



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

REHABILITATION & COMMUNITY PROVIDERS ASSOCIATION

APRIL 2014

■ 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.



Federal Comment Period for *Healthy Pennsylvania* Waiver Extended

Governor Tom Corbett announced that the Centers for Medicare and Medicaid Services (CMS) has deemed application for the *Healthy Pennsylvania* 1115 waiver to be complete, allowing the 30-day federal comment period to begin. The application is on the [CMS web site](#) and will remain there to allow for public comments. The comment deadline has been extended past 30 days to April 11 to ensure sufficient time for public consideration.

RCPA submitted [comments](#) on March 19. Members are urgently requested to submit comments to CMS by April 11, as any comments previously submitted to the state are not transferred for consideration. The [RCPA comments](#) may be used for reference. It has been reported the Corbett administration has proposed a change to the *Healthy Pennsylvania* work search requirement. The change would replace employment as a condition of eligibility to an incentive program through which health insurance copayments and premiums could be reduced. While these changes are welcomed, member comments should respond to the waiver as submitted to CMS. Further questions may be addressed to [Anne Leisure](#).

Support SB 844: Vocational Facility Service Tax Credit

Senator Pat Browne (R-Allentown) has introduced [Senate Bill 844](#), which creates a tax credit for businesses that enter into contracts with licensed vocational facilities that employ one or more disabled clients. If enacted, SB 844 would allow the business to claim a tax credit for up to five percent of the annual amount paid to a vocational facility. SB 844 is in the Senate Finance Committee and RCPA needs help to

Suicide Prevention Education Bill Needs Action!

[House Bill 1559](#), introduced by Rep. Frank Farina provides for suicide prevention education in the school setting and would require schools to adopt youth suicide awareness and prevention policies. 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.

HB 1559 originally passed the House, was amended to include the provisions for suicide prevention programs in schools, and subsequently passed by the Senate on February 4. The bill must now pass the House as amended. It has been referred to the House Rules Committee. RCPA members are urged to contact members of [House leadership](#) to send HB 1559 out of the House Rules Committee to the floor for a concurrence vote as soon as possible. Passage of HB 1559 would make Pennsylvania a leader in suicide prevention in schools. Members are urged to contact legislators and communicate support. Questions and comments may be directed to [Anne Leisure](#).

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LEGISLATIVE AFFAIRS

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get the legislation moving! Contact your local senator and voice your support for the legislation. Please also reach out to Senate Finance Committee Chairman Mike Brubaker, (R-Lancaster) to urge him to bring the legislation up for a vote in committee.

Tell your senator about the benefits. SB 844:

- Provides an incentive for businesses to partner with sheltered workshops for services;
- Encourages habilitative and handicapped employment and training for disabled individuals;
- Provides more opportunities for disabled individuals to become part of the work force; and
- Stimulates positive mental and physical health for disabled individuals through workplace habilitation.

Please call, email, or write your local senator and [Senator Brubaker](#) today.

Registration Open for Hill Day 2014 on May 7

Behavioral health executives, administrators, board members, consumers, and stakeholders will join the National Council for Behavioral Health on May 7 in Washington, DC for [Hill Day 2014](#). The National Council's Hill Day will be held in partnership with other national behavioral health organizations. Information and instructions for registration can be found on the web site.

Hill Day has been integrated with the National Council conference for the first time. Hill Day participants have the opportunity to attend workshops on federal behavioral health policy, followed by visits with elected officials to advocate for better resources for mental health and addictions treatment. That means that the public policy sessions and workshops that prepare attendees for the May 7 event will be held throughout the conference and not just the day before. Hill Day-only attendees can attend the Public Policy Track sessions without charge, but will not be able to access other conference sessions. Official Hill Day activities begin at 7:00 a.m., May 7. Further questions may be addressed to [Richard Edley](#) or [Anne Leisure](#).

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The Residential Funding Picture



Richard S. Edley, PhD

...we must turn our attention to the proper support of the system in place for these individuals. Something has to change.

Earlier this week I was in Scranton at the governor's press conference in recognition of additional funding for the intellectual and developmental disabilities (IDD) waiting list. The governor should be commended for his continued support of this funding. While there still is a waiting list that is far too large, you have to start somewhere. But in the back of the room there were a few advocates and providers noting that while this is truly wonderful, what about the IDD residential system that is often referred to as being in a "death spiral?" Where is the adequate funding (and funding methodology) for the providers who will be asked to serve a portion of individuals coming off the waiting list?

Specifically, residential providers are in a situation where they are hurt in funding every time a person is not at their residence for a period of time. That is, while the state recognizes a 97 percent "occupancy factor" (or a three percent "vacancy factor"), when a provider goes beyond that number they are not reimbursed and begin to lose money. There are many examples of how this might occur – time away on vacation, a night/weekend with family, or even a hospitalization. While residents are away, fixed costs for providers continue. These are not hotels, but where individuals live. With an aging IDD population there are, unfortunately, deaths and finding a new resident takes time. While there is an exception process in place, it is not allowed unless the fiscal viability

of the entire agency is in question. To date we are not aware of any case or provider who got any relief through this process.

To compound the situation, the rate setting methodology does not allow any retention of revenue and if a provider manages to find efficiencies to keep costs down, the rate will just be lowered by that factor on the next round. The entire situation sets up obvious unintended adverse incentives for providers in accepting new referrals. Specifically, accepting referrals that are more complex could significantly stress the financial situation. This situation exists at the same time advocates are fighting for the closure of state intellectual disability centers. Where will these individuals go to live?

