



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

REHABILITATION & COMMUNITY  
PROVIDERS ASSOCIATION

FEBRUARY 2016

## RCPA NEWS

RCPA  
2016  
CONFERENCE

## Call for Proposals

The 2016 RCPA Conference is scheduled for September 27–30 at the Hershey Lodge in beautiful Hershey, PA. The Conference Committee is seeking workshop proposals for possible inclusion at this premier statewide event. 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 that assist providers with developing and maintaining 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.

Members are encouraged to consider submitting proposals, and to forward this opportunity to those who are exceptionally good speakers and have state-of-the-art information to share. If you do not want to present, but know of an important topic or subject matter expert, please contact [Sarah Eyster](#), conference coordinator. Proposals are due on **Friday, March 18**.

## Provider Revalidation Webinar Materials

The Provider Revalidation Webinar, with Jamie Buchenauer from DHS, was held on January 6. RCPA members and invited guests received answers to many of their questions regarding the revalidation process. Also on hand to offer input and answer questions were Ron Melusky and Chuck Frick from ODP, Lisa Page from OMHSAS, and Rosemary Cosgrove from OMAP. A [recorded version](#) of this webinar is available. The [PowerPoint presentation](#) is also available to download or print. More information is available on the RCPA [website](#).

The deadline for revalidating is Thursday, March 24. Numerous RCPA members have already gone through this process, but it appears that large numbers of providers have not yet done so. DHS Secretary Ted Dallas sent a notice out on April 20, 2015, highlighting the changes resulting from the Affordable Care Act; providers that enrolled on or before March 25, 2011, must be revalidated by March 24, 2016. For providers that enrolled after March 25, 2011, revalidation must occur on or before five years from the date of initial enrollment.

RCPA | CHILDREN'S  
DIVISION

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## RCPA NEWS

# Population Health – What Is It and Why Is It Important to You?

Population health is defined as the health outcomes of a group of individuals, including the distribution of such outcomes based on several social determinants. Determinants include health care, individual behavior, social environment, physical environment, and genetics. It is based on people having health literacy and health activation in their own lives so that they can contribute to their community and move forward. The act of managing the health of a person, his or her community, and making policies at the local, state, and federal levels to support wellness, is considered population health management.

This aging concept is gaining traction in the United States. Historically, the UK and Canada have been using this strategy to get a handle on health care struggles in their countries. Similarly to the United States, both countries have faced significant shortages of physicians for primary care as well as behavioral health care. Using a population health management strategy aligns both individual, local, state, and federal interests in improving health outcomes.

The most dominant factor of population health/management is the need for alternative reimbursement strategies to fee-for-service. Based on what managed care organizations did in the 1990s, this model brings back the case rate, the true capitation rate, and other alternative reimbursement strategies.



Pennsylvania leaders attend the Population Health Symposium for Behavioral Health and Primary Care in Washington, DC.

Twelve of your colleagues traveled to Washington, DC to learn more about population health and population health management on January 20. Given Pennsylvania's interest in Person Centered Medical Home and Certified Community Behavioral Health Clinics, it is in RCPA membership's best interest to learn more. For more information, please see [Population Health Second Edition Textbook](#), published in 2016, or contact RCPA Director, Mental Health Division, [Sarah Eyster](#).

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Connell O'Brien  
*Director, Children's Division*

# RCPA

## CHILDREN'S DIVISION

In the words of Fredrick Douglass, "It is easier to build strong children than to repair broken men." RCPA providers of children's services know that all children, especially those extraordinary children and youth whom our members serve, rely on our capacity to understand, manage, and innovate across many systems. RCPA member agencies may have their historical roots in adult services, community mental health, or other service systems, but over time the needs of children, adolescents, and communities in which they live increasingly demand an "all of the above" approach to understanding the broad matrix of practice, planning, and policy. This "child and adolescent service system" thinking among the members of the former PCPA and PARF have been the foundation of what is now the RCPA Children's Division. The work of the Children's Division is to focus on current and future service delivery practice. Division activity also focuses on the operational, fiscal, and public policy for each health, human service, and education system impacting our members and the children, youth, and families they serve each day (and often each night). Increasingly, the scope of children's services and the Children's Division has expanded to address member needs from infant-toddler to transition-age youth and young adults, in distinct service silos as well as highly integrated and co-located multi-service teams and programs in schools, child welfare, juvenile justice, and health care settings.

RCPA, along with the [Children's Division](#), is a member-driven organization. Our members have shaped the structure and leadership of the division to support the complexity and diversity of Pennsylvania. The priorities of the division are guided by the Children's Steering Committee, a group of 15 agency and program leaders representing every region and the full array of behavioral health, early intervention, autism, child welfare, juvenile justice, special education, and alternative education service lines. The job of the director of the Children's Division is to work closely with the steering committee and division members to inform and support providers in their development and delivery of services in their communities.



