RCPA

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

REHABILITATION & COMMUNITY PROVIDERS ASSOCIATION

JUNE 2016

RCPA NEWS

New RCPA Resources for Integrated Health Care Providers

Beginning in May, RCPA began to produce and distribute information specifically focused on integrated health care. RCPA *Infos* and *Alerts* will cover research, delivery and training models, policy issues, and other topics that will inform our members (and their physical health care partners) about collaborative, integrated, and co-located health care. While all information will feature traditional RCPA member service lines such as mental health, substance use disorders, brain injury, and intellectual/developmental disabilities, it will all concentrate on supporting members engaged in "whole health" initiatives.

A growing body of clinical research, health economic data, and public policy has brought the nation and Commonwealth to the "tipping point" at which our health care, funding, training, and health information systems are increasingly being redesigned and engineered to support models of integrated health, behavioral health, and rehabilitative services. RCPA members are now implementing a range of delivery models grounded in collaborative, co-located, and integrated physical and behavioral health care. To subscribe to this distribution list, use this link and add integrated care to your other selections.

RCPA Honored to Be Challenger Day Sponsor

RCPA was proud to be a sponsor of "Challenger Day" on May 15 with 500–1,000 attendees to show appreciation for Camp Hill Challenger League players!! The event was held at Fiala Fields in Camp Hill.

RCPA Conference Mobile Application

COMING SOON

RCPA staff and the Conference Committee are excited about the RCPA conference mobile application (mobile app). The app is similar to the National Council app used for its annual conference. With the move to Hershey and stable access to wireless connections at the Hershey Lodge, the time was right to go electronic. The mobile app will be your one-stop shop for all things conference. From choosing workshops to identifying exhibitors you want to visit; from posting on Facebook to completing workshop evaluations, and from finding the next networking opportunity to planning your overall conference experience, the *DoubleDutch* mobile app will have it all. The application will be available to conference registrants (you must register first) as well as exhibitors. RCPA will introduce the application at the end of July. This is yet another way in which the annual conference, *RCPA on the Move*, is moving forward!

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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.

RCPA PAC's Third Annual Golf Outing on September 27

Please join us for the RCPA PAC Golf Outing at the beautiful Hershey Country Club on Tuesday, September 27. It's a great way to kick off the RCPA Annual Conference! Lunch will start at 11:00 am in the Weitzel Room followed by a putting contest and 1:00 pm shotgun start.

The RCPA PAC raises money and supports campaigns of state legislators who work tirelessly on issues that benefit mental health, intellectual disabilities, addictive disease treatment and services, brain injuries, medical and vocational rehabilitation, and other related human services. The funds raised through RCPA PAC can make the difference between a win and a loss on an issue or assist in making a new ally. Even if you can't be a strong contributor to RPCA PAC fundraising efforts, we all have friends and business associates who are interested in helping our allies to victory. Getting involved in RCPA PAC not only allows you to help make decisions on who the committee supports, but also helps to identify new folks who will join in our successes. Further questions may be directed to Jack Phillips.

IN THIS ISSUE

DOL Issues Final OT Rule

On May 18, the Department of Labor (DOL) issued its Overtime Exemption Rule (OT Rule) in its final form. The final rule is an update to the Fair Labor Standards Act. The OT Rule will increase the salary threshold at which certain supervisory and professional workers are exempt from overtime requirements, with the salary level increasing automatically over time. Highlights of the DOL's final OT Rule are as follows:

1. Set the standard salary level at the 40th percentile of earnings of full-time salaried workers in the lowest-wage census region, currently the South, which is $913 per week or $47,476 annually for a full-year worker;

2. Set the total annual compensation requirement for highly compensated employees subject to a minimal duties test to the annual equivalent of the 90th percentile of full-time salaried workers nationally, which is $134,004;

3. Establish a mechanism for automatically updating the salary and compensation levels every three years to maintain the levels at the above percentiles and to ensure that they continue to provide useful and effective tests for exemption; and

4. Become effective on December 1, with a period of limited non-enforcement until March 17, 2019 for providers of Medicaid-funded services for individuals with intellectual or developmental disabilities in residential homes and facilities with 15 or fewer beds.

