



REHABILITATION & COMMUNITY  
PROVIDERS ASSOCIATION

# 2024

## Year in Review



777 E Park Drive, Suite G4, Harrisburg, PA 17111  
717-364-3280  
[www.paproviders.org](http://www.paproviders.org)

# RCPA 2024 Year in Review

## The Value of RCPA Membership



### A Message from Richard Edley

Over a decade ago, the Rehabilitation and Community Providers Association (RCPA) was formed following the merger of two statewide organizations. Since our inception, RCPA and its provider members have established themselves as trusted leaders, and the organization continues to expand its scope and influence.

RCPA works closely and proactively with decision-makers at the state and federal levels, keeping issues that are important to our members at the forefront. We further strive to bring innovative and integrative solutions to a constantly evolving health care industry, characterized by severe workforce shortages and often increasingly tight fiscal resources.

With this “Year in Review,” we hope to celebrate our accomplishments as well as set the stage for our future endeavors, all of which will help to enhance the lives of those individuals and families we serve.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard S. Edley". The signature is fluid and cursive, written over a white background.

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



*Representing providers  
of health and human  
services committed to  
effective, efficient, and  
high quality care.*

# Government Relations and Advocacy

## Legislator Breakfast / Capitol Day

On Tuesday, March 19, RCPA held a legislator breakfast in the House Majority Caucus Room, prior to the start of our annual Capitol Day. During the breakfast, various legislators stopped in to meet RCPA members and learn about our many policy issues.

After the legislator breakfast, RCPA held our annual Capitol Day in the Capitol's Main Rotunda. During the event, RCPA held a press conference in the Main Rotunda where Representatives Dan Miller, Steve Kinsey, Doyle Heffley, and Senators Art Haywood and Frank Farry spoke about issues directly affecting RCPA members.

## Successful Opposition to House Bill 2372 Results in Stalling Progress

[RCPA Letter on HB 2372 "Agency Accountability and Livable Wages for PA's Home Care Workers" 06-07-24](#)

This bill contained provisions that would require providers to spend 80% of the reimbursement rate on wages and benefits effective January 1, 2025, five years earlier than a proposed federal legislation. HB 2372 also proposed a higher rate to be paid to the Consumer



Directed (FMS) model compared to the Agency model. RCPA collaborated with other associations to oppose this legislation, which resulted in the bill not making it out of the committee process.

## CCBHC / ICWC – Our Involvement

For the past several years, RCPA has led a state and federal advocacy initiative for Pennsylvania to return to the Federal CCBHC demonstration project. Along with OMHSAS, RCPA worked with the department around the benefits and contingencies in converting the ICWCs back to the federal project. The National Council on Mental Wellbeing aided both RCPA and Pennsylvania in this overview, but unfortunately in the final determination OMHSAS decided not to return to this integrated platform. OMHSAS stated their reasons included the acceptance of the ICWCs as a successful integrated service model, as well as the requirement for all demonstration states to incorporate their respective models into their own state Medicaid plan. Despite this requirement, Pennsylvania would have still been eligible for an enhanced federal match until September of 2025. OMHSAS also thought that the timeframe for re-certification of the current ICWC programs would have been time and cost prohibitive. RCPA, which represents all ICWC participants, will seek to further its efforts in expanding these programs across the Commonwealth, as well as ensure they are eligible for future federal funding in the integrated physical and behavioral space.



## Personal Assistance Rates Advocacy with the Coalition for Choice

We continue to be concerned that the rates for services in OLTL programs are in dire need of updating to reflect the current true cost of recruiting and retaining a quality workforce in its home and community-based services. The rates available in this service system must close the large gap with other frontline workers to become more competitive within the same workforce.

In the short term, while rate review efforts get underway, we strongly encourage OLTL/DHS to include, in the 2024/25 fiscal year, a rate increase of 10% for Personal Assistance Services, Adult Day Programs, Residential Habilitation Services, and Employment Services. This immediate increase would help to meet the urgent and growing demand by participants for direct care workers in cost-saving community settings to ensure that participants who rely on these services have uninterrupted access to quality services delivered by a stable workforce. Too many DCWs are leaving the OLTL PAS program for employment in other sectors where they can earn higher hourly wages, health care coverage, and other benefits that are not available to DCWs under the current rate structure. This 10% increase request is reasonable, and has also been relayed to the governor as well as our legislators.

