



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

REHABILITATION & COMMUNITY PROVIDERS ASSOCIATION

JUNE 2014

■ RCPA NEWS

RCPA Annual Meeting is June 9

The annual meeting is June 9, 12:30 – 2:30 p.m., at association headquarters (777 E Park Dr, Harrisburg). RCPA welcomes all members and member staff to attend; lunch will be served at 12:30 p.m. The agenda includes updates on critical items the association has been addressing and discussion on issues that members have raised regarding how RCPA is structured. There will be financial and governmental affairs updates. The election of officers and board members is also on the agenda. RCPA looks forward to your participation; an [RSVP is necessary](#).

In Memoriam

Bob Miele



Bob Miele, longtime participant with the association and co-chair of RCPA's Mental Health committee, passed away May 17 after a battle with cancer. Mr. Miele was vice president for adult services at COMHAR, Inc. in Philadelphia, and served various positions in agency leadership during his more than 25 years of employment. Those wishing to honor his memory may contribute to American Cancer Society, 1626 Locust St, Philadelphia, PA 19103 or to Overbrook Presbyterian Church, 6376 City Ave, Philadelphia, PA 19151. On behalf of its staff, leadership, and members, RCPA offers condolences to the Miele family and his family at COMHAR. He will be greatly missed.

RCPA Conference

Sponsors, Exhibitors,
Advertisers!

The association will host its 2014 conference October 7 – 10 at Seven Springs Mountain Resort. The Conference Committee has released [exhibit](#), [advertising](#), and [sponsor](#) information for the event, a highlight for the mental health, intellectual disability, medical rehabilitation, vocational rehabilitation, children's, and drug and alcohol provider community in Pennsylvania. Complete information is available from the links. Exhibit activities take place October 8 – 9, the two busiest days of the conference. Using sponsorship circles, RCPA honors all its supporting organizations. The deadline for inclusion in printed materials is **June 13**. Questions may be directed to [Kris Ericson](#), technical and conference services coordinator. Space and opportunities are reserved on a first come, first served basis and no reservation is considered complete without payment.

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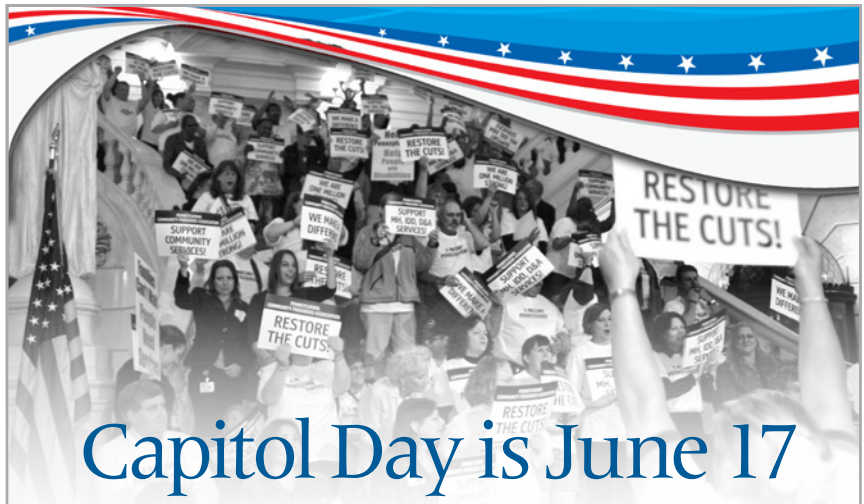
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Capitol Day is June 17

Registration Open

One way RCPA members can participate in important advocacy is to be a part of Capitol Day. To avoid devastating cuts to community services, RCPA urges members, supporters, consumers, and families to join this important event and let elected officials know these services are essential and must be supported. Everything needed to [register for Capitol Day](#) is online. Registered attendees receive prepared briefing packets. Make appointments with legislators and find all key materials within the [Capitol Day web page](#)!

Capitol Day Overview

Registration: The RCPA registration table will be in the Pennsylvania State Capitol Main Rotunda and available from 8:30 a.m. – 3:30 p.m.

Legislative Visits: Legislative visits are scheduled throughout the day. Appointments with legislators and/or staff should be scheduled by members ahead of time.

Press Conference/Rally: The legislative press conference/rally begins promptly at 11:30 a.m. in the Capitol Rotunda. Legislative champions have been confirmed to speak.

State Capitol Tour: RCPA has reserved a time slot for a tour of the State Capitol at 1:30 p.m. The tour can accommodate up to 80 people.

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Our Mission



Richard S. Edley, PhD

With the first year of RCPA coming to completion and as we head toward our first annual meeting June 9, we reflect on 2013/14 and look forward to our second year. The board of directors will experience its first changes with elections; the division, committee, and meeting structure was developed and may see additional modifications; and some staff roles and responsibilities have changed. We also look ahead to our October conference in Seven Springs, noting that it, too, will look different based on member feedback received. In addition to structure, there remains no shortage of issues to address on behalf of members. These ongoing advocacy efforts are our cornerstone.

In May, we initiated a [survey](#) of members to gauge how we can improve the association in the future. Specifically, how can members feel and be more connected to RCPA? I urge you to take time and offer feedback. I look forward to reviewing comments. Initial findings and recommendations will be shared at the annual meeting.