RCPA is concerned about the impact that the implementation of the new rule will have on its members. The association believes there will be negative, albeit unintended, consequences for many health and human service providers, their employees, and their consumers. Due to the DOL's release of its final rule, providers will now have to make the choice of converting currently exempt salaried employees to hourly employees. If this happens, employers will face organizational challenges, such as shifting work from exempt employees to non-exempt employees. In addition, employee morale and job satisfaction will no doubt decline.

The DOL's final rule is yet another regulatory burden that RCPA members must overcome, while yet another potential obstacle is also in process. Governor Wolf's 2016/17 budget proposal includes an increase to the Commonwealth's minimum wage. With the DOL's final rule and the potential for an increase in the state's minimum wage, our members are being overly burdened by federal and state regulations and unfunded mandates. Health and human service providers do not have the ability to negotiate rates or to pass on increased operating costs to the state, the individuals they serve, or other entities. RCPA supports wage increases because an economic investment in staffing improves recruitment and retention efforts; however, RCPA sees the serious harm that the DOL's final rule and a potential minimum wage increase will have on the very workers these proposals seek to protect.

Health and human service providers offering services under Medicaid struggle to keep positions filled with qualified employees. They are unable to pay higher wages to hourly workers, or salaries to mid-level workers, which worsens turnover. Since rates cannot be negotiated or increased costs passed on, non-profits have no choice but to scale back wherever possible. This results in providers not being able to offer health insurance or other employee benefits comparable to companies in other industries. Therefore, RCPA and its members must educate federal and state legislators about the negative impacts that these mandates have on health and human service providers.

On June 7, RCPA staff along with members will be attending National Council's Hill Day in Washington, DC. RCPA encourages as many members as possible to attend, so that a unified message can be presented about these pressing workforce issues. In addition to attending the June 7 Hill Day, RCPA is encouraging members to contact their member of Congress and ask them to support S 2707 and HR 4773 for a legislative solution to this critical employer issue. For further information on the final rule, please see the fact sheets posted on the DOL website. Anyone with questions can contact Jack Phillips.

NEW MEMBERS

FULL PROVIDERS

Amudipes Residential and Day Treatment Facilities
90 Norristown Rd
Blue Bell, PA 19422
Ellen Amudipe, president

Child to Family Connections
13388 Dunham Rd
Meadville, PA 16335
Karen Cross, director

Mid-Atlantic Rehabilitation Services, Inc.
743 N 24th St
Philadelphia, PA 19130
Paul MacDonald, CEO

Tripil Services
69 E Beau St
Washington, PA 15301
Andrea Costello, CAO

BUSINESS

MITC
5300 Westview Dr, Ste 404
Frederick, MD 21703
Jessica Wolford, marketing and events specialist

MEMBER IN THE NEWS

RCPA Congratulates Member Robert Klebacha on Retirement

Robert Klebacha, executive director, Bollinger Enterprises, Inc., will be retiring on June 30, 2016. Dr. William Clark will be taking over the position. See news article here.

CMS Issues Medicaid Managed Care Final Rule

On May 6, 2016, the Centers for Medicare and Medicaid Services issued the Medicaid Managed Care final rule, which updates and modernizes the regulations to reflect changes in the usage of managed care delivery systems. The final rule aligns many of the rules governing Medicaid managed care and the Children's Health Insurance Program (CHIP) with those of other major sources of health coverage. Specifically, the final rule:

