



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

REHABILITATION & COMMUNITY PROVIDERS ASSOCIATION

MARCH 2015

A MESSAGE FROM THE CEO

Raising the Minimum Wage



Richard S. Edley, PhD

The Wolf administration – and several Pennsylvania legislators – have begun to promote raising the minimum wage

from \$7.25 to \$10.10 per hour. RCPA is 100% supportive of this increase, and it is welcome news to the many direct service professionals that work in our collective organizations. We need to invest in our staff, afford them a living wage, and in turn improve recruitment and retention efforts.

I will repeat the RCPA position: we are 100% supportive of the increase.

So why has this led to so much concern among RCPA members – enough that staff has already met with Budget Secretary Albright and DHS Secretary Dallas about the issue?

RCPA supports this move, but it needs to be appropriately funded for those organizations who are not in the private sector...

The problem can be quickly found in the initial discussion about this issue. Just do an internet search and invariably, under “raising minimum wage,” you will find statements about how the Walmarts and McDonald’s of the world can afford this. And if the market will bear it, they can also raise their prices a nominal amount and pass the wage increase on to the consumer. Unfortunately, RCPA members are not Walmart or McDonald’s. In fact, many are funded largely or solely through public funds, such as through DHS. What price are these members raising?

So the discussion really centers, at least for RCPA members, on whether this minimum wage increase will be an unfunded mandate. It cannot. The numbers are too large. What also has to be remembered is that it is not just affecting those now being paid minimum wage, but any employee receiving under \$10.10 per hour. In an effort to get our arms around these numbers, RCPA recently sent out a simple survey to begin determining the cumulative impact. As of the date of this article we are still collecting and analyzing these results, and the findings will certainly be shared with the membership and government officials.

Doing a “back of the envelope” calculation, though, leads to some staggering numbers. Consider the number of agencies and facilities in Pennsylvania, the number of employees this affects, multiplied by \$2+, multiplied by the average hours worked in a given year – you can get to \$100M or even \$200M very quickly. Indeed, when California recently moved from \$8 per hour to \$9 per hour, their governor added over \$100 million to cover the cost to providers. The new 2015/16 budget released last month added another \$64 million

NOW AVAILABLE!

2014–2015 RCPA Membership Directory

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President and CEO
Richard S. Edley, PhD

Senior Policy Specialist
Western Region
Lynn Cooper

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

Director of Legislative Affairs
Jack Phillips, JD

Technical & Conference
Services Coordinator
Kris Ericson, PhD

Communications Director
Sharon Militello

Office Manager/HR
Cindy Lloyd

Assistant to the President/CEO
and Finance Manager
Tina Miletic

Fiscal/Administrative Assistant
Tieanna Lloyd

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Rehabilitation and Community Providers Association

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

A MESSAGE FROM THE CEO

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for the six months of the fiscal year when the minimum wage rises to \$10 per hour. While some money in all states will be made back in personal income tax and increases in sales tax from assumed increases in expenditures, the number is still large.

There are additional effects; raising minimum wage causes compression of existing salaries, leading to eventual raises for other experienced workers who are right now at or near \$10.10 per hour. And while this should not affect the federal sub-minimum wage exemption (that is a discussion for another day), several members immediately contacted RCPA, noting that for vocational settings that are paying workers minimum wage or slightly above, raising wages could jeopardize competitive contracts, leading to a loss of work for these individuals. In addition, the increase could impact those on SSI or SSDI who have limitations on the amount of earnings they can have from work programs. These are not necessarily arguments against raising wages, but important points that need to be considered in a careful and deliberate debate on the issue.

So where does this leave us? There will no doubt be discussion and hearings on this issue and RCPA will be there. The message is clear: RCPA supports this move, but it needs to be appropriately funded for those organizations who are not in the private sector, simply selling goods to the public. We cannot be lost in the political and financial debate to come.

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

This column represents my opinion, not necessarily that of the association.

NEW MEMBER

FULL MEMBER
Supportive Behavioral Resources, Inc.
Philadelphia, PA

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Workshop Proposals Needed for 2015 Conference

The 2015 RCPA conference (*Leading the Way*) is October 6 – 9 at Seven Springs Mountain Resort. The Conference Committee is seeking workshop proposals for possible inclusion; the conference offers diverse educational opportunities and submissions are needed in every area. A complete listing of focus tracks is available on the proposal form. Presentations are encouraged which assist rehabilitation and community-based providers to develop and maintain quality, stable, and

effective treatments, services, and agencies in an industry where change is constant. The committee looks for presentations which:

- Highlight new policy, research, and treatment initiatives;
- Provide specific skills and information related to individual and organizational leadership development and enhancement;
- Address system changes that affect business practices; and

- Offer concrete skills and tools to operate more efficient and effective agencies, allowing organizations to strive, survive, and thrive.

The *Call for Proposals* outlines requirements for submissions and more information is available from the RCPA [website](#). The deadline for submissions is **March 16 at 5:00 p.m.** Proposals must be submitted electronically to [Sarah Eyster](#).

■ MEMBERS IN THE NEWS

Turtle Creek Valley

Lynn Cooper visited Turtle Creek Valley Mental Health/Mental Retardation (TCV) on February 17, and had the opportunity to visit programs and learn more about this impressive agency. Fran Sheedy Bost, executive director, has a lot to be proud of. Founded in 1973, TVC exists to “provide a continuum of services, care, and support that empowers individuals, families, and communities with behavioral, mental health, substance abuse, and/or developmental issues to sustain their recovery and achieve the important possibilities in their lives.” As a result, nearly 40,000 persons have been served – including 8,000 adolescents – by this 501(c)3 organization since its inception. Between 2013 and 2014, TVC served 13,227 unduplicated individuals, among them 2,091 with mental health challenges, 5,716 children and families, and 1,630 offenders who drove under the influence.

The organization has locations in Braddock, Turtle Creek, East McKeesport, North Versailles, Homestead, and South Side. A committed staff of 379 delivers services, which are available to all Allegheny County residents, regardless of their ability to pay.

Fran is particularly proud of having the first peer-run mental health recovery service in Pennsylvania. With support

from the Community Care Behavioral Health Organization (CCBHO), the Decision Support Center program empowers consumers to own their plans for recovery and to establish a “shared decision” with their treating psychiatrists.

Fran attributes the success of the agency to the dedicated staff at TCV, and the partnerships with the county, Department of Human Services, and CCBHO. RCPA is proud to have TCV as a provider member and congratulates them on all the hard work that has led TCV to where it is today.



Fran Sheedy Bost (l) of Turtle Creek Valley and Lynn Cooper (r) of RCPA

RCPA Member Challenges for 2015

On February 11, RCPA hosted an open meeting with the association's board of directors that was attended by scores of members and guests. During the meeting, each of the RCPA divisions/committees provided a review of the issues and accomplishments for 2014 and the continuing and anticipated issues and goals for 2015 which are enumerated here:

- ▶ Continue to identify and support the delivery of quality child, adolescent, and transition-age services that are integrated, viable, and fiscally sustainable operational service models for their community, geographical, and cultural contexts.
- ▶ Address the increasing disparities between required direct and indirect service standards, operational costs, and the payment rates.
- ▶ Continue to support members in the full implementation of Child Protective Services Laws.
- ▶ Continue monitoring of workforce adequacy and personnel costs in light of new and demanding licensing, training, and credentialing standards, expanded insurance coverage and growing community demands.
- ▶ Expand member training and informational events through distance learning systems now available through RCPA.
- ▶ Support the development of services that reflect the unique needs of the child and/or family's culture, sexual orientation, and life experiences, especially co-occurring needs, trauma, military service, and engagement with the criminal or juvenile justice systems.
- ▶ Advance efforts to restore and reestablish positive and collaborative relationships with program offices, counties, and managed care organizations.
- ▶ Establish accountability by the state, county, and managed care organizations for:
 - ▶ Reasonable, consistent, and uniform operational, compliance, and audit standards between and among all managed care entities;
 - ▶ Reasonable and cost-based rate negotiation process, payment methodology, and provider satisfaction reporting; and
 - ▶ Addressing disparity and declines in service sustainability, especially for outpatient, STAP, BHRS, RTF, and promising/evidence-based programs and services.
- ▶ Continue to actively represent community providers in any and all state-level planning and advisory settings that impact our members and those they serve, and represent opportunities for service system providers and their partners (families, schools, health care systems, and county administrators) in the community.

SAVE THE DATE!



RCPA ANNUAL MEETING
AND
Senior Leadership Summit

May 19 – 20, 2015

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.



Tuesday April 14 | RCPA Capitol Day

Capitol Building, Harrisburg

Government Affairs Recap

The General Assembly's legislative session is in full swing. RCPA held a legislative breakfast in early February with House and Senate leadership, committee staff, and members of the new administration. The benefits of the legislative breakfast are already paying off; RCPA staff members have been in subsequent policy meetings because of the new contacts they made at the breakfast.

