



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

REHABILITATION & COMMUNITY PROVIDERS ASSOCIATION

MARCH 2014

■ MEDICAL REHABILITATION



Oppose 75 Percent Rule

Members are encouraged to contact legislators today. President Obama's FY 2014 budget contains a provision that would re-establish the "75 Percent Rule" from the current 60 percent threshold. This change,

if enacted, will be extremely detrimental to inpatient rehabilitation facilities (IRFs) in Pennsylvania and restrict access to medically appropriate levels of care for vulnerable patients. It is estimated that as many as 45 IRFs in Pennsylvania would not satisfy the proposed change of 60 percent to 75 percent threshold. The American Medical Rehabilitation Providers Association has developed [documents](#) and talking points that will be helpful as members communicate with legislators. For additional information, members should refer to the February 7 [Legislative Alert](#). Two US Senators who are champions of medical rehabilitation, Mark Kirk (R-IL) and Tim Johnson (D-SD) have issued a [letter](#) to the Obama administration to urge them not to reinstate the 75 percent rule. RCPA has communicated with Senators Bob Casey and Pat Toomey to ask them to sign on. Additional questions and comments may be directed to [Anne Leisure](#) or [Melissa Dehoff](#).

Missed TBI Diagnosis in Patients With Traumatic Spinal Cord Injury

An article, "[Missed Diagnosis of Traumatic Brain Injury in Patients With Traumatic Spinal Cord Injury](#)," in the *Journal of Rehabilitation Medicine* focused on determining the frequency of missed acute traumatic brain injury (TBI) diagnoses in patients with traumatic spinal cord injury and examining risk factors for missed TBI diagnosis. Based on individuals studied, in more than half of the traumatic spinal cord injury patients referred for inpatient rehabilitation, acute care diagnoses of TBI were missed. A risk factor for missed diagnosis was an injury caused by a mechanism other than a motor vehicle collision, such as falls or assaults.

CMS Announces Winter Open Period for BPCI

On February 14, the Centers for Medicare and Medicaid Services (CMS) published a notice in the [Federal Register](#) announcing an open period for additional organizations to be considered for participation in Models 2, 3, and 4 of the Bundled Payments for Care Improvement Initiative (BPCI). In addition, CMS will consider the addition of both episodes and/or episode initiators to current participants in BPCI Models 2, 3, and 4. Interested participants must have intake forms submitted by April 18. Additional information on this initiative for current and prospective participants is available from the [CMS web site](#).

SAVE THE DATE

Medical Division Is March 20

Members are encouraged to save the date of March 20, 10:00 a.m.

– 12:30 p.m. to attend the Medical Division meeting at the RCPA office (777 E Park Dr, Harrisburg).

A meeting agenda and registration information will be issued soon.

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MEDICAL REHABILITATION

IRF PEPPER to Be Distributed Electronically

The Centers for Medicare and Medicaid Services has contracted with TMF Health Quality Institute to produce and distribute the Program for Evaluating Payment Patterns Electronic Report (PEPPER). TMF is developing a secure portal at pepperresources.org to deliver PEPPERS to inpatient rehabilitation hospitals with a goal of having them available for download in mid-April. Providers will have access to the reports for approximately one year. To date, PEPPERS have only been available electronically through QualityNet and via hardcopy. To receive notification when the PEPPER is available and guidance on accessing it, join the [email list](#). Visit the [web site](#) for more information or to submit questions.

CMS Clarifies Requirements for Inpatient Admission and Certification Statement

On January 30, the Centers for Medicare and Medicaid Services (CMS) issued [guidance](#) that provides clarification on requirements for inpatient admission orders and certification statements, which were finalized in the Inpatient Prospective Payment System final rule for fiscal year 2014, also known as the two-midnight benchmark. The requirements apply to inpatient hospitals, including inpatient rehabilitation hospitals and units. CMS clarifies that the existing documentation requirements for inpatient rehabilitation hospitals and units may be used to satisfy the requirements for the certification statement if the documentation includes all of the required elements identified by CMS as necessary for the certification statement. Additionally, according to the guidance, inpatient rehabilitation hospitals and units must adhere to the admission requirements specified at 42 CFR 412.622, but the two-midnight benchmark does not apply.

Comment Period Extended for Emergency Preparedness Proposed Rule

The Centers for Medicare and Medicaid Services published a notice in the [February 21 Federal Register](#) that provides an extension to the comment period for the Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers proposed rule, which was published in the [December 27, 2013 Federal Register](#). The comment period, which would have ended February 25, is extended to March 31.

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ASSOCIATION FOCUS



Richard S. Edley, PhD

Every day we work on very detailed and specific issues that impact members – but not every member each time.

In each edition of this newsletter, I have attempted to address large-scale issues that cut across all our diverse divisions. The truth, however, is that on a daily basis RCPA is not necessarily addressing such global topics. Every day we work on very detailed and specific issues that impact members – but not every member each time. As an example, as I write this I am about to join a Department of Public Welfare call dealing with behavioral specialist licensing, an issue critical to children's service providers. Later today, I have a similar call about the vacancy factor and intellectual disability residential providers. Yesterday we held a meeting focused on drug and alcohol regulation revisions and we are working on similar efforts with mental health outpatient services. And I can keep listing examples. This is the true work of the association every day.

In addition, we are not just working on the state level. Our work is complex enough that we must also address federal issues that affect our members. Earlier today we sponsored a very well-attended webinar in conjunction with ACCSES on "Section 503 Revised Rule: CRP Opportunities and Responsibilities." Next week I am attending a meeting with the National Council for Behavioral Health and we are carefully monitoring key issues with the American Medical Rehabilitation Providers Association and the American Network of Community Options and Resources.