Children's Division Co-chairs [Garrett Trout](#), TrueNorth Wellness Services, and [Tammy Marsico](#), The Children's Institute

A key part of that effort is to act as provider advocate and link to state and national leaders and policymakers. Wherever state child service policymakers gather, the RCPA Children's Division is "at the table." The division is also regularly represented in meetings with children's health and human

service advocacy groups and with statewide organizations representing the state's health and human service professional and provider organizations. The Children's Division comes to those tables to "ensure that form supports function," resources are optimized, barriers are minimized, and future children's service models, trends, and opportunities are identified. The division members, steering committee, and division director are all supported by a team of RCPA staff who are experts and resources in their respective areas of policy and practice.

For the past several years, many of the division's priorities and actions have shifted from its traditional focus on information, advocacy, system collaboration, and innovation. Recent efforts seemed increasingly directed to minimize the impact on members, communities, children, and families related to state policy priorities and resource constraints. Now, in 2016, the division and our members are poised to participate in new and exciting opportunities. Initiatives that range from early childhood services, school-based programs, and integrated pediatric/mental health collaborations, to new transition-age youth and young adult behavioral health service lines, are materializing. Whether these exciting opportunities are generated from the state's leadership in child and adolescent behavioral health, autism services, child welfare, primary health care, or education, RCPA will continue to be Pennsylvania's leaders in planning, policy, and practice.

## RCPA Introduces Technology Initiative

*“RCPA supports its members in the development and marketing of innovative ideas that can help all our members in critical areas such as clinical programs, technology, and agency efficiencies. This article from Life Transitions Plus is what we hope is the first in many initiatives that we highlight here in this newsletter and through other social media and event venues.”*

— Richard Edley, RCPA President and CEO

RCPA members share many common challenges as the climate in our marketplace continues to change. Funding decisions result in reduced budgets, while service expectations increase with a greater emphasis on documenting measurable outcomes. Agencies are required to do more with less to remain competitive in this ever-changing environment. Many agencies have exhausted cost-cutting measures. They recognize that growth and stability are more reliably linked to incorporating innovative solutions, new technologies, and collaborative efforts into their strategic plans. The good news is that there are many exciting options for agencies to consider as they strive to serve their clients while meeting funder expectations.

RCPA is pleased to announce its support for one such option. It is called [Transition Performance](#). It is a dynamic initiative developed by Life Transitions Plus (LTP), to assist organizations

serving people in transition. It consists of a unique set of web-based tools that consolidates transition expertise, organizes it into useable output formats, and delivers it in ways that are uniquely customized to each individual being served. The *Transition Performance* online toolkit enhances the effectiveness of the practitioners, providing specialized services to individuals in transition – regardless of the challenges facing the individuals being served. It also generates outcome information that funders require from agencies.

*Transition Performance* increases the likelihood that positive changes can be accomplished; they can be accomplished in a shorter timeframe; and the results are longer lasting. The *Transition Performance* approach assumes all efforts to assist people making changes in their lives are enhanced when caregivers have a solid understanding of the persons' readiness for change, their commitment to change, their ability to make changes, and the support they

receive once they are in the process of change – something RCPA's member agencies deal with each day.

This feedback is provided in real-time, and is customized for each individual, based on a user profile created from an online assessment. Personalized observations, recommendations, and guidelines are produced based on the expert content contained in the transition database. The assessments are repeated at regular intervals and progress is tracked over time.

Initial research conducted by LTP shows that the use of *Transition Performance* results in both strategic and financial benefits. LTP is currently seeking agencies that would like to introduce this service into one of their programs on a trial basis beginning April 1. Funding is being pursued to underwrite this trial initiative and to subsidize each agency's participation. Please contact [Victoria Livingstone](#), CEO of LTP, if you are interested in participating.

### MEMBERS IN THE NEWS

RCPA members **Community Services Group** and **TrueNorth Wellness Services** are featured in an article titled *“Psychiatry telehealth services aim to close behavioral health gap in rural Pa.”* in *Central Penn Business Journal*, December 15, 2015.

### New President of CGRC

RCPA congratulates Colleen McNichol, the new president and chief executive officer for member organization Child Guidance Resource Centers (CGRC). Ms. McNichol, who previously served as the chief operating officer for Child Guidance, will succeed Brad Barry who has retired after 28 years of service to the organization.

### NEW MEMBER

#### FULL PROVIDER MEMBER

[The Arc of Butler County](#)  
112 Hollywood Dr, Ste 202  
Butler, PA 16001  
*John Link, executive director*

#### BUSINESS MEMBER

Wabash Associates  
3517 Shadow Dr  
Sharpsville, PA 16150  
*Evangelos Stamoolis, partner/consultant*



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](http://www.legis.state.pa.us).



