



An informational newsletter compiled by the Rehabilitation and Community Providers Association for the MH, IDD, D&A, and rehabilitation communities

REHABILITATION & COMMUNITY
PROVIDERS ASSOCIATION

FEBRUARY 2014

■ RCPA NEWS

Association Relocates

The RCPA office relocated in January to 777 E Park Dr, Ste 300, Harrisburg. Phone numbers and email addresses did not change. In addition to an easily-accessible location, the new facility contains meeting rooms, allowing RCPA to reduce its off site meetings and associated costs. [Directions](#) to the new location are available from the association web site.



RCPA Budget Op-Eds Submitted

RCPA has submitted several opinion-editorial (op-ed) articles on human service needs in the upcoming state budget. The letters were sent on behalf of President and CEO Richard Edley. The op-eds contrasted program closures and staff layoffs resulting from state budget cuts in 2012/13 with increased demand and rising costs. These assertions were supplemented with program closure, program information, and staffing information from RCPA members. Op-eds were sent to news outlets in Erie, Harrisburg, Scranton/Wilkes-Barre, Pittsburgh, and suburban Philadelphia.

President and CEO
Richard S. Edley, PhD

*Senior Policy Specialist
Western Region*
Lynn Cooper

Policy Specialists
Melissa Dehoff
Linda Drummond, MPA
Connell O'Brien, MEd

Director of Legislative Affairs
Anne McHugh Leisure, MHA

*Technical & Conference
Services Coordinator*
Kris Ericson, PhD

*Membership & Outreach
Coordinator*
Steve Neidlinger, CAE

Executive Assistant
Cindy Lloyd

Finance Manager
Tina Miletic

Fiscal/Administrative Assistant
Tieanna Lloyd

©2014. This newsletter is written by the Rehabilitation and Community Providers Association (RCPA) for the mental health, intellectual disability, addictive disease, and rehabilitation communities. This informational newsletter is published monthly. Deadline for publication is the third Friday of every month.

**Rehabilitation and Community
Providers Association**

777 E Park Dr, Ste 300
Harrisburg, PA 17111-2754
717-364-3280—Phone
717-364-3287—Fax
www.paproviders.org

■ STATE NEWS BRIEFS

WEBINAR SERIES

EBPs for Justice-involved Persons

From the Pennsylvania Mental Health and Justice Center of Excellence

The Substance Abuse and Mental Health Services Administration GAINS Center for Behavioral Health and Justice Transformation is hosting a five-part webinar series to provide updates by leading researchers on the status of current empirical research regarding five key evidence-based practices (EBPs) for justice-involved persons with behavioral health disorders. The researchers will be joined by nationally recognized practitioners who are implementing the EBPs. The series will address the following questions: *What works? What adaptations are needed? How do these EBPs work in various real world settings?* A link to the series is available on the [Center of Excellence web site](#).

January 21

Forensic Assertive Community Treatment: Updating the Evidence
Dr. Joseph Morrissey and Ann-Marie Louison, CASES-NYC

February 18

Supported Employment for Justice-involved People with Mental Illness
Dr. Gary Bond and Sarah Swanson, Dartmouth Psychiatric Research Center

March (date TBD)

Illness Management and Recovery
Dr. Kim Mueser

April 8

Integrating Mental Health and Substance Use Services for Justice-involved Persons with Co-occurring Disorders
Dr. Fred Osher

May 12

Reducing Criminal Recidivism for Justice-involved Persons with Mental Illness: Risk/Needs/Responsivity and Cognitive-Behavioral Interventions
Dr. Merrill Rotter and Eric Olson, Bonneville County, ID Mental Health Court

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The Reaction



Richard S. Edley, PhD

In mid-January I wrote an editorial column that was published by the *Harrisburg Patriot-News*, first online and then in print a few days later. The [column](#) ("As budget season approaches, the state needs to fund human service providers") focused on caring for the most vulnerable in our society and those receiving mental health, drug and alcohol, intellectual and developmental disability, brain injury, and medical rehabilitation services. I acknowledged that these are difficult economic times, but that we can't leave these individuals and families behind.

The article also noted the types of program cuts that providers of these services have already undergone and noted that without increased funding, further cuts could occur. I ended with a statement as to the positive effect of funding needed programs, including prevention and early intervention, and urged the governor and lawmakers to do the right thing.

Then the reaction.

While I have been assured that I am not the first person to be attacked on the Internet and that apparently some people do this all day, there is something to be learned from the comments posted.

As a member association, we believe in health and human services. We believe in the importance of funding programs that help those in need. And it is self-evident to us that you cannot turn your back on people living with disabilities. Increased funding for these services really is the right thing.

But we can't fool ourselves. Many of those who responded are people who have not been touched by illness or disability and do not share this view. As the state budget season approaches, their primary concern is about decreasing taxes.

So we – as individual organizations and as an association – cannot give up the fight. We must educate our communities about the needs that exist and we need to share stories of the success and improved lives of

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people with disabilities we serve. We need to be in front of lawmakers here in Pennsylvania and in Washington, DC. I urge all of you to write your own editorials, promoting the work you do in your communities and further sharing why this work is important. We must be as loud and as passionate as those who simply react online in order to help those we serve succeed.

Richard S. Edley, PhD, President/CEO
redley@paproviders.org

■ LEGISLATIVE AFFAIRS

For additional information on legislative issues, contact RCPA at 717-364-3280. For copies of bills, call your local legislator, the House Document Room 717-787-5320, or visit the General Assembly's Electronic Bill Room at www.legis.state.pa.us.