As I have written before, we have no shortage of issues. For example, this week I had the opportunity to address letters to President Obama, his staff, and Senators Casey and Toomey and their staffs.

The issue needing President Obama's attention was the recent executive order requiring that all employees of federal contractors make at least \$10.10/hour in new federal service and

construction contracts beginning in 2015. RCPA certainly supports competitive wages for all workers, including those with disabilities. However, some disability rights groups have used this order as an opportunity to extend this to eliminate critical protections set forth in Section 14(c) of the Fair Labor Standards Act. This legislation enables thousands of people with the most significant disabilities the opportunity to work. A repeal of Section 14(c) would negatively impact these individuals and the agencies that provide critical vocational services. The [letter to President Obama](#), his top advisors, and the Department of Labor details this critical issue.

The issue in need of attention for Senators [Casey](#) and [Toomey](#) was a request that they sign on to a letter from Senators [Kirk](#) (R-IL) and [Johnson](#) (D-SD) to the Centers for Medicare and Medicaid Services asking that the Obama administration not reinstate the 75 percent rule in its Fiscal Year 2015 budget. This is an issue critical to medical rehabilitation hospitals and units. Currently, these facilities work under a "60 percent rule," which requires at least 60 percent of patient admissions to have one of 13 qualifying conditions, thereby limiting the number and type of patients who can receive needed services. As arbitrary as that rule is, moving to 75 percent would severely limit rehabilitation services and potentially even threaten the continued existence of some hospitals and units. Our request to the senators details this issue.

And now, back to work and back to the issues.

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

Changes to RAC Program Announced

On February 18, the Centers for Medicare and Medicaid Services (CMS) [announced](#) several changes to the Recovery Audit Contractor (RAC) program as it began the procurement process for the next round of recovery audit program contracts. CMS is transitioning down contracts so that recovery auditors can complete all outstanding claim reviews and other processes by the end date of current contracts. February 28 is the last day a Medicare Administrative Contractor (MAC) may send prepayment Additional Documentation Requests for the Recovery Auditor Prepayment Review Demonstration and June 1 is the last day a recovery auditor may send improper payment files to the MACs for adjustment. Providers should contact RAC@cms.hhs.gov for additional questions.

CERT A/B MAC Task Force Guide on Documentation Errors for Therapy Services

The Comprehensive Error Rate Testing (CERT) Part A and Part B (A/B) Medicare Administrative Contractor (MAC) Outreach and Education Task Force, which is a partnership of all A/B Medicare Administrative Contractors, created [this guide](#) to educate providers on common documentation errors for outpatient rehabilitation therapy services. These widespread errors contribute to Medicare's national payment error rate, as measured by the CERT program.

Workshop Proposals Needed for 2014 Conference

The 2014 RCPC conference (a premier statewide event) is October 7 – 10 at Seven Springs Mountain Resort. The Conference Committee is seeking [workshop proposals](#) for consideration. Individuals are encouraged to consider submitting a proposal. The conference offers diverse educational opportunities and proposal submissions are needed in every area. A complete listing of focus tracks is available on the proposal form. Presentations are encouraged which assist rehabilitation and community-based providers to develop and maintain quality, stable, and effective treatments, services, and agencies in an industry where change is constant. The committee looks for presentations which:

- highlight new policy, research, and treatment initiatives;
- provide specific skills and information related to individual and organizational leadership development and enhancement;
- address system changes that affect business practices; and
- offer concrete skills and tools to operate more efficient and effective agencies allowing organizations to strive, survive, and thrive.

The [Call for Proposals](#) outlines requirements for submissions. **The deadline for submissions is 5:00 p.m. April 8.** [Additional information](#) to assist in preparing a strong proposal is also available. Individuals are welcome to send multiple submissions. Questions may be directed to [Kris Ericson](#), PhD, technical and conference services coordinator.



NHS CEO Will Step Down, Successor Named

NHS Human Services has announced that Chairman and CEO Sen. M. Joseph Rocks will step

down at the end of 2014. Joseph S. Martz, who is currently executive director and secretary at the Board of City Trusts in Philadelphia, will succeed Sen. Rocks. Mr. Martz will assume leadership as president of NHS Human Services on September 15. Sen. Rocks' 14-year career at NHS was marked by aggressive expansion. The organization is now one of the largest human services agencies in the nation, with more than 10,500 employees working at nearly 700 facilities in seven states. RCPC wishes Sen. Rocks the best on his upcoming transition.

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■ 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.



Corbett Submits *Healthy Pennsylvania* Waiver Application

On February 19 the Corbett administration submitted its Medicaid waiver request to the Centers for Medicare and Medicaid Services (CMS) for the implementation of *Healthy Pennsylvania*, Corbett's proposed five-year demonstration project. While other states have been successful in getting approval for utilizing federal funds to purchase private insurance plans for recipients, Pennsylvania is the only state that has sought to change the current Medicaid program.

In response to hearings held across the state and over 1,000 written comments, there have been a number of changes from the original proposal. While RCPA is working to review the plan in detail, changes that have been highlighted include the following:

- Premium and work search requirements on those earning above 100 percent of the federal poverty level (FPL) will be postponed until 2016.
- For recipients earning less than 100 percent of FPL, premium requirements have been dropped indefinitely. Work requirements will begin in 2016.
- Limits on primary care visits have been eliminated.
- Limits on mental health, drug and alcohol, lab testing services, and durable medical equipment have been raised.
- Private market health insurance plans and Qualified Health Plans are now required to include Federally Qualified Health Centers and Rural Health Clinics as part of the provider network.
- Presumptive Medicaid eligibility is now included for new applicants who present at the hospital.