## Changes Coming to the General Assembly

In the upcoming election, many longtime legislators have decided not to run for re-election. Over the past few years, the General Assembly has welcomed a number of new members. This turnover in the General Assembly has led to the legislative body becoming more polarized, because new members have generally been more liberal/conservative than their predecessors. Hopefully, the new crop of legislators will be more balanced; however, it's not likely, because the new members will more than likely continue the trend of being more partisan, which does not bode well for budget negotiations or getting sensible legislation passed. Below is a current list of legislators, who announced they will not be running for re-election:

- Sen. Patricia Vance (R-Cumberland)
- Rep. Bill Adolph (R-Delaware)
- Rep. Julie Harhart (R-Northampton)
- Rep. Sandra Major (R-Susquehanna)
- Rep. Peter Daley (D-Washington)
- Rep. John Payne (R-Dauphin)
- Rep. Dwight Evans (D-Philadelphia)
- Sen. Shirley Kitchen (D-Philadelphia)
- Rep. Nick Kotik (D-Allegheny)
- Rep. Mauree Gingrich (R-Lebanon)
- Rep. Mike Vereb (R-Montgomery)

## RCPA Capitol Day

Tuesday, April 12  
Harrisburg, PA

RCPA will be hosting our 2016 Capitol Day on **Tuesday, April 12**. During the day, RCPA will hold a press conference in the Main Rotunda and members will visit key legislators to discuss the state budget, legislation, and regulations that affect their day-to-day activities. More information will follow, but if you have questions or suggestions regarding our 2016 Capitol Day, please contact [Jack Phillips](#).

## ■ FEDERAL NEWS BRIEFS

### New Participants Announced in Medicare ACOs

Recently, the Centers for Medicare and Medicaid Services (CMS) announced the addition of 121 new participants in Medicare Accountable Care Organization (ACO) initiatives, which includes one organization in Pennsylvania (River Health ACO). ACOs are groups of doctors and hospitals that join together to develop and execute a plan for a patient's care and share information, putting the patient at the center of the health care delivery system. The ACOs are paid not based on how many tests or procedures are performed, but by the success of the treatment administered. CMS also

announced that of the 121 new participants, 21 of those ACOs will participate in the [Next Generation ACO Model](#), an initiative for ACOs more experienced in coordinating care that will assume higher levels of financial risk and reward than are available under the current models. It also includes a prospectively (rather than retrospectively) set benchmark, allows beneficiaries to choose whether to be aligned to the ACO, and tests beneficiary incentives for seeking care at Next Generation providers, including increased availability of telehealth and care coordination services.

## CMS Issues RFI Regarding Awarding & Administration of MACs

Included in the December 21, 2015 [Federal Register](#) was a Request for Information (RFI) regarding the awarding and administration of Medicare Administrative Contractor (MAC) contracts by the Centers for Medicare and Medicaid Services (CMS). Comments on this RFI will be accepted through Tuesday, February 16, 2016.

## Quality Measure Development Plan Posted; Comments Due March 1

On December 18, 2015, the Centers for Medicare and Medicaid Services posted the draft [Quality Measure Development Plan: Supporting the Transition to the Merit-based Incentive Payment System \(MIPS\) and Alternative Payment Models \(APMs\)](#). This draft plan is a strategic framework for future clinician quality measurement development. Questions and comments about the plan will be accepted through Tuesday, March 1, 2016.

## HHS Announces Accountable Health Communities Model

On January 7, 2016, the Department of Health and Human Services (HHS) announced a new five-year program, the [Accountable Health Communities Model](#). This program will provide funding of up to \$157 million, to test whether screening beneficiaries for health-related social needs, and associated referrals to and navigation of community-based services, will improve the quality and affordability in Medicare and Medicaid. According to the Centers for Medicare and Medicaid Services, unmet needs of this vulnerable population may increase the risk of developing chronic conditions and reduce an individual's ability to manage these conditions, resulting in increased health care utilization and costs. Award recipients under this model, referred to as "bridge organizations," will oversee the screening of Medicare and Medicaid beneficiaries for social and behavioral issues, such as housing instability, food insecurity, utility needs, interpersonal violence, and transportation limitations, and help them connect with and/or navigate the appropriate community-based services.

### ■ STATE NEWS BRIEFS

## DHS Proposed Statewide Transition Plan for Home and Community-Based Settings Open for Comment

The Department of Human Services (DHS) is making available for public review and comment Pennsylvania's proposed [statewide transition plan](#) for home and community-based settings. The transition plan was revised based on recommendations made by the Centers for Medicare and Medicaid Services (CMS). DHS held a webinar on January 22, to receive comments on the plan, and will hold an additional webinar on Monday, February 1, 2016, from 2:00 to 4:00 pm. Dial-in information for the webinars is available by visiting the DHS [web page](#) or by contacting the department at 717-783-2203; written comments may be submitted via [email](#) or postal mail:

Caitlin Palmer  
Department of Human Services  
Office of the Secretary  
PO Box 2675  
Harrisburg, PA 17105-2675

Comments must be submitted by Tuesday, February 16, 2016, and will be used to formulate the statewide transition plan that will be submitted to CMS in March. RCPA members are asked to share a copy of your comments with the policy staff for your waiver areas: for OLTL waivers, [Melissa Dehoff](#) and for ODP Waivers, [Linda Drummond](#).

