



An informational newsletter compiled by the Rehabilitation and Community Providers Association for the health and human services communities

REHABILITATION & COMMUNITY
PROVIDERS ASSOCIATION

NOVEMBER 2015

■ GOVERNMENT AFFAIRS

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



Effects of Late State Budget Non-Profit Survey Results

In conjunction with the United Way, RCPA forwarded its members a survey regarding how a late state budget was affecting their businesses. United Way did a summary of the survey results, and a quick snapshot of the [findings](#) reveal:

- 152 organizations report staff impacts – layoffs, hour reduced, benefits reduced, etc.
 - 45 individuals have been laid off or furloughed from F/T employment
 - 50 individuals have been laid off or furloughed from P/T employment
 - 522 employees had hours reduced
 - 73 people are working without pay
 - 510 people lost access to employee benefits
- 70 percent of the respondents have between \$20,000 and \$250,000 per organization that is delayed as a result of the impasse. 19 responded that they are owed more than \$1 million each.
- 64 organizations estimated their interest costs through October. They responded in categories; the chart is included in the findings summary linked above. Another 19 shared interest amounts in the comments section that were lower than the base threshold.
- Only 24 percent believe they are eligible for the interest payment relief proposed by the administration.
- A high number of respondents (42%) are not able to access additional lines of credit at this time.

RCPA encourages members to use the [survey summary results](#) to contact the [governor](#) and your [state legislators](#) to inform them why it's absolutely necessary for them to pass a state budget sooner rather than later. Please contact [Jack Phillips](#) with any questions.

PA Budget Update

The budget impasse is over 100 days long and there does not seem to be an end in sight. Recently, RCPA President/CEO Richard Edley and RCPA Director of Government Affairs Jack Phillips held a meeting with House Majority Leader Dave Reed. During the meeting, the majority leader was optimistic that a budget deal could be reached in the near future. The majority leader believes everyone is at the point where they know they have to get a deal done and elected officials are going to have to compromise on issues.

Although Majority Leader Reed did not indicate any specifics, he did say that the realization for most members of the General Assembly is that there is a need for increased revenue. The governor wants an increase in the personal income tax (PIT), but in the last two weeks, the House voted down a bill that would increase the PIT, with both House Democrats and Republicans voting to kill the proposal.

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©2015. This newsletter is written by the Rehabilitation and Community Providers Association (RCPA) for the mental health, intellectual disability, addictive disease, and rehabilitation communities. This informational newsletter is published monthly. Deadline for publication is the 20th of every month or the Friday before.

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GOVERNMENT AFFAIRS

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Some of the increased revenue sources that might come about are as follows:

- Liquor privatization, estimated to bring in approximately \$200 million in licensing fees, enabling the state to get tax revenues from license renewals and expanding the number of places to buy alcohol;
- Pension reform;
- Allowing online gaming and taxing it; and
- Increasing the cigarette tax.

Last, but certainly not least, the majority leader believes property tax reform is still on the table. There is a lot of work to be done, but the majority leader believes that elected officials are ready to negotiate, and that hopefully the negotiations will bear fruit, so the over 100-day impasse was not in vain.

NEW MEMBERS

Full Provider Members

Abilities in Motion

210 N 5th St
Reading, PA 19601
Ralph Trainer, CEO
www.abilitiesinmotion.org

All Abilities, Inc.

2900 Seminary Dr, Bldg B
Greensburg, PA 15601
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www.allabilitiesinc.org

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Employment Law and the (Dire) Year Ahead



Richard S. Edley, PhD

The recent RCPA conference at Seven Springs had numerous highlights, from the workshops and plenary sessions to the networking opportunities. This, of course, was in the midst of attendees discussing the budget crisis in Pennsylvania, and numerous other issues that elicit provider reactions ranging from excitement

(Certified Community Behavioral Health Clinics – or CCBHC) to bewilderment (fill in the blank). One plenary session, however, may just about have raised the highest degree of concern among attendees from the conference.

Joe Kelley III, an attorney at Kelley Partners, gave a presentation on “Employment Law Developments Affecting Behavioral Health Providers: A Governance and Compliance Perspective.” Alright – a seemingly dry topic, and probably one that initially only excited HR professionals in attendance. Smartly, though, several CEOs and senior managers were in attendance and heard some startling news.

For example, the presentation opened that BH providers employ many executive, administrative, and professional employees who are compensated between 27k and 50k per year. If the salary basis for exemption is raised to the 50k mark (an 85% increase), provider organizations will have to reclassify these employees as hourly – thereby subjecting the position to overtime pay – or raise the salaries to the 50k mark... all unfunded. Or other, more drastic measures, such as redistributing job duties to allow for a movement to part-time employment. One RCPA provider recently shared with me a separate article that noted that this one rule change alone could threaten the very existence of many organizations.

This overtime rule and standard was only one of many such topics covered in that employment session. Others included the home care exception and companionship services, employees vs independent contractors, FTC and EEOC screening issues, and employer handbook guidelines. What particularly struck

Clearly, as an association, we will need to do more on all these fronts...

me was the dichotomous reaction to the presentation from those attending. Some providers stated that while this is a problem, they at least knew it was coming and had begun to prepare. Others stated that they had no idea of the extent and potential effect of these proposed changes and rulings.