So what is left in our first year? Our mission. We all know what our mission is, don't we? We inherited two, but always knew we needed our own. A mission statement defines us and the Board of Directors deliberated over this item for some time. Our mission statement must clearly delineate who and what we represent in a simple sentence. With that in mind, the Board of Directors has established the RCPA mission:

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

We hope this resonates with each of you and encompasses the size and diversity of our membership. With this in place we now truly are ready for our second year. I hope to see you at the annual meeting.

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

■ NEW MEMBERS

PROVIDER MEMBER

TW Ponessa and Associates Counseling Services, Inc.
Cathy DeGuire, CEO
Lancaster

ASSOCIATE MEMBER

MAX Association
Dr. Diane Conway, CEO
Conshohocken

BUSINESS MEMBERS

Barber Enterprise Solutions
Ronnie Skibicki, CIO/Account Executive
Erie

Linton's Managed Services

Paul Sanford, VP of Operations
East Norriton

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.



RFA Issued for HealthyPA Private Option Coverage

Although the Centers for Medicare and Medicaid Services (CMS) has not yet approved Governor Corbett's HealthyPA proposal, the administration issued a [request for application](#) (RFA) to solicit bids for insurers to cover the more than 500,000 Pennsylvanians who will become eligible if HealthyPA is approved. The commonwealth proposes that at least two insurance plans are offered in each of the nine insurance regions created by the Affordable Care Act (ACA). The plans must offer essential health benefits defined in the ACA. Bids by interested insurers must be submitted by June 10. The plan is to have signed agreements with insurers by August 1. Comments and questions may be addressed to [Anne Leisure](#).

RCPA Budget Advocacy: Contact Legislators!

Pennsylvania's budget outlook remains as bleak as it has been in years. It is essential that RCPA and members engage the General Assembly on behalf of providers to ensure that community services funding remains viable. RCPA participated in a joint effort with the Behavioral Health and Intellectual Disability and Autism (BH/ID/A) Coalitions to meet with the Department of the Budget and key Appropriations Committee staff from all four caucuses to advocate for the support of crucial community services. Issues front and center in the discussion on the budget for intellectual disability and autism included:

- Support for sufficient funding for community services now being provided to people with intellectual disability (ID) and autism spectrum disorder;
- Support for changes to payment policies and rate methodologies, including additional funding so that rates are sufficient for sustainable ongoing services, specifically a residential rate setting methodology for ID that allows for retention of retained earnings and \$14 million to support implementation of a vacancy factor for residential services; and
- Support for waiting list initiatives.

Behavioral health issues focused on:

- Support for restoration of the 10 percent cut to the Mental Health

Services budget line that occurred in 2012/13,

- Support for the protection of Community Hospital Integration Project Program and Southeast Integration Project Program dollars,
- Support for proposed funding for an Olmstead initiative to assist 90 new individuals moving from state hospitals into the community, and
- Support for improved access to care and support services for mental illness and/or substance use disorders.

All four caucuses indicated that continuing disappointing revenue reports are driving current budget conversations. It is crucial that work being done in Harrisburg is accompanied by grass roots legislative work in the districts. It is important that they continue to be reminded through every means possible of the importance of maintaining access to behavioral health, intellectual disability, and autism services.

The most effective means of outreach continues to be inviting legislators to tour agencies or for members to visit legislators accompanied by families or consumers. Most important is information about how a member agency serves those in the community, especially success stories. Further resources may be found on the [RCPA web site](#). Questions and comments may be addressed to [Anne Leisure](#).

Providers Review/Discuss IMPACT Act of 2014

The provider community continues to review and discuss the [Improving Medicare Post Acute Care Transformation \(IMPACT\) Act of 2014](#), released by the US House Ways and Means and Senate Finance Committees. The IMPACT Act strives to modernize Medicare payments to post-acute care providers and includes the requirement of standardized data that will enable Medicare to compare quality across post-acute care settings, improve hospital and post-acute discharge planning, and use the information to reform post-acute care payments while ensuring continued beneficiary access to the most appropriate setting of care. The bill is in discussion draft form.

Final Rule to Reduce Regulatory Burdens Adopted

On May 12, the Centers for Medicare and Medicaid Services (CMS) published the final rule, [Regulatory Provisions to Promote Program Efficiency, Transparency, and Burden Reduction](#), reforming federal health policy regulations that CMS has identified as unnecessary, obsolete, or excessively burdensome on health care providers. The rule is also intended to eliminate or reduce requirements that impede quality patient care or that divert resources away from providing high quality patient care. The regulations are effective July 11.

Re-structured Quality Improvement Program Announced

On May 9, the Centers for Medicare and Medicaid Services (CMS) issued a [press release](#) announcing its launch of an improved Quality Improvement Program and restructuring of Quality Improvement Organizations (QIOs). The first phase of restructuring will allow two Beneficiary and Family-Centered Care QIO contractors to support the program's case review and monitoring activities separate from the traditional quality improvement activities. In the program's second phase (expected in July) CMS will award contracts to organizations to work directly with providers and communities on data-driven quality initiatives to improve patient safety, reduce harm, and improve clinical care and transparency at local, regional, and national levels through Quality Innovation Network and Value, Incentive, and Quality Reporting support contractors. CMS will introduce the program changes on August 1.

ACO Fact Sheet Revised

The Centers for Medicare and Medicaid Services has revised [Accountable Care Organizations: What Providers Need to Know](#), which was designed to provide education on Accountable Care Organizations (ACOs) under the Medicare Shared Savings Program. Included is information on how to participate in an ACO, how shared savings will work, how the program is aligned with other quality initiatives, and how ACOs help doctors coordinate care.