State Budget Season Launches February 4

Governor Corbett presents his proposed fiscal year (FY) 2014/15 budget on February 4, officially launching budget season. Pennsylvania faces a serious structural deficit, estimated by the Governor's Budget Office to be as high as \$1.3 – \$1.4 billion. While there is some sense from the administration and some legislative leaders that efforts will be made to avoid further cuts, it remains to be seen whether the Corbett proposal will lean more heavily on revenue enhancements or cuts to fill the gap. The governor's proposed budget will undergo numerous permutations before June 30 as legislative leaders press their priorities. The House and Senate Appropriations Committee hearings on the governor's budget proposal will take place in February. RCPA will share information as it becomes available.

Edley Testifies at *Healthy Pennsylvania* Hearing

RCPA President and CEO Dr. Richard Edley presented compelling testimony at the final *Healthy Pennsylvania* hearing in January. The event drew several hundred people and was covered by media. The hearing included Secretary of Public Welfare Mackereth's overview of the proposal and testimony from 40 organizations and individuals. Secretary Mackereth stated that the cost of the Medicaid program is unsustainable and reforming Medicaid by streamlining benefits is necessary to make it affordable. She also emphasized that the *Healthy Pennsylvania* proposal is a work in progress and will be amended after reviewing comments and testimony.

Dr. Edley's testimony commended the administration for its efforts to expand coverage to an additional 500,000 Pennsylvanians, then moved to cover concerns raised in RCPA [comments](#) submitted to the Department of Public Welfare. Edley commented on problems with the structure of premium and work search requirements, noting that while these may not have been intended to raise barriers to health care, it was the likely result. He also noted that breaks in coverage resulting from the sanctions for not meeting these requirements would unavoidably raise levels of uncompensated care and threaten the financial viability of the community services infrastructure. He mentioned the importance of retroactive eligibility and questioned whether the delineation of benefits into high and low risk was even necessary from an underwriting point of view. More details may be found in the [Legislative Info](#) and [more information](#) about the plan is available. Questions may be addressed to [Richard Edley](#) or [Anne Leisure](#).

US Budget Bill Increases Mental Health Funding

As detailed in a January 23 [Legislative Info](#), a \$1 trillion omnibus budget bill to fund government operations for the remainder of 2014 was passed by the US House and Senate and signed by President Obama. The budget increases mental health funding over 2013 levels and includes \$15 million for Mental Health First Aid (MHFA) training. The Substance Abuse and Mental Health Services Administration will receive a \$144 million increase, for a total budget of \$3.6 billion. Other beneficial provisions include \$50 million for the Primary and Behavioral Health Care Integration program, supporting co-location of services in behavioral health and primary care settings; \$1.8 billion for the Substance Abuse Block Grant, a \$110 million increase; \$484 million for the Mental Health Block Grant, five percent of which will support evidence-based programs addressing the needs of individuals with early serious mental illness; \$40 million for new Project AWARE grants, to provide grants for school programs to refer students with mental health issues to needed services; \$46 million for the National Child Traumatic Stress Initiative; and \$48 million for Garrett Lee Smith Memorial Act programs.

Counties Call for Restoration of 2012/13 Budget Cuts

The County Commissioners Association of Pennsylvania (CCAP) released its [2014 County Budget Priorities](#). Among numerous legislative priorities, the counties call for restoration of the 10 percent cut in human services line items included in the Human Services Block Grant initiative in the 2012/13 state budget. The cuts totaled \$84M, of which \$61.2M supports behavioral health services. The FY 2013/14 budget did not restore any of the human services appropriations. CCAP maintains that behavioral health services continue to be severely impacted by the FY 2012/13 budget cut and for counties to continue to serve a growing population in need, human services funding must be restored to FY 2011/12 levels. Specifically, CCAP urges the governor and General Assembly to begin a three-year restoration of the 10 percent reductions.

Murt to Introduce Resolution on Act 62

Representative Tom Murt plans to introduce a resolution directing the Legislative Budget and Finance Committee (LBFC) to conduct a study of the implementation of *Act 62 of 2008* (Autism Insurance Act). The intent of Act 62 was to stop discrimination by insurers against children and youth with autism spectrum disorder by requiring coverage for treatment and to shift some of the financial burden that has been placed on the Medical Assistance program to private insurers.

To address the increasing number of individuals with autism spectrum disorder that will be seeking services, it is important to ensure that Act 62 is being fully implemented. The resolution will direct the LBFC to conduct a comprehensive study on the implementation of Act 62 and report findings and recommendations to the House of Representatives by December 1. RCPA suggests that members write or call state representatives to let them know of concerns about how Act 62 is being implemented and request the General Assembly provide for a report, since no implementation data has been shared with the public.

Suicide Prevention Education Bill Passed by Education Committee

[House Bill 1559](#), introduced by Representative Frank Farina and providing for suicide prevention education in the school setting, was recently voted out of the House Education Committee and referred to the House Appropriations Committee. This bill would:

- Require educators to have four hours of suicide prevention training every five years;
- Require schools to implement policy and procedures regarding suicide prevention, intervention, and postvention; and
- Require schools to implement some basic curriculum to be taught to grades 6–12 regarding suicide prevention.

Passage of HB 1559 would make Pennsylvania a leader in suicide prevention in the schools. Members are urged to contact legislators and communicate support for HB 1559. Questions and comments may be directed to [Anne Leisure](#).