We understand that a study of a subset of rates – particularly the wage portion of the rates – will be undertaken to inform the FY 2025/26 budget for the Commonwealth. We applaud this effort; however, we reiterate that:

- The Medicaid fee schedule rates for all home and community-based services in OLTL programs must be reviewed and updated;
- A schedule of rate reviews of at least every three years should be adopted;
- The vendor conducting the reviews must be required to seek and consider provider input; and
- These rates should comprise the floor for calculation of managed care actuarially sound capitated rates for all services going forward.

Any rate changes for home and community-based services should include a safeguard; e.g., policy or reporting, which ensures the funds are directed to service delivery for the benefit of the consumers rather than the administration of the program.





## NADSP Advocacy Symposium

RCPA staff and members participated in the National Alliance for Direct Support Professionals (NADSP) 2024 Policy Symposium and Advocacy event on **April 30 and May 1, 2024**. This marked the third, virtual, national advocacy symposium to bring the direct support professional (DSP) perspective to the forefront of Congress and the administration, during a time of unprecedented workforce challenges. During this event, virtual meetings were held, enabling DSPs from across the country to share their perspectives and experiences from the frontlines and push for greater federal focus, investments, and strategies for addressing the current workforce crisis. DSPs from Pennsylvania were able to meet with staff from Representative Dan Meuser and Senator Casey's offices to share their views. One of the important messages shared with the representatives is the need for a Standard Occupational Code (SOC) for DSPs. Advocacy for this SOC is a joint effort with ANCOR as well.

## NC Hill Day

This Year, RCPA and members headed to Washington, DC for the National Council on Mental Wellbeing 2024 Hill Day. Each year mental health providers, advocates, and policymakers discuss the landscape of behavioral health and avenues to address systems barriers.

This year provided the opportunity to meet with members of Congress as well as attend forums that highlighted efforts to advance our advocacy platform with elected officials regarding issues such as:

- The behavioral health workforce shortage;
- Establishing CCBHCs in federal law;
- Expanding access to substance use care and treatment; and
- Investing more in the nation's crisis care infrastructure.

The event culminated in an RCPA-led Pennsylvania specific policy strategy meeting with the National Council staff, leading to a series of meetings with state congressional leadership and RCPA members on the systems challenges and opportunities at the state and national levels.



## DHS 1115 Waiver RFI

The Pennsylvania Department of Human Services (DHS) is developing an 1115 Medicaid program; Bridges to Success: Keystones of Health for Pennsylvania (Keystones of Health). DHS hopes to use this program to make health care more accessible, improve quality of care and services, and design and evaluate innovative strategies in health care to help people live healthier lives. The department's goal and vision for the waiver is to address Pennsylvania's Medicaid participants' health-related social needs with interventions that are both lifesaving and cost saving.

RCPA and members were able to provide critical input on the plan, as it cuts across several RCPA policy areas. CMS just recently approved the Pennsylvania application with planning to begin in early 2025.

Keystones of Health will focus on four key areas:

- Reentry from correctional facilities;
- Housing supports;
- Food and nutrition supports; and
- Multi-year continuous eligibility for children up to age 6.

## Changes to Community HealthChoices Waiver Amendment

Successfully effected changes to the final CMS approved amendment in the following areas:

- Addition of Chores as a service.
- Reduction in years of experience for Certified Work Incentives Counselor (CWIC) certification and the change to the years of experience from a minimum of 5 years to 2 years.
- Eliminated the need for duplicate criminal background checks.
- Highlighted the risks of accelerated enrollment into Consumer Directed programs without offering sufficient consumer choice of providers.
- Reduced the MCO Service Coordinator caseloads from 60 to 50 individuals served.
- Accelerated the time for developing Person Centered Service Plans to 15 days after enrollment.