CMS Call Focused on ICD-10 Coding Basics

On June 4, 1:30 – 3:00 p.m., the Centers for Medicare and Medicaid Services (CMS) will conduct [More ICD-10 Coding Basics](#), which will include a keynote presentation and updates from CMS. Agenda topics include:

- CMS updates, including the partial code freeze and 2015 code updates;
- Why ICD-9-CM is being replaced with ICD-10-CM;
- Benefits of ICD-10-CM;
- Similarities and differences from ICD-9-CM;
- Coding: Process of assigning a diagnosis code, 7th character, placeholder "x," excludes notes, unspecified codes, external cause of injury codes, type of encounter;
- Documentation tips, how to obtain answers to coding questions; and
- How to request modifications to ICD-10-CM.

CDC Issues MERS Preparedness Checklists

The Centers for Disease Control and Prevention (CDC) recently issued a Middle East Respiratory Syndrome Coronavirus (MERS-CoV) preparedness [checklist](#) for health care providers and facilities. The checklist highlights key steps to take in preparation for transport and arrival of patients potentially infected with MERS-CoV.

New Release of PEPPER Available for IRFs

A new release of the Program for Evaluating Payment Patterns Electronic Report (PEPPER) is now available for inpatient rehabilitation facilities (IRFs). The Centers for Medicare and Medicaid Services contracted with TMF Health Quality Institute to produce and distribute the PEPPER. It is available electronically to providers through QualityNet and in hard-copy format via mail to providers that do not have access to QualityNet. PEPPER summarizes provider-specific data statistics for Medicare services that may be at higher risk for improper Medicare payments. Providers are encouraged to visit the [PEPPER Resources Page](#) to access resources for using PEPPER, including user's guides and recorded training sessions.

FY 2015 IRF Proposed Payment Rule Released

The fiscal year (FY) 2015 [Inpatient Rehabilitation Facility Prospective Payment System \(IRF PPS\) proposed rule](#) was published in the May 7 *Federal Register*. It includes payment proposals and proposals surrounding the IRF quality reporting program. The proposed rule also includes changes to impairment group codes and diagnosis codes that presumptively meet the 60 percent rule compliance criteria, a proposal to collect data on the amount and mode (individual, group, and co-treatment) of therapy provided according to therapy discipline through revision to the IRF patient assessment instrument (IRF PAI), and further revision to the IRF-PAI to capture whether prior treatment and severity requirements have been met for arthritis cases to presumptively meet the 60 percent rule compliance criteria. In addition, the Centers for Medicare and Medicaid Services (CMS) proposes revisions and updates to the quality measures for the IRF Quality Reporting Program, several new policies with respect to the quality program, and lists the measures it is considering for FY 2019. It also proposes to freeze facility-level adjustment factors at FY 2014 levels. CMS will accept comments on the proposed rule until June 30.

RCPA Medical Rehab Committee Meeting is June 12

The Medical Rehabilitation Committee (Medical Division) will meet June 12, 10:00 a.m. – 12:30 p.m., at RCPA. Agenda topics include FY 2015 proposed inpatient rehabilitation facility prospective payment system payment rule and quality reporting program; legislative update from the American Medical Rehabilitation Providers Association; member updates on accountable care organization projects and collaborative efforts, such as bundling initiatives; Department of Public Welfare and place of service reviews; discussion on individual versus co-treatment requirements; and more. If participating, please register [here](#).

CMS Releases Guidance on DSH Auditing and Reporting

The Centers for Medicare and Medicaid Services (CMS) released new guidance, [Additional Information of the DSH Reporting and Auditing Requirements-Part 2](#), in the form of frequently asked questions on state reporting and audit requirements for Medicaid Disproportionate Share Hospital (DSH) payments. The document covers topics such as required data elements, data sources, and calculation of uncompensated care cost, among others. A list of resources available on DSH audit and reporting requirements for states, hospital, and auditors are provided at the end of the document. DSH audits and reports are due to CMS by December 31.

June 3 is Brain Injury Awareness Day/ Press Conference

RCPA, as a member of the Brain Injury Coalition, will host a Brain Injury Awareness Day/Legislative Press Conference June 3, 11:30 a.m., in the Capitol Rotunda. Members, clients in service, and family members are encouraged to attend.

Two Long-Term Care Commission Hearings Remain

The Pennsylvania Long-Term Care Commission (LTCC) continues its work, including regional meetings seeking public input on the state of long-term care. This input will be included in the development of the final plan that will set priorities and guidelines in improving the current system, including identifying effective ways to provide better coordinated methods of administering programs and services and ensuring quality health care for older Pennsylvanians and individuals with disabilities. Two public hearings remain:

- June 6, 1:00 – 4:00 p.m., Montgomery County Community College, Blue Bell, and
- June 20, 9:00 a.m. – 12:00 p.m., Pike County Training Center, Lords Valley.

Those interested in attending should follow the instructions on the [LTCC Hearings Registration](#) page.

Commentary Focuses on Pediatric Sports Return to Play Guidelines

The *International Journal of Sports Physical Therapy* recently published “[Pediatric Sports Specific Return to Play Guidelines Following Concussion](#),” that expands upon current general consensus guidelines for treatment of concussed pediatric athletes and provides sport-specific return to play guidelines. In 2010, the American Academy of Pediatrics officially adopted the recommended return to play guidelines proposed by the International Conference on Concussion in Sport. These guidelines included a six-step process that provided structure to guide an athlete who is recovering from a concussion in a gradual return to play by allowing participation in increasingly difficult physical activities. However, the guidelines did not take into account the variability that occurs within different sports and the resulting challenges medical professionals face in making sure each athlete is able to withstand the rigors of a specific sport without return of symptoms.