## Final Rule Published on Prior Authorization Process for DMEPOS

A [final rule](#), published in the December 30, 2015 *Federal Register*, was issued by the Centers for Medicare and Medicaid Services (CMS). This rule establishes a prior authorization program for certain durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) that are frequently subject to unnecessary utilization. It creates a new requirement that claims for certain DMEPOS items must have an associated provisional affirmed prior authorization decision as a condition of payment. The regulation becomes effective on Monday, February 29, 2016.

## CMS National Provider Call Focuses on IMPACT Act

On Thursday, February 4, from 1:30 to 3:00 pm, the Centers for Medicare and Medicaid Services (CMS) will conduct a [National Provider Call](#) that will focus on [Improving Medicare Post-Acute Care Transformation \(IMPACT\) Act of 2014](#). The IMPACT Act requires the reporting of standardized patient assessment data by post-acute care providers, such as inpatient rehabilitation facilities, skilled nursing facilities, home health agencies, and long-term care hospitals. Registration is required.

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■ BRAIN INJURY

## RCPA Brain Injury Committee Members Participate in MCO Meet and Greet for CHC

The Departments of Human Services (DHS) and Aging are continuing to develop Community HealthChoices (CHC), Pennsylvania's plan for managed long-term services and supports. The success of CHC will be determined by a number of factors, including the relationships between future managed care organizations (MCOs) and existing providers. It is extremely important to continue the conversation with MCOs and Pennsylvania's experienced providers, to successfully transform the fee-for-service system to managed care. An invitation was extended to RCPA's Brain Injury Committee members to participate in an MCO meet and greet session, exclusively for brain injury providers, held on January 14. The session included a panel and presentation as well as a facilitated discussion with the MCOs.

## House Energy & Commerce Committee Roundtable Discussion on Concussions

The House Energy and Commerce Committee leaders recently announced that its [comprehensive review on concussions](#) would commence with a roundtable discussion on January 25. This discussion brought together experts from the medical, military, athletic, and research communities to study the causes, effects, and treatments of concussions and other head trauma, as well as have a more complete understanding of concussions. The review was conducted by the Subcommittees on Oversight and Investigations, Health, Commerce, Manufacturing, and Trade.

## Quality of Life Assessment for Caregivers of People With Traumatic Brain Injury

Researchers at [Kessler Foundation](#) are examining the quality of life in caregivers of people with traumatic brain injury (TBI) by having them complete a questionnaire. To participate, caregivers must be at least 18 years old and be providing care to a person with TBI who was discharged from inpatient rehabilitation at least three months ago. The study involves completing online questionnaires three times over a period of several months. Each questionnaire takes approximately one hour to finish; participating caregivers will be compensated for their time. For more information, call 973-243-6812 or [email](#).

## DDAP issues RFP: New Software for Reporting Requirements

On January 12, the Commonwealth of Pennsylvania issued a Request for Proposal (RFP) to procure for the Department of Drug and Alcohol Programs (DDAP) a software as a service solution to meet its requirements under the Substance Abuse Prevention and Treatment Block Grant (SAPTBG). This solution will replace a legacy performance-based prevention system, which is currently an outsourced system, fully hosted and managed by a vendor. In addition, this solution needs to meet the SAPTBG treatment reporting requirements, including the reporting of treatment episode data to SAMHSA. DDAP staff will be providing an update at the next RCPA Drug and Alcohol Committee Meeting on February 9.

## URGENT

## D&A Regulation RCPA Member Review Needed: Staffing Regulations

**This request was sent out close to the holidays and RCPA received minimal response. These regulations are extremely important and member feedback is crucial.**

As previously reported, a small group of dedicated drug and alcohol (D&A) provider members have been meeting regularly to review and make recommendations to revise *Chapter 704, Staffing Requirements for Drug and Alcohol Treatment Activities*. Please review this [draft document](#) and submit any suggestions you have for changes to [Lynn Cooper](#), no later than Thursday, February 4. Once we have received feedback from the RCPA D&A members, the document will be submitted to the Department of Drug and Alcohol Programs (DDAP) for consideration.

These regulations were previously reviewed and submitted to DDAP, but were met with resistance, due to the proposed elimination of the counselor assistant and a requirement for at least a bachelor's degree for the counselor. The work group decided to revise the initial submission, including the counselor assistant status and removing the bachelor's degree requirement. The majority of RCPA members have more stringent requirements. The work group believed that countless other changes in the staffing regulations were desperately needed and should not be held up due to the two major areas of disagreement, especially in light of their minimal impact to RCPA members.