CMS Proposal Strips Mental Health Drugs of Protected Status in Medicare Part D

The Centers for Medicare and Medicaid Services (CMS) has issued a proposed rule that would eliminate protected status for antidepressants and antipsychotics in the Medicare Part D prescription drug plan. Currently the CMS policy, known as the “six protected classes” policy, requires that substantially all drugs in the following classes – antipsychotics, antidepressants, anticonvulsants, antineoplastics, and immunosuppressants – be included in the Medicare formulary. CMS’ proposed rule redefines the criteria for determining whether a class of drugs is protected, specifying that a class of drugs is protected if 1) failure to receive the drug would result in hospitalization within seven days and 2) drugs in that class are not interchangeable. Antidepressants and immunosuppressants will be excluded beginning in 2015. CMS states that antipsychotics also fail to meet the proposed criteria, but will not immediately lose protected status as CMS considers public comments and considers a transitional policy. RCPA is concerned that if the proposed rule is finalized, Medicare beneficiaries and the dually eligible population may have access to a very limited list of drugs that may not include medications on which they have been stabilized and may not include the newest pharmaceutical advances. The public comment period is open through March 7. RCPA strongly supports the six protected classes policy and will submit comments. RCPA also urges members to communicate with senators and representatives on this issue through The National Council’s [action alert link](#). Further questions may be addressed to [Anne Leisure](#) or [Lynn Cooper](#).

Transcript/ Audio Available Regarding *Jimmo v. Sebelius*

The transcript and audio from the December 19, 2013 Centers for Medicare and Medicaid Services Medicare Learning Network Connects Call on "Program Manual Updates to Clarify SNF, IRF, HH, and OPT Coverage Pursuant to *Jimmo v. Sebelius*" are [available](#). The transcript was prepared and is being distributed as a result of the settlement agreement in the case. Additional information can be obtained by reviewing [MLN Matters Article MM8458](#), which has been revised.

Functional Therapy Reporting Requirement FAQ Available

The Centers for Medicare and Medicaid Services (CMS) published a [Frequently Asked Questions \(FAQ\)](#) document on functional reporting for physical therapy, occupational therapy, and speech language pathologists. CMS' Outreach and Education department will offer webinars on the functional therapy reporting requirements in the near future.

New Accountable Care Organizations Announced

The Centers for Medicare and Medicaid Services (CMS) [announced](#) that doctors, hospitals and other health care providers have formed 123 new [Accountable Care Organizations](#) (ACOs) in Medicare. The ACOs enable health care providers to work together to provide higher quality coordinated care to patients. ACOs must meet quality standards to ensure that savings are achieved through improving care coordination and providing care that is appropriate, safe, and timely. CMS evaluates ACO quality performance using 33 quality measures on patient and caregiver experience of care, care coordination and patient safety, appropriate use of preventive health services, and improved care for at-risk populations. The new ACOs (a number of which are from Pennsylvania) include a diverse cross-section of health care providers across the country and include providers delivering care in underserved areas. The next application period for organizations interested in participating in the Shared Savings Program (beginning January 2015) will be this summer.

House Subcommittee Conducts Hearing on Medicare Extenders

In January, the US House Energy and Commerce Health Subcommittee held a hearing – [The Extenders Policies: What Are They and How Should They Continue Under a Permanent SGR Repeal Landscape?](#) Expert witnesses, including the chair of the Medicare Payment Advisory Commission and associate administrator for the Health Resources and Services Administration, provided testimony on the value of key extenders in improving Americans' health, reducing federal costs, and provided recommendations on how such policies could be improved for future consideration. One extender under consideration by the subcommittee and discussed at the hearing was the therapy caps exceptions process, which several members opposed.

IRF Prospective Payment Fact Sheet Revised

The *Inpatient Rehabilitation Facility (IRF) Prospective Payment System Fact Sheet* was recently revised by the Centers for Medicare and Medicaid Services. This fact sheet is designed to provide education on the Inpatient Rehabilitation Facility Prospective Payment System (IRF PPS) and includes information on background, elements of the IRF PPS, and quality reporting.

Payment Update/Common Assessment Tool Among MedPAC Topics

On January 16 – 17, the Medicare Payment Advisory Commission (MedPAC) conducted its [monthly meeting](#). Included in the agenda was a recommendation that would eliminate the payment update for inpatient rehabilitation facilities and units for 2015, which is based on a projected margin of 11.8 percent (lower than the projected margin of 13.1 percent for the field for 2014). Additionally, MedPAC adopted a recommendation to transition to a common assessment tool for inpatient rehabilitation hospitals and units, home health agencies, skilled nursing facilities, and long-term care hospitals over a three-year period beginning in 2016.

Time Study Results on Concussions From Youth Football

An 11-year study was conducted that involved reviewing concussions sustained by athletes aged five to 13 years while playing football as evaluated in Emergency Departments (EDs). The [study](#), "Concussions From Youth Football: Results From NEISS Hospitals Over an 11-Year Time Frame, 2002–2012," provides details and found there were a significant number of young athletes who presented to EDs with concussions as a result of playing organized football. The purpose of this study was to enhance this information by including athletes in a younger age group and describe the epidemiology of youth football-related concussions using a nationally representative database.