## ID/A Associations Joint Advocacy

RCPA staff have been working closely with other ID/A Associations in PA to join forces in our advocacy efforts. We believe that our voice is stronger when we all collaborate on the message we are sharing with legislators and the Office of Developmental Programs. In addition to developing joint budget strategies — view the [2024/45 budget one-pager](#) and [ID/A Budget Request Letter](#) — we have also worked together on advocacy in the development of [Performance-Based Contracting](#), staff compensation surveys, and other topics of importance to the provider community. Our [staff compensation survey](#) is important to our advocacy efforts, as it documents the resources that providers have invested in their workforce and the continuing workforce shortage. View the related infographic [here](#). It is our hope to continue these joint efforts in order to represent the individuals being served in the community and the providers who support them.

# Government Relations and Advocacy (cont.)

## BI Awareness Rally

Representatives from RCPA, the Brain Injury Coalition, brain injury survivors, and others representing individuals with a brain injury conducted a brain injury (BI) awareness rally on October 8, 2024. The rally included a briefing in the Capitol Rotunda where members of the BI Caucus attended and a number of legislators spoke. Following the briefing, individuals met with legislators. At the end of the day, there was a BI panel that included survivors and their families.



## Early Intervention Rate Methodology

A key focus of the RCPA Early Intervention Steering Committee's strategic agenda has been the review of how rates have been historically developed, including the lack of sustainable rate increases that have taken place over the past two decades. In our collaboration with the Office of Child Development and Early Learning (OCDEL) and other early intervention stakeholders, part of this effort was the development of a quantifiable rate methodology that uses the cost of care as a driving variable in the rate development matrix. In preparation for the rate methodology study, the RCPA Early Intervention team created a set of questions and recommendations, and finalized it as the [RCPA Early Intervention Rate Methodology Review](#).

The RCPA Early Intervention team presented several cost analysis models to OCDEL for consideration, and OCDEL released an RFP and the vendor selected; the

Public Consulting Group (PCG). RCPA and several early intervention providers were selected as members of the Rate Methodology Advisory Committee and played a critical role in developing and implementing the study. While the study has not been publicly released the goal is to have the rate methodology create a foundation for creating rates for services that reflect the cost of delivering care.

## Opioid Use Disorder Centers of Excellence

The transition of the Opioid Use Disorder Centers of Excellence (COEs) from a directed payment model into managed care created significant burden on providers and inconsistent operation from COE to COE. The Commonwealth's five BH-MCOs each have different interpretations of what a COE is supposed to do; how COEs comply with those requirements; and their own policies, procedures, and payment models. RCPA sought to move the Department of Human Services (DHS) to take a more active role in the COEs while instilling consistency and eliminating interpretation among the five BH-MCOs.

Despite a powerful [hearing before the House Human Services Committee](#) that included [testimony](#) from SUD Treatment Services Policy Director Jason Snyder and RCPA provider members Pyramid Healthcare and Pinnacle Treatment Centers, and introduction of a bipartisan co-sponsorship to introduce legislation that would bring the much-needed consistency across the five BH-MCOs in overseeing COEs, the legislative session ended before the bill could get introduced. Still, RCPA remains committed to supporting COEs in 2025 and beyond, and working to ensure a more manageable process for operating them.

# Education and Training



## RCPA 2024 EMBRACING CHALLENGES EMPOWERING SUCCESS

### Annual Conference

RCPA's annual conference, Embracing Challenges, Empowering Success, was held in September at the Hershey Lodge. We experienced record attendance for this event! Once again we featured presentations from state and national leaders who shared their experiences and knowledge with our attendees.

- This year's event featured over 60 workshops, Connections Hall with 84 exhibitors, and daily networking opportunities to interact with colleagues.
- We were privileged to have DHS Secretary Valerie Arkoosh present the opening keynote address; a plenary session discussing human trafficking awareness, impact, and recovery with Amy Thurston and Melissa Knechel from Hope, Love, Inspire; and return speaker Michael Cohen who continued his theme to members to become a 'destination employer.'
- We also welcomed inspirational speaker Lee Yaiva, CEO at Scottsdale Recovery Center, who shared his personal story about overcoming challenges with substance use disorder and mental health challenges for himself and his family.
- DHS leadership from various departments presented their vision for the coming year and their department's priorities.
- The final day closed with national updates from our partners at National Council for Mental Wellbeing and ANCOR, plus a motivational speaker, Craig Dietz, encouraging participants to "Define your own Potential." Craig, who was born without limbs, has led a life without allowing physical challenges to limit his achievements.