Though there was widespread concern regarding work search requirements, the Corbett administration has stood firm in maintaining those requirements for all *Healthy Pennsylvania* recipients who do not qualify for an exemption.

CMS has up to 15 days to review the waiver request and there is another 30-day public comment period at the federal level. The waiver application and an executive overview are available from the Department of Public Welfare. RCPA will continue to review the application document and report to members in more detail.

Concern Over Implementation of Mental Health Age of Consent Law

Community providers across Pennsylvania have reported issues with consistency of the implementation of *Act 147 of 2004*, legislation addressing the age of consent for mental health treatment. Act 147 provides that consent for inpatient or outpatient treatment for a minor between the ages of 14 – 17 can be given by either the minor or a parent. However, the act did not give the Department of Public Welfare (DPW) authority to issue guidance on its implementation, resulting in differing interpretations of the law. Legislators are beginning to hear more about this issue and Representative Pam Snyder has been working with stakeholders, including RCPA, to craft a bill that would empower DPW to issue formal guidance on Act 147 as it relates to consent to treatment and control of records. RCPA would also like to see the bill provide for regular training to psychiatrists, psychologists, social workers, marriage and family therapists, professional counselors, county leadership, and provider agencies.

Options for Assistance With Exclusion Lists

A requirement of the Affordable Care Act (ACA) is that all Medicare and Medicaid providers must regularly crosscheck employee lists and those of major contracted vendors to ensure that no employees have been convicted of Medicare or Medicaid fraud. Realizing that this can be an unwanted administrative burden on providers, RCPA and its members have developed two primary options to assist. For members interested in outsourcing this function, RCPA has a group pricing agreement with [YEI Corporation](#), proprietors of EPStaffCheck. This program regularly conducts checks of staff members.

Members interested in participating must complete and submit a [client agreement](#). RCPA member Children's Service Center of Wyoming Valley, Wilkes-Barre, has developed a method for checking exclusion databases in house using pivot tables in Microsoft Excel. Agencies interested in this option should contact [Steve Neidlinger](#).

Corbett Proposed Budget Considered by Appropriations Committees

Governor Tom Corbett unveiled his proposed Fiscal Year (FY) 2014/15 Pennsylvania budget on February 4. The governor's General Fund budget is \$29.4 billion, a 3.6 percent increase in spending compared to 2013/14. While faced with a billion dollar budget deficit and severe budget challenges (including poor economic recovery, a decreasing federal matching percentage in the Medical Assistance program, decreasing tobacco settlement dollars, and pension fund issues), the proposed budget sought to avoid cuts to human service dollars and provided a \$22.4 million waiting list initiative and the first increase to special education in many years. A preliminary analysis and more detail on line item appropriations may be found in the February 5 [RCPA Legislative Alert](#).

RCPA has concerns on several fronts. The budget is predicated on optimistic revenue growth and far-from-certain changes to the state's public pension systems. It also finds savings by cutting benefits for Medicaid enrollees under *Healthy Pennsylvania* and assumes expansion of the Human Services Block Grant to all willing counties.

While pleased with the waiting list initiative, the association continues to communicate the importance of support for the current services infrastructure that enables providers to stay open and maintain programs. RCPA also continues to urge the administration to restore the 2012/13 10 percent cut to mental health community services and intellectual disability base dollars.

It is imperative that stakeholders continue to communicate with local legislators and the administration to ensure they understand the importance of community services to constituents. The Appropriations Committee budget hearings for the Department of Public Welfare took place on February 24 (Senate) and February 26 (House). RCPA has worked to ensure that legislators will bring up issues of importance to members at the hearings. The association is developing its budget position and will provide it and talking points to members. Budget activity will culminate with the RCPA Capitol Day on June 17. More information on Capitol Day will be provided in April.

NEW MEMBER

PROVIDER MEMBER
Hope Springs Farm
Nina Rovner, Co-founder
Hershey

MENTAL HEALTH HEADLINES

Positive Response Received From CMS Regarding HealthChoices

As reported in the [RCPA Info](#) of July 24, 2013, the Department of Public Welfare (DPW) received a letter from the Centers for Medicare and Medicaid Services (CMS) that raised concerns about the HealthChoices procurement process, specifically whether it was consistent with federal requirements. The CMS communication raised the possibility of a threat to the counties' ability to exercise the right of first opportunity in HealthChoices. DPW Secretary Mackereth and Office of

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Mental Health and Substance Abuse Services (OMHSAS) Deputy Secretary Marion led a strong campaign in response to CMS concerns. The latest correspondence from DPW confirms that the HealthChoices contracting process *does* comply with federal requirements, citing federal regulation 45 CFR 92.36(a) which states “a State will follow the same policies and procedures it uses for procurements from its non-Federal funds.” This is a major step toward CMS approval of outstanding contracts and rates that have been under review. RCPA appreciates the efforts of OMHSAS and DPW to resolve these critical issues.