To compound this, right after the conference, the issue of increasing minimum wage also resurfaced in Harrisburg. (“[Sen. Tartaglione pushes for vote on \\$10.10 minimum wage](#),” *Central Penn Business Journal* online, 10/22/15). While we have been in favor of this move on behalf of all of our direct service providers, we have also been clear to the administration and legislators that this cannot be yet another unfunded mandate. Such a move with no realization of the need for increased funding could also jeopardize the very existence of health and human services organizations.

Clearly, as an association, we will need to do more on all these fronts, and we have not even spoken about the continued changes ahead with the ACA. RCPA has an active HR committee where such information is disseminated and reviewed, and it may be prudent for organizations to consider attending in person or via webcast to take part in this discussion. We can also look at additional trainings and events throughout the year, to continue keeping these issues out in front of members.

In any case, it is acknowledged that there are numerous program and financing issues that hit organizations every day. And these HR issues need to be added to the growing list as well, something that RCPA is ready to take on.

Richard S. Edley, PhD, President/CEO

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



2015 RCPA Conference

Leading the Way



The 2015 RCPA Conference at Seven Springs was attended by more than 640 guests, participating in four days of education, learning, networking, and the opportunity to discuss new products and technologies with vendors. The theme – *Leading the Way* – focused on helping members drive policy and service delivery to the next level in Pennsylvania, making RCPA members the “go to” experts at the state and federal levels when discussing policy and funding focused on effective, efficient, and high quality care.



The event featured 56 workshops, a vibrant exhibit hall, networking events, time to interact with colleagues, and opportunities for creative thinking. Plenary sessions included grassroots advocacy at the state and local levels, putting recovery into psychiatric practice in Pennsylvania, employment legal issues, and integrating care. Representative Dan Miller spoke with the membership about key areas regarding children’s behavioral health as well as intellectual and developmental disabilities.

See [video testimonials](#) from conference attendees and exhibitors!

RCPA is excited about its move to the [Hershey Lodge](#) next year, September 27-30, 2016. Hope to see you there!





The association extends a special thank you to our [sponsors](#), [exhibitors](#), and [presenters](#), for helping to provide an outstanding conference to our membership.

RCPA Recognizes 2015 Award Winners

In a delightful Association Luncheon and Awards Banquet on October 7 during conference, RCPA recognized its 2015 award recipients.



(L-R) Richard Edley with Victoria Livingstone, CEO of Transitional Services, Inc., for Fairweather Lodge Vocational Program: Greenlight Products



Edley with Erica Marsh, Project Director of LifeFit (L) and Janeen Latin, Chief Management Officer (R) from UCP of Central PA, for LifeFit Programs and SimplyHome System

The **RCPA Innovation Award** is presented to an individual or agency/facility in recognition of significant innovation. Examples include cross-systems integration, physical/behavioral health integration, and implementation of new technology.

- Transitional Services, Inc. for Fairweather Lodge Vocational Program: Greenlight Products
- Wellspan for Structured Interdisciplinary Rehab Bedside Rounds (SIRBR)
- UCP of Central PA for SimplyHome System and LifeFit Program



Edley with Betsy Trumble, Director of Clinical Operations, Rehabilitation Services (C) and Rosa Hickey, Director of Patient Care Services (R), both from Wellspan, for Structured Interdisciplinary Rehab Bedside Rounds (SIRBR)



The **Legislative Leadership Award** is presented to an individual who has shown significant leadership and commitment to government affairs and legislative issues on behalf of RCPA and its members.

- **Representative Daniel Miller (D-42, Allegheny County)**



RCPA's **Administrative Leadership Award** is given to an individual who has shown significant leadership and commitment to government and administrative issues on behalf of the association and its members.

- **Ronald Young, Department of Drug and Alcohol Programs**

(L-R) Richard S. Edley, PhD, RCPA president & CEO; Ronald Young, Department of Drug and Alcohol Programs; Lynn Cooper, RCPA; Charlie Folk, Eagleview Hospital director of counseling.



The **Community Leadership Award** is presented to an individual in recognition of extending service and knowledge to the community at large and efforts in helping the community better understand the needs of individuals served by RCPA members.

- **Michael Robb, Center for Community Resources**

Edley with Michael Robb, Executive Director, Center for Community Resources

Meet Dr. Rachel Levine Pennsylvania's Physician General



Dr. Levine is currently physician general for the Commonwealth of Pennsylvania and professor of pediatrics and psychiatry at the Penn State College of Medicine. A graduate of Harvard College and Tulane University School of Medicine, Dr. Levine has worked in the field of adolescent medicine

since 1988. As Physician General, Dr. Levine advises the governor and the secretary of health on health policy, and participates in the decision-making process of other executive departments on medical and public health-related issues.

At the Department of Health, Dr. Levine has focused on Pennsylvania's need to increase its childhood vaccination rates. The Department of Health's "Don't Wait. Vaccinate." campaign urges all children to be fully vaccinated before they start school. Vaccines are among the most effective and safe tools available for preventing harm and death to children. Under Governor Wolf's leadership, the Department of Health is working to ensure that we not only have 'schools that teach' but 'healthy schools that teach' in Pennsylvania.