Use of Nintendo Wii to Improve Cognition in TBI

The *Journal of Biology, Agriculture and Healthcare* published “[Using Nintendo Wii to Improve Cognition in Traumatic Brain Injury](#),” that explores and evaluates the research evidence pertaining to treatment approaches related to cognitive remediation and the use of electronic virtual reality. The paper describes a study whose objective was to identify improvement of cognition among Traumatic Brain Injury (TBI) patients using Nintendo Wii Sports as the intervention tool and to determine if virtual reality experience and Glasgow Coma Scale affect Mini Mental State Examination Scores after intervention.

PPS Proposed Rule for Inpatient Psychiatric Facilities Released

On May 1 the Centers for Medicare and Medicaid Services (CMS) issued the Inpatient Psychiatric Facilities Prospective Payment System (IPF PPS) [proposed rule](#) for fiscal year (FY) 2015. The IPF PPS applies to inpatient psychiatric facilities, including freestanding psychiatric hospitals and psychiatric units of acute care hospitals or critical access hospitals. The rule includes routine annual updates and discussion of the conversion to ICD-10. Payments to IPFs are projected to increase by 2.1 percent as compared to FY 2014. Updated rates are effective for discharges occurring on or after October 1. CMS has provided a [fact sheet](#) that includes an overview of the proposed rule. CMS will accept comments until June 30. Comments and questions may be addressed to [Anne Leisure](#).

Commission Report on Mental Health Services and the Criminal Justice System

Rep. Thomas Caltagirone's House Resolution 226 of 2013 called for the Joint State Government Commission to study the mental health system in Pennsylvania, with a focus on how criminal defendants with mental illness are served by established procedures, policies, and programs. Rep. Caltagirone is minority chair of the Judiciary Committee and concerned about the growing number of people with mental illness showing up in jails and prisons.

The Joint State Government Commission recently released [Mental Health Services and the Criminal Justice System in Pennsylvania](#). The report reviews policies that govern the provision of services in Pennsylvania, with a focus on providing mental health services to persons involved in the criminal justice system. It makes a number of recommendations for improvements to the system involving

the delivery of services by the Departments of Corrections, Drug and Alcohol Programs, and Public Welfare and the Commonwealth's 48 county mental health and intellectual disability programs. Key recommendations include:

- Increased and coordinated funding;
- Use of evidence-based practices by the county mental health/intellectual disability programs;
- Use of the sequential intercept model as a means of diverting persons with mental illness from the criminal justice system;
- Supporting efforts of the Departments of Public Welfare and Corrections and counties to coordinate a more efficient and effective mental health delivery

system and to address areas of concern; and

- Codifying the Mental Health Procedures Act to update and modernize it, also allowing for earlier intervention for a specific group of persons who may have a mental illness whose disease and symptoms can be identified and addressed before severe psychological decompensation occurs.

RCPA is pleased that these critically important issues are being studied and that fundamental problems have been identified, including insufficient funding. Rep. Caltagirone indicated he would consider convening hearings with mental health experts to hear directly what ideas they have for improving the system and ultimately will introduce legislation to move forward some of these initiatives.

OMHSAS Policy Clarification on Collaborative Documentation

As reported in RCPA [Alerts](#), the Office of Mental Health and Substance Abuse Services (OMHSAS) issued a policy clarification indicating that concurrent documentation is not a billable part of the therapeutic episode for peer support and other services. RCPA heard from members and was contacted by national associations, consultants, and experts. The situation in Pennsylvania was also highlighted in national trade magazines.

RCPA engaged OMHSAS on this critical issue, requesting clarification be issued in writing. After very productive discussions, OMHSAS agreed to issue a [clarification](#) that clearly states:

There is an expectation that staff and the recipient of service will work collaboratively toward the development of the goals documented in the individual service plan and review and revise those goals as needed. ***This collaboration can be part of the billable time spent with an individual receiving Peer Support and other services.***

OMHSAS states that further work is necessary to clarify aspects of collaborative goal setting and progress assessment that are part of the therapeutic relationship and those that are associated with the non-billable aspect of documentation. The OMHSAS Policy Bureau will convene a short-term focused work group to better define and support the implementation of this growing practice. The work group will develop practice guidelines and training suggestions for the field.

RCPA appreciates the clarification that recognizes advances in best practice that providers across Pennsylvania have adopted with great success. The association has further requested that OMHSAS communicate with Medicaid managed care organizations (MCOs) to ensure that the MCOs withdraw communications requesting providers not to bill for time spent with consumers on collaborative documentation. Comments and questions may be directed to [Anne Leisure](#) or [Lynn Cooper](#).

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

- Re-issued [Informational Packet #047-13](#): Vendor Fiscal/Employer Agent Financial Management Services, Wage and Benefit Ranges for Specific Participant Directed Services. The revision is the removal of the U4 modifier information listed in Attachment #1 because this modifier is not used in this model. The packet also clarifies language about support service workers being paid within the ODP-established wage ranges.
- [Announcement #029-14](#): SC Times Newsletter for Spring 2014. Contains information relevant to supports coordinators (SCs).
- [Announcement #030-14](#): Second Waiver Amendments Submitted to the Centers for Medicare and Medicaid Services (CMS) for ODP Consolidated and Person/Family Directed Support Waivers. Consolidated waiver amendments include increased reserve capacity for unanticipated emergencies and for those being served by the waiting list initiative. These amendments have not yet been approved by CMS.
- [Informational Memo #031-14](#): Eliminated Requirement for Provider and County Incident Management Analysis Reports. ODP is eliminating the requirement to complete and submit the Incident Management Analysis Report that was required on the semi-annual schedule and rescinds requirements to complete and submit the provider Incident Management (IM) Quarterly Reports and the County IM Report.