Mental Health and Justice Center of Excellence Seeks Input

The Pennsylvania Mental Health and Justice Center of Excellence (CoE) is a collaborative effort of Drexel University and the University of Pittsburgh. It is funded by the Pennsylvania Commission on Crime and Delinquency and the Office of Mental Health and Substance Abuse Services. The center works collaboratively with the commonwealth and locales planning and implementing programs, providing information to promote use of evidence-based practices, and serves as a resource for technical assistance and training. In addition, the center hosts a [web-based repository](#) for collected data and information on criminal justice and mental health. This month we are asking readers what topics you would like to see the CoE address in future publications of *RCPA News*. Please contact Katy Winckworth-Prejsnar (kw494@drexel.edu or 215-553-7174) to pose topics, issues, or receive more information on any of the Pennsylvania Mental Health and Justice Center of Excellence services.

STATE NEWS BRIEFS

Consortium Makes Health Insurance Marketplace Navigator Program Possible

Lynn Keltz, Pennsylvania Mental Health Consumers' Association



The new Health Insurance Marketplace—a key part of the health care law—is open for enrollment through March 31. Health Insurance Marketplace Navigators are available at 855-274-5626 to answer questions or help individuals enroll in a quality health plan.

Navigators are in Harrisburg, Greensburg, Johnstown, and Scranton at the Pennsylvania Mental Health Consumers' Association (PMHCA); Mental Health America in Westmoreland County (MHAWC); the Mental Health Association in Pennsylvania (MHAPA); and The Advocacy Alliance. Language interpretation services are available. The TTY number for those who are deaf or hearing impaired is 877-962-5593. Navigators can help individuals enroll online through www.healthcare.gov or by phone with the marketplace (800-318-2596). They can meet with people in navigator offices or in the community. They are also available to do presentations for groups and organizations. Employers of people who provide home health care and/or people who work part-time without insurance benefits have found it helpful to host education and enrollment sessions. Comprehensive health benefits are available through the marketplace insurance plans. All plans include behavioral health treatment benefits and no one can be denied insurance due to pre-existing conditions. Medicaid and Children's Health Insurance Plan eligibility can be determined, as well as eligibility for tax credits to help pay for the insurance premiums.

This Health Insurance Marketplace Navigator Program is made possible through a consortium of PMHCA, MHAPA, and MHAWC. The project was supported by Funding Opportunity Number CA-NAV-13-001 from the US Department of Health and Human Services (HHS), Centers for Medicare and Medicaid Services. Contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.

Clarification on Payment for Diagnostic Laboratory Services in Outpatient D&A Clinics Creates Problems

The Office of Mental Health and Substance Abuse Services (OMHSAS) recently released [Policy Clarification #01-14-01](#) which clarifies that the state is enforcing a regulation that the Medical Assistance payment for an outpatient clinic visit is inclusive of drug testing. Consequently, there will be no separate third party billing to managed care organizations. This will affect all methadone, drug and alcohol (D&A) clinics, and suboxone outpatient treatment.

The policy clarification states that the cost of diagnostic laboratory services used to detect and/or monitor the use of drugs is included in the outpatient drug and alcohol clinic visit fee. Therefore, diagnostic laboratory services cannot be billed as a separate service in either the HealthChoices or Fee-For-Service programs.

RCPA has contacted OMHSAS and the Department of Drug and Alcohol Programs regarding the impact of this policy clarification on patients and treatment providers. Meetings will be scheduled once additional information is obtained. RCPA staff has had discussions with numerous members and from those discussions it is clear that:

- Drug testing is a vital part of drug and alcohol treatment and the overall health safety of clients;
- Drug testing has grown more critical and more sophisticated and is essential to almost every level of care on the continuum of treatment;
- While the policy clarification states the regulation does not allow additional billing for laboratory testing, this ruling goes against long-standing billing practices; and
- The financial burden this places on providers is overwhelming.

Members affected by this clarification are asked to contact [Lynn Cooper](#) as soon as possible to provide specifics for further research and advocacy.

Web Site Focused on HCBS Waiver Rule

The Centers for Medicare and Medicaid Services has developed a [web site](#) that includes information regarding the new Home and Community Based Services (HCBS) waiver rule changes effective March 17. The web site includes a summary of rule provisions, fact sheets, questions and answers, and other resources.

Deadline Approaching on Safety in Youth Sports Act Survey

The Safety in Youth Sports Act, or [Senate Bill 200](#), became effective in Pennsylvania on July 1, 2012. The bill establishes standards for managing concussions and provides guidelines for coaches on the identification, reporting, and return to play for student athletes who show symptoms of a concussion during an athletic event. RCPA and members of the Brain Injury Coalition have created a [survey](#) to determine if the act is being uniformly interpreted and effective. Members are encouraged to complete the [survey](#). Responses are due by March 1 and will be kept confidential.

Brain Injury Division Meeting Is March 5

The Brain Injury Division will convene for its next meeting on March 5 at the RCPA office (777 E Park Dr, Harrisburg) from 10:00 a.m. – 12:30 p.m. The meeting is also available via web-cast. If you plan to participate or attend, but haven't registered, please contact [Steve Neidlinger](#).

Free Speaker Series Announced

Members are encouraged to join Lakeview's [Third Thursday at Three Series](#) speaker series scheduled through June. Each month focuses on a specific topic related to cognitive impairments and brain injury.

Brain Injury 101 Training Offered

Eagleview Hospital and the Southeast Regional Mental Health Services will offer a brain injury training March 20, 1:00 – 4:00 p.m. "Brain Injury 101...An Overview of Brain Injury," will provide practical information to help professionals screen, refer, and provide meaningful interventions for clients. Content will include an overview of types, causes, and mechanisms of brain injury; prevalence and incidence; levels of severity; strategies for dealing with the effects of brain injury; screening; and resources for individuals with brain injuries. To register, contact ddearolf@pmhcc.org or 610-313-0968. Please register by March 14.