Dr. Levine also serves as a lead in the Commonwealth's efforts to combat the largest public health crisis in PA, the prevalence of opioid overdoses and deaths. Every day, Pennsylvania loses at least seven citizens to overdose deaths. Earlier this year, Dr. Levine signed a standing order to ensure that first responders, such as the Pennsylvania State Police and municipal fire companies, can carry and administer naloxone, a life-saving over-dose reversal medication. Dr. Levine worked with expert stakeholders to create opioid prescribing guidelines for dentists and doctors. She continues to support the work by the Pennsylvania Department of Drug and Alcohol Programs, to ensure that treatment is available and opioid dependent individuals receive a facilitated referral, called a 'warm hand-off,' to recovery treatment.

Additionally, Dr. Levine will continue to utilize her position as physician general to call attention to the prevalence of eating disorders, the importance of suicide prevention among young people, and the significance of successful adolescent sexual health programs.

MEMBERS IN THE NEWS

RCPA Congratulates Member Brad Barry on Retirement

Child Guidance Resource Centers recently announced the retirement of Brad Barry, President and Chief Executive Officer, effective January 3, 2016. Mr. Barry's association with Child Guidance began in 1987 when he joined the Board of Directors as a way to give back to the community. In 2003, he was named president and CEO, and one of his first accomplishments in that role was the purchase and renovation of the Delaware County headquarters to centralize administrative and clinical offices. Since that time, Brad has led the organization's growth in both clinical programs and employees, in an effort to expand the availability of services to meet the needs of children, adolescents, adults, and families, with behavioral health challenges or developmental delays.

McConkey Insurance & Benefits New Hires

RCPA member McConkey Insurance & Benefits has hired several new personnel, including Personal Lines Supervisor Lisa L. Oberdorf; Client Service Coordinator Rochelle A. DeVito; and Client Service Coordinator Jennifer W. Balducci. For more information, visit their [website](#) and look under "News Links."

Pennsylvania Providers Awarded SAMHSA Integration Grants

The Substance Abuse and Mental Health Service Administration (SAMHSA) recently announced awards to an additional 60 primary and behavioral health care integration (PBHCI) grants. In Pennsylvania, these grants were made to two providers, including RCPA member NHS Human Services in Delaware County. The grants provide up to \$149.7 million for integrated approaches to treat mental and substance use disorders. Since 2009, SAMHSA has awarded more than 180 PBHCI grants, to better address the needs of individuals with mental health and substance use conditions. RCPA offers its congratulations to NHS as a Pennsylvania service system innovator.

House Energy and Commerce Health Subcommittee Conducts Hearing on Strengthening Medicare

On October 1, 2015, the House Energy and Commerce Health Subcommittee held a [hearing](#), “Examining Potential Ways to Improve the Medicare Program,” which included the review of three [bills](#) that strive to strengthen Medicare. The bills that were examined included:

- [HR 556, the Prevent Interruptions in Physical Therapy Act](#), which would add physical therapists to the list of providers allowed to transfer care for a Medicare patient in instances of illness, pregnancy, or vacation.
- [HR 1934, the Cancer Care Payment Reform Act](#), which would build on the promise of new provider delivery model development envisioned in the sustainable growth rate replacement policy, enacted into [law](#) earlier this year. This bill would establish a national oncology medical home demonstration project to improve Medicare payments for cancer care.
- [Draft legislation](#) that would make changes to documentation and face-to-face requirements for home health providers under the Medicare program.

Adjustment in Controversy Threshold Amounts Under Medicare Appeals Process

The Centers for Medicare and Medicaid Services published a [notice](#) in the September 25, 2015 *Federal Register* that announces the annual adjustment in the amount in controversy threshold amounts for administrative law judge hearings under the Medicare appeals process. The adjustment will be effective for requests filed on or after Friday, January 1, 2016.

Providers Encouraged to Reference ICD-10 Page on CMS Website for Updates

The US health care system transitioned to ICD-10 on October 1, 2015. Providers are encouraged to check the ICD-10 page on the Centers for Medicare and Medicaid Services (CMS) [website](#) for updates. Included on this page is the *Welcome to ICD-10* blog, Frequently Asked Questions, a document to assist providers with finding the answers to their ICD-10 questions, and more.

In the October 1, 2015 *Federal Register*, the Centers for Medicare and Medicaid Services (CMS) released a Request for Information (RFI) to seek public comment related to new provisions in the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). This is for the design of the new Medicare physician payment system that will replace the Sustainable Growth Rate (SGR) formula, which includes the merit-based incentive payment system, alternative payment models, and a physician-focused payment model. Originally, comments were due by November 2, 2015; however, an extension of the comment period for an additional 15 days was published in the [October 20, 2015 Federal Register](#), indicating the new due date as Tuesday, November 17, 2015.

■ STATE NEWS BRIEFS

Meeting Planned for HCBS Providers to Discuss CHC

The Departments of Human Services and Aging have extended an invitation for Managed Care Organizations (MCOs) and Home and Community-based Service (HCBS) providers to convene to discuss Community HealthChoices (CHC). The purpose of the meeting is to begin the conversation between the MCOs and providers, as the transition from fee-for-service to managed care begins. The meeting has been scheduled for Wednesday, November 4, 2015, from 1:00 to 3:00 pm at the Radisson Hotel located at 1150 Camp Hill Bypass, Camp Hill, PA 17011.