IM4Q Annual Training

The Office of Developmental Programs (ODP) Independent Monitoring for Quality (IM4Q) Annual Statewide Training is July 23 – 24, Harrisburg Hilton. This training is for IM4Q staff and monitors, local board members, steering and management committees, county staff, ODP staff, and supports coordinators. [Pre-registration](#) is available.

Linda Drummond is a member of the IM4Q Management and Annual Training Committees. She has coordinated sessions on hiring persons with disabilities featuring Mike Kinger, general manager, Lowe's Distribution Center, and caregiving theories and strategies featuring Dr. Charlene Lance, associate professor, Shippensburg University Department of Social Work and Gerontology. Other workshops include dual diagnoses, guardianship, Lifesharing, and cross-systems collaboration on transition to adult services.

*Imagining
what it is like
to be someone
other than
yourself is at
the core of our
humanity. It is
the essence of
compassion,
and it is the
beginning of
morality.*

– Ian McEwan

HIPAA Tool Released

The US Department of Health and Human Services released a Security Risk assessment (SRA) tool to assist providers on compliance with the Health Insurance Portability and Accountability Act (HIPAA). Agencies that handle protected health information must have safeguards in place to protect the security of this information. Conducting the SRA is a requirement of the security rule and a requirement of agencies billing for Medicare and Medicaid services. The [SRA web page](#) includes a user guide and tutorial video.

Registry Implemented to Assist Emergency Responders

Allegheny County implemented a [Special Needs Registry](#) to assist emergency responders. This online registry is for residents with mental health, intellectual or developmental disabilities, or physical disabilities to share information with the Department of Emergency Services. This will allow emergency responders to be notified of a unique situation in a home involving a person with special needs. The registry is only for those living independently and not those in residential facilities such as a group home or nursing home.

Extension Possible for MFP

Pennsylvania's Money Follows the Person (MFP) project assists persons with disabilities in the transition from long-term institutional care to home and community-based services. Linda Drummond is a member of the Stakeholders Committee. This project is a major source of financial resources for the state. There is a 76.76 percent federal match for this program that is scheduled to end in 2016. However, with the possible expansion of the federal MFP, rebalancing of this program could be extended through fiscal year 2020. For individuals to be eligible they must:

- Have been a resident in an intermediate care facility for intellectual disabilities, state center or hospital, or nursing facility for at least 90 days;
- Be receiving Medical Assistance benefits for at least one day prior to transition;
- Transition to a qualified residence, which includes a home owned or leased by the individual or their family member or a residence in a community-based setting with no more than four unrelated individuals; and
- Meet eligibility criteria of the Home and Community Based waiver programs that include Aging, Attendant Care, Independence, COMMCARE, OBRA, Consolidated, and Life waivers.

SCO Work Group Meets

The Office of Developmental Programs held its second Supports Coordination Organizations (SCOs) Leadership Work Group to address issues such as required trainings, training topics, Adult Protective Services, and the role of Administrative Entities. Work group members were selected in cooperation with counties and RCPA.

[ODP Announcement #014-14](#) lists required trainings for SCOs for calendar year 2014. Training topics include Fraud, Waste and Abuse; Service Notes; ISP Monitoring; SC's Role in Recognizing and Mitigating Risk; Outcomes and Outcome Actions; PUNS Revised Manual; and Support for Individuals who are Deaf. The mitigating risk training will be presented in cooperation with Adult Protective Services to assist supports coordinators (SCs) in recognizing potential abuse or neglect cases in individuals or family homes, personal safety and awareness, and degrees of harm. Several SCs volunteered to work with ODP and Adult Protective Services on developing the training.

ODP is developing training on pre-enrollment for potential direct support providers and SCOs. Discussion included inconsistencies between counties and ODP regional office interpretation of various policies and procedures. It was recommended a mailbox be added to address questions on these inconsistencies, including monitoring issues.

Committee Meetings Scheduled



Rep. Thomas Murt will join the IDD Committee for its meeting June 5.

The [agenda](#) and registration for the June 5 Intellectual and Developmental Disabilities Committee, Supports Coordination Organizations Subcommittee, and Vocational Rehabilitation Subcommittee are available. At the IDD Committee meeting, a presentation on the state's Balancing Incentives Program will provide an overview of this cooperative effort between the Departments of Public Welfare (DPW) and Aging. The [application](#) has been submitted to the Centers for Medicare and Medicaid Services and is available for review from the link. If approved, these revisions will provide the state with an additional two percent of federal Medicaid matching funding, totaling \$94 million. Components of these changes include no wrong door entry into the systems, a core standardized assessment, and conflict-free case management. Representative Thomas Murt and Office of Developmental Programs Acting Deputy Secretary Dolores Frantz will also participate in the meeting.