February TBI Advisory Board Meeting Scheduled

A notice was published in the January 11 [Pennsylvania Bulletin](#) announcing the upcoming Traumatic Brain Injury (TBI) Advisory Board public meeting on February 7, 10:00 a.m. – 3:00 p.m., Community Center, Giant Food Store, 2300 Linglestown Rd, Harrisburg. For additional information, or for persons with a disability who wish to attend the meeting and require an auxiliary aid, service, or other accommodation to do so, contact Joshua Goodling, Division of Child and Adult Health Services (717-772-2762). For persons who are speech and/or hearing impaired contact V/TT (717-783-6514) or the Pennsylvania AT&T Relay Service (800-654-5984).

Members Encouraged to Meet With State Legislators

Beginning February 17, members of the US House and Senate are scheduled to be in recess and working back in their states and districts. This will be the only recess period before the President releases his fiscal year (FY) 2015 budget proposal, scheduled for March 4. Inpatient rehabilitation facility staff is encouraged to meet with members of Congress in anticipation of the President proposing many of the same policies he has proposed in the past, including market basket cuts, reinstatement of the 75 percent rule, and the establishment of site neutral payments. It is critical to meet with legislators to encourage their opposition to these policies before the budget is released. In addition, consider inviting legislators to visit. Senator and representative contact information can be obtained online at the [House site](#) or [Senate site](#). The member's staff can help submit a request to meet with the member. If a member is not available, ask to meet with the staff person in the state or district who handles health care issues.

CMS Issues Therapy Cap Values/Updates Code List

The Centers for Medicare and Medicaid Services (CMS) has issued the [therapy cap values](#) for calendar year 2014. For physical therapy and speech-language pathology combined, the therapy cap will be \$1,920. For occupational therapy, the cap will also be \$1,920. CMS also recently updated the therapy code list via [MLN Matters MM 8482](#), "2014 Annual Update to the Therapy Code Lists." Included in the updated list is four "Always Therapy" codes, one "Sometimes Therapy" code, and two codes were deleted.

Book Focuses on Concussions in Sports

A book focusing on concussions in sports was published by ABDO Publishing Company. A [preview](#) of *Concussion in Sport* by Maryann Hudson is available. The book focuses on various issues related to concussions such as changing the culture, prevention, invention, and intervention.

New Law About CO Detectors

Legislation that would enact standards for carbon monoxide (CO) alarms in various existing buildings and properties was signed into law on December 18, 2013 by the governor. The new CO detector law, similar to the requirement for smoke alarms, would require multifamily dwellings with a fossil fuel-burning heater/appliance, fireplace, or an attached garage to be equipped with an operational, centrally located and approved carbon monoxide alarm. Current Pennsylvania building code only requires newly constructed homes that have fossil fuel-burning heaters or appliances and/or an attached garage to have a detector. Thirty-five states have already enacted CO alarm requirements. The requirements in [Act 121 of 2013](#) will officially take effect in June 2015.

DDAP STAR Support Notes

The Department of Drug and Alcohol Programs (DDAP) thanks providers for their cooperation as it worked diligently to resolve performance-related issues on the STAR Payer and Provider Data Systems. During this timeframe, the services provider has made system modifications to improve STAR's performance. During the analysis, it was also determined that running certain reports is causing system slowdown. If running reports located under the reports tab, please run reports either very early or very late in the day if possible. It is also important to limit report parameters to pull a month or two of data at a time to assist with this issue. DDAP STAR Support will continue to share information on this issue as it works to develop a long-term solution.

If issues are encountered, please contact DDAP immediately at 717-783-8200 or ra-DASupport@pa.gov. To ease the reporting process related to performance issues, a STAR Performance Issues form has been created and is available under "Contact STAR Support" at www.ddap.pa.gov/STAR. DDAP has been made aware that some organizations have moved to Internet Explorer (IE) 11. Please note that IE 11 is not supported for use with STAR at this time. Complete details on supported browsers and browser settings are available under [STAR Technical Settings](#) on the web site.

Work on D&A Regulation Revisions Continues

RCPA (and, previously, PCPA) has been working hard on recommendations for changes to drug and alcohol (D&A) program regulations. The general regulations are making their way through the arduous approval process and the staffing regulations have been put "on hold" for now. Two meetings were held in January to continue work on additional regulations addressing inpatient and residential treatment. Once the work groups have completed the initial review, a draft of the recommendations will be sent to members for additional input before being submitted to the Department of Drug and Alcohol Programs. Contact [Lynn Cooper](#) with questions.

DDAP Releases SCA Overdose Requirements

From DDAP

The Department of Drug and Alcohol Programs (DDAP) defines an overdose as a situation in which an individual is in a state requiring emergency medical intervention because of the use of drugs or alcohol. Specific examples may be seen in the ICD-10 diagnoses codes for substance overdose or poisoning.

In order to ensure expedient and appropriate care for an individual who has overdosed, Single County Authorities (SCAs) must develop and maintain a listing of contact information for all local contracted facilities providing drug and alcohol screening, assessment, and treatment. Information must include types of services provided, phone numbers, and addresses of facilities. Distribution of the contact information to key referral agencies will assist in facilitating the smooth transition from emergency room visits to substance abuse treatment. Therefore, by January 31, SCAs must distribute the referral listing to all emergency rooms, urgent care facilities, and other primary referral sources within its geographic area. On at least an annual basis, the SCA must document that the contact listing has been reviewed and revised as needed. As revisions are made to the referral listing, the SCA must redistribute the updated listing.