Brain Injury Rehabilitation Conference

The third annual [New Advances in Brain Injury Rehabilitation Conference](#) is March 19, 8:30 a.m. – 4:30 p.m. at Duquesne University, Pittsburgh. The conference attracts health care practitioners from across Pennsylvania and Maryland and is well attended.

FEDERAL NEWS BRIEFS

Quality Data Added to Physician Compare Web Site

On February 21, the Centers for Medicare and Medicaid Services (CMS) announced that quality measures have been added to the [Physician Compare](#) web site. This web site was developed to assist consumers searching for information about physicians and other health care professionals and make informed choices about their care. Quality measures that were added include:

- Controlling blood sugar levels in patients with diabetes,
- Controlling blood pressure in patients with diabetes,
- Prescribing aspirin to patients with diabetes and heart disease,
- Patients with diabetes who do not use tobacco, and
- Prescribing medicine to improve pumping action of the heart in patients who have both heart disease and certain other conditions.

ON THE AUTISM SPECTRUM

New Autism Guidelines for Child Psychiatrists

The American Academy of Child and Adolescent Psychiatry has released seven recommendations that outline responsibilities clinicians have in diagnosing and treating children and adolescents on the autism spectrum. The [guidance](#), published in the February *Journal of the American Academy of Child and Adolescent Psychiatry*, is an update to recommendations first presented in 1999. The guidelines are based on a review of nearly 10,000 autism studies published between 1991 – 2013.

The guidance:

- offers best practice recommendations for the assessment and treatment interventions for autism while continuing to urge practitioners to take into account each child's unique circumstances in developing a service plan;
- encourages clinicians to take a multidisciplinary approach, coordinating a full physical exam and genetic workup on those diagnosed with autism;
- states physicians should help families obtain appropriate educational, behavioral, communication, and medical treatments for their child, take an active role in long-term planning, and provide support to parents and siblings; and
- indicate that medications should be used judiciously to address specific symptoms or to treat co-existing conditions and that clinicians ask families about any use of alternative or complementary treatments and to discuss the pros and cons of these approaches.

Law Enforcement Funding for Autism Tracking Devices

The federal government has announced that funding from the Justice Department [will pay](#) for tracking devices for children with autism. Nationwide, police departments will be able to make tracking devices available to children who are at risk of wandering, using money available through the Justice Department's Byrne grant program. Byrne is an existing program that law enforcement agencies routinely tap to pay for everything from crime prevention programs to officer training and equipment such as police radios and lights for emergency vehicles. US Attorney General Eric Holder stated, "Byrne grant money can be made and will be made available for the purchase of these devices." The commitment came in response to a request from Sen. Charles Schumer (D-NY), who was prompted to act after a 14-year-old with autism went missing from his New York City school in October and was recently found dead. It's unclear how much money could go toward tracking devices. Separately, Schumer has proposed federal legislation that would allocate \$10 million in dedicated funds to pay for the technology. Many families already utilize tracking devices, but advocates say the technology can be cost prohibitive and note that a monthly fee is often involved.

White House Disability Calls Resume

The White House Disability Community calls resumed with the January call led by Claudia Gordon, White House disability liaison. Discussion focused on updates to Section 503 Final Rules of the *Rehabilitation Act of 1973*, which prohibit employment discrimination against individuals with a disability by federal contractors and subcontractors. This final rule becomes effective March 24. ACCSES prepared a [PowerPoint](#) that overviews the utilization goal, self-assessment for outreach and recruitment efforts, data collection, contractor relationships, and trainings at sheltered workshops. The Office of Vocational Rehabilitation (OVR) issued an [information overview](#). OVR will address these changes at RCPA's March 13 Vocational Rehabilitation Subcommittee meeting.

Ms. Gordon introduced Director Katherine Archuleta, Office of Personnel Management (OPM), to address the federal initiative for hiring people with disabilities. While federal budget cuts have impacted the number of persons with disabilities hired, OPM plans to create diversity training for hiring managers and to define targeted disabilities for affirmative action in federal government employment. These targeted disabilities include blindness, deafness, cerebral palsy, and learning disabilities. Any ideas for initiatives for hiring people with disabilities may be shared with Director Archuleta (202-606-1800) or the OPM (1900 E St NW, Washington, DC 20415-1000).

The Presidential Personnel Office handles presidential appointments and the "Plum Book" is a report that lists every political appointment available. Information is available at www.usajobs.gov. There is also a newsletter available for the disability community. To sign up, email disability@who.eop.gov.

IM4Q Resources

The Office of Developmental Programs (ODP) Independent Monitoring for Quality (IM4Q) has developed an informational handout that provides an [overview](#) of this initiative. IM4Q is a component of the ODP waivers that require a determination of the satisfaction of the supports and services provided to individuals. Data collected is used to improve the state and provider service systems. A brief [overview](#) and [more detailed handouts](#) are available. RCPA Intellectual and Developmental Disabilities Committee and Supports Coordination Organizations Subcommittee Co-chair Dan Sausman, Case Management Unit, and Policy Specialist Linda Drummond serve on the IM4Q Management Committee.