The goal of our government affairs program is to establish RCPA as the go-to state association for the new administration, legislators, and committee staff in the policy areas of mental health, drug and alcohol, intellectual and developmental disabilities, vocational, residential, medical rehabilitation, brain trauma, and other related human services for both children and adults.

To further this goal, RCPA staff has been aggressively meeting with the new administration. Specifically, Department of Human Services (DHS) Secretary Ted Dallas, Budget Secretary Randy Albright, and other key administration officials. RCPA staff has also continued to nurture its relationships with DHS staff.

On the legislative side, RCPA staff have actively met with various legislators and committee staff. Because of these efforts to date, RCPA has been contacted by elected officials to comment on several pieces of legislation, and has been invited to the table to provide its perspective on some yet-to-be-introduced pieces of legislation. While off to a good start, RCPA staff and members need to continue the outreach to elected and appointed officials. The association is looking forward to what will be a very interesting and busy legislative session.

Federal Legislation

On January 7, Congressman Gregg Harper (R-MS) introduced HR 188. The bill – Transitioning to Integrated and Meaningful Employment Act or the TIME Act – directs the secretary of labor to discontinue issuing special wage certificates to any new profit, non-profit, or governmental entity (which permit individuals with disabilities, including individuals employed in agriculture, to be paid at lower than minimum wages). The bill also prescribes requirements for a three-year phase-out of all certificates.

Some RCPA members have concerns about this legislation; therefore, RCPA staff will be meeting with members of the Pennsylvania delegation in early March to discuss this issue.

Additional Federal Issues

The Medicare Payment Advisory Commission (MedPAC), the nonpartisan government agency that advises Congress on Medicare policy, will appear before Congress in early March to recommend:

1. Phasing in site-neutral payments for inpatient rehabilitation facilities (IRFs) and skilled nursing facilities (SNFs).
2. Loosening regulatory requirements for IRFs so that they might continue to provide care to Medicare beneficiaries after their Medicare reimbursement rates are reduced. MedPAC will recommend removing IRF requirements that physicians see patients at least three times per week and that IRFs provide intensive therapy to patients each day.

RCPA members have concerns about these recommendations; therefore, RCPA members and staff will be meeting with members of the Pennsylvania delegation in early March to discuss this issue.

State Legislation Tracking

Below you will find a sampling of some of the bills that we are monitoring and working on this legislative session. For a full listing of the bills RCPA is tracking, please contact [Jack Phillips](#), director of legislative affairs.

BILL RESEARCH REPORT 02-19-2015 - 12:25:48

| Bill# | Sponsor | Description | History |
|---------------|---------------------|--|---|
| HB 64 | Adolph, William | Act providing for suicide prevention continuing education | 01-14-15 H Filed 01-21-15 H Introduced and referred to committee on House Education 02-25-15 H Meeting set for 9:30 a.m., Room 140 Main Capitol, House Education |
| HB 132 | Murt, Thomas | Act providing for Commonwealth support for a Mental Health and Intellectual Disability Staff Member Loan Forgiveness Program and an Alcohol and Drug Addiction Counselor Loan Forgiveness Program. | 01-15-15 H Filed 01-21-15 H Introduced and referred to committee on House Human Services |
| HB 133 | Murt, Thomas | Act establishing a bill of rights for individuals with intellectual and developmental disabilities; and conferring powers and duties on the Department of Human Services. | 01-15-15 H Filed 01-21-15 H Introduced and referred to committee on House Human Services |
| HB 221 | Caltagirone, Thomas | Amends Titles 42 (Judiciary) & 53 (Municipalities), in selection & retention of judicial officers, for continuing education requirement; & in municipal police education & training, for powers & duties of MPOETC. | 02-10-15 H Third consideration 02-10-15 H Final Passage (Vote: Y:197/N: 1) 02-19-15 S Received in the Senate and referred to Senate Judiciary |
| HB 250 | Kim, Patty | Amends the Minimum Wage Act further providing for defs.; minimum wage rates; tipped employees; minimum wage advisory board, enforcement & rules & regulations, penalties, civil actions & preemption; & making an editorial changes. | 02-11-15 H Filed 02-11-15 H Press conference held 02-12-15 H Introduced and referred to committee on House Labor and Industry |
| HB 264 | Mustio, Mark | Act providing standards for carbon monoxide alarms in care facilities; imposing powers and duties on the Department of Aging, the Department of Health and the Department of Human Services; and prescribing penalties. | 02-11-15 H Informational meeting set for 9:30 a.m., Room G-50, Irvis Of, House Aging and Older Adult Services 02-11-15 H Informational meeting held House Aging and Older Adult Services 02-25-15 H Meeting set for 9:00 a.m., Room G-50, Irvis Office Building, House Aging and Older Adult Services |
| HB 433 | Santarsiero, Steve | Amends the Public School Code, in school health services, providing for parent educational information regarding eating disorders. | 02-09-15 H Filed 02-10-15 H Introduced and referred to committee on House Education |
| HB 444 | Stephens, Todd | Act providing for a savings account program to pay for future disability expenses of beneficiaries. | 02-10-15 H Filed 02-12-15 H Introduced and referred to committee on House Finance |
| HB 486 | Dawkins, Jason | Amends Title 18 (Crimes and Offenses), in minors, further providing for drug-free school zones. | 02-13-15 H Filed 02-17-15 H Introduced and referred to committee on House Judiciary |

Continued on page 7

BILL RESEARCH REPORT

Continued from page 6

| Bill# | Sponsor | Description | History |
|---------------|---------------------|--|---|
| HR 25 | Costa, Dom | Resolution recognizing April 2, 2015, as "World Autism Awareness Day" in Pennsylvania. | 01-15-15 H Filed 01-21-15 H Introduced as non-controversial resolution |
| HR 26 | Murt, Thomas | Resolution designating the month of March 2015 as "Brain Injury Awareness Month" in Pennsylvania. | 01-15-15 H Filed 01-21-15 H Introduced as non-controversial resolution 02-09-15 H Recommitted to House Rules |
| HR 38 | Matzie, Robert | Resolution urging the Governor to issue a proclamation to observe January 30, 2015 as "Pennsylvanians with Disabilities Day" in PA, & requesting a committee to investigate & recommend how to commemorate on an annual basis. | 01-28-15 H Reported as committed from House Health 02-03-15 H Set on the House Calendar 02-03-15 H Adopted (Vote: Y:199/N: 0) |
| HR 73 | Murt, Thomas | Resolution directing the Legislative Budget & Finance Committee to conduct a study of changes in access to county-managed community health services between fiscal years 2010-2014; & establishing an advisory committee. | 02-05-15 H Filed 02-09-15 H Introduced and referred to committee on House Human Services |
| HR 77 | Toohil, Tarah | Resolution recognizing the month of March 2015 as "Intellectual Disabilities Awareness Month" in Pennsylvania. | 02-05-15 H Filed 02-09-15 H Introduced as non-controversial resolution |
| SB 21 | Greenleaf, Stewart | Amends the Mental Health Procedures Act providing for assisted outpatient treatment programs. | 01-14-15 S Filed 01-14-15 S Introduced and referred to committee on Senate Public Health and Welfare |
| SB 29 | Greenleaf, Stewart | Act establishing the Child Welfare Workers Loan Forgiveness Program for PA residents who graduate from higher education institutions & who apply their degrees to careers in child welfare work; & powers & duties to PHEAA. | 01-16-15 S Filed 01-16-15 S Introduced and referred to committee on Senate Education |
| SB 200 | Baker, Lisa | Act providing for the Work Experience for High School Students with Disabilities Act; imposing duties on the Office of Vocational Rehabilitation; and providing for appropriations. | 01-16-15 S Filed 01-16-15 S Introduced and referred to committee on Senate Labor and Industry |
| SB 472 | Rafferty, John | Amends the Controlled Substance, Drug, Device & Cosmetic Act providing for records of distribution of controlled substances. | 02-13-15 S Filed 02-13-15 S Introduced and referred to committee on Senate Public Health and Welfare |
| SB 487 | McIlhinney, Charles | Amends the Insurance Company Law providing for limits on copayments for insured medical services provided by a physical therapist, chiropractor and occupational therapist. | 02-18-15 S Reported as committed from Senate Banking and Insurance 02-18-15 S First consideration 02-23-15 S Set on the Senate Calendar |

President Obama Releases FY 2016 Budget Proposal

On February 2, President Obama released his fiscal year (FY) 2016 [budget proposal](#). The President proposes \$83.8 billion in discretionary funding for the Department of Health and Human Services. The proposal also includes \$402 billion in health savings over ten years, and proposes reforms to Medicare and Medicaid, projected to save more than \$400 billion. The budget proposal includes more than \$113 billion in cuts, over ten years, to post-acute care providers alone. Some of the proposals included:

Reinstatement of 75 Percent Rule.

The Administration proposes to encourage appropriate use of inpatient rehabilitation facilities (IRFs) by reinstating the 75 percent compliance threshold, beginning in FY 2016.

