlimited, Inc.;
- Elizabeth Piazza, Co-Chair – AmeriBest Home Care/Team Services;
- Padraig Tangney, Co-Chair – Success Rehabilitation, Inc.; and
- Colleen Stuart, Co-Chair – Venango Training & Development Center, Inc.

The group will focus on increasing responsiveness to member priorities, enhancing advocacy efforts, and augmenting engagement at the RCPA conference. ◄

OIG Guidance on Hiring Bonuses

The Health and Human Services (HHS) Office of Inspector General's (OIG) **Advisory Opinion 25-12** warns home care providers that sign-on bonuses for caregivers—especially family members of Medicaid beneficiaries—can create compliance risks if they influence provider choice. While recruitment bonuses are generally allowed, OIG found the proposed arrangement could violate the Anti-Kickback Statute and Beneficiary Inducements CMP law, because the incentives were tied to securing Medicaid-funded services rather than solely hiring staff.

Key risk factors include targeting family caregivers, publicly linking bonuses to service enrollment, and failing to separate recruitment from revenue generation. Providers in family-caregiver and self-directed Medicaid models should ensure bonuses relate only to employment, avoid incentives connected to enrollment or referrals, maintain clear operational separation, and obtain legal review.

Bottom line: Common hiring incentives may become unlawful when they affect beneficiary choice in federally funded care. ◄

Employment Services Opportunities for Providers

At a recent meeting of the Physical Disabilities and Aging Division with the Community HealthChoices MCOs, all the MCOs expressed a desire to add providers to their network. To help address this opportunity, a work group chaired by Colleen Stuart started meeting in February to develop technical support and collaborative strategies. RCPA is the only provider association in Pennsylvania with a focus on employment services delivered to OLTL participants. If you are interested in joining this work group, contact **Fady Sahhar**. ◄

OAPSA Act – Advocacy Needed

HB 1611 reintroduces the Older Americans Protective Services Act (OAPSA) and proposes broader background-check requirements—including FBI fingerprinting—for most home care caregivers. While we fully support efforts to protect vulnerable populations, expanding the trigger from when a child "resides" in a home to when a child is merely "present" risks significant unintended consequences for home care access and workforce stability.

The proposal does not clearly distinguish between a child's temporary presence—such as visiting grandchildren or neighborhood children—and permanent residence in the home. Without clearer definitions, providers may be required to obtain child-abuse and FBI clearances in many low-risk situations, dramatically increasing clearance volume, processing delays, and administrative burden. Because fingerprinting access is limited in rural areas, appointments can take weeks, and provisional hiring is not permitted, expanded requirements could worsen existing caregiver shortages and delay essential services for older adults and individuals with disabilities who depend on timely in-home care.

The financial impact is also substantial. Required checks, testing, and compliance activities can approach $100 per worker—before accounting for administrative staffing and high turnover—placing additional strain on providers already operating on narrow Medicaid margins. These pressures could ultimately raise service costs or reduce care availability.

Possible improvements include clearly defining when a child is considered "present," determining applicability through the person-centered support plan, investing in technology and rural fingerprinting access to streamline processing, and providing funding or rate adjustments to offset mandated background-check costs. ◂

RCPA Events Calendar

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