On February 18, Policy Specialist Linda Drummond and CEO Richard Edley, along with RCPA members, visited Lowe's Regional Distribution Center in Pittston, a model for integration of employment for individuals with disabilities. The presentation and tour was given by Mike Kinger, Lowe's regional manager, who has spearheaded the program. He has received awards for the program and clearly is very invested and proud of the site. Pictured (l to r): Fred Lokuta, Office of Developmental Programs deputy secretary; Richard Edley; Mike Kinger; Kathy Couch, area manager, AHEDD; and Bob Ames, vice president, Allied Services.

Staffing in Residential Care

The US Department of Health and Human Services (HHS) released [Do Services and Staffing in Residential Care Facilities \(RCF\) Vary with Resident Needs?](#) The report was prepared by the Office of Disability, Aging and Long-Term Care Policy that is responsible for development, coordination, research, and evaluation of HHS policies and programs supporting persons with disabilities. Results indicate that RCF residents in all age groups have a high rate of chronic conditions. For those ages 65 and older, there was a high rate of Alzheimer's disease and other dementias, hypertension, and depression. Those under age 65 had serious mental illness, depression, hypertension, and intellectual and developmental disabilities (IDD). Facilities that exclusively served those with severe mental illness and IDD were excluded from the survey and study. The study shows that total direct care staffing ratios were higher in RCFs that had a large proportion of residents receiving assistance with bathing, eating, and transferring. Controlling for a variety of characteristics, the study found that facilities serving Medicaid residents did not have lower staffing levels than those not serving this population.

Recommendations Made to Governor's Alzheimer's Committee

In 2013, Governor Corbett established an Alzheimer's Disease Planning Committee to formulate an effective strategy regarding services, supports, research, and resources for the estimated 400,000 Pennsylvanians with Alzheimer's and related dementias. Data and statistics indicate that a total of 48,862 individuals living in the community with intellectual disability and autism (of which almost 27,000 are age 30 – 80) are currently served in Pennsylvania through the Department of Public Welfare Office of Developmental Programs. There is also a Pennsylvania Intellectual Disability Waiting List, that has over 14,900 individuals registered who currently do not receive services. Data indicates that there are over 770 caregivers age 60 or older providing care to their aging adult children who will need supports in the near future.

Changes in behaviors and service needs that may be caused by Alzheimer's or dementia are often not recognized because of the person's limitations due to intellectual, developmental, and other disabilities. Alzheimer's and dementia can begin in individuals with Down syndrome as early as their 30s or 40s. Those persons often have premature aging, including physical changes up to 20 – 30 years before others in the general population. Alzheimer's appears to be three to five times more common in those with Down's than in the rest of the population.

RCPA Policy Specialist Linda Drummond presented testimony at the public forum in State College and submitted written comments to the Governor's Alzheimer's Planning Committee regarding the need to address Alzheimer's and other dementias for persons with intellectual or developmental disabilities. RCPA recommends that the committee must include this population and their specialized service needs in the state plan. It will require increased funds for Departments of Public Welfare and Aging programs serving these individuals. Increased funding is necessary due to the requirement of specially trained staff, home modifications, and assistive technology to offer individuals continued community living with quality supports and services. These services will assist in helping individuals to remain living in their own homes or apartments.

Final recommendations being presented to the governor were established through a variety of statewide public forums and written recommendations. They include:

- Awareness and knowledge is urgently needed regarding the medical, social, and financial implications of Alzheimer's Disease and Related Disorders (ADRD);
- Identification and expansion of financial support to implement research, public and provider education, technology development, and advocacy for increases in federal support of ADRD research;
- Promote brain health and cognitive fitness across the life cycle;
- Provide comprehensive continuum of ethical care and support; and
- Build and retain a competent, knowledgeable, ethical, and caring workforce to assist these individuals.

Bed Bugs an Issue Across Country

Bed bugs have become an issue across the country, including for human services providers, especially those offering residential services. providers have shared information regarding how they have handled the elimination of these bugs. ["What To Do About Bed Bugs?"](#) was developed as a corrective action training used in Arizona with state approval. Joshua Auer, executive vice president, RISE Services, Mesa, Arizona, shares this information to assist agencies across the country. RISE found that different situations (e.g. house, apartment, day program) require different solutions. Many exterminators' processes use super-heated air up to at least 125 degrees to eradicate bed bugs. However, caution must be used when individuals return to the super-heated homes. There was a case in Des Moines where an individual died after returning to one of these homes where the temperature had not returned to normal.

Toolkit Promotes Behavioral Health Strategies

A new [toolkit](#) to promote non-pharmacologic behavioral health strategies has been developed by the Commonwealth Fund. While geared to long-term care residential settings such as nursing homes, it contains information beneficial to all settings serving individuals with dementia. Information is provided on understanding behavioral and psychological symptoms of dementia, which may include aggression, repetitive vocalizations, wandering, agitation, screaming, depression, delusions, and hallucinations.

ODP UPDATES

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

Announcement #008-14: Mileage Rate Change Effective 01/01/2014. Transportation mile reimbursement (procedure code W-7271 for AWC/Vendor Fiscal) has been changed to \$0.56 per mile.

Announcement #009-14: Website Upgrade for SCC Planned Interruption of Services.

Announcement #010-14: Biennial Provider Qualifications. Direct service providers and vendors who are to have an administrative on site review for the current fiscal year must submit qualification applications and supporting documentation to their lead Administrative Entity between February 1 – March 31.

Announcement #011-14: Person Centered Thinking Training for All Audiences. Multiple training dates and locations during 2014 for supports coordinators, providers, and Administrative Entities.

Announcement #012-14: Release of ODP Statewide Training Report for Fiscal Year 2012/13.

Announcement #013-14: AE, SCO, and Provider Organization Targeted Technical Assistance and Training Request Form.