A few weeks ago, the Department of Public Welfare and the governor's office announced that there will be immediate meetings to address this situation. As you read this article, hopefully these meetings will have begun. Interestingly, it is not a matter of simply asking for more funding. Rather, it is the methodology that is flawed and sets up the "death spiral." Now that the state has made the commitment to fund the waiting list, we must turn our attention to the proper support of the system in place for these individuals. Something has to change.

Richard S. Edley, PhD
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Save the Date: June 17 is RCPA Capitol Day!

RCPA urges members, consumers, families, and friends to join colleagues June 17 in Harrisburg to let elected officials know community services are essential and need support! Budget advocacy is more important than ever and Capitol Day offers members a chance to meet with elected officials and rally on the steps of the Capitol. Registration materials will be available as the event draws closer. Please direct questions and requests for additional information to [Anne Leisure](#), director of legislative affairs.

Conference Proposal Deadline is April 8

The 2014 RCPA conference is October 7 – 10 at Seven Springs Mountain Resort. A premier statewide event, the Conference Committee is seeking workshop proposals for consideration. 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 [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.

■ FEDERAL NEWS BRIEFS

CMS Launches eHealth University

The Centers for Medicare and Medicaid Services (CMS) has launched [eHealth University](#), a new go-to resource to assist providers understand, implement, and successfully participate in [CMS' eHealth Programs](#). eHealth University features a full curriculum of materials and information. Education modules are organized by level (beginner to advanced) and simplify complex information in fact sheets, guides, videos, checklists, webinar recordings, and more. As part of eHealth University, CMS is offering several resources to assist with preparing for the October 1 ICD-10 compliance date. These include:

- [Introduction to ICD-10](#) introduces ICD-10 and explains key steps for switching to ICD-10.
- [Transition Checklist for Large Practices](#) and [Transition Checklist for Small and Medium Practices](#) outline tasks and estimated timeframes for important ICD-10 transition activities.
- [Basics for Small and Rural Practices](#) provides basics about the ICD-10 transition for small and rural practices, including background on ICD-10, important questions to answer about preparations, and resources to help prepare for the compliance date.
- [Introduction to ICD-10 for Providers](#) is an in-depth guide for providers that explains the background behind ICD-10, why the transition is important, how providers can prepare, and important resources to help transition.

Health Literacy Fact Sheet Published

The Center for Health Care Strategies, Inc. recently published a series of [Health Literacy Fact Sheets](#). The topics are:

- What is Health Literacy,
- How is Low Health Literacy Identified,
- Health Literacy and the Role of Culture,
- Improving Print Communication to Promote Health Literacy,
- Improving Oral Communication to Promote Health Literacy, and
- Health Literacy: Policy Implications and Opportunities.

CMS Revises Emergency Preparedness Checklist

On February 28, the Centers for Medicare and Medicaid Services (CMS) issued S&C-14-12-ALL, "[Survey and Certification Emergency Preparedness Initiative: S&C Emergency Preparedness Checklist Revision](#)," to all health care facilities. The memorandum highlights revisions that have been made to the current emergency preparedness checklist information for health care facility planning. The updates provide more detailed guidance about patient/resident tracking, supplies, and collaboration.

Study Promotes Value of Rehabilitation Hospitals and Units

The American Medical Rehabilitation Providers Association (AMRPA) released findings from a national study that shows patients treated in inpatient rehabilitation hospitals and units had better long-term clinical outcomes than those treated in nursing homes. [Assessment of Patient Outcomes of Rehabilitative Care Provided in Inpatient Rehabilitation Facilities \(IRFs\) and After Discharge](#) studied a national sample of Medicare fee-for-service claims data to compare clinical outcomes and Medicare payments for patients who received rehabilitation in an inpatient rehabilitation hospital to clinically similar patients in nursing homes. Key findings show:

- Over a two-year episode of care, inpatient rehabilitation hospital and unit patients clinically comparable to skilled nursing facility patients, on average:
 - Returned home from their initial hospital rehabilitation stay two weeks earlier,
 - Remained home nearly two months longer, and
 - Stayed alive nearly two months longer.
- Of matched patients treated:
 - Inpatient rehabilitation hospital and unit patients showed an eight percent lower mortality rate than skilled nursing facility patients,
 - Inpatient rehabilitation hospital and unit patients in 5 of the 13 diagnostic conditions showed significantly fewer hospital readmissions than skilled nursing facility patients, and
 - Inpatient rehabilitation hospital and unit patients made five percent fewer emergency room visits per year than skilled nursing facility patients.
- These better clinical outcomes were achieved by inpatient rehabilitation hospitals and units for only an additional cost to Medicare of \$12.59 per day.

Proposals are being considered in Congress to cut or freeze Medicare coverage for inpatient rehabilitation hospitals/units as a means to pay for reform of the Medicare physician fee schedule. The proposals are based on the premise that inpatient rehabilitation hospitals/units and nursing homes are the same. If enacted, the cuts would inappropriately divert patients in need of hospital-level rehabilitation to other settings despite clinical needs. Members are encouraged to share study results and AMRPA's [press release](#) and [overview document](#) with local policy makers, at meetings with legislators, and with local media.