Changes to Dates/Locations for Upcoming MLTSS System Subcommittee Meetings

The Office of Long-Term Living announced changes to the dates and locations for the November and December Managed Long-Term Services and Supports (MLTSS) meetings. The November meeting is scheduled for Monday, November 2, 2015, at the PA Department of Education’s Honor Suite (333 Market Street, Harrisburg, PA) and the December meeting is scheduled for Friday, December 4 at the same location.

■ MEDICAL REHABILITATION

CMS Issues Revised IRF PAI Training Manual

The Centers for Medicare and Medicaid Services (CMS) recently issued a revised inpatient rehabilitation facility patient assessment instrument (IRF PAI) training manual. The updated sections of the training manual are located on the [IRF PAI web page](#) under Downloads.

The revised training manual only covers the changes made to the IRF PAI, including:

- Revisions to the language in the Table of Contents, Section 7: *Comorbid Conditions* and Section 11: *Clarification of Terminology*;
- Section 2: *Item-by-Item Coding Instructions*;
- Section 3: *The Functional Independence Measure (FIM) – Revised Language*;
- Section 4: *Quality Indicators – Revised Language*; and
- Section 6: *ICD-10-CM Codes Related to Specific Impairment Groups* – Updated to Reflect ICD-10 Codes.

The updated training manual became effective on Thursday, October 1, 2015.

■ BRAIN INJURY

RCPA Submits Comments on OLTL Community HealthChoices Concept Paper

RCPA, on behalf of the Brain Injury Committee, submitted [comments](#) to the Office of Long-Term Living (OLTL) on October 16, 2015 on their Community HealthChoices (CHC) [concept paper](#). The comments focused on critical areas associated with the brain injury community that should be included in the program definitions, request for proposal, and program requirements.

■ MENTAL HEALTH HEADLINES

Pennsylvania Awarded Planning Grant for CCBHCs

RCPA would like to congratulate the Department of Human Services Office of Mental Health and Substance Abuse Services (OMHSAS) for being awarded a Certified Community Behavioral Health Clinic (CCBHC) planning grant, for \$886,200. The application process was led by Dr. Dale Adair, OMHSAS medical director.

Pennsylvania was one of 24 states awarded this one-year grant. Authorized under Section 223 of the Protecting Access to Medicare Act of 2014, the planning grants are part of a comprehensive effort to integrate behavioral health with physical health care, utilize evidence-based practices on a more consistent basis, and improve access to high quality care. The planning grants will be used to support states to certify community behavioral health clinics, solicit input from stakeholders, establish prospective payment systems for demonstration reimbursable services, and prepare an application to participate in the demonstration program.

The criteria used to certify community behavioral health clinics emphasize high quality and evidence-based

practices. Populations to be served are adults with serious mental illness, children with serious emotional disturbance, and those with long term and serious substance use disorders, as well as others with mental illness and substance use disorders.

The planning grants are the first phase of a two-phase process. When the planning grant phase ends in October 2016, awardees will have an opportunity to apply to participate in a two-year demonstration program that will begin in January 2017. Under the demonstration program, no more than eight states with certified community behavioral health clinics will provide behavioral health services to eligible beneficiaries and be paid using an approved prospective payment system.

Information is available online about the [planning grants](#) and [demonstration projects](#), or by contacting RCPA Mental Health Policy Specialist, [Sarah Eyster](#).

CPA Presents STOP Opiate Abuse Campaign

[PaStop.org](#) is Pennsylvania's new hub for information on opiate use, addiction, and treatment. It's an awareness campaign designed to help professionals and members of the public understand the risks of opiate use and how to get help. The Stop Opiate Abuse Campaign was funded by the Pennsylvania Commission on Crime and Delinquency and overseen by the Commonwealth Prevention Alliance (CPA).

DDAP Provides Training on Licensing for Nearly 100 RCPA Members

On September 30, state officials from the Department of Drug and Alcohol Programs (DDAP) presented updates to RCPA members on the latest information regarding Pennsylvania drug and alcohol licensing regulations. The training included recent regulation changes and how the changes relate to current regulations. State officials also discussed the confidentiality and drug and alcohol regulations as they relate to co-occurring services. In addition, numerous DDAP licensing staff were present to answer questions from members. A comprehensive [PowerPoint](#) was shared with attendees. Questions regarding the training, or other D&A issues, should be directed to [Lynn Cooper](#).