Announcement #014-14: 2014 ODP Required Training for Supports Coordinators and SC Supervisors. ODP will provide 23 hours of the required supports coordinator training.

Announcement #015-17: The Statewide Positive Practices Committee will offer two [video conferences](#) on

March 26. The morning session is “Dual Diagnosis and a Journey of Recovery” followed by “Pathways to Employment and Independence” in the afternoon.

Announcement #016-14: ISP Monitoring Training – SCO Conference Calls.

Announcement #017-14: Submission Deadline for Audited Financial Statements (AFS) is Approaching. All waiver direct service providers, agency with choice services, base-funded services, cost report-based, fee schedule services, and transportation services must submit audited financial statements to ODP within nine months from the close of the provider’s accounting period. If that period ends on June 30, then the AFS is due no later than March 31.

■ CONFERENCES / TRAININGS

April 8 – 9. *RCPA 2014 Technology Conference*. Lancaster Marriott at Penn Square. Lancaster, PA.

April 22 – 24. *Psychiatric Rehabilitation: Advancing the Journey Through Innovation*. Pennsylvania Association of Psychiatric Rehabilitation Services 2014 Conference. The Penn Stater Conference Center Hotel. State College, PA.

May 16. *In Search of Safe Space: Helping Youth Face Stress and Terror*. 2014 STAR-Center Conference. William Pitt Union, University of Pittsburgh. Pittsburgh, PA.



Fiscal Director: Strawberry Fields, Inc., (SFI) a non-profit, social service organization, has an opening for a Director of Fiscal Operations. Bachelor’s degree in accounting/ finance or related field **and** at least 3+ yrs. work experience in accounting/finance required. Responsibilities include Budgeting, Financial Analysis and Feasibility, Fiscal Compliance, Annual Audit and 990 Preparation, Financial Statement Reporting, Third-Party Payer Contracting and Compliance, Government Contracts, Senior Level Leadership within the agency, and day-to-day oversight and overall management of the finance and billing departments. SFI offers a competitive compensation and benefits package. Interested, qualified candidates should submit their letter of interest, résumé, and salary requirements on or before February 25 to Human Resources, 3054 Enterprise Dr, State College, PA 16801.

EOE • United Way Member Agency

Children's Division Meeting – New Time and Location

The March 12 meeting of the Children's Division will be held at the association's new [location](#) from 9:30 a.m. – 12:00 p.m. The agenda will feature updates on Office of Mental Health and Substance Abuse Service initiatives and a presentation on new child protective services laws. The meeting will also be webcast for those unable to travel.

School Mental Health Conference Comes to Pennsylvania

The 19th annual national conference on advancing school mental health is September 18–20 in Pittsburgh. The conference is hosted by the Center for School Mental Health and IDEA Partnership and sponsored by the National Association of State Directors of Special Education. The conference theme is *School Mental Health: Enhancing Safe, Supportive and Healthy Schools*. The event features 12 specialty tracks and a special topic area on funding and sustainability in school mental health. The conference offers speakers and participants numerous opportunities to advance knowledge and skills related to school mental health practice, research, training, and policy. The intended audience includes clinicians, educators, administrators, youth and family members, researchers, primary care providers, advocates, and other youth-serving professionals.

Child Mental Health Impact on Medicaid Costs

A recent [issue brief](#) and [report](#) from the Centers on Health Care Strategies found that nationally:

- Less than 10 percent of children in Medicaid use behavioral health care;
- This care accounts for nearly 38 percent of Medicaid expenditures for children;
- Children in foster care and those receiving Social Security disability represent one-third of the Medicaid child population using behavioral health care, but 56 percent of total behavioral health expenses; and
- Almost 50 percent of children in Medicaid prescribed psychotropic medications received no accompanying identifiable behavioral health services.

Most children enrolled in Medicaid are from low-income households and many are served by multiple public programs, bringing complex challenges to the child serving systems. Key findings from the analysis are highlighted in the report, which suggests opportunities for state policymakers and other stakeholders to improve the quality and cost-effectiveness of health care for children in Medicaid with serious behavioral health needs.

Challenges Grow for Zero Tolerance Policies

In schools, zero tolerance discipline policies that mandate suspension or expulsion of students for misconduct have gained tremendous momentum over the past 25 years. A new report from Vera's Center on Youth Justice, [A Generation Later: What We've Learned about Zero Tolerance in Schools](#), examines research that has found that zero tolerance discipline policies do not make schools more orderly or safe and might actually have the opposite effect. The report also looks at evidence that policies that push students out of school can increase their chances of becoming involved in the juvenile justice system and have life-long negative effects, perhaps severely limiting a young person's potential.

In juvenile justice, the US District Court recently found that former Luzerne County Judge Ciavarella's enactment and expansion of a zero tolerance policy dictating how probation officers were to handle violations of probation and other charging decisions fell outside the scope of judicial action and violated the constitutional rights of the children. Ciavarella is currently serving a 28-year federal prison sentence following his criminal conviction in 2011 on charges arising out of the "cash for kids" issue.

Staunton Farm and Pittsburgh Schools Fight Stigma

Through a grant from the Staunton Farm Foundation, 10 Pittsburgh area schools are now launching the *Stand Together* program. Working with the county Office of Behavioral Health in the Department of Human Services, organization Pittsburgh Cares devised a full-day workshop in which students learn about mental illness and the stigma that too often accompanies mental health challenges. Pittsburgh Cares promotes service-learning projects on the subject of mental illness stigma. Students brainstorm project ideas then apply for the organization's mini-grant program to fund each project. The organization will post project ideas and guides, local connections, educational material on the issue, mental health fact sheets, and photo collections from finished projects on the [web site](#).