Implementation of Bundled Payment for Post-Acute Care Providers.

The Administration proposes to establish a bundled payment for post-acute care (PAC) providers beginning in FY 2020. The President proposes to bundle at least half of the total payments for PAC providers. The bundled payment rates would be established based on patient characteristics and other factors not specified in the budget.

Revisions to SNF, Home Health, LTCH, and IRF Market Basket Update.

The President proposes to adjust payment updates for IRFs, long-term care hospitals (LTCHs), and home health agencies by 1.1 percent beginning in 2016 and through 2025. The President's budget specifies that payment updates would not fall below zero for these providers. The President also proposes to accelerate cuts to SNF payment updates

beginning with a -2.5 percent update in FY 2016.

Site-Neutral Payments. The President does not propose to establish site-neutral payments for IRFs and SNFs for certain conditions.

Changes in Medicare Appeals.

The President proposes to give the Office of Medicare Hearings and Appeals (OMHA), and the Department Appeals Board, authority to use Recovery Audit Contractor (RAC) collections to administer the recovery audit program. The President's budget would also:

- Establish a Medicare appeals refundable filing fee payable by providers, suppliers, state Medicaid agencies, and representatives of beneficiaries, to enable HHS to improve responsiveness and efficiency of the appeals system;
- Remand appeals to the redetermination level with introduction of new evidence;
- Sample and consolidate similar claims for administrative efficiency;
- Increase minimum amount in controversy (\$1,460 in 2015) for Administrative Law Judge (ALJ) adjudication of claims to the amount required for judicial review;
- Establish magistrate adjudication for claims with amounts in controversy below the new ALJ amount in controversy threshold (\$1,460 in 2015 to be updated annually); and
- Expedite procedures for claims with no material facts in dispute.

Implementing the Improving Access to Medicare Post-Acute Care Transformation (IMPACT) Act of 2014.

The President includes in his budget proposal \$107 million in FY 2015 and \$21 million in FY 2016 to implement the IMPACT Act.

Reductions to Medicare Bad Debt Payments.

The Administration proposes to reduce bad debt payments from 65 to 25 percent over three years to Medicare providers beginning in 2016.

Veterans Access, Choice, and Accountability Act of 2014 Implementation.

The budget proposal includes a request for \$63.3 billion for medical care in FY 2017 and \$70.2 billion in discretionary funding for FY 2016. The President explains that, combined with the funding provided in the act, the government will be better able to serve veterans in the short-term as well as strengthen the care system to better serve veterans in the future.

Investment in VA Medical and Prosthetic Research.

The President's Budget proposal includes \$622 million for medical and prosthetic research, including a \$10.2 million initiative focused on developing health care research using evidence-based decision-making. The initiative is designed to identify methods to assess quality metrics, including timeliness and uniform delivery of VA medical care, develop mathematical models of health system functions, optimize clinical decision-making at the point of care, and test implementation of new programs to understand any barriers to broader adoption.

Senate Finance, House Energy and Commerce Committee Release Replacement Plan for Obamacare

The Senate Finance Committee Chairman, House Energy and Commerce Committee Chairman, and Senator Richard Burr recently released the Patient Choice, Affordability, Responsibility, and Empowerment ([CARE Act](#)), a legislative road map that repeals the Affordable Care Act (ACA) and offers a Republican alternative to health care reform. A summary [document](#) highlights the provisions of the Act.

CMS Offers ICD-10 Acknowledgement Testing Weeks

In order to assist and prepare providers and clearinghouses for the transition to ICD-10, the Centers for Medicare and Medicaid Services (CMS) will offer acknowledgement testing for current submitters to test with the Medicare Administrative Contractors (MACs) and the Durable Medical Equipment (DME) MAC Common Electronic Data Interchange (CEDI) contractor anytime up to the October 1 implementation date. Acknowledgement testing weeks have been set up for March 2–6 and June 1–5, which will provide submitters access to real-time help desk support and allow CMS to analyze testing data. Registration is not required for these virtual events. Information on how to participate is available on your [MAC website](#). Additional information is available via [MLN Matters Special Edition Article SE1501](#) and [MLN Matters Article MM8858](#).

House Energy & Commerce Health Subcommittee Hold Hearing on ICD-10 Implementation

On February 11, the House Energy and Commerce Health Subcommittee held a hearing [Examining ICD-10 Implementation](#). The subcommittee members share split opinions on the planned October 1 transition date to the ICD-10 coding system. Some members feel strongly in moving forward with the transition with no more implementation delays; others feel the transition will negatively impact physicians.

GAO Report Indicates CMS is Prepared and Ready for ICD-10 Implementation

The United States Government Accountability Office (GAO) recently released a [report](#), *International Classification of Diseases: CMS' Efforts to Prepare for the New Version of the Disease and Procedure Codes*, that indicates the Centers for Medicare and Medicaid Services (CMS) is doing the necessary preparation to successfully process and pay claims, incorporating the new ICD-10 diagnostic codes, and to teach physicians and hospitals how to use them.

HHS Announces Shift in Medicare Reimbursement: From Volume to Value

On January 26, the US Department of Health and Human Services (HHS) Secretary Sylvia Burwell [announced](#) measurable goals and a timeline to move the Medicare program and health care system at large toward paying providers based on quality or value of care, rather than the quantity or volume of care they give their patients. In today's health care system, many health care providers receive payment for each individual service, such as a blood test, surgery, and a physician visit, and it does not matter whether the services help or harm a patient. In other words, providers are paid based on the volume of care, rather than the value of care, provided to patients. This is the first time in the history of the Medicare program that HHS has set explicit goals for alternate payment models and value-based payments, as indicated. HHS has set a goal of tying 30 percent of traditional, or fee-for-service (FFS), Medicare payments to quality or value through alternate payment models, such as Accountable Care Organizations (ACOs) or bundled payment arrangements, by the end of 2016 and tying 50 percent of payments to these models by the end of 2018. HHS also set a goal of tying 85 percent of all traditional Medicare payments to quality or value by 2016, and 90 percent by 2018, through programs such as the Hospital Value-Based Purchasing and the Hospital Readmissions Reduction Programs. HHS also announced the creation of a Health Care Payment Learning and Action Network, which will involve working with private payers, employers, consumers, providers, state Medicaid programs, and others to expand alternate payment models into their programs. This new network will conduct its first meeting in March; additional information will be forthcoming following that.

Pennsylvania to Hold a Collaborative Care Symposium

The Office of Mental Health and Substance Abuse, Office of Medical Assistance Programs, Department of Health, and Department of Drug and Alcohol Programs, with the Pennsylvania Psychiatric Leadership Council, invite you and your partners in collaborative care to save April 16 as the day to attend the state's Behavioral/Physical Health Collaborative Event. This important gathering will be held at the Radisson Hotel Harrisburg, and will bring the state's policymakers, clinical leaders, and community practitioners together to advance collaborative care models and practice in Pennsylvania. This one-day event will include workshops on:

- Tele-medicine physical health and behavioral health;
- Payment methodologies;
- Value of cross-training in the collaborative setting;
- Foundational skills of collaborative care;
- Comprehensive substance use treatment in a collaborative setting;
- Meeting the needs of individuals with complex behavioral and medical conditions; and
- Data collection and coordination in the collaborative setting.

This event will be sponsored by Community Care Behavioral Health, and the Western Pennsylvania Psychiatric Institute and Clinic, in partnership with the Pennsylvania Physical Health-Behavioral Health Learning Community, a collaboration between RCPA and the state's psychiatric, mental health, primary care, and physical health professional and provider organizations.

2015 Aging in America Conference Planned for Late March

The 2015 [Aging in America Conference](#) of the American Society on Aging will take place on March 23-27 in Chicago, IL. The annual conference will provide intensive learning, networking, and community-building for attendees. The Aging in America Conference is the nation's largest multi-disciplinary conference for professionals who work with older adults, including aging service providers, policymakers, social workers, senior center professionals, health care providers, etc. Session topics include aging in community, health and wellness, public policy, elder justice, long-term services and supports, etc.

American Trauma Society Pennsylvania Division Conference Registration Now Open

Registration for the 2015 American Trauma Society Pennsylvania Division annual conference, *Back to the Basics: Tackling Trauma Together*, is now open. The conference is scheduled for March 23 – 24, at the Hershey Lodge & Convention Center, and includes a variety of great presentations, including keynote speaker Marine Corporal William Kyle Carpenter, the 2014 Congressional Medal of Honor recipient. Other sessions will focus on the newest developments in youth concussions, how military trauma applies to civilians, newest developments in elderly trauma prevention and care, and much more. Conference registrations should be submitted by March 6.