In addition, the SCA must develop procedures to 1) ensure up-to-date contact information is provided to urgent/emergent care facilities and other primary referral sources; 2) describe the process to access care in their locale during business hours and, if different, during evenings and holidays; 3) allow priority access to substance abuse treatment for those being referred by an emergency room following an overdose; and 4) describe the process of access to care for insured and uninsured individuals to be included with the list of contracted providers.

It should be noted that federal block grant requirements related to priority populations and preference to treatment remain in effect. DDAP is identifying individuals who have overdosed as an additional priority. Admission to treatment for individuals who have overdosed must be considered in conjunction with requirements delineated in Part Five of the DDAP Treatment Manual. These changes have been made in the Treatment Manual as Part Nine, 9.01A and Part Ten, 10.01A on the Department of Drug and Alcohol Programs Communicator, and were effective January 3.

Autism Brings Great Demands on Care Givers

A study conducted by West Virginia University found that children with Autism Spectrum Disorder (ASD) form a population within developmental disabilities that may require greater provider and caregiver attention compared to children with other developmental disabilities and mental health conditions. The findings suggest that caregivers of children with ASD may require services and help that extend beyond what is provided by the current health care system. Researchers found that caregivers of children and adolescents with ASD report more trouble accessing services due to eligibility, availability, appointment delays, and difficulty getting information about service options. Families reported that they were also more likely to say that they've experienced a financial burden or left a job because of caregiving responsibilities or that they had inadequate insurance coverage to meet their child's needs. Researchers looked at survey responses from more than 18,000 caregivers of children ages 3 – 17 with autism, other developmental disabilities, or mental health conditions.

Coming Soon, Mini-Grants

The Bureau of Autism Services (BAS) has announced that it will offer mini-grants this spring to support children and adults with autism and families that include an individual with autism. Applicants meeting eligibility requirements may apply for up to \$500 in grant funds. Priority will be given to applicants who have not received a BAS mini-grant in previous funding years. Total funding is limited and will be awarded on a first-come, first-served basis subject to available resources. The full application packet including the application, instructions to apply, and frequently asked questions is to be available the first week of February.

Autism Census Report

The Bureau of Autism Services and the Autism Service Education, Resource and Training Center for the Eastern Region will soon publish the complete *2013 PA Autism Census Update*. The purpose of the census project was to obtain an estimate of the number of individuals living with Autism Spectrum Disorder (ASD) in Pennsylvania who are receiving services, the demographic characteristics of that population, and the scope of need for services and programs. This report is an update to the census conducted in 2005. According to preliminary data and projections, the number of individuals with an ASD has risen to over 55,000 children and adults in Pennsylvania.

Study Finds Revamped Autism Screening Tool More Reliable

A study published in the December 23, 2013, edition of *Pediatrics* looked at an updated version of the "Modified Checklist for Autism in Toddlers, Revised with Follow-Up." The revised version of this frequently used assessment is designed for pediatricians to administer during regular well-child visits at ages 16 – 30 months. Based on parent responses to 20 questions, the screening allows doctors to identify a child as having a low, medium, or high risk for autism. Those considered at risk are then referred for additional questioning or for an evaluation. Researchers looked at more than 16,000 children who were evaluated using the updated screening. The [revised assessment](#) includes more examples, rephrased questions, and does away with questions that did not garner significant response in an earlier version. Researchers report that this revised screening tool is far more accurate than previous assessments at helping flag young children at risk for autism.

"When we least expect it, life sets us a challenge to test our courage and willingness to change; at such a moment, there is no point in pretending that nothing has happened or in saying that we are not ready. The challenge will not wait."

— Paulo Coelho

DOJ Report on Rhode Island

The US Department of Justice (DOJ) investigation of employment, vocational, and day services for persons with intellectual and developmental disabilities in Rhode Island found the state in violation of American's with Disabilities Act (ADA) compliance to provide services, programs, and activities in the most integrated setting appropriate to the needs of persons with disabilities. Thousands of individuals with intellectual and developmental disabilities (IDD) are served in segregated sheltered workshops and facility-based day programs although they are capable of and want to receive employment and day programs in the community. The [formal report](#) indicates that "while sheltered workshops and facility-based day programs may be permissible placements for some individuals with IDD who make an informed choice to rely on them, the State of Rhode Island has unnecessarily and unjustifiably over-relied on such programs to the exclusion of integrated alternatives like supported employment and integrated day services."

Section 503 Final Rule Issued

The Office of Vocational Rehabilitation (OVR) has developed an [informational summary](#) of the new Section 503 Final Rules of the *Rehabilitation Act of 1973*. This rule prohibits employment discrimination against individuals with a disability by federal contractors and their subcontractors. The final rule is effective March 24.

ODP Visits RCPA Members

Office of Developmental Programs (ODP) Deputy Secretary Fred Lokuta and RCPA Policy Specialist Linda Drummond toured several member programs in State College. The first stop was at The Arc of Centre County's Forever Home, recipient of an RCPA 2013 Innovation Award. This home was designed to provide progressive care to individuals with intellectual disability and Alzheimer's disease or dementia. This initiative was the vision of The Arc's past CEO and current President Effie Jenks. Centre County United Way was the primary funding stream to assist in the research, development, and training needed for this home with environmental, behavioral, and sensory supports designed for people with both conditions. Forever Home is licensed by ODP ([Provider News](#), June 2013, page 14). The Arc's programs include residential services, home and community habilitation service, and Nittany Employment Service (NES). NES provides vocational services to individuals seeking competitive community employment. Services include career planning, assessment, job development, job coaching, and follow-along services.