Thank you in advance for your review of these changes. Special thanks to the members of the regulation work group, who devoted a significant amount of time and energy to this grueling process.

## PHC4 Data Shows Large Increases in Hospital Admissions for Overdose of Pain Medication and Heroin

The Pennsylvania Health Care Cost Containment Council (PHC4) has released a new [research brief](#) on hospitalizations for overdose of pain medication and heroin. Examining hospital discharges between 2000 and 2014 for Pennsylvania residents aged 15 and older, the brief presents statewide findings that show a 225% increase in the number of hospitalizations for overdose of pain medication and a 162% increase in the number of hospitalizations for overdose of heroin.

While there were higher numbers of [hospital admissions](#) for these types of overdoses among urban county residents, there were larger increases for rural county residents. For rural county residents, there was a 285% increase between 2000 and 2014 in the number of hospitalizations for pain medication and a 315% increase for heroin. For urban counties, the percent increases were 208% and 143%, respectively.



## ODP Updates

The Office of Developmental Programs has released the following information available on the [ODP Consulting website](#).

- [Announcement #112-15](#): *ODP Cost Report Information for Waiver Transportation Providers*; year 8 cost report materials are now on the ODP Consulting website and must be submitted by February 19.
- [Announcement #113-15](#): *Enterprise Incident Management System (EIM) Implementation Information: Changes to the Incident Management Report and System as a Result of EIM*. ODP EIM Newsflash 5.
- [Announcement #114-15](#): *Enterprise Incident Management System (EIM) Implementation Information: Management Review Training Resources Now Available*. ODP EIM Newsflash 6.
- [Announcement #115-15](#): *Enterprise Incident Management System (EIM) Incident Report Deletions*. ODP EIM Newsflash 7.
- [Announcement #116-15](#): *Request for Input: Day Supports – Survey to Obtain Suggestions for Waiver Service Definitions*.
- [Announcement #117-15](#): *Enterprise Incident Management System (EIM) Implementation Information: Supports Coordination Organization Incident Notification*. ODP EIM Newsflash 8.
- [Announcement #118-15](#): *Enterprise Incident Management System (EIM) Implementation Information: EIM Go-Live Announcement*. ODP EIM Newsflash 9. Effective January 4.
- [Announcement #001-16](#): *ODP Provider Qualification Documentation Record & Webinar* for the Fiscal Year 2015/16 biennial provider qualification process that begins February 1. ODP providers must collect, verify, and submit the required qualification documentation to the Lead AE.

## Transportation Options

PennDOT's [FindMyRidePA](#) is the state's Department of Transportation's service which is expanding into new areas across the state. This program helps persons with disabilities to locate fixed and shared ride transportation options. [FindMyRidePA](#) offers discounted shared ride services, which are sponsored by the state and paid for by the PA Lottery and other funding sources. The Federal Transit Administration has a technical assistance center, the [National Aging and Disability Transportation Center](#), to provide support and guidance to transportation providers, advocacy groups, and individuals, to expand travel options and promote funding to assist in offering transportation for older individuals and those with disabilities.

## Employment First Resource

The US Office of Disability Employment Policy and the LEAD Center have issued three [Employment First Technical Briefs](#) to assist with implementation of Employment First initiatives:

- **Technical Brief #1:** *Connecting the Dots; Using Federal Policy to Promote Employment First Systems Change Efforts*
- **Technical Brief #2:** *Federal Legal Framework that Supports Competitive, Integrated Employment Outcomes for Youth and Adults with Significant Disabilities*
- **Technical Brief #3:** *Criteria for Performance Excellence in Employment First State Systems Change and Provider Transformation*

## Designing Career Development

The National Collaborative on Workforce and Disability has published a guide to assist states in helping youth and youth with disabilities prepare for employment and post-secondary education. [Designing Statewide Career Development Strategies and Programs](#) offers two sections; "Youth Career Development Systems Primer" and "Seven Quality Career Development Implementation Strategies."

## Police Training

The Tennessee Department of Intellectual and Developmental Disabilities has created a training to improve outcomes when law enforcement officers encounter individuals with disabilities. “[IDD and Community Policing](#)” addresses definition of intellectual disability, definition of developmental disabilities, dual diagnosis, and cross-systems crisis planning. Providers and families are encouraged to contact their local police departments to share information about the disabilities of those living in the police jurisdiction. This will assist police in learning about the types of disabilities, behaviors, and interventions.

In Pennsylvania, Representative Caltagirone initially introduced House Bill 1504 of 2013, which required the education of judicial officers and municipal police on recognition and proper techniques to interact with individuals with mental illness, intellectual disability, and autism. Originally, this legislation only included mental illness education, but by Representative Caltagirone’s staff working with RCPA’s staff Linda Drummond and the Dual Diagnosis Focus work group, intellectual disability and autism were added to the training requirements. This legislation was reintroduced in 2015 as House Bill 221 and was signed into law by Governor Wolf on July 10, 2015 as [Act 25](#). These trainings are under development at this time.