Peer Support Coalition Update

The Pennsylvania Peer Support Coalition (PaPSC) is a statewide network of people who use their own experiences with mental health to support others. All coalition members are people who use [peer support skills](#) to inspire hope that recovery from mental illness is possible. The coalition believes that everyone who offers peer support to others deserves support too, and they offer this support. PaPSC provides trainings and education about peer support and recovery, and helps create peer support networking groups. In the central region, peer support training and education opportunities are hosted by Philhaven at their Mount Gretna training center, with PaPSC training day events scheduled for May 15, August 14, and November 13. Many PaPSC members are certified peer specialists, as well as community provider organizations who offer peer support services. More information about the coalition, member activities, and recruitment opportunities can be found [here](#), and questions and inquiries can be sent via [email](#).

CMS Announces Resumption of Manual Medical Review for Therapy Services

In late January, the Centers for Medicare and Medicaid Services (CMS) disseminated guidance to several professional and trade associations, announcing it will resume manual medical review of outpatient therapy services that exceed the \$3,700 threshold. One of these organizations was the American Medical Rehabilitation Providers Association (AMRPA), of which RCPA is a member, who shared this exclusive information. For additional information, including questions and answers, please refer to AMRPA's *Off the Record*, issued on January 31.

CMS Issues Clarification on Start/End Time for Concurrent or Group Therapy on IRF PAI

On February 12, the Centers for Medicare and Medicaid Services issued a follow-up [clarification document](#) providing additional information on start and end time when coding concurrent or group therapy on the inpatient rehabilitation facility patient assessment instrument (IRF PAI).

Information is also provided on how to code item #24A (indicating whether arthritis conditions meet the 60 percent rule) on the patient's IRF PAI, and for any patients who do not have any arthritis conditions recorded in items #21, #22, or #24. This document was issued as follow-up from the January 15 national provider call on the inpatient rehabilitation facility prospective payment system.

Therapy Cap Repeal Legislation Introduced in House of Representatives

On February 5, the House of Representatives introduced legislation (referred to as the Rehabilitation Services Act) to fully repeal the current monetary caps on Medicare therapy services. The Medicare Access to Rehabilitation Services Act, led by Reps. Charles Boustany (R-La.), Xavier Becerra (D-Ca.), Marsha Blackburn (R-Tenn.), and Lois Capps (D-Ca.), would permanently remove the limits that Medicare places on physical and speech-language therapy combined and occupational therapy.

Materials From IRF PAI National Provider Call Available

On January 15, the Centers for Medicare and Medicaid Services (CMS) conducted a national provider call that focused on training providers how to code and complete new items on the inpatient rehabilitation facility patient assessment instrument (IRF PAI): an arthritis attestation item and a therapy information section. There is also now a signature page requirement. These new sections become effective for IRF discharges on or after October 1. CMS recently placed the call materials from this national provider call on their website, including the [slide presentation](#), [written transcript](#), and [audio recording](#).

Organizations Join Together to Form Alliance for Site-Neutral Payment Reform

A group of ten organizations have joined together to form the "The Alliance for Site-Neutral Payment Reform." The goal of the alliance is to eliminate differences in payments between "the same clinical patient services provided in different healthcare settings." In a [letter](#) to House and Senate leadership and committee chairs and ranking members, the alliance specifically mentions site-neutral payments for skilled nursing facilities (SNFs) and inpatient rehabilitation facilities (IRFs). Members of the alliance include: American Academy of Family Physicians, American College of Physicians, American Health Care Association, America's Health Insurance Plans, Blue Cross and Blue Shield Association, Brain Tumor Alliance, Community Oncology Alliance, Lung Cancer Alliance, Men's Health Network, and The US Oncology Network.



Rural Work Group Holds First Meeting

The Rural Work Group met February 5 for the first time by conference call. The call was attended by more than 25 members sharing their concerns and issues about doing business in rural counties and areas of Pennsylvania. The following issues were identified:

- Transportation – both medical assistance transportation programs and local transit authorities;
- Recruitment issues for licensed professionals and psychiatrists;
- Non in-plan service transportation such as psychiatric rehabilitation;
- Telemedicine staff limitations – who can provide the service;
- Telemedicine regulatory constraints – number of hours per week;
- Tele-therapy not permissible; and
- Behavioral Specialist Consultant (BSC) licensing constraints.

This group will meet in person in April to begin prioritizing areas to target and determine the strategy to address the regulations. The Office of Mental Health and Substance Abuse Services (OMHSAS) will provide a liaison to work with the group.

Training Offered on Role of SLPs in Sports Concussion Management

The Pennsylvania Department of Education, Bureau of Special Education recently announced an upcoming training opportunity in March. A workshop entitled *From Research to Clinical Management and the Classroom: the Role of SLPs in Sports Concussion*, will address strengths and weaknesses of current concussion tools, the need to develop better identification and intervention methods, and recovery outcomes. The role of speech-language pathologists (SLPs) will be discussed in-depth, providing an understanding of how SLPs can impact individuals following a concussion. SLPs receive training specific to cognition and brain injury, and can provide both diagnostic and therapeutic interventions for executive functions, attention, memory, learning, information processing, and other areas impacted by brain injury.

This distance learning/workshop opportunity is scheduled for March 12, 2015 from 9:00 a.m. – 3:15 p.m. and will be offered at a number of locations throughout the state. Members are encouraged to register soon as some locations are already full.

Meeting Scheduled With LBFC to Discuss Resolution for Safety in Youth Sports Act

The Pennsylvania Brain Coalition, of which RCPA is a member, will meet with the Executive Director of the Legislative Budget and Finance Committee (LBFC) on March 4, regarding [House Resolution 1064](#), which directs the committee to review the Commonwealth's program of providing intervention for young athletes who sustain a brain injury, as required under the [Safety in Youth Sports Act](#).

CoBI Brain Injury Conference Planned for March 18

The Council on Brain Injury (CoBI) will host its fourth annual conference for professionals on March 18, at Duquesne University. This year's speakers are from across the United States and will address a variety of topics. Keynote speaker Dr. Mark Sherer, PhD, will discuss predicting outcomes after traumatic brain injury (TBI). Keynote speaker Jim Malec, PhD, will share his expertise on planning for after the hospital: brain injury rehabilitation with the MPAL-4. Other topics include: *Incontinence After Acquired Brain Injury*; *Failure to Engage: A Critical Barrier to Rehabilitation*; and *Leisure Options after TBI*. Continuing education credits will be available. The cost to attend is \$1,000 and includes continental breakfast and lunch. Those interested in attending should contact [MJ Schmidt](#) at (484) 595-9300. Registration and payment must be received by March 6.

Gateway Rehab Earns Grant to Increase Overdose Prevention Efforts

In an effort to stem the rising tide of heroin and prescription drug overdose deaths, the Pennsylvania Commission on Crime and Delinquency has awarded Gateway Rehabilitation Center a \$113,900 grant to provide overdose prevention education to patients and their family members. The grant underwrites a project entitled *Naloxone: Increasing Access, Saving Lives*. As part of the yearlong project, Gateway will also provide the overdose reversal drug naloxone to family members when their loved one is discharged from treatment, if they enroll in a research study. Naloxone is a prescription drug that reverses an opioid overdose, which typically is caused by heroin or prescription pain medication. Often known by the brand name Narcan®, naloxone carries no risk for misuse, since opioids must be present in the body for it to have an effect.

“We are experiencing an epidemic of prescription drug abuse and heroin addiction that is devastating the lives of thousands of individuals and families in our community,” said Neil Capretto, DO, FASAM, Gateway’s medical director. “Unfortunately, it is resulting in record numbers of drug overdose deaths. Gateway’s decision to develop and implement such an innovative program with naloxone will not only save lives but will also keep alive the opportunity for recovery from the disease of addiction. As long as there is life, there is hope.”

Since 2010, approximately 1,300 people died of drug overdoses in Allegheny County, with other counties reporting increases in fatalities during the same time frame. Allegheny County data shows that heroin or prescription opioids were among the most common drugs recorded on death certificates since 2008.

The overdose prevention education portion of the project will teach patients and family members how to prevent overdose and how to identify an overdose should it occur. They will learn specific steps to take if someone has overdosed, including calling for help and the proper administration of intranasal (needleless) naloxone. Additionally, those patients enrolled in the study, along with a family member, will be asked to commit to a monthly follow-up appointment with research staff for six months. These appointments will include an interview about naloxone use, another dose of naloxone if the medication has been used, and immediate screening for treatment, if needed.

In October, Pennsylvania Governor Tom Corbett signed a bill that permits law enforcement agencies and fire departments to obtain naloxone and makes naloxone available to family members, friends, and other people in a position to assist a person at risk of an opioid-related overdose. The bill also provides immunity from prosecution for people who take certain actions to help a person who is overdosing.