Unallowable Room and Board Costs

The US Department of Health and Human Services Office of Inspector General (OIG) has determined that the New York State Department of Health claimed Medicaid reimbursement for [unallowable room and board costs for residential services](#) under its waiver program. OIG's investigation determined that the state must refund \$60.8 million to the federal government and ensure that indirect costs for unallowable room and board are not included in waiver rates. Unallowable room and board costs include repairs, maintenance, utilities, and other property-related costs. The monthly payment rates for residential habilitation services include three components: direct staff services, clinical staff services, and an indirect rate.

National Report on Employment Released

The Institute for Community Inclusion at the University of Massachusetts has released [StateData: The National Report on Employment Services and Outcomes 2012](#). This national survey of state intellectual and developmental disabilities (IDD) day and employment services estimates that over 605,600 individuals receive such services from state IDD program agencies. Major findings include:

- Modest growth in the number of individuals in integrated employment since 1988,
- The estimated percentage of those participating in integrated employment services is 18.4 percent,
- A decline in the number of people with IDD in integrated employment since 2001, and
- Growth in community-based non-work services has continued for states that offer this service.

Pennsylvania data shows 23,257 people in services with 15 percent in integrated employment, six percent in community-based non-work, 41 percent in facility-based work, and 38 percent in facility-based non-work.

Life Safety Code Changes

The Centers for Medicare and Medicaid Services have proposed a Life Safety Code rule change to update standards currently used from 2000. It proposes to adopt the national Fire Protection Association and the Health Care Facilities Code. These changes would apply to hospitals, long-term care facilities, Programs for All Inclusive Care for the Elderly (PACE), and intermediate care facilities for individuals with intellectual disabilities (ICF/ID). The major changes for ICF/IDs include:

- Expanded sprinkler requirements,
- Attics to have sprinklers if used for living or storage,
- All designated means of escape to be free from obstruction, and
- New facilities to have smoke alarms on all levels.

The [proposed rule](#) is available and comments must be submitted by June 16.

Plan for Disability Employment Month

Each October the national campaign, Disability Employment Awareness Month, is held to raise awareness of these issues and recognize the contributions of workers with disabilities. The theme for 2014 is "Expect. Employ. Empower." Resources to assist agencies will be available in the near future. The US Department of Labor Office of Disability Employment Policy provides a [variety of information](#) to assist stakeholders in promoting capacity building and increase the employment status of youth and adults with disabilities.

Exercise Report Findings

The Centers for Disease Control and Prevention has released [VitalSigns](#), a study that finds nearly half of people with disabilities don't get enough exercise. This inactivity shows these individuals are 50 percent more likely to have chronic diseases such as heart disease, diabetes, stroke, and cancers. The report recommends that physical activity options match the abilities of each individual.

Shared Living Compliance

The US Department of Labor published a [final rule](#) and [guidance](#) regarding extending minimum wage and overtime pay to direct care workers providing home-based care to older adults and those with disabilities. This final rule is effective January 1, 2015. RCPA has requested clarification from the Office of Developmental Programs regarding this rule's impact on Lifesharing/Family Living.

■ DRUG & ALCOHOL ACTION

DDAP Releases Final Guidelines on the Use of Opioids

On May 16 the Department of Drug and Alcohol Programs (DDAP) released the final version of the [Pennsylvania Guidelines on the Use of Opioids to Treat Chronic Noncancer Pain](#).

DDAP is now in search of letters of support. The department asked that RCPA provide members with the guidelines and request that they provide a letter acknowledging their support of these guidelines for use. Letters should be provided to Maureen Cleaver, director, division of prevention and intervention by **July 1**. Ms. Cleaver has offered to address any questions or provide further clarification. She can be reached at 717-783-8200 or 02 Kline Village, Harrisburg, PA 17104.

Waiver to Increase D&A Group Size From 10 to 12

After many years of advocacy, the Office of Mental Health and Substance Abuse Services (OMHSAS) has agreed, in coordination with the Department of Drug and Alcohol (D&A) Programs, to allow providers to submit a waiver request for current group size limitations in 55 Pa. Code, Chapter 1223, Outpatient Drug and Alcohol Clinic Services. Only licensed outpatient drug and alcohol clinics subject to the requirements of Chapter 1223 may submit waiver requests related to group size. OMHSAS will review requests to determine the appropriateness of granting a waiver without impacting clinical services to individuals. Members are asked to complete the [waiver form](#) and a waiver request letter describing the rationale for the request. Submit those documents to Teresa Smith (teresasmith@pa.gov).

Implementing the BSC-ASD Staffing Mandate

On May 26, the Medicaid system implemented the Department of Public Welfare (DPW) mandate requiring licensure for all Behavior Specialist Consultants (BSC-ASD) for children on the autism spectrum. Members have invested substantial resources in an effort to sustain staff and services, however, many continue to report operational and service capacity concerns. DPW leadership feels that the one-year delay in implementation has addressed issues of concern and that service needs will be met. The department estimates the need for approximately 3,500 – 4,000 BSC-ASDs to meet service demand for children in the Medicaid system. The most recent report from the state reflects a shortfall of more than 1,000 licensed BSC-ASD staff. Indications from providers and families are that a significant number of cases needed to be transferred to other staff or other organizations, with some level of disruption in the continuity of care. Reports also indicated increases in BSC-ASD caseloads to accommodate the needs of children currently in care. RCPA continues to examine the ongoing impact of the mandate on future retention and recruitment. Look for an RCPA survey to assess service impact, staff capacity, retention, and recruitment challenges being experienced by providers.