■ IDD FOCUS

ODP Updates

The Office of Developmental Programs has provided the following updates:

- [Informational Memo #075-15](#): *Provider Monitoring and Qualification Information and Changes for Fiscal Year 2015/16.*
- [Announcement #076-15](#): *New Required Training: Risk Mitigation: Addressing Day to Day Risk with the Team.*
- [Announcement #077-15](#): *ODP Professional Development Webinar: Frequently Asked Questions from the Outcome Section of the ISP: Better Outcomes, Better Lives.*
- [Announcement #078-15](#): *ODP Year 8 Cost Report Instructions and Excel Template for Waiver Residential Service Provider Staff; Web-based training session to be held on Monday, September 21, 2015.*
- [Informational Packet #079-15](#): *Partial Year Rate Load for Eligible Residential Services Related to the Rate Retention Factor Process Resulting from Provider Settlement Agreement.*
- [Announcement #080-15](#): *Revised 2015 ODP Required Training for Supports Coordinators and SC Supervisors.*
- [Announcement #081-15](#): *ODP Year 8 Cost Report Website User Account Request Form and Desk Review Assignment Mapping*
- [Announcement #082-15](#): *ODP Year 8 Desk Review Training Registration for AEs.*
- [Announcement #083-15](#): *Availability of Home and Community-Based Services Provider Survey Report.*
- [Announcement #084-15](#): *ODP Required Training: Supports Coordinator's Conversations with ODP Deputy Secretary Nancy Thaler; four separate webinar dates for discussion on the role of SCs as policies are revised and changed.*
- [Informational Memo #085-15](#): *ISP Review Checklist – Elimination of Six Month Review; Effective immediately, supports coordinators and administrative entities will not need to complete the ISP checklist for the six month review.*
- [Announcement #086-15](#): *New Schedule to Update Rates and ISP Data in HCSIS to Support the Provider Settlement Agreement.*
- [Announcement #087-15](#): *ODP Year 8 Cost Report Training Audio Replay/PowerPoint Presentation.*
- [Announcement #088-15](#): *ODP's Listening Sessions for ID Waiver Renewal; ODP's federal waivers expire in June 2017 which required application for renewals. These listening sessions will assist ODP to receive stakeholder input into waiver services.*
- [Informational Memo #089-15](#): *ICD-10 Reminder: October 1, 2015 Compliance Implementation for ODP ID Stakeholders; ODP funded providers must bill using the ICD-10 diagnoses codes.*
- [Announcement #090-15](#): *ALERT: New Schedule to Update Rates and ISP Data in HCSIS to Support the Provider Settlement Agreement.*
- [Announcement #091-15](#): *Now Available: Fiscal Year 2015/2016 Provider Monitoring Tools.*
- [Announcement #092-15](#): *PA Department of Human Services Revised Medication Administration Training Program Final Classroom Training Sessions for 2015.*
- [Announcement #093-15](#): *Save the Date: October 30, 2015 SC and SC Supervisor Required Training: SELN Webinar on Tools to Assist the SC with Employment Conversations.*
- [Announcement #094-15](#): *Enterprise Incident Management System Implementation Information: ODP EIM Newsflash 1; ODP's new enterprise incident management system is scheduled to be implemented on January 4, 2016.*
- [Bulletin #00-15-03](#): *Rescission of OMH-94-10, Account Structure Manual Revised Cost Centers for County Mental Health and Mental Retardation Programs.*

“May I never get too busy in my own affairs that I fail to respond to the needs of others with kindness and compassion.”

— Thomas Jefferson

IDD FOCUS

ABLE Update

The federally approved legislation which established the Achieving a Better Life Experience (ABLE) is under implementation in Pennsylvania. Currently, Senator Lisa Baker’s Senate Bill 879 passed the Senate on September 18 with a vote of 49-0. This bill will now go to the House for consideration. This legislation will create accounts similar to 529 college savings accounts, to allow individuals with disabilities to have additional resources in special ABLE accounts which do not impact the individuals’ Supplemental Security Income or Medicaid eligibility. RCPA Policy Specialist [Linda Drummond](#) is a member of the state’s ABLE Coalition. She is seeking suggestions from members on new services/supports not in the waivers which could be private pay using ABLE accounts.

The recent coalition meeting included discussion with PA Treasury Department Director of College 529 Savings Program Kathleen McGrath, regarding potential ABLE account implementation and procedures. Policies and regulations regarding the state’s implementation will depend on the state legislation passed to develop these accounts. The current legislation which is moving through the legislature includes Senator Baker’s [Senate Bill 879](#), which establishes the savings program and imposes duties on the Treasury Department and Representative Marshall’s [House Bill 1319](#), which provides for the taxation or the exemption from taxation for these accounts. The coalition feels these bills need to be passed together, since they address different components of the savings accounts.

National Employment First Webinar

LEAD Center’s “National Employment First” webinar is archived and available [here](#). This webinar provides information such as:

- Outcome data across respective federally-funded systems (education, I/DD adult services, mental health, vocational rehabilitation, workforce investment, and others) at an individual state level, as well as the ability to compare data from up to three states at a time.
- Reviewing comprehensive profiles for each individual state with respect to relevant legislation, policies, gubernatorial actions, funding initiatives, pilots, and strategic partnerships going on in each state, as it relates to increasing competitive, integrated employment options for individuals with disabilities.

ODP Futures

The Office of Developmental Program’s Futures Planning continues with several stakeholder work groups finalizing recommendations. RCPA Policy Specialist Linda Drummond is on several of these work groups. The Values Work Group is finalizing the document *My Life, My Way – Everyday Lives in Action*, which overviews 15 personal values for each individual. These include: control, choice, freedom, responsibility, success, employment, and relationships and partnerships.