## Workforce Goals

The American Association on Intellectual and Developmental Disabilities has made available a [Workforce Issue Brief](#) and [several videos](#), based on research goals, to address the important workforce topics to assist individuals with intellectual and developmental disabilities to become included and employed members of their communities.

## DRN Employment Paper

The Disability Rights Network (DRN) of Pennsylvania has written a white paper, entitled [Community Jobs and a Living Wage: Opportunities for People with Disabilities in Pennsylvania](#). This reports on the number of individuals with disabilities in the workforce, reviews laws and systems that have moved to community integrated employment, and makes recommendations for individualized community employment at a living wage.

## Hotel Centered on Special Needs Workers

The 150-room [Courtyard Hotel](#) in Muncie, Indiana has at least 20 percent of its 129-person workforce be individuals with developmental and other types of disabilities. These special needs workers are employed at the front desk, house-keeping, and the on-site bistro and restaurant. The hotel offered a training institute for those with disabilities, for 9 to 13-week sessions, to learn vocational skills related to hospitality, food service, and health care.

*Time is very slow for those who wait;  
Very fast for those who are scared;  
Very long for those who lament;  
Very short for those who celebrate;  
But for those who love time is eternal.*

— William Shakespeare

## OMHSAS Draft Bulletin: TSS-ABA Training

In January, the Office of Mental Health and Substance Abuse Services (OMHSAS) released a draft bulletin on the training and supervision requirements for therapeutic staff support (TSS) workers for public comment. RCPA communicated significant concerns that the proposed bulletin seems to have been drafted without “industry input” from behavioral health rehabilitation services and autism providers, and allowed only three business days for public review and comment. The proposed bulletin does not call for additional training time, but only a focus in the existing training requirements on applied behavior analysis. RCPA comments sent to OMHSAS raised questions with regard to the acceptable content of the training, source of the training, and the process for approval of the trainers and curriculum. RCPA comments and recommendations also requested that OMHSAS facilitate opportunities to discuss the implications of the training requirements with the state, as well as the HealthChoices contractors (counties, county oversight, and behavioral health managed care organizations).

## ABA Settlement and Service Expansion

The Disability Rights Network of Pennsylvania (DRN), acting on behalf of their clients, has reached a settlement with the Department of Human Services (DHS) that promises to expand the availability of applied behavior analysis (ABA) services for children with autism in the Medicaid behavioral health system. The “Sonny O.” [settlement agreement](#) with DHS was signed on January 11. DRN will proceed with the completion of necessary paperwork, send notice to the class, and participate in a fairness hearing where class members will have a chance to weigh in with the court about whether this settlement should be approved. DHS will separately designate ABA and create either a procedure code or a modifier for it for billing purposes (within the Medicaid behavioral health system). Within 18 months after execution of the agreement, DHS, with input from experts in the field, will promulgate regulations defining the training, experience, and supervision required for practitioners of ABA. The minimum qualifications will be such that the practitioners who provide ABA will have the knowledge and skills set forth in [Exhibit “A.”](#)

## Autism Program at Rutgers

Rutgers University is in the planning stages to offer adults with autism vocational and housing opportunities on campus. It is hoped that this model will be replicated at colleges nationwide through its new Rutgers Center for Adult Autism Services. The university plans to employ as many as 60 individuals with this developmental disorder at its New Brunswick, NJ, campus. The pilot program will include 20 adults with autism who will work and live on campus in apartment-style housing with graduate students.

## ■ COMMITTEE REPORTS

### Intellectual and Developmental Disabilities

The December 10, 2015, [Intellectual and Developmental Disabilities Committee meeting](#) included presentations addressing aging, employment first, ODP updates, and Department of Human Services Housing Project.

### SCO Subcommittee

The December 10, 2015, [Supports Coordination Organizations Subcommittee meeting](#) included presentations and discussion regarding trusts, ODP prudent pay, waiver renewals, Enterprise Incident Management, ABLE Accounts, and Independent Monitoring for Quality.

### Vocational Rehabilitation Subcommittee

The December 10, 2015, [Vocational Rehabilitation Subcommittee meeting](#) included discussion regarding new waiver service definitions for waiver-funded community based work assessments, skills assessments, and Discovery model; 21st Century Work Center and HR 188 (TIME Act); IDD white paper for ODP/OVR/Governor’s Disabilities Cabinet; and formation of a work group to develop the business perspective and the impact on businesses that contract with pre-vocational programs.