Traci Robison and Fred Lokuta

Tim Fetzer, Forever Home; President Effie Jenks, The Arc; Fred Lokuta, ODP; Erika Smith, Forever Home; CEO Becky Cunningham, The Arc.

Continued on page 11

ODP VISITS RCPA MEMBERS

Continued from page 10

The next visit was with Strawberry Fields, Inc., which provides services to persons with intellectual disability, mental health issues, and children in the Kids First Early Intervention Program. Services for those with intellectual disability include residential and community-based support services. Mental health services included targeted case management, certified peer specialist, and residential services through a Community Residential Rehabilitation Program and Fairweather Lodge Program.



Irene Imler, director of ID Services; Tom McDermott, Centre County MH/ID administrator; Ellen Campbell, SFI board president; Cindy Pasquinelli, CEO; and ODP Deputy Secretary Lokuta.

Finally, Mr. Lokuta and Ms. Drummond visited the home of Steve and Leslie McKinley who have been married for over 13 years. With the residential and daily living support of Strawberry Fields, they are actively involved in their community with Special Olympics and love to play tennis at the Pennsylvania State University tennis courts. Their apartment is adorned with trophies from their various activities.



Deputy Secretary Lokuta with Steve and Leslie McKinley.

IM4Q Management

The Independent Monitoring for Quality (IM4Q) Management Committee met recently to review evaluations from the 2013 IM4Q conference and begin planning for the 2014 event July 23–24.

Linda Drummond is a member of the committee. During the meeting, it was noted that Jennifer Fraker, Office of Developmental Programs (ODP), has been promoted to director of quality initiatives, which includes oversight of the IM4Q initiative. The Temple University Institute on Disabilities manages the ODP IM4Q program. The institute has developed "[The Importance of IM4Q](#)," which provides an overview of the history and responsibilities of this program.

Joint Aging/ID Projects Approved

Joint Aging/Intellectual Disability (ID) county team projects are funded each year in collaboration with the Departments of Aging and Public Welfare and the Long-Term Living Training Institute. Funding is provided to support teams for cross-systems, collaborative activities, and trainings. The focus of the projects is on activities and trainings that address the needs of persons with intellectual disability as they age. County Aging/ID projects approved for 2014 include Allegheny, Armstrong, Blair, Butler, Cameron, Carbon/Monroe/Pike, Cameron/Elk/Potter/McKean/Warren/Forest, Columbia/Montour/Union/Snyder, Crawford, Cumberland/Perry, Dauphin, Erie, Fayette, Greene, Luzerne/Wyoming, Somerset, Wayne, and Westmoreland.

IDD, SCO, and Voc Rehab Groups to Meet in March

On March 13 the Intellectual and Developmental Disabilities (IDD) Committee, Supports Coordination Organizations (SCO) Subcommittee, and Vocational Rehabilitation Subcommittee will meet. Agendas and registration information will be available in February. The meetings, which are also available by webcast, will be held at RCPA's new office, 777 E Park Dr, Harrisburg.

IDD Committee guests include Office of Developmental Programs (ODP) Bureau Chief Patty McCool and Dual Diagnosis Lead Marlinda Smith providing an update on the ODP/Office of Mental Health and Substance Abuse Services dual diagnosis initiative. Bureau of Human Services Licensing Director Matt Jones will present an overview of the provider licensing reference manual and discuss inspections and coordination with ODP incident management and certified investigations. The SCO Subcommittee will host ODP Quality Initiatives Director Jen Fraker for discussion regarding training, individual support plans, and policy changes. The Vocational Rehabilitation Subcommittee, which addresses all ODP-funded employment and vocational services and options, will greet Mike Kinger, Lowe's regional distribution center manager, to share information on their initiative to hire persons with disabilities. The Office of Vocational Rehabilitation (OVR) will address the final rule in Section 503 of the rehabilitation act and the OVR early reach initiative.

HCBS Waiver Changes

The Centers for Medicare and Medicaid Services (CMS) issued a [final rule](#) on January 11, defining "community" for Home and Community Based (HCBS) waiver services and settings. These [new rules](#) become effective March 17. States will have one year to bring HCBS settings into compliance with the new rules. The waivers covered by these rule changes include:

- 1915(c), which states use to provide long-term care services in home and community settings rather than institutional settings. In Pennsylvania, these include the Consolidated and Person/Family Directed Support waivers through the Office of Developmental Programs and those funded through the Office of Long-Term Living, which include COMM CARE, Attendant Care, Independence, and OBRA waivers.
- [1915\(i\) state plan options](#), which allows states to establish the

Medicaid-eligible population being provided waiver services.

- 1915(k) Community First Choice Option providing attendant services.

A CMS [fact sheet](#) reviews requirements that all HCBS settings must include:

- Integrated in and supports full access to the community;
- Ensures the individual's rights of privacy, dignity, respect, and freedom from coercion and restraint;
- Offers individuals choice regarding services and who provides them; and
- Emphasizes person-centered service planning.

RCPA has contacted the Department of Public Welfare Office of Developmental Programs that is reviewing the rule and will provide clarification on system changes.