Workshop sessions covered a wide variety of topics including the use of artificial intelligence, Performance-Based Contracting, effective leadership and supervision, use of technology, workforce development, medication management and alternative treatments, as well as topics of interest for the various service areas that RCPA members represent.

Our 2025 conference will be held September 9–12 at the Hershey Lodge in Hershey, PA.

## Telehealth / Medicare Issues

In an attempt to create better levels of access for behavioral health services and states, the Centers for Medicare and Medicaid Services (CMS) sought to create the capability for marriage and family therapists, as well as for mental health counselors (MHC), to deliver services via telehealth with the capacity to bill for those services. Unfortunately, there were several challenges and barriers to the enrollment and application process, and RCPA was asked by CMS to work with state licensing and certification entities in the Department of State to develop pathways to ensure eligibility for providers in Pennsylvania. Some of these critical areas included the following. Pathways CMS clarified:

- Supervision requirements;
- Mental health professionals who can enroll as MHCs;
- Reassignment arrangements;
- The telehealth enrollment process; and
- Opt-out requirements.

RCPA also was instrumental in assisting CMS with creating an FAQ with Pennsylvania specific guidelines. CMS also listed additional resources in the FAQ under question 4.

RCPA continues to work with CMS and enrollment entity Novitas Solutions to address some of the barriers specific to those applicants in Pennsylvania.

## Telehealth Four Walls

On Friday, November 1, the US Centers for Medicare and Medicaid Services (CMS) released a final rule for calendar year 2025 that will give states the option to cover Medicaid telehealth behavioral health clinic services delivered outside the “four walls.” Previously, under 42 CFR § 440.90, the “Four Walls Rule,” it was required that during Medicaid outpatient behavioral health clinic telehealth services, either the patient or the clinician had to be physically onsite at the clinic.

RCPA played a critical role in ensuring PA and OMHSAS upheld the pandemic related telehealth flexibilities of the Four Walls by creating legislation to amend



policy, and allow for the use of mobile mental health as a workaround to the federal Four Walls standards. Additionally, RCPA submitted public comments to CMS on the barriers to service access that were impacted by the Four Walls standard.

RCPA has provided feedback to OMHSAS, who will be submitting a CMS State Plan Amendment to address and eliminate the Four Walls standards in Pennsylvania in 2025.

## Telehealth-Only SUD License

When DDAP announced in August its intention to create a new license category for telehealth-only SUD providers – a license that would not require a physical presence in Pennsylvania – RCPA immediately began to lead the effort to oppose the plan. Through meetings with its behavioral health provider members, the governor’s office, primary contractors, BH-MCOs, and SCAs – all of which supported RCPA’s position – the association built a case and laid out its concerns: patient safety, quality of treatment, and erosion of the community-based provider system. Ignoring overwhelming opposition, DDAP moved forward with the new license category. Despite DDAP’s decision, RCPA coalesced the treatment system and amplified the providers’ voice. RCPA’s role now becomes one of watchdog, monitoring to ensure that if the serious concerns raised come to fruition, they are brought to light and addressed.



### Psych Rehab for Public Comments and Testimony

The Rehabilitation and Community Providers Association (RCPA) is submitting the following comments on behalf of its membership, related to Rulemaking #14-548: Psychiatric Rehabilitation Services IRR #3347. While RCPA fully supports the Final Form regulations pertaining to Psychiatric Rehabilitation Services (Chapter 5230) from the Office of Mental Health and Substance Abuse Services (OMHSAS), we wanted to clarify our positions with the following comments.

1. That, if promulgated, the implementation of these standards by the HealthChoices Primary Contractors and Behavioral Health Managed Care Organizations (BH-MCOs) are directed by OMHSAS in a manner

that promotes consistency in its interpretation, and application through one operational practice. All too often, the final regulations are operationalized differently by each Primary Contractor (County) and BH-MCO, leading to inconsistent, uneven, and in some cases inequitable service functioning across the BH-MCO organizations. Consistency would aid in implementation, tracking, and supports service delivery agencies who operate these services across multiple regions of the Commonwealth.