President's Budget Proposes Cuts to Inpatient Rehabilitation Hospitals

President Obama's [budget for fiscal year 2015](#) was released in early March. Key policy proposals included in the budget that impact inpatient rehabilitation hospitals are:

- adjusting payment updates by 1.1 percent for post-acute providers beginning 2015 through 2024,
- site neutral payments for certain conditions commonly treated in skilled nursing facilities and inpatient rehabilitation facilities,
- reinstatement of the 75 percent rule, and
- implementation of bundled payment for post-acute providers beginning in fiscal year 2019.

Credentialing and Re-credentialing Procedures Updated

On February 27, the Department of Public Welfare issued Medical Assistance (MA) [Bulletin 99-14-02: Provider Credentialing by the Pennsylvania Medical Assistance Program](#), to advise providers they are updating credentialing and re-credentialing procedures. The bulletin applies to all providers enrolled in the MA program in the fee-for-service and managed care delivery systems.

RCPA Vocational Rehab Calls

The association is scheduling monthly conference calls for members that provide vocational rehabilitation services. The next call is April 3 at 3:00 p.m. Discussion will focus on a variety of issues including marketing sheltered workshops and continued development of a best practices document addressing all employment and vocational-related services provided to persons with intellectual and developmental disabilities. The conference call number is 800-944-8766, PIN 51399. Please RSVP to [Tina Miletic](#).

Employment and Joint Initiatives

The Offices of Developmental Programs (ODP), Vocational Rehabilitation (OVR), and the Pennsylvania Department of Education (PDE) are working more closely together to address employment and vocational needs and services for individuals with disabilities. Examples include:

- OVR Early Reach Initiative, which connects to schools to start the transition process for youth with disabilities beginning at age 14 to prepare them for a work life after high school.
- OVR and Berks Career and Technology Center Transition (BCTC) Initiative is a newly developed third-party agreement to provide transition services to OVR-eligible youth enrolled in training programs at BCTC and who attend one of 16 public schools in this area. The initiative is focused on serving those with the most significant disabilities who are transitioning to work-based learning and, eventually, to competitive, community-integrated employment. During 2014-17 it is anticipated this project will serve 50-65 youth.
- *Hiring People with Disabilities How-to-Guide* is a joint effort of ODP and OVR and includes employment service providers and area businesses. This guide was developed based on experiences and advice from community employers that had successful experiences hiring persons with disabilities. The guide is available from the [Department of Labor and Industry](#) web site.
- As the state increases its emphasis on employment for everyone, ODP has joined the State Employment Leadership Network (SELN). SELN endeavors to build cross-systems and cross-community supports to improve integrated employment outcomes and allow individuals with intellectual and developmental disabilities to work toward economic self-sufficiency. This effort begins with transition age students and continues throughout adulthood.
- PDE has developed the [Secondary Transition Guide](#) that provides youth ages 14–21, parents, and professionals with resources to assist students in the transition process from school to adult services and employment options.

Brain Injury Awareness Day is June 4

The Brain Injury Coalition, of which RCPA is a part, is planning a Brain Injury Awareness Day. Members are encouraged to save the date of June 4. An event at the State Capitol is being planned and will begin at 11:30 a.m.

President's Budget Includes TBI Funding

On March 4, President Obama released his [fiscal year 2015](#) budget, which includes programs authorized by the Traumatic Brain Injury (TBI) Act. Those programs are slated to receive funding that is level with the FY 2013 appropriations measure and the FY 2014 continuing resolution. The President's budget would fund the federal TBI program at \$9 million in 2015, allowing the Health Resources and Services Administration to administer grants to 20 states to improve systems coordination for individuals with brain injury and make grants to all protection and advocacy organizations.

HCBS Settings' Requirements Compliance Toolkit Released

On March 20, the Centers for Medicare and Medicaid Services shared a [toolkit](#) to assist states develop Home and Community-based Services (HCBS) 1915(c) waiver and section 1915(i) state plan amendment or renewal applications to comply with new requirements in the recently published HCBS regulations.

Included in the toolkit is a summary of regulatory requirements of fully compliant HCB settings and those settings that are excluded; schematic drawings of the "heightened scrutiny process" as a part of the regular waiver life cycle and the HCBS 1915(c) compliance flowchart; additional technical guidance on regulatory language regarding "settings that isolate;" and exploratory questions that may assist states in the assessment of residential settings. Additional information on the process and next steps is available via the Center for Medicaid and CHIP Services [Informational Bulletin](#).

Free Webinar Will Focus on Veterans With TBI

The Health Resources and Services Administration (HRSA) Traumatic Brain Injury (TBI) Technical Assistance Center will offer a free webinar, "The Unique Needs of Veterans and Returning Service Members with TBI," April 7, 3:00 – 4:30 p.m. During this webinar, HRSA grantees and representatives from the Department of Veterans Affairs (VA) will discuss:

- How to reach veterans and returning service members when they have not come forward or do not know they have a TBI;
- Examples of successful outreach to veterans, returning service members, and their families;
- Unique issues facing veterans and returning service members;
- Training and outreach to health care providers, college/university staff, and other professionals to help them better understand the military culture;
- Collaborations between the VA and the civilian medical system to help ensure access to appropriate care and services; and
- Ways that the VA supports veterans and returning service members with TBI nationally and how these programs can complement efforts at the state-level.

Register to participate in the webinar by email to HRSA-TBITAC@norc.org.