## Research Advances an Understanding of ADHD

Recent findings published in the journal *Biological Psychiatry* add to evidence that children with Attention Deficit Hyperactivity Disorder (ADHD) “differ from other youth in the way their brains are wired.” The study found that children with this disorder may have weaker connections among brain networks that help the mind focus. Using MRI brain scans from 180 children with and without ADHD, researchers found that children with the disorder showed weaker interactions among three brain networks involved in attention, and the more severe a child’s attention problems, the weaker those brain connections were. The study notes the importance of the “salience network,” observes senior researcher Vinod Menon, professor of psychiatry and behavioral sciences at Stanford University School of Medicine. “The core brain systems involved in attention are dysfunctional in ADHD,” Menon said. “There is an underlying biological aspect to these symptoms.” To create focus, the salience network has to quiet the default-mode system, while dialing up the central executive network. If the interaction among those networks is lacking, you might get stuck in a daydream rather than tackling the task at hand. An important question is whether weak connections among these three brain networks can be strengthened. “The hope,” Menon said, “is that once you work with children to improve their focus and attention, these brain circuits would be normalized.” In the United States, more than 6 million school-age children and teens have been diagnosed with ADHD, according to the Centers for Disease Control and Prevention.

## Guiding the Work of the RCPA Children’s Division

While Connell O’Brien, director of the RCPA Children’s Division, is responsible for the day-to-day activities related to child, adolescent, and family service systems, the priorities, agenda, and action are guided by the Children’s Steering Committee. The steering committee is comprised of 16 RCPA children’s program and agency leaders. These member agency leaders represent every region of the state and every behavioral health, child welfare, and education service line of our membership. The Children’s Committee and steering committee are chaired by Garrett Trout, chief executive officer of TrueNorth Wellness Services and Tammy Marsico, director of behavioral health services at The Children’s Institute. Connell, Garrett, and Tammy, in collaboration with the steering committee and work group chairs, regularly represent RCPA at state policy and planning meetings, provide the rapid review of draft documents at the request of state departments and program offices, and provide policy and practice guidance to members.

## Family Group Decision Making

The Pennsylvania Statewide Family Group Decision Making (FGDM) Leadership Team has announced that registration is open for the Biennial Pennsylvania FGDM Conference, to be held Tuesday–Wednesday, April 26–27 at the Hershey Lodge. The theme this year is “Coloring Outside the Lines,” which will focus on different ways FGDM is being used to maximize family success. The keynote speaker this year is Michael Nerney, a renowned specialist in addictions. The registration fee is the same as in 2014; \$99.00, which covers the conference fee, dinner on April 26, and breakfast and lunch on April 27. A block of rooms is being held for conference attendees at a reduced rate – ask for the FGDM Conference when making your registrations. Hotel costs are the responsibility of the attendee. To register, please follow this [link](#). For additional information, contact [Stephenie Strayer](#), planning committee co-chair, at 717-231-3300, ext. 3828 with any additional conference questions.

## Informing Early Intervention

Early intervention technical assistance (EITA) will soon start to distribute *Portal to Practice*. This monthly update will include professional development opportunities, new information, and resources on the EITA portal. To subscribe, go to the [EITA website](#) and select the blue “Portal to Practice” button to complete your enrollment. EITA is encouraging our members to share new information with your early childhood program staff, and others within your community who may be interested in EITA learning opportunities. EITA *Portal to Practice* will come in the form of an email. It may be helpful to add [eita@pattan.net](mailto:eita@pattan.net) to your safe sender email addresses.

## System of Care Learning Institute

The 2016 *System of Care (SOC) Learning Institute* is an opportunity to bring together youth, families, child-serving systems, and providers, to promote collaboration for the successful implementation of the Pennsylvania SOC Partnership throughout the Commonwealth. Community providers and county partners can “save the dates” of Monday–Wednesday, June 20–22, for this event that will be held at The Penn Stater in State College.



## Psychotropic Medication Guidelines for Children

A group of child and adolescent psychiatrists, including members of RCPA and the Pennsylvania Psychiatric Society (PPS), and the Pennsylvania Chapter of the American Academy of Pediatrics, has been working with the Office of Mental Health and Substance Abuse Services over the past few months to create draft guidelines for psychotropic medication use in children, with special attention to children in out-of-home placements. This document was developed as a result of federal and state activity related to psychotropic medication use with children in foster care. Although the focus of the document is on educating primary care practitioners, all prescribers are being encouraged to use these recommendations as a guide for all prescriptive activity. Special thanks goes to Drs. Albaugh and Hodas and the members of the PPS Committee on Child and Adolescent Psychiatry.

## State Priorities for Federal Funding of Child Care and Development

Officials from Pennsylvania's Office of Child Development and Early Learning (OCDEL) recently completed a listening tour and webcast to engage with stakeholders and families on the proposed state plan for implementing the requirements of the federal Child Care and Development Block Grant (CCDBG). The CCDBG is one of the primary federal funding sources (approximately \$188 million) for monitoring regulated child care programs and improving the quality of child care provided. "Parents need to know their children will be cared for in a safe and healthy environment, no matter if they choose child care offered in a home, center, or school-based setting," said Department of Human Services Secretary Ted Dallas. "When young children feel safe and comfortable with their caregivers and their surroundings they are more likely to thrive."