The Challenging Behaviors Work Group is developing high-level recommendations. These topics include improving individual support plans, enhancing and improving the availability of dual diagnosis supports, and physical and mental health access for all ages.

September IDD Committee

The September 17 Intellectual and Developmental Disabilities Committee included updates on the state budget, legislation, transportation, vocational rehabilitation, Office of Developmental Programs, and Department of Human Services emphasis on Employment First. Meeting notes are available [here](#).

Olmstead Report

House Resolution of 903, introduced in 2014 by Rep. Thomas Murt, required the Legislative Budget and Finance Committee to do a [comprehensive review](#) of the Department of Human Services implementation of the US Supreme Court's Olmstead Decision. This decision relates to persons with intellectual disability moving from state centers into community-based services. The report looks at issues such as center closures, impact on center staff, implementation of home- and community-based services, system costs, and lawsuits filed since the Olmstead decision in 1999.

Report highlights include:

- Benjamin Settlement Agreement to transition 230 state center residents into community by June 2018;
- FY 2014/15 costs of state centers averaged \$330,223 per resident; and
- Funding and restrictive regulations have slowed community growth.

The February 2015 RCPA Intellectual and Developmental Disabilities Committee featured the state's Legislative Budget and Finance Committee Program Manager Patricia Berger, and Analyst Randy Mortimer, who held discussion with members regarding the state's implementation of the Olmstead Decision. 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.

Aging Project (Temple IOD and PDDC)

Temple University's Institute on Disabilities has received a grant from the PA Developmental Disabilities Council to address "Transitions in Aging." RCPA Policy Specialist Linda Drummond is a member of this grant's advisory board.

The grant will develop five training modules to educate older adults with developmental disabilities and their families about managing aging-related needs. Topics for the trainings will include: Successful Aging, Aging in Place, Active Community Participation, and Retirement Planning. There will also be three trainings to educate service providers about the transitional needs of those in middle and later adulthood. These topics will include: Aging with Developmental Disabilities (Signs and Symptoms), How to Promote Active Community Participation, and Retirement Planning. RCPA member recommendations will be sought as these trainings are developed.

■ ON THE AUTISM SPECTRUM

Autism Provider Survey Update

As members are aware, in August the Department of Human Services issued a [memo and directive](#) to counties and behavioral health managed care organizations, requiring them to complete a detailed survey regarding access to services, and challenges related to staff attrition and recruitment. The survey was initiated in response to concerns raised by RCPA and its members with representatives in the state General Assembly and DHS, that the labor pool limitations and challenges to autism service access are growing. Representative Dan Miller (D-Allegheny), in his address to RCPA members at the association's conference in October, expressed his growing concern about these service access issues, his interest in the survey findings, and his hope that an administrative or legislative solution can be implemented soon.

Pediatric Medical Home Focus on Autism

The Pennsylvania Medical Home Initiative recently partnered with Autism Services, Education, Resources and Training Collaborative (ASERT) for the Fall 2015 conference on autism. Medical Home teams from the fields of pediatrics and family medicine received a comprehensive overview of the latest statewide data on Autism Spectrum Disorders (ASD), as well as provider resources and tools available to meet families' needs. The conference featured presentations from Diana Robins, PhD (author of the "Modified Checklist for Autism in Toddlers" or M-CHAT) and Craig Newschaffer, PhD on ASD screening and epidemiology as well as a moderated parent panel.

Act 62 Family Fact Sheets

The Bureau of Autism Services, in collaboration with the Pennsylvania Insurance Department, is in the process of finalizing updated *Autism Insurance Fact Sheets for Families*. The fact sheets are designed to assist families with obtaining insurance coverage for autism treatment services, explain key insurance concepts, and provide information about treatment services and provider qualifications. The Bureau has now released these fact sheets which may be of value to parents of a child with autism that may be covered by private group health insurance under Pennsylvania's Autism Insurance Act, the Medical Assistance Program, or the [Children's Health Insurance Program \(CHIP\)](#). The Department of Human Services is working to successfully implement the Autism Insurance Act (ACT 62).

Autism service providers are encouraged to inform families of the important [information and resources](#) available.

Preparing Consumers and Families for the Holiday Season

In the coming weeks, communities and families will be observing and celebrating several religious and traditional holidays. While this is a time for family gatherings and community events, it will be important for consumers and their families to give thoughtful consideration to preparing for this season of the year. In working with youngsters and adults with an autism disorder and their families, we can remind them of some important thing to consider in their holiday plans.

Traveling

- Public transportation often runs on a modified schedule during the holiday season. Be sure to check schedules before traveling.
- To help make day trips run more smoothly, consider traveling in two cars so that someone can return home separately if necessary.
- Bring quiet toys/activities that will provide entertainment or comfort during the gathering.
- Talk to the host in advance about any food allergies or preferences. Feel free to pack your own snacks.
- Avoid large gatherings if they will be difficult for you or a family member. If attending a large gathering, arrive early to allow time to get accustomed to the growing number of people.
- Ask the host if there is a quiet location that can be used in case you or a family member needs a break from the festivities.
- Ask for help if you need it. Family and friends are often eager to help but may not know what you need.