#### 2. (5230.21) Minors consent

RCPA supports a minor's ability to consent for services with or without parental consent, as it is consistent with the current PA Act 65. The Act ensures minors, under the statute, be allowed to make this decision without parental consent, and consistent with the Act, that parental consent does not supersede the minor's consent should the minor choose not to engage in the service.

#### 3. 5230.31(a)(2) Regarding the expansion of diagnostic criteria to include ASD and ADHD

RCPA supports expansion of the diagnostic criteria as it supports the ongoing efforts to create a full continuum of care. The state has expanded its scope of cross systems reengineering and identification of needs and services for this complex population, and this supports those ongoing efforts.

#### 4. 5230.56(2) Staff training requirements

RCPA recommends a 6-month post promulgation time period to complete all required staff trainings.

### Allegheny CRR

In an effort to address budget shortfalls in Allegheny County, the Department of Human Services was seeking to reduce the service footprint of the crisis rehabilitation residential programs (CRR) that have stood for decades as a program that treated the seriously mental ill in the community. The program was created and implemented nearly 20 years ago, when the state closed the Mayview Hospital. RCPA has met with OMHSAS and DHS county leadership on multiple occasions to address the impacts of these cuts in services. The Pittsburgh Post-Gazette also ran a series of op-eds outlining the issues and the impacts on this vulnerable population. RCPA continues our efforts to ensure that the voices of the providers, consumers, their families, and systems advocates are heard so that all stakeholders can return to the table to develop a program that will meet the needs of individuals with dignity and compassion in a fiscally and humane manner.

## Policy and Fiscal Analysis (cont.)

### SUD Administrative Burden Work Group: Two-Year DDAP Licensure

In 2024, RCPA convened its first meeting of the SUD Administrative Burden Work Group, comprised of RCPA provider members. The purpose of the group was to set a course for how RCPA's Behavioral Health Division could begin to alleviate the ever-increasing burden placed on providers by the Department of Drug and Alcohol Programs (DDAP), Single County Authorities (SCAs), and BH-MCOs. From that initial meeting, a subcommittee was formed that eventually developed a plan for a two-year DDAP licensure process, whereby DDAP-licensed facilities could earn a two-year license and subsequently biennial licensing audits. RCPA approached DDAP about collaborating on such an effort, and conversations between the two have continued. The two-year licensure process is a top priority for RCPA in 2025, and we will continue working with DDAP and other partners as necessary to implement a process.

### Final Rule on 42 CFR Part 8

In partnership with its opioid treatment program (OTP) members, including the Pennsylvania Association for the Treatment of Opioid Dependence (PATOD), RCPA took the lead role in the Commonwealth in supporting the OTP system as it moves toward alignment with historic federal and state regulatory changes made final in 2024, aimed at enhancing access to and flexibility of methadone treatment.

Through its OTP Committee, RCPA brought the Department of Drug and Alcohol Programs together multiple times with member OTPs to discuss concerns, answer questions, and make suggestions about the rapidly changing OTP landscape, including a federal effort to allow methadone for opioid use disorder to be prescribed outside of OTPs, legislation that RCPA opposes. RCPA continues to support members in implementing other changes, including an increase in take-home medication, elimination of mandatory minimum counseling requirements, and tele-induction into methadone treatment, for which RCPA provided [written comments](#) to the Independent Regulatory Review Commission.



## CMS 2025 Physicians Fee Schedule Final Rules / Comments

RCPA had the opportunity to comment on the Centers for Medicare & Medicaid Services (CMS) proposed rule, addressing changes to the calendar year (CY) 2025 payment policies under the Physician Fee Schedule (PFS) and other proposed policy changes, as outlined below:

RCPA is a statewide association representing the broad range of human services providers in Pennsylvania, including nearly 200 mental health and substance use disorder treatment organizations. These behavioral health providers represent more than a thousand licensed programs and facilities and serve more than a million vulnerable Pennsylvanians daily. The RCPA comments to the proposed Medicare and Medicaid Programs: CY 2025 payment policies under the Physician Fee Schedule reflect the position of our membership, whose visions, missions, and operational footprints are guided and impacted by the annual fee schedule as they serve consumers, children, and families across the Commonwealth.