MENTAL HEALTH HEADLINES

Concerns About CPT Codes Continues

RCPA members again raised concerns about significant [limitations in the use of Evaluation and Management \(E&M\) codes](#) by outpatient clinics (Provider Type 11) among behavioral health managed care organizations (BH-MCOs). Some BH-MCOs are limiting the number of codes that are used for E&M services, regardless of individual need and complexity of the service, and are requiring specific clock time be documented and adhered to. Members have also expressed concern that physicians, including psychiatrists in private practice, are permitted to use an array of E&M codes and allowed to provide services as indicated. They are also allowed to deliver services in time frames typically accepted by best practice. In some parts of the commonwealth, mental health clinic providers are not allowed to use an array of E&M codes and are held to very limited times unrelated to appropriate care. It is unfortunate, that consistency is not being implemented, which was an intent of the new CPT codes. RCPA is researching approaches that BH-MCOs are using. It is important to note that at least two BH-MCOs are allowing for appropriate clinical care while some are focusing on exact minutes. RCPA continues to seek resolution to these issues. A meeting has been scheduled with the Office of Mental Health and Substance Abuse Services in early April to discuss this and other issues.

Significant Changes to Outpatient Regulations Move Forward

It was reported at the March Mental Health Division meeting that proposed changes to Chapter 5200, Psychiatric Outpatient Clinics General Provisions are moving forward. In October 2013, a statewide outpatient task force met and outlined the process for a major review and revision of mental health outpatient regulations. Subsequently, a small group was organized to review the regulations of which RCPA was a part. Significant changes have been proposed to the regulations including psychiatric hours and the use of psychiatrists, telepsychiatry, expanded use of nurse practitioners, more appropriate treatment plan signage requirements, and psychiatric supervision. A draft of the changes should be available soon. In the interim, questions should be directed to [Lynn Cooper](#).



Secretary Stresses DPW Waiver Option for Increased Group Size

RCPA and others have been advocating that Medicaid payment regulations allow the therapeutic group size to be increased from 10 to 12 persons. At the March RCPA Drug and Alcohol Division meeting, Department of Drug and Alcohol Programs Secretary Tennis shared results of meetings with Office of Mental Health and Substance Abuse Services (OMHSAS) Deputy Secretary Marion. He emphasized the option of providers to submit a waiver to the Department of Public Welfare (DPW) to increase the group size from 10 to 12 persons if deemed appropriate. After the meeting, RCPA contacted OMHSAS requesting details of the waiver process so providers could move forward with the waiver request for a larger therapeutic group size. The response from OMHSAS was straightforward: **outpatient providers may send a letter stating the request to waive the requirement of 10 individuals to have no more than 12 persons in a group directly to Deputy Secretary Marion.** Secretary Tennis suggested a favorable response from OMHSAS. RCPA is researching whether mental health outpatient providers will receive the same favorable response; thus far the feedback has been positive. Until now, it appears that most of the discussion has focused on drug and alcohol providers. All members are encouraged to double check with managed care organizations regarding rules for payment and any performance standards that must be followed.

Standards for Licensure of Freestanding Treatment Facilities Published

RCPA staff and members have been reviewing drug and alcohol regulations line-by-line and providing detailed feedback to the Department of Drug and Alcohol Programs (DDAP) for needed changes. RCPA is pleased to report that the first set of general regulations, Chapter 709, were published in the *Pennsylvania Bulletin* on March 8 for a 30-day comment period. They should be in effect this summer or early fall. RCPA reports that the vast majority of association recommendations were included in the final regulations published. Changes have been desired for many years and it is encouraging to see real change occurring. RCPA thanks the members who devoted countless hours to the review and recommendations for these regulations. Special thanks also to DDAP Secretary Gary Tennis and his staff for their hard work and commitment to much needed, overdue changes. Two additional work groups are currently reviewing residential and hospital-based regulations.

RCPA Seeks Resolution to Payment for Diagnostic Laboratory Services

The Office of Mental Health and Substance Abuse Services (OMHSAS) released [Policy Clarification #01-14-01](#) in February, which clarifies that the state is enforcing a regulation that the Medical Assistance payment for an outpatient clinic visit is inclusive of drug testing. RCPA sent a letter to Deputy Secretary Marion requesting a re-examination of the policy clarification. The letter stated that unless the policy is rescinded or modified, it will disrupt longstanding payment arrangements between behavioral health managed care organizations (BH-MCOs) and drug and alcohol outpatient providers.

It appears the intent of the bulletin was to target methadone providers that have contracts with BH-MCOs for a bundled payment that includes lab testing, not all drug and alcohol outpatient programs. While this is good news for many outpatient programs, it continues to be a significant concern for several methadone programs. To the extent that the BH-MCOs have been making direct payments to clinical laboratories for these drug tests, their payments to the drug and alcohol clinics have not taken into account the cost of these laboratory services and will need to be adjusted. RCPA is requesting that OMHSAS rescind or delay implementation of the policy clarification to allow OMHSAS to work with counties, BH-MCOs, providers, and Medical Assistance recipients to evaluate whether waiver of §1223.52(b)(2) is appropriate and/or possible.