Shopping

- Malls and popular stores get very busy during the holiday season. Shop online, or go early in the season or early in the day to avoid crowds. If shopping at a mall, go shortly before the stores open to walk around and get familiar with the layout.
- Shop with a friend or helper to make the day more fun and for extra support while shopping.
- Wear earplugs or encourage your family member to use them to moderate the noise/activity. Listening to music through earbuds is also a great option.

Religious Services or Spiritual Gatherings

- Talk with the leader about what you or your family member might need and discuss ways to encourage other attendees to be supportive.
- Arrange for a “buddy” to attend with you or your family member.
- Bring quiet toys/activities that will provide entertainment or comfort during the service.

Exchanging Gifts

- Discuss the idea of what gifts mean and practice ways to accept gifts with appreciation.
- If the host is planning a gift-exchange game, discuss the rules in advance and decide if participating would be fun.
- In some cases, it may be easiest to give gifts that are unwrapped or in gift bags to avoid frustration so that the gift can be accessed right away.

■ CHILDREN'S CORNER

OMHSAS Moves to Create Peer Services for Transition Age Youth

The Office of Mental Health and Substance Abuse Services (OMHSAS) recently launched a statewide work group to develop standards for county and Medicaid funded peer support services for transition age youth. The Children's Committee of the OMHSAS Planning Council has been urging the state to explore ways to expand peer support services to this population by training and certifying transition age youth as peer specialists.

The newly formed work group's key objective will be to provide guidance to OMHSAS during this process. The first meeting of this work group was convened on October 27 and the group will continue to work through January. RCPA is represented on this work group and will provide updates on the development of transition age youth peer support specialist services, training, certification, and implementation.

Improving Medication Management for Children in Foster Care

The Department of Human Services Health Care Work Group on Psychotropic Medication would like to ensure that stakeholders working with children and youth in the child welfare system are aware of available resources related to appropriate use and monitoring of psychotropic medication. The Administration for Children and Families Children's Bureau has released two guides on this topic:

- *Making Healthy Choices: Supporting Youth in Foster Care in Making Healthy Choices: A Guide for Caregivers and Caseworkers on Trauma, Treatment, and Psychotropic Medications*; and
- *Making Healthy Choices: A Guide on Psychotropic Medications for Youth in Foster Care*.

Both publications include information, worksheets, and tips for empowering youth to understand their options and make healthy choices. The guide is available for free through the Child Welfare Information Gateway in [English](#) and [Spanish](#).

Feds Launch "My Brother's Keeper"

Last year, President Obama launched [My Brother's Keeper \(MBK\)](#), an initiative that brings together the public and private sectors, communities, businesses, schools, and individuals to close opportunity gaps. The initiative sets a vision for supporting our youth from cradle to college and career, by focusing on six milestones across the life course. The first of these milestones is ensuring that children enter school ready to learn. The [My Brother's Keeper Task Force Report](#) recommends building a strong foundation of social-emotional and behavioral health as an integral component of entering school ready to learn. Social-emotional and behavioral health is robustly associated with school readiness and achievement and outcomes in adulthood, such as higher likelihood of high school completion, degree attainment, and lower likelihood of drug use and arrest. Only 20% of providers who serve children under age five reported receiving any training on facilitating children's social-emotional growth in the past year. Lack of training and competencies in this area may contribute to higher rates of expulsions and suspensions.

National Center of Excellence in Infant and Early Childhood Mental Health

This week the Substance Abuse and Mental Health Services Administration, in partnership with the Health Resources and Services Administration, and the Administration for Children and Families, launched the new National Center of Excellence in Infant and Early Childhood Mental Health Consultation (IECMHC). The Center of Excellence has been funded at about \$6 million over the next four years. The center is tasked with building strong, sustainable, mental health consultation systems in states across the country through the development of state of the art tools and the delivery of training and technical assistance. IECMHC is a multi-level preventive intervention that teams mental health professionals with people who work with young children and their families. The intervention is designed to promote social-emotional and behavioral development, and has demonstrated impacts for improving children's social skills and adult-child relationships; reducing challenging behaviors, expulsions, and suspensions; increasing family-school collaboration; increasing classroom quality; and reducing teacher stress, burnout, and turnover.

School Priorities: Emotional Wellness vs Active Shooter Security

The Pennsylvania Department of Education is now reviewing proposals to the Office of Safe Schools for grants that will range from school wide positive behavior intervention and support (PBIS) to metal detectors, police contracts, and school resource officers. Schools are again considering if their priority is prevention through improved school climate and mental health supports to students or facility security. The U.S. Department of Justice (DOJ) reports that there are approximately 19,000 school resource officers stationed in schools across the country, and is weighing in on the responsibilities of law enforcement officers stationed at schools when they interact with children who have disabilities.

The view of the DOJ is that "school resource officers should be trained, have clearly defined roles, and should not handle routine discipline. In cases where school resource officers do interface with children with disabilities, the Americans with Disabilities Act applies and reasonable modifications of procedures may be necessary." The DOJ comments are in response to a lawsuit and noted that "Children, particularly children with disabilities, risk experiencing lasting and severe consequences if (school resource officers) unnecessarily criminalize school-related misbehavior by taking a disproportionate law enforcement response to minor disciplinary infractions." The comments of the DOJ underscore the risks to students that come with trends to increase a police presence, rather than investments in social-emotional wellness and positive school climate.