Priority Areas include:

- Telehealth Services Under the PFS
- Opioid Treatment Programs (OTPs) Services Addressing Health-Related Social Needs (Community Health Integration Services, Social Determinants of Health Risk Assessment, and Principal Illness Navigation Services)
- Supervision Policy for Physical Therapists (PTs) and Occupational Therapists (OTs) in Private Practice
- Certification of Therapy Plans of Treatment with a Physician or NPP Order
- Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)
- Care Coordination Services in RHCs and FQHCs
- Telecommunication/Telehealth Services in RHCs and FQHCs
- Intensive Outpatient Program Services (IOP) in RHCs and FQHCs



## CMS / Brain Injury

RCPA staff, along with members of RCPA's Brain Injury Committee, have been meeting with the director and staff from the Managed Care Group within the Centers for Medicare and Medicaid Services (CMS), to discuss issues the brain injury providers/members have been struggling with involving the Office of Long-Term Living (OLTL) and the Community HealthChoices (CHC) Managed Care Organizations (MCOs). The brain injury providers have not received an increase to their rates since 2011, and the impact is great with organizations being acquired, programs closing, and programs no longer admitting Community HealthChoices (CHC) clients. Additionally, this has caused a huge access to care issue. CMS is meeting with representatives from the Office of Long-Term Living (OLTL) to discuss these issues.



# pennsylvania

DEPARTMENT OF HUMAN SERVICES  
OFFICE OF DEVELOPMENTAL PROGRAMS

### RCPA Incident Management Work Group

RCPA formed a work group composed of provider members who have experienced the challenges of implementing the Incident Management Bulletin released by the Office of Developmental Programs (ODP) in 2021. The group surveyed members and developed recommendations for consideration by ODP. The group also met with ODP representatives on several occasions to discuss the recommendations and provide examples of the impact that implementing the policy as written has had on providers and individuals they serve.

ODP staff have built on these recommendations to make some policy changes to streamline the process and “rebalance” the policy. ODP staff have recognized the work of RCPA’s subcommittee as a driving force in this process. Our critical thinking was helpful in looking for efficiencies while preserving the important goal of health and safety of individuals receiving services. We are grateful to ODP for considering our feedback and are enthusiastic about the changes to the policies.

### Performance-Based Contracting for ODP Services

The Office of Developmental Programs (ODP) developed specific performance measures for residential providers in preparation for the rollout of Performance-Based Contracting in IDD services. RCPA has been active in listening to members and sharing feedback with ODP about this transformation in how residential providers are contracted for services in PA. Providers are required to submit data to ODP regarding their performance in several areas defined by ODP. The requirements are numerous and providers

are finding the standards nearly impossible to reach for any tier (Select or Clinically Enhanced) other than the primary level in the initial phase of this plan. This will result in limited choices for individuals who have enhanced needs (assessed as Needs Group 4 or above). ODP’s plan outlines limiting referrals for anyone with enhanced needs to be directed to Select or Clinically Enhanced Providers.

The second phase of implementing the Performance-Based Contracting plan is set to take place in January 2026, when supports coordination organizations (SCOs) would be assigned as a standard or preferred SCO, based upon performance measures developed specifically for SCOs.

RCPA continues to provide feedback to ODP regarding implementation strategies that would recognize the efforts providers and SCOs are making to reach the standards, and suggest more of a phase-in of the performance measures over time. This would allow providers and SCOs to focus on making changes to their services to improve their performance.



### Budget Hearings

RCPA worked with House Appropriations Committee members in the Pennsylvania State Senate and House to prepare them for the DHS budget hearings. RCPA staff also briefed Appropriations Committee members on the specifics of our [2024 Legislative and Regulatory Priorities](#).