Gateway Rehab (800-472-1177): *Gateway Rehab is a not-for-profit organization that provides treatment in locations throughout Western Pennsylvania and Ohio for adults and teens struggling with the disease of addiction to alcohol and other drugs.*

Kenneth S. Ramsey, PhD, Research and Training Institute (412-604-8900, x1104): *Established in 2012, the Ramsey Research and Training Institute at Gateway Rehab seeks to improve treatment outcomes and build clinical expertise by conducting innovative research and providing training for addiction professionals within Gateway and its surrounding communities.*

Drug and Alcohol Regulations Update/ Work Groups Needed for Next Reviews

Below are the links to the Drug & Alcohol regulations that were passed by the Independent Regulatory Review Commission in September 2014 and published in the *PA Bulletin* in October 2014.

- [\[28 PA. CODE CH. 701\]](#), General Provisions [44 Pa.B. 6658] [Saturday, October 18, 2014]
- [\[28 PA. CODE CH. 709\]](#) Standards for Licensure of Freestanding Treatment Facilities, [44 Pa.B. 6660], [Saturday, October 18, 2014]

The residential regulations have been submitted and are being reviewed by the Department of Drug and Alcohol Programs. The staffing regulations remain on hold; a new work group is being organized to discuss problem regulations that might be addressed individually, given the hold on staffing regulations and the wait on residential regulations.

Another work group will be organized to review the Medicaid outpatient regulations and develop recommendations for changes. Members interested in either work group are recommended to contact [Lynn Cooper](#).

ODP Regulations Revisions

The Department of Human Services Office of Developmental Programs has established a Chapter 6100 Regulations Work Group, which consists of 44 members, including 15 individuals/families/advocates, 19 providers/provider associations, four local governments/counties, and six state governments. RCPA President and CEO Richard Edley and Board Co-Chairs Susan Blue, Community Services Group and Jeff Wilush, Horizon House, along with six additional RCPA agencies, are official work group members.

The purpose of this work group is to address issues in the current Chapter 51 Regulations to develop Chapter 6100 Regulations, addressing the ODP Home and Community-Based Consolidated, Person/Family-Directed Supports, and Autism waivers. The target date for finalization of the new regulations is August 2016, with the effective date being December 2016 through July 2018.

The meetings are open to the public as observers. RCPA members may share recommendations with [Edley](#). The draft regulations will be out for 30 day public comment, once the regulations packet has been submitted to the independent Regulatory Review Commission, and the Senate Standing Committees and Legislative Reference Bureau.

Note the following, regarding scope of the regulations:

- Coordination with the new Adult Protective Services Regulations;
- Will not apply to the Adult Community Autism Program or Intermediate Care Facilities; and
- Federal Centers for Medicare and Medicaid final rules will be addressed, including topics such as residential leases and inclusion in the community.

ODP UPDATES

The Office of Developmental Programs has released the following information:

Informational Memo #010-15: *Requesting Enhanced Communication Residential Habilitation*

Announcement #011-15: *Location of Residential Habilitation Enhanced Communication Request Form Announcement: Rates for Harry M Class Members*

Informational Memo #012-15: *Communication Consultation for Consolidated Waiver Participants Who are Deaf*

Announcement #013-15: *Mileage Rate Change Effective January 1, 2015; transportation mile reimbursement rate, Code W7271 has been changed to \$0.575 per mile.*

Reissued Announcement #006-15: Biennial Provider Qualifications; link in the original Informational Memo #079-13 is not valid; therefore, ODP is reissuing the announcement with correct details.

Announcement #014-15: Pre-Billing Resource for Supports Coordination Organizations; announces new resource for pre-billing preparation due to anticipated HCSIS service claims for SC and TSM services to PROMISE to be discontinued late in 2015.

Announcement #015-15: Regulation Project Underway; beginning in January, ODP has convened a Regulation Work Group of numerous stakeholders to advise on revisions to the Chapter 51 Regulations. RCPA is a member of this work group.

RCPA Waiver Rule Comments

The Department of Human Services requested stakeholder comments related to their transition plan to the federal Centers for Medicare and Medicaid Services (CMS), regarding Home and Community-Based Services Waiver Rule changes to be implemented by March of 2019. RCPA, with member input, submitted written comments on February 2.

RCPA's comments on the CMS Home and Community-Based Service Waiver Rule changes to the ODP waivers are consistent across all three waivers (Consolidated, Person/Family-Directed, and Autism), relative to the services funded in each waiver.



Bollinger Art Project

Bollinger Enterprises, Inc., (BEi) has announced expansion of its “Art as a Vocation” Project. This art project began in 2014 at Bollinger’s vocational program in North Warren. During the first year of this project, Creative Citizens Studios of Pittsburgh coordinated with BEi to assess potential artists, provided three artists to lead workshops, and developed the Art Advisory Council. Individuals participating learned marbling and fabric arts techniques, and sold their artwork at local holiday arts and crafts shows. This vocational art program also assists the individuals with developing job and social skills.

This second year will feature an artist residency, for 21 weeks, at the YMCA in Warren; two artists will provide instruction to BEi artists on the production of saleable art.

“A successful man is one who can lay a firm foundation with the bricks others have thrown at him.”

– David Brinkley

Adult Protective Services

In October, 2010, Pennsylvania’s Legislature passed *Public Law 484, Number 70, Adult Protective Services (APS)*. This law pertains to individuals that are residents of the state, between the ages of 18 and 59, who have a physical or mental impairment that substantially limits one or more major life activities. The law stipulates that an “adult in need of protective services” is someone who needs the assistance of another person to obtain protective services in order to prevent imminent risk to the person or property.

Liberty Healthcare Corporation has been selected as the vendor for APS. This is a privately held health care services delivery and management agency that has worked in the medical, psychiatric, habilitation, and behavioral health systems. Staff has been hired which include the statewide program director, regional program managers, intake workers and supervisors, and investigators. These staff members are located in west, east, and central locations across the state. The goal for formal implementation of APS is April 2015.

RCPA policy specialist Linda Drummond has been a member of the APS Regulations and Trainings Work Groups. She will continue to work closely with the APS vendor to address differences in state office programs’ regulations, licensing, and requirements to help prevent numerous investigations of the same incident.

■ VOCATIONAL REHABILITATION

Hiring Guide

The US Equality Employment Opportunity Commission has developed a new guide; *Recruiting, Hiring, Retaining and Promoting People with Disabilities: A Guide for Employers*. This guide provides technical assistance tools to assist employers with best practices regarding recruiting, retaining, and providing reasonable accommodations for hiring the disabled.

OVR Pilots VISYTER

The Office of Vocational Rehabilitation (OVR) is piloting a technology-developed program, VISYTER, developed with funding from the National Institution on Disability and Rehabilitation Research, Rehabilitation Engineering Research Center on Telerehabilitation.

VISYTER combines videoconferencing and access to electronic health records, remote multi-camera control, and other tools, to assist rehabilitation staff in providing assessment and training for their clients. OVR will use VISYTER in nine locations across the state, including the Hiram G. Andrews Center. See a [video](#) on this exciting program.

White House Summit

In February, the White House Domestic Policy Council hosted a summit focused on developing a framework for successful disability inclusion in employment. This provided businesses and disability advocates with information regarding federal resources to help employers hire more individuals with disabilities.

Cornell University participated on a panel, "Creating Opportunities Through Successful Partnerships," addressing how private-public partnerships can emphasize employment opportunities for individuals with disabilities. Research conducted by the Employment and Disability Institute at Cornell included:

- Employer Practices: Rehabilitation Research and Training Center [website](#)
- [Leveling the Playing Field](#): Attracting, Engaging, and Advancing People with Disabilities

Federal Employment First Program

In December, Pennsylvania became a participant in the US Department of Labor, Office of Disability Employment Policy's [Employment First State Leadership Mentoring Program](#). This initiative promotes competitive employment opportunities for individuals with disabilities.

The program will assist the state Departments of Human Services, Labor and Industry, and Education, to work together to increase school-to-work opportunities for students with disabilities. This effort is encouraged by the Federal Workforce Innovations and Opportunities Act, signed by President Obama in July.

The Office of Developmental Programs has been a member of the State Employment Leadership Network for several years; these efforts will be expanded with this increased federal involvement. A state team is under development, which is coordinated by the Governor's Cabinet for People with Disabilities, and includes the various state agencies and external stakeholders. RCPA Policy Specialist Linda Drummond will be a member of this advisory component.

■ ON THE AUTISM SPECTRUM

2014 Autism Census Report Now Available

The original *Pennsylvania Autism Census*, released in 2009, identified almost 20,000 individuals with autism receiving services across the Commonwealth of Pennsylvania. Since the initial study, the number of Pennsylvanians with autism receiving services has nearly tripled; the 2014 *Pennsylvania Autism Census Update* revealed that this number has reached over 55,000 individuals. In addition, the number of *adults*

with autism living in Pennsylvania is estimated to rise to over 36,000 by 2020. This dramatic growth is expected to continue as more children transition to adulthood and more adults are diagnosed. A major challenge for transition age youth and adults with autism is that the services that have supported them as children, through the education system and behavioral health services, come to an end. As

more individuals transition into adulthood, it becomes imperative for community leaders and decision-makers to learn more about this complex disorder. Many members of the community, including medical professionals, first responders, educational professionals, college administrators, spiritual leaders, and business leaders, can benefit from the information in this [Census Update](#).