Agreement Reached on CHIP Coverage

Many families whose children have health insurance coverage through the Pennsylvania Children's Health Insurance Program (CHIP) will be able to keep it if they want to, at least until the end of 2014. In late January, the state insurance commissioner announced that Pennsylvania had reached an agreement with federal officials to delay the planned 2014 move of families with household income between 100–133 percent of poverty from CHIP to Medicaid. The agreement allows families in this household income population and currently enrolled in CHIP to remain in CHIP or switch to Medicaid now. Children in families earning more than 133 percent of the federal poverty level will remain in CHIP and are not impacted. The Corbett administration sought to allow the 30,000–40,000 families impacted by the Affordable Care Act's requirement to make their own decision. Upon the renewal period of CHIP coverage, families will be given the option to stay in CHIP or go to Medicaid. Unless the agreement is altered, all families having incomes of 133 percent of the federal poverty level or below are to be transferred to Medicaid at the end of 2014. For health and behavioral health providers, the agreement creates the need to carefully monitor changes in coverage and the need to manage service contracting, authorizations, and billing.

Plan Now for 2014 Mental Health Awareness Day



RCPA is working with partners at the System of Care Partnership, the Office of Mental Health and Substance Abuse Services, and colleagues across the state to promote National Children's Mental Health Awareness Day in Pennsylvania on May 8. As in past years, the Substance Abuse and Mental Health Services Administration (SAMHSA) will provide media messages and other resources for local communities to use to plan their own events. This year's launch event on May 6 will

focus on the needs of young adults, ages 16–25, and on the "value of peer support in helping young adults build resilience in the four life domains of housing, education, employment, and health care access." SAMHSA's offers a broad array of tools and [more information](#) focused on awareness day planning. Look for information from RCPA about state and local events being planned by members and partners.

Medicaid Coverage to Age 26 for Former Foster Care Youth

As reported by the Pennsylvania Health Law Program (PHLP), former foster care youth can now qualify for Medicaid (MA) coverage until they turn 26. Under the Affordable Care Act, this new requirement applies to individuals aged 18 – 26 who received Medicaid coverage in a federal- or state-funded foster care category on or after their 18th birthday. These former foster care youth do not have to meet any income or resource guidelines in order to qualify for MA.

Current foster care youth who turn 18 and “age out” of the foster care system now or in upcoming years, should automatically transfer to this new category with no break in coverage. Individuals who aged out of foster care before January 1 and who are under age 26 will need to apply for MA to obtain coverage under this new category. PHLP reports that these applicants should use the PA 600 HC application and answer the questions for persons under age 26 at the bottom of page two. Individuals can apply:

- Online at www.compass.state.pa.us,
- By telephone (866-550-4355 between 8:00 a.m. – 5:00 p.m.),
- Through the mail using the PA 600 HC application, or
- In person at a local County Assistance Office.

Former foster care youth should receive the full MA benefit package. Those experiencing problems with eligibility can call PHLP's helpline (800-274-3258) for advice and assistance.

Behavior Specialist Licensing Webinar

In late January, representatives from the Office of Mental Health and Substance Abuse Services, the Office of Developmental Programs Bureau of Autism Services, and the Board of Medicine hosted a webinar. The presentation provided information on the status and process of behavior specialist licensing and Behavior Specialist Consultant-Autism Spectrum Services (BSC-ASD). Participants raised numerous questions that are addressed in the materials or may be addressed by county or behavioral health managed care organizations. The [PowerPoint](#) from the webinar is available. In February, the state reported that:

- Licensure applications are now being submitted at the rate of 10 per week;
- 1,285 licenses have been issued;
- 2,833 applications have been received;
- 2,827 applications have been noted to have discrepancies; and
- The Board of Medicine has reviewed all applications submitted through December 2013.

The Department of Public Welfare projected need level is 4,000 BSC-ASD staff. RCPA continues to monitor the status of BSC-ASD capacity across the state as well as reported challenges related to retention and recruitment of qualified staff.



**2014 RCPA
Technology
Conference**

April 8 – 9
Lancaster Marriott
at Penn Square
Lancaster

Contact **Tina Miletic**
for more information

■ CALENDAR

MARCH		
Tuesday, March 4	9:30 a.m. – 12:00 p.m.	Legislative Affairs Committee <i>Pennsylvania Medical Society – Penn Grant Centre</i>
Wednesday, March 5	10:00 a.m. – 12:30 p.m.	Brain Injury Division Meeting <i>Pennsylvania 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>Pennsylvania 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 Division Meeting Mental Health Committee <i>Pennsylvania 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>Pennsylvania Medical Society – Penn Grant Centre</i>
Thursday, March 20	12:00 – 1:00 p.m. 10:00 a.m. – 12:30 p.m.	IPRC Membership Conference Call Medical Division Meeting <i>Pennsylvania Medical Society – Penn Grant Centre</i>
APRIL		
Tuesday, April 1	12:00 – 1:00 p.m.	21st Century Service Delivery Model <i>IPRC Webinar</i>
Tuesday – Wednesday, April 8 – 9		2014 Technology Conference <i>Lancaster Marriott at Penn Square, Lancaster</i>
Wednesday, April 16	10:00 a.m. – 12:30 p.m.	Human Resources Committee <i>RCPA Conference Room</i>