## Comments on Aging Master Plan

RCPA provided feedback on the draft Master Plan on Aging for Pennsylvania, Aging Our Way:

- Commended the Department of Aging for the initiative to seek a forward-looking plan to make Pennsylvania an even more desirable place to live for people as they age, and we recognize the values identified for their respectful and focused approach to independence and choice.
- Recognized that the wide range lacks the focus of a strategic plan. Our recommendation is that the final version should outline a clear set of priorities beyond those outlined in the first-year budget spending, which would result in quick wins.



- The draft as delivered addresses the needs of the whole aging population of Pennsylvania, and does not direct its energies to the most vulnerable Pennsylvanians as a priority population.
- The plan also does not place sufficient emphasis on the intersection of physical disabilities and behavioral health needs of the less fortunate Pennsylvanians. We would encourage you to consider establishing a higher priority on this population and its needs.
- Another significant gap in the proposed plan is the recognition of the needs of individuals who may be potentially marginalized, such as the African American, Latino, and Asian Pennsylvanians.
- Little attention is paid to the behavioral health needs of aging Pennsylvanians. The well-rounded lives you describe in your document cannot be fully achieved without access to affordable and culturally competent mental health support throughout the Commonwealth.
- Urge the developers to establish priorities to guide the implementation team and future administrators of this plan to maintain a clear focus on the most relevant elements.



REHABILITATION & COMMUNITY  
PROVIDERS ASSOCIATION

Health Care Captive

## RCPA Health Care Captive

RCPA has worked diligently with Corporate Benefits Consultants, Inc. to create the [RCPA Health Care Captive Trust](#). Health care captives offer small- to medium-sized employers the opportunity to self-fund, by pooling the risk with hundreds of other employers, which removes the variance from a self-funded plan. With the growth of health care captives, companies can safely self-fund their plans, allowing them to take advantage of the substantial savings produced by Fiduciary Prescription Benefit Managers and Reference-Based Pricing. This program enables RCPA members to experience the savings of self-funding your health insurance, in a safe and responsible manner.



## Embalden WC Trust

The Pennsylvania Community Providers Association (PCPA) Workers' Compensation Self-Insurance Trust is now doing business as **Embalden WC Trust**. Formed in 1994, Embalden WC Trust is the oldest and largest workers' compensation non-governmental group self-insurance trust in Pennsylvania.

Embalden WC Trust offers workers' compensation coverage exclusively to human services organizations in Pennsylvania. In fact, Embalden WC Trust was created by, is owned by, and is governed by the human services providers using it for their workers' compensation coverage. Both RCPA and non-RCPA member organizations may apply to Embalden WC Trust, utilizing the broker of their choice. If accepted, members pay only the annual cost of coverage. **Non-refundable capital deposits are not required to join Embalden WC Trust.**

Embalden WC Trust brings an informed perspective about the workers' compensation needs of its human services members and their employees. The Trust is designed and operated to provide competitive rates, controlled costs, personalized claims and risk management, and dividends and risk management grants. For Embalden WC Trust members, success translates into ownership of an ongoing solution for workers' compensation coverage with return on invested contributions.



## Hearten

In 1992, members formed the Workers' Compensation Insurance Dividend Trust (IDT), now a well-established group of clients that meet to review losses and recommend ways to improve as a group. For those RCPA members who qualify and seek to work with fellow members to reduce and mitigate losses, this is a great mechanism to control workers' compensation costs.

Hearten (formerly known as the PARF IDT Workers Compensation Program) offers a pay as you go billing option; stable rates and competitive pricing; aggressive claims handling and medical cost management, high-quality loss control and risk management services and training; insurance company stability; peer-to-peer collaboration; and a social rehab facility subclass.

Hearten is a member-owned captive program where policies are underwritten and issued by an "A" AM Best® rated insurance carrier – Eastern Alliance Insurance Group (EAIG). The program requires upfront collateralization, and is reinsured on both a specific and aggregate basis, to help protect members from additional costs due to exceedingly adverse claim experiences, either individually or collectively. Underwriting profit and investment income can be returned depending on the performance of the group and the individual member.

***RCPA looks forward to building on these accomplishments, in order to celebrate additional successes, and to further strengthen the voice of the health and human services community in our Commonwealth.***