AASPIRE Health Care Toolkit for Individuals and Primary Care Providers

A health care toolkit was created as part of an ongoing research project by the Academic Autistic Spectrum Partnership in Research and Education (AASPIRE), to help improve health care access and quality for adults on the autism spectrum. The project was funded by the National Institute of Mental Health. A decade ago, Dr. Christina Nicolaidis' three-year-old son was diagnosed with autism. Nicolaidis realized the autism community had the same frustrations with the health care system as other marginalized groups she had researched. As a parent and professional, she realized that "for individuals on the autism spectrum, even calling to make a doctor's appointment can feel impossible." She found that adults with autism are less likely to go in for preventative procedures such as pap smears and tetanus shots. Many reported that they have skipped medical and counseling appointments they felt they needed, while people on the spectrum used the emergency room twice as often as typically-developing people.

Nicolaidis was still looking for information to help her son when she met Dora Raymaker. Raymaker is a woman with autism, who was responding to online questions from parents with children on the spectrum. Raymaker and Nicolaidis created the Academic Autism Spectrum Partnership in Research and Education, an autism research center based at Portland State University, to create better health care experiences for people on the spectrum. Their center, with the aid of a grant from the National Institutes of Mental Health, recently launched [an online interactive toolkit for patients on the spectrum](#), as well as a toolkit for doctors. The toolkit includes several checklists, designed to guide them through basic interactions with doctors' offices and hospitals, including one that walks patients through the process of finding and booking an appointment with a primary care doctor. The interactive portion of the toolkit enables patients to fill out an extensive, multiple-choice questionnaire. The program takes those answers and produces a report that patients can give doctors to make appointments go more smoothly. The toolkit also allows patients to identify what elements of primary care waiting rooms make them uncomfortable. The team also created a website and advice for doctors treating people with autism.

Autism Speaks Revised Position on Immunizations

In a statement published on its website, Autism Speaks revised its policy on childhood immunizations. The language replaces a four-paragraph statement on the issue which had been in place since April, 2013. The organization's previous position also strongly encouraged parents to vaccinate, but said "it remains possible that, in rare cases, immunization may trigger the onset of autism symptoms in a child with an underlying medical or genetic condition." The new position statement, issued in mid-February, states that "Over the last two decades, extensive research has asked whether there is any link between childhood vaccinations and autism. The results of this research are clear: vaccines do not cause autism. We urge that all children be fully vaccinated." The shift in Autism Speaks' position comes as the nation grapples with a resurgence of measles.

Save the date! PATC 2015

The annual **Pennsylvania Autism Training Conference (PATC)**, hosted by the Bureau of Autism Services, will be held **June 9-11 at the Eden Resort in Lancaster**. This conference is an opportunity for professionals who provide services to adults with autism to learn practical strategies that can improve their quality of life.

State Ends Mini Grant Program

The Office of Developmental Programs, Bureau of Autism Services (BAS) announced the discontinuation of the Family & Individual Mini-Grant Program in January. Designed as a short-term project, 2014 was the final year that BAS was able to offer the mini-grants. Below is the announcement from BAS:

For eight years we have been able to offer this program, providing resources to individuals and families unable to access existing support systems for various reasons, such as eligibility criteria, age, or waiting lists. We did so with the understanding that it would not be something we could sustain permanently since needs are great and funding is limited.

From 2007-2014, we were honored to provide \$6,747,840.53 in grants (up to \$500 each) to 14,980 families and individuals with autism throughout the Commonwealth. We are proud of the impact these small grants have had in the lives of so many young people and their families.

Kids Five Years after the Recession: Smart Policies, Better Lives

The bipartisan children's advocacy organization First Focus and PolicyLab at The Children's Hospital of Philadelphia released a new analysis showing that, five years after it technically ended, the recession of the mid-2000s continues to impact America's children. *The Effect of the Great Recession on Child Well-Being* examines four aspects of children's lives: health, hunger, housing, and abuse and neglect, updating [research conducted in 2010](#). It finds lingering effects in every aspect, but it underscores the effectiveness of federal investments in mitigating harm to children. "Economists say the recession is over, but five years later, it's still impacting millions of children," said First Focus President Bruce Lesley. "Where national leaders made smart policy choices, kids fared better; where they didn't, kids are still struggling." The analysis finds health to be a bright spot for children, while observing that future policy choices could put progress at risk. The Children's Health Insurance Program (CHIP), backed by stimulus funds allocated to bolster state Medicaid programs, largely protected children from losing their health care during the recession. Congressional failure to maintain federal CHIP funding would, as the report observes, "mean the child health safety net available through CHIP could no longer be counted on." The analysis also examines hunger; again finding that federal investments have blunted the recession's effects, but concluding that they did not reach many children affected by increased food insecurity. The report also notes the recession's foreclosure crisis cost 2.3 million children their single-family homes and homelessness among children reached a record high of 1.3 million.

IPRC and UDS Collaboration Continues

International Pediatric Rehabilitation Collaborative (IPRC) is pleased to announce that the collaboration with Uniform Data Systems (UDS) continues. As part of an ongoing conversation, IPRC continues to look for ways to enhance the WeeFIM II® System, an objective measure of a child's improvement while participating in therapy services. At the encouragement of the IPRC Steering Committee, UDS has decided to revisit an earlier study on supplemental items to the inpatient WeeFIM® assessment. This promising study will provide ongoing development for capturing objective data supporting the value of rehabilitation care. For more information, please visit this [newsletter](#) or contact [Bonnie Breit](#), facilitator. RCPA is proud of the ongoing collaborative work of its IPRC members.

Brain Injury Project for Youth in Juvenile Detention

The Pennsylvania Department of Health was recently awarded a four-year Traumatic Brain Injury (TBI) grant from the Health Resources and Services Administration. The overarching goal of the program is to address barriers to needed services encountered by youth with TBI. The project is aimed at creating and implementing protocols for the early identification of juveniles in county youth detention centers with brain injuries. The project will educate professionals working with detainees in the juvenile justice system about brain injury, how to identify it, and what interventions are available. The project will be piloted in Bucks and Montgomery County Youth Detention facilities. Some of the goals are to:

- Provide brain injury education and training to staff involved in the juvenile justice system;
- Develop and implement a screening protocol to identify youth with a history of brain injury;
- Assess for cognitive impairment in a sample of youth who screen positive for a history of brain injury;
- Utilize screenings and neurocognitive evaluations to plan the delivery of interventions that will best address the needs of juveniles with cognitive impairments due to brain injury;
- Make connections to appropriate resources for youth with brain injury, including BrainSTEPS School Re-Entry Teams and the Office of Vocational Rehabilitation; and
- Provide consultation within the juvenile justice system to build capacity to administer neurocognitive testing for youth who screen positive for a history of brain injury.

Project LAUNCH Pilots State Health Initiative in Allegheny County

Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) is the five-year program now in the planning stage and targeted to begin community implementation by the spring of 2016 in Allegheny County. The Office of Mental Health and Substance Abuse Services Children's Bureau will serve as lead agency, and work in partnership with the Office of Child Development and Early Learning, the Department of Health, Bureau of Family Health, and the Allegheny County Department of Human Services. Additional technical support will be provided to the project through the county Health Department and the Office of Child Development at the University of Pittsburgh. The project is designed to improve early childhood intervention through integration of programs and services as well as expansion of high quality screening and assessment.

LAUNCH will enhance five specific areas affecting children's physical, social, emotional, cognitive, and behavioral health in its attempts to promote wellness by targeting awareness, systems collaborations, the use of standardized and evidence-based practices, and workforce development. Both state and local advisory child wellness councils have been developed with reporting linkage to the statewide Early Learning Council. RCPA staff and members serve on all three advisory councils. The project calls for the tools and lessons learned in Allegheny County to be shared and promoted statewide by year three of the five-year initiative. As in the past, the RCPA Children's Division will be kept informed about the project and help members prepare for direct service and service coordination opportunities as the program develops.

Implementing CPSL in Your Organization

RCPA is hearing from many members that are working diligently to make sure that their organizations are in full compliance with the new Child Protective Services Laws (CPSL). One key element of the new laws has been the expansion of who in an organization is now a Mandated Reporter, and the training for staff using a curriculum that has been approved by the Department of Human Services (DHS). **Any member of an organization that "provides care, supervision, guidance, or control of children or has routine interaction with children" must be trained as a Mandated Reporter by the end of June.** Members report that currently the most cost-effective and efficient training is the [free online training](#) developed by the University of Pittsburgh. Several provider, training, professional, and educational organizations are now working to have Mandated Reporter training curriculum and materials approved by DHS. Because some language and terms in the new CPSL have not been defined, and regulations have not been revised, RCPA will continue to transmit provider questions to DHS and share guidance provided by state agencies.