SCO Focus Group Discusses Training

The Office of Developmental Programs (ODP) coordinated a Supports Coordination Organizations (SCO) focus group to address issues and seek agencies' advice. SCO participants were selected by RCPA, the Pennsylvania Association of County Administrators of Mental Health and Developmental Services, and ODP. Discussion focused on what is working well with ODP-provided SCO training, topics under development for 2014, and suggested training topics. Required training topics that are under development include "Individual Support Plan (ISP) Monitoring and Adult Protective Services" and "Fraud, Waste, and Abuse." Topics suggested by focus group participants include:

- The provider role in the ISP checklist,
- Negotiating the level and amount of service needed,
- Safety of supports coordination staff,
- HIPAA confidentiality,
- Financial monitoring, and
- Moving from office to mobile workforce and distance supervision.

ODP UPDATES

The Office of Developmental Programs (ODP) has issued the following information.

Announcement #106-13: Supplemental Security Income (SSI) Increase for Calendar Year 2014. The SSI increase of 1.5 percent is effective in January. The monthly maximum federal amount for 2014 is \$721 for individuals. Room and board contracts should be adjusted accordingly.

Informational Memo #107-13: Updates Coming to Comply with Affordable Care Act: Delivery Date Change for the Electronic Remittance Advice (835 Transaction) and New Addenda Record.

Announcement #001-14: DP 1022, 1023, 1032 have been Translated into Spanish. The forms are available from the ODP Consulting web site.

Informational Memo #002-14: Adult Protective Services Contact Persons and Upcoming Networking Calls.

Announcement #003-14: ODP Cost Report Information for Waiver Transportation Providers. If a cost report is not submitted by February 21, ODP will assign a rate.

Announcement #004-14: DPW Medication Administration Program. A new resource that overviews this program is available at <http://medsadmin.tiu11.org>.

Announcement #005-14: Now Available Spanish Version of *Understanding the ODP Programs*, the Gold Book/2013.

Announcement #006-14: Supports Coordination Organization Billing Issues. Addresses HCSIS billing issues when a critical revision or annual updated Individual Service Plan is created.

Announcement #007-14: [ODP Futures Planning Website Updated](#). This includes the [PowerPoint](#) presented to Department of Public Welfare Secretary Mackereth of the Futures Planning Implementation Proposal.

Bulletin #00-14-01: Rate Setting Methodology for Consolidated and Person/Family Directed Support Waiver and Base-Funded Services.

Bulletin #00-14-02: Fee Schedule Rates and Department Established Rates for Consolidated and Person/Family Directed Support Waivers Services, Targeted Service Management and Community Base-Funded Program.

MENTAL HEALTH HEADLINES

Exciting Changes Proposed to Out-patient Regulations

In October 2013 a statewide Outpatient Task Force met and outlined the process for a major review and revision of mental health outpatient regulations. Since that time, a small group has been reviewing the regulations and significant changes have been proposed. Although detail about the changes cannot be shared until the report has been provided to the larger task force and other state officials, significant issues addressed included psychiatric hours and the use of psychiatrists, use of nurse practitioners, requirement regarding treatment plan signage, and psychiatric supervision. Sincere thanks to member Paul DeNault for his outstanding participation in the work group. More information will be provided as soon as it is possible. In the interim, questions should be directed to [Lynn Cooper](#).

Feedback Needed for Suicide Prevention Plan

The Pennsylvania Adult and Older Adult Suicide Prevention Coalition, through funding from the Office of Mental Health and Substance Abuse Services, is revising the Pennsylvania Adult and Older Adult Suicide Prevention Plans. To ensure broad participation into state goals and objectives regarding suicide prevention, information is being collected through a survey. The survey questions and response choices were prepared based upon goals and objectives included in the 2005 Pennsylvania plans and the 2012 National Strategy for Suicide Prevention. Please provide input into the direction Pennsylvania should take to eliminate suicide within the commonwealth. The [survey tool](#) will be open and available for completion through mid-March.

Licensure Requirement Webinar

On January 29 the Department of Public Welfare conducted a webinar on issues related to implementing requirements for behavior specialist licensure. The department convened this opportunity to allow stakeholders to communicate directly with department staff, respond to questions about application discrepancies, and provide process updates. RCPA will inform members when new information from the event is available.

Youth Suicide Prevention PSA Contest

The Pennsylvania Youth Suicide Prevention Initiative (PAYSPI) has announced the Second Annual Public Service Announcement (PSA) contest for youth suicide prevention. The 2013 contest produced powerful messages communicated by youth across Pennsylvania. RCPA is a member of PAYSPI and is working to disseminate information about this important project to schools that have partnered with members. Members are encouraged to share contest information with school administrators, counselors, other school and Intermediate Unit stakeholders, and community partners. [Details](#) about the contest, including official rules, a downloadable flyer, and the application form are available. This initiative will again use the power that youth bring to their community to engage peers in developing PSAs focused on suicide awareness and prevention.

Corbett Signs Child Protective Services Bills

As 2013 drew to a close, Governor Corbett signed several bills intended to improve the state's child protection laws. The new laws reflect many of the recommendations from a November 2012 report by the Pennsylvania Task Force on Child Protection. These new laws will impact community providers as they:

- Amend the definition of child abuse to lower the threshold from serious bodily injury to bodily injury including knowingly, recklessly, or intentionally committing acts of child abuse or failing to act when child abuse is being committed;
- Broaden the definition of perpetrator to include employees or volunteers that have regular child contact, school teachers, and individuals related to the child;
- Recognize that perpetrators can be as young as 18 and establish protections that address false reports and intimidation;
- Provide immunity for reporters from liability and create penalties for false reporting; and
- Prevent the records and name of minor victims from public review.

The Office of Children, Youth and Families deputy secretary has convened a multi-disciplinary stakeholder work group to assist with development of policy, procedure, guidance, and training to ensure that the department's approach is multi-faceted and meets the needs of all entities impacted. RCPA has been invited to participate.