School Services Work Group

This fall, RCPA convened a meeting and webcast of the School Services Work Group in Pittsburgh with more than 50 provider, county, and managed care organization participants. The co-chairs reported on their informal survey of school leaders, with regard to their perception of the challenges facing schools in relation to student support services. The predominate concern identified by school leaders is "family engagement." The work group will begin to compile a "tool kit" document of effective family engagement approaches and solutions to engagement barriers.

The group discussed the continuing effort by schools to meet the needs of all students in the least restrictive environment, including those with special health and behavioral health care needs, at the same time as the reduction in mental health and autism services. Another issue the group discussed is the disparity between the service frequency, intensity, and duration, grounded in mental health medical necessity service authorization and in special education services and ways of addressing this, including cross-system participation in both Individualized Education Plan and treatment planning for the same student. Another project identified for the work group is helping school officials recognize that school services frequently result in improved attendance, improved school performance, reductions in office discipline and restraint events, improved family and faculty satisfaction, as well as reduced service and transportation costs to the school. The next meeting of the School Based Services Work Group will be scheduled in December or January.

Primary Care Docs, The Most Likely to Prescribe Meds for Children

According to a national database, about one-third of US children with a mental health condition receive their medical management and medication from their Primary Care Provider (PCP). The findings of a study by Dr. Jeanne Van Cleave and her colleagues at Mass General Hospital for Children in Boston, recently published in *Pediatrics*, also noted that PCPs prescribed medication to a greater percentage of children than did psychiatrists. "We found that primary care clinicians deliver a substantial portion of outpatient child mental health care in the US," Van Cleave told *MedPage*, "This is important because it provides guidance to where investments in improving child mental health care might be useful, namely, in primary care." The researcher concluded that, "In an effort to assist PCPs in their involvement in pediatric mental health care, further emphasis should be placed on collaborative care models with psychotherapy and programs that provide point-of-care advice to PCPs from mental health experts."

PCIT Leaders Convene in PA

Last month, several hundred Parent Child Interaction Therapy (PCIT) practitioners, researchers, and early childhood mental health leaders gathered in Pittsburgh, at Mr. Roger's Neighborhood, for the bi-annual PCIT International Convention. Pennsylvania has embraced PCIT as a highly effective, evidence-based model. In addition to workshops that explored the broad range of adaptive applications and delivery of PCIT, groups discussed obstacles to sustaining the model in the face of such challenges as family transportation, parent program completion, appropriateness of referrals, staff attrition, and service cost/reimbursement disparities. In Pennsylvania, more than 500 clinical professionals have been trained in PCIT as part of the federally funded trial to compare three training models for implementing PCIT, making the Commonwealth a leader in providing this treatment model.



NOVEMBER		
Tuesday, November 3	10:00 am – 2:00 pm	SW Regional Meeting <i>Doubletree by Hilton Pittsburgh Cranberry 910 Sheraton Drive Mars, PA 16046</i>
Wednesday, November 4	10:00 am – 2:00 pm	NW Regional Meeting <i>Park Inn by Radisson, Clarion 45 Holiday Inn Road Clarion, PA 16214</i>
Monday, November 16	10:00 am – 1:00 pm	SE Regional Meeting <i>Elwyn 111 Elwyn Road John Cramp Administration Building; Room 317 Elwyn, PA 19063</i>
Wednesday, November 18	10:00 am – 1:00 pm	Central Regional Meeting <i>Hope Enterprises, Inc. 2401 Reach Road Williamsport, PA 17701</i>
Wednesday, November 18	10:00 am – 12:30 pm 10:00 am – 2:00 pm	Human Resources Committee Brain Injury Committee <i>Penn Grant Centre</i>
Thursday, November 19	9:00 am – 10:00 am	Government Affairs Committee <i>Conference Call</i>
Thursday, November 19	10:00 am – 12:30 pm	Outpatient Rehabilitation Committee <i>Penn Grant Centre</i>
Thursday, November 19	10:00 am – 1:00 pm	NE Regional Meeting <i>Children's Behavioral Health Services, Inc. 104 Woodward Hill Road Edwardsville, PA 18704</i>
DECEMBER		
Tuesday, December 1	12:00 pm – 1:00 pm	IPRC Webinar Getting the Words Out: Using Biofeedback for Articulation Remediation!
Tuesday, December 8	9:30 am – 12:00 pm 9:30 am – 12:00 pm 1:00 pm – 4:00 pm 1:00 pm – 4:30 pm	Criminal Justice Committee Mental Health Committee Drug & Alcohol Committee Children's Committee <i>Penn Grant Centre</i>
Thursday, December 10	9:00 am – 11:00 am 9:00 am – 11:00 am 11:30 am – 2:30 pm	Supports Coordination Organization Subcommittee Vocational Rehabilitation Subcommittee Intellectual/Developmental Disabilities Committee <i>Penn Grant Centre</i>
Thursday, December 10	10:00 am – 12:30 pm	Medical Rehabilitation Committee <i>Penn Grant Centre</i>
Thursday, December 17	9:00 am – 10:00 am	Government Affairs Committee <i>Conference Call</i>