Behavior Therapy Works for Young Children With OCD

The National Institutes of Health (NIH) reports that about 2.2 million US adults are affected by Obsessive Compulsive Disorder (OCD). Nearly one-third of those develop symptoms as children. Current research has shown that Cognitive Behavioral Therapy (CBT) alone or in combination with anti-anxiety medicine is effective in treating OCD among older children and adolescents. The behavioral treatment, which involved parents, worked for older children with significant improvement in almost 75 percent of those youth. Treatments were administered over 14 weeks, at the end of which an independent evaluator reported that 72 percent of children in the CBT group were either "very much" or "much" improved. That compared to 41 percent of kids in the relaxation group. There was little evidence that these interventions worked for younger children. "I really think that the results highlight this family-based cognitive behavior therapy model as the first-line treatment for children with OCD," said Jennifer Freeman, the study's lead author. Freeman is affiliated with the Alpert Medical School of Brown University, the Pediatric Anxiety Research Clinic at Rhode Island Hospital, and the Intensive Program for Obsessive Compulsive Disorder at Bradley Hospital in Providence.

OCDEL Clarifies Approved Degrees

The Office of Child Development and Early Learning (OCDEL) released [*Announcement C-14 #03 Degrees Earned from Business, Technical and Trade Schools*](#). This is a joint announcement issued by the Bureaus of Certification and Early Learning Services (BELS). For BELS, the announcement clarifies that associate degrees from accredited business, technical, or trade schools will be recognized by regional Key staff when evaluating staff credentials and placement on the career lattice. For the Bureau of Certification, it clarifies that associate degrees earned from accredited business, technical, and trade schools are acceptable when evaluating staff qualifications under child care regulations.

Youth Suicide Prevention, Plans for the Future

The Garrett Lee Smith youth suicide prevention initiative in Pennsylvania has grown through six years of funding by the Substance Abuse and Mental Health Services Administration (SAMHSA). During this period, the initiative collaborated with physical and behavioral health state associations to provide a behavioral health screening tool to primary care practices (PCP) and promote communication and collaboration between PCPs and community mental health providers. PCPs screened over 15,000 youth in nearly 40 sites during this time. Pennsylvania has the opportunity to apply for a new SAMHSA grant that would allow an additional five years of support. The current plan will continue the initiative's work in medical settings while aggressively expanding the BH-Works model of training, screening, and triage to schools and colleges. This was motivated in part by anticipated legislation that might require Pennsylvania schools to provide staff training on suicide preventions. The future grant application and project will build on existing relationships between schools, Student Assistance Program teams, and behavioral health liaisons from community behavioral health providers.

Homeless Infants and Toddlers Need Early Intervention

The data on homeless infants and toddlers paints a disturbing picture of risks facing these children. RCPA is working with a coalition of advocates and The Campaign for What Works on legislation (HB 2204) to include infants and toddlers who are homeless, living in motels or shelters, part of a family that is "couch hopping," or in some other way without a stable home as eligible for screening and tracking in the state's early intervention system. Known about these youngest "residents" of Pennsylvania is:

- 75 percent of homeless children under five years old experience one major delay in development,
- 44 percent experience two delays,
- 34 percent exhibit emotional and/or behavioral problems,
- 30 percent are enrolled in special education classes, and
- More than 30 percent have involvement with child protective services after being served by a homeless housing program.

A Home Run for Youth Suicide Prevention

The winners of the Second Annual Contest for Youth Suicide Prevention have been announced. Public service announcement entries were received in four categories from high school students across the state. Submissions included posters, radio spots, 60-second videos, and 30-second videos. [View all the winning and honorable mention entries.](#) Winners were recognized at Suicide Prevention Night at the Harrisburg Senators game on May 16, where the winning entries were shown on the stadium jumbotron before or during the game.

Complex Case Planning for Children and Youth

The Bureau of Children's Behavioral Health Services would like to remind family members, providers, and county offices of appropriate procedures for dealing with complex cases involving children and youth with emotional and behavioral needs. The Department of Public Welfare issued *Bulletin 00-10-02: Complex Case Planning* in 2010. The bulletin notes "there are some situations where a child's needs require more intricate planning at a broader level than just the individual efforts of involved agencies. The department expects that a joint county team approach that treats each child with complex needs as a member of the community rather than as a child served by specific agencies in the county will enable the county to resolve the many challenging issues at that level."

An Important Look at Adolescent D&A

Paving the Way to Change: Advancing Quality Interventions for Adolescents Who Use, Abuse or Who are Dependent Upon Alcohol or Other Drugs was published by the Treatment Research Institute, Philadelphia. The report provides insight into the individual, societal, and financial consequences of adolescent alcohol, drug use, and other substance use disorders. It provides an overview of the treatment system and an explanation of why it is falling short. It offers a new opportunity and a clearer lens for leaders, policy makers, and providers to advance the treatment of adolescents and how to approach financing the system. *Paving the Way to Change* outlines challenges faced by the substance use disorder treatment field and which communities must address to quell the tide of adolescent substance abuse. As the report notes, "the changes will require coordinated and effective advocacy efforts. But they will be worth it."

Members Celebrate Child MH Awareness in DC

Nearly 200 Pennsylvania providers of child and adolescent mental health (MH) services attended the launch of the 2014 Child MH Awareness Day hosted by the National Council for Behavioral Health and the Substance Abuse and Mental Health Services Administration (SAMHSA). The televised event included Honorary Chairperson Chiara de Blasio, a consumer and advocate; other members of New York City's first family; Secretary Sebelius; SAMHSA Administrator Pam Hyde; other young persons in recovery; and scores of RCPA members. The awareness day event was followed by the fifth annual gathering of the National Council Children's Network founded under the leadership of RCPA board member Susan Blue and a contingent of Pennsylvania provider agencies in 2010 to inform and support the policy and advocacy work of the National Council.