Behavioral Health Needs of Adopted Children and Youth

Approximately 135,000 children are adopted in the United States each year. Children and youth who are adopted experience various levels of trauma and neglect, and adoptive families are three times more likely than birth families to seek out clinical services for behavioral health. The Substance Abuse and Mental Health Services Administration (SAMHSA) has issued a report, *Behavioral Health Needs of Adopted Children and Youth*, which explores strategies for supporting the unique behavioral health needs of adopted children and their families. The report, available to download [here](#), summarizes the findings of an interagency meeting hosted by SAMHSA to discuss science, policy, and practice related to the behavioral health challenges of children who have been adopted.

RCPA logo decals available free to RCPA members.

Contact Sharon Militello for details.

Drug and Alcohol Committee

The Drug and Alcohol Committee met on February 10 and began with a presentation from Dennis Marion, OMHSAS deputy secretary, regarding Healthy PA. Significant discussion included concerns and issues that members are experiencing with Healthy PA. Then Janice Meinert of the Health Law Project provided an update on the work they are doing to assist consumers with Healthy PA. Gary Tennis, secretary of DDAP, and several DDAP staff, provided numerous updates on naloxone, the STAR data system, and PCPC training. Michele Denk, executive director of PACDAA, provided an overview on the new rate-setting review work being done by PACDAA and the new screening assessment being considered.

Criminal Justice Committee

The Criminal Justice Committee met on February 10. The first part of the meeting was a joint meeting with the Mental Health Committee. Leesa Allen, executive director of Medicaid, provided an update of Healthy PA, and RCPA shared concerns about the program and issues experienced by members. Janice Meinert of the Health Law Project shared an overview of the work they are doing to help consumers navigate Healthy PA. Then the committee met separately with Randy Loss, Office of Vocational Rehabilitation, who provided a brief presentation and made a commitment to be a part of future meetings. Helene Placey, PA Sentencing Commission, provided an update on DUI sentencing; Rich Podguski provided an update on probation and parole; and Steve Seitchik, from the Department of Drug and Alcohol Programs, reported on the jail reentry initiative.

Children's Committee

The members of the Children's Committee convened in Harrisburg and by webcast on February 10. James Palmiero, executive director of the Pennsylvania Training and Technical Assistance Network in Pittsburgh, and leader of the School-Based Behavioral Health Community of Practice, made a presentation to the committee. The committee heard a review of the impact of the school mental health partnerships and the positive behavioral intervention and support, as well as an array of new, collaborative, grant-based initiatives. Stan Mrozowski from the OMHSAS Children's Bureau joined the meeting to discuss an array of new initiatives impacting early childhood to transition age behavioral health care across the Commonwealth.

Both presenters predicted new or growing roles for student assistance program teams and community liaison agencies, as well as youth mental health first aid training. Guests from the Pennsylvania Psychiatric Leadership Council and the Pennsylvania Psychiatric Society reported on planning for a state-sponsored Collaborative Care Symposium that will be held on April 16 in Harrisburg. RCPA staff and members reviewed the work of the newly formed Rural Services Work Group, and continued program and operational challenges that have resulted in substantial reductions in Summer Therapeutic Activity Programs. Jack Phillips, RCPA director of legislative affairs, reviewed the budget and policy challenges and opportunities ahead under the new governor and General Assembly. The next meeting of the Children's Committee is scheduled for April 13.

Supports Coordination Organizations Subcommittee

The February 12 Supports Coordination Organizations (SCO) Subcommittee featured a presentation by Todd Katzenstein, mobility products consultant from Total Mobility Services. Home, employment, and vehicle modifications were discussed to assist persons with disabilities, to achieve the most independence and community inclusion possible. Mobility options include:

For vehicle modifications:

- Wheelchair fits and hoists;
- Hand, foot, and steering controls;
- Raised tops and doors; and
- Transfer seating.

For home and work-site accessibility:

- Ramps;
- Stair glides;
- Vertical platform lifts;
- Elevators; and
- Overhead rail systems.

Jen Fraker and Jenn Grimm, program representatives from the Office of Developmental Programs, held discussion with members on a variety of issues:

- SCO monitoring to make sure the Individual Service Plan matches the services provided;
- [ODP Announcement #014-15: Pre-Billing Resource for SCOs](#); later in 2015, the HCSIS bimonthly submission of Supports Coordination (SC) and Targeted Service Management (TSM) service claims to PROMISe will discontinue. SCOs will be responsible for submitting their own SC and TSM service claims directly to PROMISe; and
- SCO training topics which could include new bill processing, new Adult Protective Services regulations, and interaction with existing polices on certified investigations and incident management.

IDD Committee

The February 12 Intellectual and Developmental Disabilities Committee focused on a variety of issues relevant to the Office of Developmental Programs (ODP). Deputy Secretary Steve Suroviec provided an update on such issues as the futures planning process, new Information Sharing and Advisory Committee, and Chapter 51 Regulations Revisions Work Group. ODP has hired Karen Kroh to coordinate the Regulations Revisions Work Group, which will be developing Chapter 6100 Regulations for implementation next year.

ODP's Dual Diagnosis Lead, Marlinda Smith, reviewed the current services available for individuals dually diagnosed with intellectual disability or autism and mental health issues. These include:

- Dual Diagnosis Treatment Teams (DDTT), initially established in January, 2012, through the Behavioral Health Alliance of Rural PA (BHARP);
- Community Stabilization and Reintegration Unit (CSRU), developed in 2014 by BHARP, to help reduce inpatient hospitalizations, state hospital and state center admissions, and to increase community tenure in settings chosen

by the individuals and their families. Coordinated by Beacon Light Behavioral Health Systems, CSRU is located at Sunbury Hospital in the north central part of the state; and

- Behavioral Health/Intellectual Disability Community Treatment Team, a 2014 program opened by Philadelphia's Behavioral Health Managed Care Organization (Community Behavioral Health).

Appropriate psychiatric discharge planning is helpful to support these individuals. This includes training to acute care staff, HCQUS, counties, and risk managers. Numerous trainings have been developed with the dual diagnosis curriculum which the HCQUs are available for to train agency staff.

ODP Policy Supervisor Julie Mochon highlighted the proposed amendments for the Consolidated and Person/Family-Directed Waivers based on the federal waiver rule changes, which include:

- Increased number of waiver recipients due to the waiting list initiative and
- Reserved capacity increases for those identified with unanticipated emergencies and possibly

due to the implementation of the Adult Protective Services program.

Next steps include submission of the final transition plan, along with a summary of stakeholder comments, and will include reasons why the comments were not adopted. The final summary and transition plans will be posted to the Department of Human Services website. A provider self-assessment is under development in cooperation with the Office of Long Term Living.

The state's Legislative Budget and Finance Committee Program Manager Patricia Berger, and Analyst Randy Mortimore, held discussion with members regarding the state's implementation of the Supreme Court's Olmstead Decision, as directed by PA House Resolution 903 of 2014. Members had been asked to prepare for this discussion, which would focus on pay ranges and turnover rates for direct support staff, current community capacity, state regulations, and policies that inhibit the growth of home and community-based services, as well as the biggest hurdle for providers regarding offering and providing services.

Mental Health Committee Meeting

The Mental Health Committee joined with the Criminal Justice Committee to hear a presentation by Leesa Allen of the Department of Human Services (DHS) about the status of Healthy PA. Key points:

- Through a letter to the Centers for Medicare and Medicaid Services (CMS), DHS removed the *Healthy* option of Healthy PA.

- *Healthy* and *Healthy Plus* now look the same in terms of benefit plans.
- Two phase process to move eligible recipients to the right plan:
 - First phase, end of spring 2015, any formerly eligible Medicaid recipients and newly eligible recipients will be placed in

the HealthChoices program; removal of health screening tool.

- Second phase, end of summer 2015, transition from the Private Care Option (PCO) to HealthChoices.

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MENTAL HEALTH COMMITTEE

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- All recipients by the end of 2015 will be in HealthChoices.
- Each PCO plan has an Office of Mental Health and Substance Abuse Services (OMHSAS) representative assigned to it for non-enrollment kinds of issues.
- There was much discussion about gaps in services and inaccurate placement of recipients, and the providers who have been treating them since January 1, related to reimbursement. This is primarily a substance use issue and Lynn Cooper will be working with DHS and DDAP to resolve these remaining issues.
- Since the meeting there has been communication that all recipients incorrectly placed in the PCO option have been fixed, effective February 13.