The OMHSAS policy clarification presents an opportunity to review whether the bundled payment provision, adopted more than 30 years ago when available drug tests were rudimentary and relatively inexpensive, makes sense in the current environment. Today, drug testing is much more sophisticated and has become an increasingly important tool in combatting the serious public health problems associated with drug and alcohol abuse. The media is replete with stories of prescription drug abuse, increased heroin use, and a virtual epidemic of deaths resulting from drug overdoses and the use of fentanyl-laced heroin. Implementing policies that could disrupt or reduce funding for tests used to detect and monitor illegal drug use and the abuse of controlled prescription drugs seems especially untimely. A meeting has been scheduled with OMHSAS in early April to discuss these issues.

ONDCP Acting Director Knows Substance Use Disorder

Executive Director Peter Luongo, Institute for Research, Education, and Training in Addictions (IRETA) shared information about the new acting director of White House Office of National Drug Control Policy (ONDCP). Michael Botticelli has more than two decades of experience supporting individuals affected by substance use disorders. Prior to joining ONDCP, Mr. Botticelli served as director of the Bureau of Substance Abuse Services, Massachusetts Department of Public Health, where he successfully expanded innovative and nationally-recognized prevention, intervention, treatment, and recovery services. He also forged strong partnerships with law enforcement agencies, health and human service agencies, and stakeholder groups to guide and implement evidence-based programs. Programs include the establishment of a treatment system for adolescents, early intervention and treatment programs in primary health care settings, jail diversion programs, re-entry services for those leaving state and county correctional facilities, and overdose prevention programs.

Botticelli has served in a variety of leadership roles with the National Association of State Alcohol and Drug Abuse Directors. He was also a member of the advisory committee for the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention and the National Action Alliance for Suicide Prevention. He has also co-authored many peer-reviewed articles that have significantly contributed to the substance abuse field. Mr. Botticelli is in long-term recovery from addiction, celebrating more than 24 years of sobriety.

ON THE AUTISM SPECTRUM

April is Autism Awareness Month

The seventh annual World Autism Awareness Day is April 2 and marks the month-long observation of April as Autism Awareness Month. As part of activities in Pennsylvania, the Bureau of Autism Services (BAS) will conduct a series of seminars. These statewide training opportunities will be provided by the BAS clinical team. The target audience is professionals providing direct supports and services including nurses, home health aides, medical staff, mental health clinicians, and direct support staff. Planning is underway for conducting these training events in Pittsburgh, Harrisburg, Erie, Philadelphia, and the Lehigh Valley. Information about the specific locations and participant registration is available.

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.

May 20 – 23. *Research, Education, and Advocacy for Community Health (REACH)*. Mid-Atlantic Research and Training Institute and Center for Applied Psychology Conference. Indiana University of Pennsylvania. Indiana, PA.

*There is one word that can
be the guide for your life
— the word is reciprocity.*

— Pearl S. Buck

OVR State Plan Comment Period

The Department of Labor and Industry Office of Vocational Rehabilitation (OVR) announces a [public comment period](#) with district office meetings regarding its 2015 Combined Agency State Plan. Comments are being solicited regarding the following components:

- Input and Recommendations of the Pennsylvania Rehabilitation Council,
- Comprehensive System of Personnel Development,
- Annual Estimate of Individuals to be Served and Costs of Services,
- OVR's Goals and Priorities,
- Order of Selection,
- Distribution of Supported Employment Funds, and
- Innovation and Expansion Activities.

In addition to the vocational rehabilitation state plan, the Bureau of Blindness and Visual Services will accept public comment on:

- the Business Enterprise Program,
- Specialized Services for Children and Adults, and
- Independent Living Services for Older Persons who are Blind.

This comment period provides opportunities for interested parties to present recommendations for OVR services for persons with disabilities. Written comments must be submitted by April 25. RCPA members are asked to share their comments with Policy Specialist [Linda Drummond](#).

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

- [Bulletin #00-14-03](#): Listing of Obsolete and Current Intellectual Disability Bulletins. ODP has reviewed current bulletins and rescinded those that do not reflect current practice.
- [Announcement #018-14](#): Request for Proposal Issued for an ODP Training Platform.
- [Announcement #019-14](#): RFP Issued for Training and Support for the Developmental Disability Programs.

Lokuta Updates Futures Planning

Office of Developmental Programs Deputy Secretary Fred Lokuta shared an update on the Futures Planning process. Internal implementation teams are developing detailed action plans that will be shared with the external stakeholders. Public comments will be incorporated into the action plans. Those for initial focus include:

- Using person-centered needs assessment and budget process;
- Identifying service needs and gaps, including implementing innovative services and promoting employment first;
- Improving provider qualifications;
- Ensuring and enhancing quality; and
- Designing integrated, coordinated supports.

PROMISE Re-enrollment

The Office of Medical Assistance has released [Medical Assistance Bulletin #99-14-06](#): Re-enrollment/Revalidation of Medical Assistance Providers. Effective October 1, the ICD-9 code sets used to report medical diagnoses and inpatient procedures will be replaced by [ICD-10 Codes](#). All providers that bill through PROMISE will need to look at re-enrollment or revalidation depending on types of services provided. Providers need to review their locations in PROMISE and HCSIS and clean up or close locations that are not being used. The Office of Developmental Programs will issue guidance on this in the very near future. The Department of Public Welfare has prepared a "[Provider Quick Tips](#)" to assist in understanding the enrollment revalidation and re-enrollment applications.

Update on President's Executive Order

The American Network of Community Options and Resources (ANCOR), of which RCPA is a member, provided clarification regarding the [President's Executive Order on Minimum Wage for Contractors](#). If an agency contracts directly with the federal government this order will apply. It does not apply to states, state Medicaid agencies, and Medicaid providers that contract with states.