Mental Health Challenges Among Older Adolescents

A new [SAMHSA report](#) shows that older adolescents and young adults with emotional and behavioral health conditions are much more likely to have significant problems with school performance, employment, and housing stability. Data indicates that one in 10 older adolescents aged 16 to 17 had a major depressive episode in the past year. One in five young adults aged 18 to 25 (18.7 percent) had a mental illness in the past year and 3.9 percent had a serious mental illness. Among older adolescents with a major depressive episode, 60.1 percent did not receive treatment for depression in the past year. Among young adults with a mental illness, 66.6 percent did not receive mental health services in the past year. Among young adults with serious mental illness, 47 percent did not receive treatment.

Examining the Impact of BHRS Redesign

On May 13, RCPA members met to discuss the three-year impact of Behavioral Health Rehabilitation Services (BHRS) Redesign on children, families, schools, and the service delivery system. The group reviewed foundations in statute and design for BHRS under Medicaid and the role and application of services in support of core treatment for a target population with persistent, recurrent, or chronic biopsychosocial mental health and children with autism and behavioral disturbances. Among information discussed was a Department of Public Welfare (DPW) report provided by Edmond Tiryak, an advocacy attorney who obtained two years of comparative data for Therapeutic Support Staff Services that showed a one-year reduction of more than two million service hours for children and a resource reduction of more than \$62.8 million. While DPW data is not available for child mental health services, RCPA surveys show reductions in Summer Therapeutic Activities Programs, Family Based Mental Health Services, and other services. In addition to members, the meeting included Mr. Tiryak and representatives from the Disability Rights Network and Health Law Project. The afternoon meeting included county and managed care organizations that appear to be under fiscal pressure to reduce authorizations and service levels in communities. The slide deck and handouts from the meeting are available from the [Members Only](#) section of the RCPA web site. Questions may be directed to [Connell O'Brien](#).

Reviewing Rate Methodology Recommendations

The Department of Public Welfare and members of the Rate Methodology Task Force held an informational meeting and webcast May 27. Provider organizations and county representatives came together to review and discuss the Act 55 [Rate Methodology Task Force recommendations](#) recently submitted to the General Assembly. Special thanks to colleagues at the Pennsylvania Council of Children, Youth, and Family Services who facilitated registration for this event.

CONFERENCES/TRAININGS

October 7 – 10. RCPA Conference 2014: TOGETHER...ONE. Seven Springs Mountain Resort. Champion, PA. Registration opens July 25.

STAFF PSYCHIATRIST



Sarah Reed Children's Center is a JCAHO-accredited, Sanctuary-certified, children's mental health organization with a 143-year history in Erie, PA. Our location features beautiful surroundings, offering a variety of water sports and seasonal recreational activities. It's an easy drive to three major metropolitan areas – Pittsburgh, Cleveland, and Buffalo.

Are you a BC/BE Child/Adult Psychiatrist who would enjoy a caseload with a combination of outpatient, partial hospitalization, and residential treatment? If so, you may be the ideal person for this full-time opening on our clinical team. We offer a limited call schedule. We also offer a competitive salary based on experience.

Requirements for consideration:

- Preference given to BC/BE Child Psychiatrist, but will consider BC/BE Adult Psychiatrist with child/adolescent experience
- PA Medical License required

We offer the following benefits:

- Paid medical malpractice insurance
- Paid vacation
- CME time/allowance
- Educational loan repayment options

Submit cover letter and vita to hr@sarahreed.org. Visit us at www.sarahreed.org. EOE.

CALENDAR

JUNE

Tuesday, June 3	11:30 a.m.	Brain Injury Awareness/Legislative Day <i>Capitol Rotunda, Harrisburg</i>
Tuesday, June 3	9:30 a.m. – 12:00 p.m. 1:00 – 4:00 p.m.	Criminal Justice Committee Drug and Alcohol Committee <i>Penn Grant Centre</i>
Wednesday, June 4	9:30 a.m. – 12:00 p.m. 1:00 – 4:00 p.m.	Children's Committee Mental Health Committee <i>Penn Grant Centre</i>
Thursday, June 5	9:00 – 11:00 a.m. 11:30 a.m. – 2:30 p.m. 2:45 – 4:45 p.m.	Supports Coordination Organizations Subcommittee Intellectual and Developmental Disabilities Committee Vocational Rehabilitation Subcommittee <i>Penn Grant Centre</i>
Monday, June 9	12:30 – 2:30 p.m.	RCPA Annual Membership Meeting <i>Penn Grant Centre</i>
Thursday, June 12	10:00 a.m. – 12:30 p.m.	Medical Rehabilitation Committee <i>Penn Grant Centre</i>
Thursday, June 12	1:00 – 2:00 p.m.	Chilean Pediatric Disability System of Care <i>IPRC Webinar</i>
Tuesday, June 17		RCPA Capitol Day <i>Capitol Rotunda, Harrisburg</i>

JULY

Wednesday, July 9	10:00 a.m. – 12:30 p.m.	Brain Injury Committee <i>Penn Grant Centre</i>
Wednesday, July 16	3:00 – 4:00 p.m.	Legislative Affairs Committee <i>Penn Grant Centre</i>