After the Healthy PA discussion, the committee heard updates from OMHSAS staff Ellen DiDomenico and Julie Barley. Key discussion topics included:

- Two PROMISe numbers at one location:
 - Ellen indicated that there would not be a regulatory change, but rather a waiver process would be put in place.
 - Sarah Eyster asked why the regulatory change was off the table when co-location is the “new norm.” Ellen felt that the regulations are still legitimate and they are Office of Medical Assistance Programs (OMAP) regulations.
 - RCPA will be working with the new secretary and his leadership staff to keep this item actively on the table.
- Outpatient regulations are continuing through the process at a gruelingly slow pace. The regulations are currently with the Office of General Council’s Regulatory Unit. Next steps are unclear and RCPA will be monitoring the status with OMHSAS staff.
- There was discussion about making psychiatric rehabilitation an in-plan service for HealthChoices – RCPA will keep this on the front burner as well.
- A brief discussion about actually getting PROMISe numbers in a timely manner occurred and RCPA has accepted four agency volunteers to work with OMHSAS/OMAP on this process and why it takes as much as nine months.
- Julie Barley reported that Valerie Vacari has left OMHSAS and joined Stairways Behavioral Health as the new CEO. Kellie Wayda is the acting western region OMHSAS representative.
- A question was posed to Julie Barley about the need for two child abuse clearances if the person works for a behavioral health provider, but based in a school setting; one for DHS and one for education. Julie will get back to RCPA with an answer.
- Sarah Eyster will be reaching out to the oversights and MCOs about how they are implementing collaborative documentation in each HealthChoices region.

Vocational Rehabilitation Subcommittee

The February 12 Vocational Rehabilitation Subcommittee features updates by the Office of Vocational Rehabilitation (OVR) and a presentation by Symbionyx regarding mobile devices for data analysis.

OVR Business Services and Outreach Division Chief Ralph Roach provided an update on the various programs to assist individuals with disabilities in achieving their goals of competitive employment. These include:

- Supported employment to provide eligible youth and young adults with job coaching, community-based work assessments, and job development;
- Post-secondary education through accredited training programs which include colleges and business/trade/technical schools;
- Early Reach to offer vocational planning for youth ages 14–16;
- Project SEARCH, one-year program for students in their final year of high school to learn about competitive employment through internships; and

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VOCATIONAL REHABILITATION SUBCOMMITTEE

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- Cross-system [resource guide](#), released by the White House, targeted for employers/businesses on employing people with disabilities

Symbionyx CEO Doug Meeker, along with RCPA members Susan Soderberg of Goodwill Keystone Area and Rocco Cambria of AHEDD, provided an overview. Symbionyx is a start-up company, developing a software platform to help organizations that assist people with cognitive disabilities to find and retain employment. With their cloud-based, mobile solutions, Symbionyx is helping organizations like Goodwill and AHEDD automate the process of collecting performance measurements. Those measurements can be leveraged to achieve significant efficiencies across the organization.

The ultimate goal is to empower organizations to “right track” their clients into employment opportunities that are a win-win for people with cognitive disabilities and their employers.

Goodwill and AHEDD are currently implementing this tool and see the benefits, including:

- Compilation of productivity scale;
- Standardization of agency practices;
- Provision of real-time data for analysis and decision-making; and
- Data to help job coaches determine individuals’ skills in certain areas, which assists with job skills development.



Resource Specialist

The **Rehabilitation and Community Providers Association (RCPA)** is seeking a pediatric rehabilitation resource specialist to lead the International Pediatric Rehabilitation Collaborative (IPRC). The mission of this collaborative is to improve pediatric rehabilitation throughout the country and internationally. While preferably Pennsylvania based, with RCPA headquarters located in Harrisburg, candidates from throughout the United States will be considered. The position is currently part-time and could increase to full-time with member expansion.

The resource specialist has the sole responsibility of running the IPRC division. Duties include providing guidance and leadership for members of the collaborative; meeting planning (including webcasts); facilitating and documenting meetings; managing data; recruiting and increasing membership; creating, updating, and maintaining information on the IPRC website; and attending on-site meetings. This individual will also interact with RCPA specialists and attend RCPA functions when requested.

The minimum qualifications for this position are a bachelor’s degree in a health-related field (preferably therapy services), six years’ experience working in direct care, and two years of managerial or supervisory service. Candidate should be highly organized, proficient in Microsoft Office, and have experience in updating websites.

Deadline for résumés is **April 3, 2015**. Please send your salary requirements and resume to:



Cindy Lloyd, Office Manager/HR
777 East Park Drive, Ste 300, Harrisburg, PA 17111

Vista Adult Services Organization (VASO)

Employment Specialist

Vista Adult Services Organization (VASO) is a community-enriched adult services program that focuses on developing functional life skills for those with autism that foster independence within activities of daily living, enhanced social/communications abilities, and entrance to employment.

The employment specialist assesses job seeker needs, skills, and accommodations in relation to acquiring and maintaining employment; establishes relationships with competitive employers; and forms mutually beneficial relationships between the identified businesses and job seekers. This role educates the job seeker on acquiring and maintaining appropriate pay and benefits.

Job Duties and Responsibilities

- Develops and updates Individuals' Service Plans;
- Maintains current and accurate documentation of activities, completes monthly billing, and provides job seeker with progress reports;
- Completes job analysis by observing, shadowing workers, and working the potential job prior to submitting applications;
- Markets the program and job seeker abilities to employers, submits applications, and advocates for employment;
- Ensures job seeker travel arrangements to and from the interviews;
- Identifies work-related purchases, such as uniforms, alarm clock, etc.; and
- Designs compensatory strategies, adaptations, and modifications based on job requirements and input from job seekers.

Qualifications

- Experience working with individuals with autism, particularly those in their transition years is required.
- Must be able to work a flexible schedule independently, as there is a possibility of working evenings, weekends, or third shift, depending on customer schedules.
- Connections to local businesses, knowledge of pay/benefits, and how they affect an individual's social security and insurance are preferred.
- Possession of, or interest in, obtaining the Association of Community Rehabilitation Educators (ACRE) certification is also preferred.
- High school diploma required; bachelor's degree preferred.
- Must have minimum 1-3 years of pre-employment and employment sourcing experience.

Please visit our [website](#) for more information and to apply – EEO/AA.

| MARCH | | |
|----------------------------|-------------------------|--|
| Wednesday, March 4 | 10:00 a.m. – 1:30 p.m. | Brain Injury Committee <i>Penn Grant Centre</i> |
| Friday, March 13 | 10:00 a.m. – 2:00 p.m. | NE Regional Meeting <i>Behavioral Health Service</i> <i>An Affiliate of Commonwealth Health</i> <i>Nesbitt Medical Arts Building-Auditorium</i> <i>534 Wyoming Avenue</i> <i>Kingston, PA 18704</i> |
| Thursday, March 19 | 10:00 a.m. – 12:30 p.m. | Medical Rehabilitation Committee <i>Penn Grant Centre</i> |
| | 11:00 a.m. – 3:00 p.m. | Central Regional Meeting <i>Hoss's Restaurant</i> <i>3134 N Susquehanna Trail</i> <i>Shamokin Dam, PA 17876</i> |
| Friday, March 20 | 10:00 a.m. – 2:00 p.m. | SE Regional Meeting <i>Eagleville Hospital – Conference Center</i> <i>00 Eagleville Road</i> <i>Eagleville, PA 19403</i> |
| Monday, March 23 | 10:00 a.m. – 12:30 p.m. | Legislative Affairs Committee <i>Penn Grant Centre</i> |
| Tuesday, March 24 | 12:00 p.m. – 1:00 p.m. | IPRC General Membership <i>Conference Call</i> |
| | 10:00 a.m. – 2:00 p.m. | NW Regional Meeting <i>Park Inn by Radisson Sharon</i> <i>3377 New Castle Road</i> <i>West Middlesex, PA 16159</i> |
| Wednesday, March 25 | 10:00 a.m. – 2:00 p.m. | SW Regional Meeting <i>DoubleTree by Hilton</i> <i>Pittsburgh Cranberry</i> <i>910 Sheraton Drive</i> <i>Mars, PA 16046</i> |
| Friday, March 27 | 10:00 a.m. – 12:30 p.m. | Finance Committee <i>Penn Grant Centre</i> |
| APRIL | | |
| Tuesday, April 7 | 12:00 p.m. – 1:00 p.m. | IPRC Webinar Dosing Rehabilitation Interventions for Children with Cerebral Palsy: Linking Structural and Functional Changes for the Musculoskeletal System |
| Monday, April 13 | 9:30 a.m. – 12:00 p.m. | Criminal Justice Committee |
| | 9:30 a.m. – 12:00 p.m. | Mental Health Committee |
| | 1:00 p.m. – 4:00 p.m. | Drug & Alcohol Committee |
| | 1:00 p.m. – 4:30 p.m. | Children's Committee <i>Penn Grant Centre</i> |
| Tuesday, April 14 | | RCPA Capitol Day Capitol Building Harrisburg, PA |
| Thursday, April 16 | 9:00 a.m. – 11:00 a.m. | Supports Coordination Organization Subcommittee |
| | 11:30 a.m. – 2:30 p.m. | Intellectual/Developmental Disabilities Committee |
| | 2:45 p.m. – 4:45 p.m. | Vocational Rehabilitation Subcommittee <i>Penn Grant Centre</i> |