National Center on Criminal Justice and Disability Formed

The Arc has received funding from the US Department of Justice to develop the [National Center on Criminal Justice and Disability](#) (NCCJD), a national clearinghouse for information, training, and technical assistance for disability and justice professionals to better serve those with intellectual and developmental disabilities who are victims and suspects or offenders. NCCJD's services will include:

- Training and technical assistance, web-based and on site;
- Online resource library including current research and state-by-state resources;
- White papers and reports to promote identification and evaluation of promising practices; and
- Public awareness efforts with specific marketing and communication strategies.

Lowering Caregiver Stress

"[Practical Strategies for Lowering Caregiver Stress](#)" is a video produced by the Department of Aging. The video features Dr. Steven H. Zarit, distinguished professor and head of the Department of Human Development and Family Studies, Pennsylvania State University. He is also a renowned researcher in caregiving. In the video, Zarit provides information about how to effectively manage stress for caregivers and how to care for a loved one with memory loss.

HUD Rental Assistance Funding

The US Department of Housing and Urban Development (HUD) has announced \$120 million in funding for state housing agencies to provide long-term project-based rental assistance to very low-income persons with disabilities. These will include individuals who are transitioning out of institutional settings. Funding is through the [Section 811 Project Rental Assistance program](#), which funds persons with disabilities that earn less than 30 percent of their area's median income to live in integrated mainstream settings. These rental assistance funds will be given to housing agencies that have formed partnerships with state Medicaid and health and human services agencies.

IDD Health Care Toolkit

The [IDD Toolkit for Primary Care Providers](#) provides information for the primary care of adults with intellectual and developmental disabilities. Resources for providers on best-practice tools and specifics on medical and behavioral issues for this population are available. [Specific resources](#) for families and direct support staff on accompanying an individual to the doctor have been created. This toolkit is a project of the Vanderbilt Kennedy Center for Research on Human Development, University of Tennessee Boling Center for Developmental Disabilities and the Tennessee Department of Intellectual and Developmental Disabilities. For additional information email iddtoolkit@vanderbilt.edu.



PolicyLab Launches New Web Site

The PolicyLab at The Children's Hospital of Philadelphia recently announced the launch of its redesigned web site. For the past five years, the PolicyLab has used research to inform child health policy. Research, tools, and publications now include issues related to implementing health care reform, understanding changes to health care delivery for children and adolescents, and strengthening services related to children in community settings. The new web site will help get research into the hands of those who can bring about real, positive health policy and program change for children and families. A sample of the work produced by the PolicyLab staff includes such publications as:

- *Preparing for Transition of Aging Youth with Complex Medical Conditions and Intellectual Disability,*
- *Growing Use and Safety Concerns for Antipsychotic Medication among Medicaid-Enrolled Children,*
- *Engaging Parents of Children with ADHD in Treatment Decisions,*
- *Helping Depressed Parents and Caregivers,*
- *The Children's Stability and Well-Being Study: Evaluating an Evidence-Based Intervention Project,*
- *The Children's Stability and Well-Being Study (CSAW): Responding to the Needs of Youth in Foster Care, and*
- *Identifying High-Risk Periods for Family Violence due to Deployment and Mental Illness in US Army Soldiers.*

Keeping Youth and Families Safe and Together

The Safely Home Campaign is a national movement to keep youth safe and together with their families by building and supporting strong communities, returning children and youth from out-of-home placements, keeping high-risk youth safely home with the support they need, and improving community safety. The campaign promotes the belief that community-based programs for high-risk youth should be the norm. Initiated by Youth Advocate Program, the Safely Home Campaign relies on partnerships with systems, policymakers, advocates, and practitioners to achieve these seven goals:

- Educate and Inform,
- Reduce Out-of-home Placements,
- Redirect Dollars,
- Expand Community-Based Alternatives,
- Reduce Overrepresentation of Youth of Color in Congregate Care,
- Improve Community Safety, and
- Increase Successful Outcomes for Youth.

In partnership with like-minded organizations and governments, the campaign will provide direct services, training, and consultation to help governments bring youth safely home. It will mobilize support for public policies and promote best practices that reduce reliance on out-of-home placements and redirect savings that invest in community-based programs. Through the Safely Home Campaign, governments and communities will be better able to access the tools, strategies, and best practices used to bring and keep high-risk youth safely home. RCPA is pleased to be a partner in the [Safely Home Campaign](#).

Act Guides Off-label Prescribing Practices

The passage of the *Best Pharmaceuticals for Children Act* and the *Pediatric Research Equity Act* should result in an improvement in prescribing for children, including more than 500 labeling changes. Off-label medication prescribing practice remains an important public health issue for infants, children, and adolescents, because an overwhelming number of drugs has no information in the labeling for use with children. Practitioners use their professional judgment to determine these uses. As such, the term off-label does not imply an improper, illegal, contraindicated, or investigational use. Therapeutic decision-making must always rely on the best available evidence and the importance of the benefit for the individual patient. In a [policy statement](#) the American Academy of Pediatrics said that with less than half of drugs labeled for use in children, it's "more than likely" that doctors will prescribe medications for uses that are not specifically approved. Off-label prescribing is common for children with a mental health and autism diagnosis.