Key features of Pennsylvania's plan are:

- Strengthening health and safety requirements for all child care providers;
- Extending the eligibility re-determination period to 12 months;
- Prioritizing vulnerable populations for child care subsidy; and
- Developing proposals to recruit and retain a qualified and effective child care workforce.

According to Department of Education Secretary Pedro Rivera, "By age five, 90 percent of a child's brain has already been developed. Child care staff trained in child development and early childhood education know the importance of engaging infants, toddlers, and preschoolers in active learning, where they are learning things by doing fun activities through playing." Public comments regarding the state plan will be posted [here](#).

## PCIT Updates

Parent-Child Interaction Therapy (PCIT) has been a practiced model in Pennsylvania since 2010. PCIT is an evidence-based, parent training program for families who have children with challenging behaviors. Parents are actively supported by a PCIT clinician on how to apply specialized skills so that they can increase appropriate child behaviors. The clinical model involves coaching parents as they interact with their young children (ages 2.5 to 7 years). The intervention is short-term, typically from 12 to 20 weeks in duration, and tailored to the needs of individual families. In five short years, the therapy model has grown with more than 270 trained PCIT clinicians, from 100 agencies, located in 60 of 67 Pennsylvania counties. A PCIT implementation steering committee will be meeting in late March to again review the growth of PCIT and continue to explore the challenges to the program's sustainability at a state and local level.

## Focus on Our Youngest Pennsylvanians

Readers of this month's RCPA "Children's Corner" will notice several articles focusing on early childhood service, practice, and planning initiatives. The RCPA Children's Division will extend this focus in February to the Children's Committee webcast, which will feature a panel of state experts who will discuss the range of active projects that will, with the engagement of RCPA providers, extend and enhance the state's ability to serve the special needs of this population.



## CALENDAR

F E B R U A R Y		
<b>Tuesday, February 2</b>	12:00 pm – 1:00 pm	IPRC Webinar: Safe Transport for Children with Special Health Needs
<b>Wednesday, February 3</b>	9:30 am – 11:30 am 11:45 am – 1:00 pm 1:15 pm – 3:30 pm	Mental Health Committee Joint MH & Children's Committees Children's Committee <i>Webcast Only</i>
<b>Thursday, February 4</b>	9:30 am – 11:30 am  9:30 am – 11:30 am 12:00 pm – 4:00 pm	Supports Coordination Organization Subcommittee <i>Weitzel Room</i> Vocational Rehabilitation Subcommittee Intellectual/Developmental Disabilities Committee <i>Keystone Ballroom, Hershey Country Club, 1000 East Derry Road, Hershey, PA 17033</i>
<b>Tuesday, February 9</b>	12:00 pm – 1:00 pm  1:00 pm – 4:00 pm	IPRC Advocacy, Education & Membership Committee <i>Conference Call</i> Drug & Alcohol Committee <i>Best Western Premier</i>
<b>Wednesday, February 10</b>	1:00 pm – 4:00 pm	Criminal Justice Committee <i>Best Western Premier</i>
<b>Thursday, February 11</b>	12:00 pm – 1:00 pm	IPRC Networking Call <i>Conference Call</i>
<b>Tuesday, February 16</b>	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee <i>Conference Call</i>
<b>Wednesday, February 17</b>	10:00 am – 12:30 pm	Human Resources Committee <i>Best Western Premier</i>
<b>Thursday, February 18</b>	9:00 am – 10:00 am	Government Affairs Committee <i>Conference Call</i>
<b>Wednesday, February 24</b>	10:00 am – 2:00 pm	Brain Injury Committee <i>Best Western Premier</i>
M A R C H		
<b>Thursday, March 3</b>	10:00 am – 12:30 pm	Outpatient Rehabilitation Committee <i>Penn Grant Centre – RCPA Conference Room</i>
<b>Tuesday, March 8</b>	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee <i>Conference Call</i>
<b>Thursday, March 10</b>	10:00 am – 12:30 pm	Medical Rehabilitation Committee <i>Penn Grant Centre – RCPA Conference Room</i>
<b>Tuesday, March 15</b>	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee <i>Conference Call</i>
<b>Wednesday, March 16</b>	10:00 am – 12:30 pm	Finance Committee <i>To Be Determined</i>
<b>Thursday, March 17</b>	9:00 am – 10:00 am	Government Affairs Committee <i>Conference Call</i>
<b>Tuesday, March 22</b>	12:00 pm – 1:00 pm	IPRC General Membership <i>Webcast</i>
<b>Tuesday, March 29</b>	10:00 am – 2:00 pm	Southeast Regional Meeting <i>Resources for Human Development, Inc., 4700 Wissahickon Avenue, Suite 126, Philadelphia, PA 19144</i>