Clarification of EI Eligibility

The Office of Child Development and Early Learning (OCDEL) has released two documents intended to clarify practices, provide guidance, and ensure consistency in the process of determining when an infant, toddler, or preschool age child is eligible for early intervention (EI) program services. The documents address such topics as the role of diagnostic instruments, standard tests, and informed clinical opinion in forming a determination regarding difficult-to-measure aspects of developmental status and the potential need for EI services. The OCDEL announcement and guidance documents are available at

- [Announcement EI 13-#08](#): Eligibility for Infant/Toddler and Preschool Early Intervention and
- [Guidance on Eligibility Evaluation Practices](#) Early Intervention Technical Assistance.

KIDS COUNT Finds Pennsylvania Hurting

Each year the Annie E. Casey Foundation publishes its [KIDS COUNT Data Book](#) using 16 indicators to rank each state within four domains that represent what children need most to thrive. Pennsylvania now ranks 17th in the nation for overall child well-being, a drop from 14th. Even more disturbing is Pennsylvania's drop from 8th to 22nd in child health status. The ranking is based on data for children who lack health insurance, child and teen death rates, low-birth weight babies, and alcohol or drug abuse among teens.

SAP Training Advances

For more than 20 years, RCPA members have partnered with local high schools as part of Student Assistance Programs (SAP). More recently, many school districts have expanded SAP to include middle and elementary schools. During the past year, the Pennsylvania Network for Student Assistance Services (PNSAS) developed an integrated training for elementary and secondary SAP team members. The new *Bridge Training* is designed for people who were trained and certified as a SAP team member under either the elementary or secondary model before development of the integrated K-12 SAP training. Successful completion of the training will provide participants with certification that enables them to serve on elementary through high school SAP teams.

Pennsylvania Wins Race to the Top Grant

In 2014, Pennsylvania will begin to implement a US Department of Education *Race to the Top – Early Learning Challenge* grant of \$51.7 million. Pennsylvania is one of six states to win a grant this round. The four-year grant will support initiatives that help close the achievement gap and increase the number of children entering kindergarten ready to succeed in school and life. Pennsylvania's plan reflects the commitment and achievements of early learning and child-serving organizations, professionals, and advocates throughout the commonwealth. RCPA, as part of the Governor's Early Learning Council, was pleased to participate in supporting this important initiative.

Pennsylvania's Leaders in Integrated Health for Children

A recent edition of the *PA CASSP Newsletter* featured articles and stories from RCPA providers and clinicians that describe the growing movement to screen for behavioral health issues in primary care settings and to co-locate physical and behavioral health care services. Community behavioral health providers and their primary care partners frequently represent the vanguard of those developing integrated care models. The RCPA Children's Committee has made integrated health care a priority over the past several years in response to consumers, families, and research demonstrating that integrated care offers the best route to good clinical outcomes and consumer satisfaction. A guest editorial by Deputy Secretary Dennis Marion reports on efforts by state government to advance initiatives that hold promise for a better-integrated, consumer-friendly system of physical and behavioral health.

RCPA and DPW to Address BSC/Autism

The Department of Public Welfare (DPW) licensed independent practice deadline for billing autism services by Behavior Specialists Consultants (BSC) has passed, but many current and future challenges remain. RCPA contacted DPW leadership to identify issues and recommend solutions for the delivery and management challenges that continue to threaten the autism service system. In response, Secretary Mackereth has agreed to arrange a high-level meeting with RCPA to discuss issues and recommendations. In addition to concerns about service system capacity to meet the clinical needs of children with autism, growing challenges to BSC retention, recruitment, and cost-rate disparities remain to be addressed and overcome.



2014 RCPA Technology Conference

April 8 – 9
Lancaster Marriott
at Penn Square
Lancaster

Contact **Tina Miletic**
for more information

■ CALENDAR

F E B R U A R Y		
Thursday, February 6	12:00 – 1:00 p.m.	Innovative Technologies <i>IPRC Webinar</i>
Wednesday, February 19	10:00 a.m. – 1:30 p.m.	Northwest Regional Meeting <i>Clarion Holiday Inn</i>
M A R C H		
Tuesday, March 4	9:30 a.m. – 12:00 p.m.	Legislative Affairs Committee <i>PA Medical Society – Penn Grant Centre</i>
Wednesday, March 5	10:00 a.m. – 12:30 p.m.	Brain Injury Committee <i>PA Medical Society – Penn Grant Centre</i>
Tuesday, March 11	9:30 a.m. – 12:00 p.m. 1:00 – 4:00 p.m.	Criminal Justice Committee Drug and Alcohol Committee <i>PA Medical Society – Penn Grant Centre</i>
Wednesday, March 12	9:30 a.m. – 12:00 p.m. 1:00 – 4:00 p.m.	Children's Committee Mental Health Committee <i>PA Medical Society – Penn Grant Centre</i>
Thursday, March 13	9:00 – 11:00 a.m. 11:30 a.m. – 2:30 p.m. 2:30 – 4:30 p.m.	Supports Coordination Organization Subcommittee Intellectual and Developmental Disabilities Committee Vocational Rehabilitation Subcommittee <i>PA Medical Society – Penn Grant Centre</i>
Thursday, March 20	10:00 a.m. – 12:30 p.m.	Medical Division Meeting <i>PA Medical Society – Penn Grant Centre</i>