Pennsylvania 2014 State of Child Welfare

The Pennsylvania Partnerships for Children has released its *2014 State of Child Welfare* report. Data shows that the commonwealth has made notable progress in recent years to reduce the number of children living in foster care and provide more in-home services. Among the positive five-year trends highlighted are:

- The number of children served in foster care declined by 26 percent from 2009 to 2013;
- The number of children receiving in-home services increased by 11 percent in the same period;
- Children in foster care are increasingly more likely to be placed in family-type settings rather than institutional or group home settings;
- In 2009, about 26 percent of foster placements involved congregate care and by 2013, the figure declined to less than 20 percent; and
- Pennsylvania continues to make steady progress in finding permanent homes for foster children.

Pennsylvania Youth Suicide Prevention Online

The Pennsylvania Youth Suicide Prevention Initiative has a sleek new web site look. Visit this [new and improved site](#) to see more. In addition to great resources, training, and information about county suicide prevention initiatives, there are links to 2013 Public Service Announcement (PSA) contest winners, news about the current PSA contest, and a page dedicated to Suicide Prevention and Awareness Night with the Harrisburg Senators on May 16. Members can support suicide prevention in the commonwealth by selecting the link on the main page and reading more.

ELC Cites Discrimination in Alternative Education Programs

Based on the Education Law Center's (ELC) [legal complaint](#), the US Department of Justice has opened an investigation into discriminatory placement of students in Pennsylvania's Alternative Education for Disruptive Youth programs. The ELC complaint cites four years of data showing a disproportionately high number of students with disabilities and African American students are removed from traditional public schools and sent to alternative education programs. The ELC contends that "as a result of the Pennsylvania Department of Education's policies and practices, numerous school districts in Pennsylvania are discriminating against students with disabilities and African American students through the misuse of alternative education placements. The disproportionate and frequent placement of students with disabilities and African American students in such disciplinary settings violates the Americans with Disabilities Act and the Civil Rights Act." The complaint was filed in response to numerous allegations from parents and students regarding improper placements and poor academic programming in various alternative education programs. In recent years, even as the total number of alternative placements has dropped, the percentage of students with disabilities sent to alternative education programs has increased to 44 percent.

Provider Meeting: Act 55 Rate Methodology Task Force

The Department of Public Welfare Rate Methodology Task Force is in the final phase of developing recommendations regarding the process used by counties to purchase placement services from providers. On April 11, RCPA members have been invited to join members of the Pennsylvania Council (PCCYFS) for private providers to engage in an open, collegial, and solutions-focused discussion.

The agenda includes:

- Key recommendations in the task force's report to the General Assembly regarding purchased placement services,
- Updates related to the proposed review process for fiscal documentation submitted by providers to support claims for federal funding,
- Preliminary plans for the task force's next efforts focused on non-placement services, and
- Solicitation of feedback and additional suggestions from the broader provider community.

PCCYFS staff will facilitate the discussion to support an open exchange of ideas and assist with any follow-up/next steps developed as part of the discussion. Materials, including a PowerPoint, will be the same information used in similar discussion forums with county children and youth and juvenile probation leadership. [Registration](#) is open.



Child Mental Health Awareness Week

The Pennsylvania System of Care Partnership, in collaboration with Office of Mental Health and Substance Abuse Services (OMHSAS), invites organizations to join the 2014 “Listen Don’t Label, Ask Don’t Fear” statewide campaign to celebrate Children’s Mental Health Awareness. Pennsylvania will join more than 1,000 awareness day celebrations across the nation in May. As a first step, organizations can show support for this year’s campaign by sharing the announcement with colleagues, community partners, family, and friends. Second, take action to engage your organization to wear green on May 8, encourage people to take Youth Mental Health First Aid training, and download additional information and tools.

Helping Families Safeguard Medicine in the Home

Two-thirds of teens who report abuse of prescription medicine get them from friends, family, and acquaintances. The children, adolescents, and transition-age young adult served by RCPA members tend to be at uniquely high risk for misuse and abuse of prescription drugs. Families should be encouraged and expected to monitor, secure, and properly dispose of unused and expired prescription and over-the-counter cough medicine in their home. The Partnership at Drugfree.org has launched a campaign – [Not in My House](#) – to help families. The campaign and web site offer a wealth of information, tools, and a search feature to find a medicine take-back location in local communities. One element of this effort is the “Protect Your Kids: Three Steps to Safeguard Your Home” initiative focused on monitoring, securing, and disposing of medications in the home.

PBIS Implementers’ Forum – Multi-Tiered Systems of Support

The Pennsylvania Positive Behavior Support (PAPBS) Network Implementers’ Forum is May 28 – 29 at the Hershey Lodge and Convention Center. The event is sponsored by the Bureau of Special Education with support from RCPA and other members of Pennsylvania’s Community of Practice for School Based Behavioral Health. The forum is designed for stakeholders interested in advancing supports and voice for all students, including students with disabilities, in the implementation of school or program-wide Positive Behavioral Interventions and Supports (PBIS). The forum provides participants with information about establishing, maintaining, and expanding PBIS. Participants must [register](#) for this PaTTAN-sponsored event. The fee is \$75. A block of rooms at the Hershey Lodge and Convention Center have been secured for attendees. For more information or questions about the conference, contact Kristen Olszyk (800-446-5607, x6848 or kolszyk@pattan.net).

CLASSIFIEDS

Mercer County Behavioral Health Commission, Inc.

Chief Executive Officer

The Mercer County Behavioral Health Commission, Inc. is seeking qualified candidates for the position of CEO of the Mercer County Behavioral Health Commission. Visit our web site at www.mercercountybhc.org for job description details and qualifications necessary for this position.

Children's Division

March 12 marked the first RCPA Children's Division meeting at the new day, time, and location. Policy Specialist Connell O'Brien welcomed guests and members and invited members to contact him with recommendations regarding the meeting schedule and structure. Committee co-chairs welcomed the representative from the Office of Children, Youth and Families who provided an overview of the "child protection package" of new and pending legislation. The committee learned about activities of the Department of Public Welfare (DPW) work group meeting to discuss the implementation, policy, and practice implications of the new laws. RCPA is represented on the work group. An Office of Mental Health and Substance Abuse Services (OMHSAS) representative was joined by the DPW policy director for a review and discussion of the

behavior specialist licensing process and the impact on Medicaid-purchased autism services. RCPA President Richard Edley introduced guests and led a discussion focused on provider capacity and consumer service sustainability concerns. The OMHSAS representative reported that pending Summer Therapeutic Activity Program and Behavioral Health Rehabilitation Services bulletins would not be released in the immediate future and encouraged providers to proceed with planning for services under current guidelines. O'Brien and Bonnie Breit, International Pediatric Rehabilitation Collaborative, provided updates on a range of training, conference, and webcast events. O'Brien also reported on RCPA initiatives and DPW and Department of Education advisory groups in which staff and members have been representing members. The next meeting is June 4.



Skills of Central Pennsylvania, Inc.

Regional Vice President

Skills is looking for a leader to join our senior management team. The successful candidate will report directly to the COO and will be responsible for the administrative, fiscal, and operational supervision of all residential and community services provided within the Centre, Clinton, Lycoming, Huntingdon, Mifflin, and Juniata counties region. In addition to managing day-to-day operations, the vice president is responsible for developing, implementing, and monitoring policies and procedures; assuring quality improvement and quality assurance standards are exceeded; assuring regulatory compliance; development, implementation, and control of the budget for the region; development of new and/or modified program opportunities; and, most importantly,

he/she is responsible for fostering open communication, motivating, and training staff to assure the highest level of quality for the programs within the region. The vice president will have demonstrated knowledge and experience in working with the state and county offices of ID, MH, and/or OCYF.

The successful candidate must have leadership skills, be computer literate, and have a minimum of five years of progressive management experience in the program areas of mental retardation, mental health, children and youth, and/or drug and alcohol. A bachelor's degree in a related field is required, master's degree preferred. Valid PA driver's license and pre-employment drug screening and criminal background

check is required. The base office is located in State College, with regular travel to surrounding counties. Skills offers a competitive and comprehensive benefit package and a minimum salary of \$70,000 commensurate with experience.

If interested and qualified, please mail, fax, or e-mail your resume to Betty Young, HR Director, Skills of Central Pennsylvania, Inc., 341 Science Park Rd, Ste 6, State College, PA 16803; 814-238-3536; beyoung@skillsgroup.org. Skills is committed to creating opportunities, providing choice and support, and promoting recovery for people with intellectual disabilities and mental health diagnoses. An Equal Opportunity Employer.

Executive Director TrueNorth Wellness Services

TrueNorth Wellness Services (formerly Adams-Hanover Counseling Services, Inc.) – a \$16.5 million (450 staff), nonprofit, mental health and substance use service center is seeking a leader to manage its full range of behavioral health and wellness services at multiple locations in South Central Pennsylvania. The director reports to a committed, volunteer Board of Directors. The board is seeking an experienced, visionary, entrepreneurial leader to move this progressive agency through health care reform and beyond. Position requires nonprofit or health care management experience, managed care experience, fundraising expertise, and an ability to work with a Board of Directors.

Minimum qualifications for the position include a Masters degree and 5 years of progressively responsible management experience, preferably in the behavioral health care field. Position includes an excellent salary and benefit package. Send resume to:



Search Committee
TrueNorth Wellness Services
625 W Elm Ave
Hanover, PA 17331

Review of applications begins April 1, 2014 and will continue until an appointment is made.
An Equal Opportunity Employer

■ CALENDAR

A P R I L		
Tuesday, April 1	12:00 – 1:00 p.m.	21st Century Service Delivery Model <i>IPRC Webinar</i>
Thursday, April 3	3:00 – 4:00 p.m.	Vocational Rehab Conference Call
Tuesday – Wednesday, April 8 – 9		2014 Technology Conference <i>Lancaster Marriott, Lancaster</i>
Thursday, April 10	10:00 a.m. – 12:00 p.m.	IPRC Conference Call
Friday, April 11	9:30 a.m. – 12:00 p.m.	Northeast Regional Meeting <i>Best Western Plus East Mountain Inn and Suites</i>
Tuesday, April 15	10:00 a.m. – 12:30 p.m.	RCPA Finance Committee <i>Pennsylvania Medical Society – Penn Grant Centre</i>
Wednesday, April 16	10:00 a.m. – 12:30 p.m.	Human Resources Committee <i>RCPA Conference Room</i>
M A Y		
Wednesday, May 14	10:00 a.m. – 12:30 p.m.	Brain Injury Division <i>Pennsylvania Medical Society – Penn Grant Centre</i>
Thursday, May 15	12:30 – 2:30 p.m.	RCPA Annual Membership Meeting <i>Pennsylvania Medical Society – Penn Grant Centre</i>