- Authorizes the first-ever Medicaid and CHIP quality rating system, phased in over five years beginning in 2017, that could be similar to the rating system for the Health Insurance Marketplace, or states can establish their own system as long as it provides plan performance information comparable to CMS' system;
- Improves beneficiary communications, including electronic notices to beneficiaries and creating online provider directories;
- Implements medical loss ratio requirements beginning July 1, 2017, in which managed care plans that cover Medicaid patients for the first time will have to spend at least 85 percent of their revenue on medical care;
- Requires states to assess and certify adequacy of a managed care plan's provider network annually and when there are major changes to a program design;
- Strengthens the fiscal transparency and integrity in Medicaid and CHIP managed care by requiring more transparency in the managed care rate setting process;
- Aligns Medicaid and CHIP managed care appeals process to Medicare Advantage and private health care plans, including aligning definitions and timeframes for the resolution of appeals, streamlining levels of internal appeals, and requiring enrollees use the managed care plan's internal process before proceeding to a state fair hearing;
- Codifies policies established in 2013 guidances from CMS relating to managed long-term services and supports;
- Requires additional information be included in provider directories, including information about the managed care plans' drug formulary and the provider group's affiliation; and
- Allows states to make a capitation payment for enrollees with a short-term stay, no more than 15 days, in an institution for mental disease to address access problems for inpatient psychiatric and substance use disorder services.

CMS Releases MACRA Proposed Rule

The Centers for Medicare and Medicaid Services (CMS) released a proposed rule for implementing the Merit-Based Incentive Payment System (MIPS) and Alternative Payment Models (APMs) under the Medicare and CHIP Reauthorization Act (MACRA) of 2015. MACRA intends to create a physician payment system that would accelerate Medicare's transition from fee-for-service payments to one based on quality and resource use performance metrics, patient experience, and patient outcomes. The proposed rule establishes a framework for MIPS and incentives to increase physician participation in APMs. The rule also proposes MIPS performance standards and a MIPS performance period of one calendar year (January 1 through December 31) for all measures and activities to four statutorily-required performance categories. The rule also proposes to use 2017 as the performance period for the 2019 payment adjustment, as required by statute. Comments on the rule are due to CMS by Monday, June 27, 2016.

Testimony About Physicians' Efforts to Prepare for MACRA

On April 19, 2016, the House Energy and Commerce Subcommittee on Health held the second in a series of hearings on implementation of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). The hearing examined how physician organizations and their members are preparing to implement the Medicare payment reforms that arose from the repeal of the Sustainable Growth Rate formula.

GAO Report Released on Medicare Claim Review Programs

On May 13, 2016, the Government Accountability Office (GAO) released the report, *Medicare: Claim Review Programs Could Be Improved With Additional Prepayment Reviews and Better Data.* The report requests that the Centers for Medicare and Medicaid Services (CMS) request legislation to allow recovery auditors (RAs) to conduct prepayment reviews of Medicare fee-for-service claims at high risk for improper payments. While prepayment audits (conducted before payments are made) can be more cost effective and save the federal government more money as not all overpayments can be collected, only Medicare administrative contractors conducted nearly all claim reviews on a prepayment basis.

As required by law, RAs are paid on a contingent basis from recovered overpayments, which can preclude them from conducting prepayment reviews, though CMS conducted a demonstration from 2012 through 2014 during which RAs conducted prepayment reviews for certain services. Under the demonstration, instead of being paid a contingency fee based on recovered overpayments, the RAs were paid contingency fees based on claim denial amounts. Although CMS and RA officials generally considered the demonstration a success, the president's FY 2015 through FY 2017 budget proposals did not contain any legislative proposals that CMS be provided such authority. Obtaining the authority to allow the RAs to conduct prepayment reviews would align with CMS' strategy to pay claims properly the first time, according to the report. The Department of Health and Human Services disagreed with GAO's recommendation, stating that the agency has enough prepayment review programs in place.

Final Rule on Fire Safety Requirements for Health Care Facilities

The Centers for Medicare and Medicaid Services (CMS) released a final rule in the May 4, 2016 *Federal Register* that updates health care facilities' fire protection guidelines to improve protections from fire for Medicare beneficiaries in facilities.

The new guidelines apply to hospitals, long-term care (LTC) facilities, critical access hospitals, inpatient hospice facilities, programs for all-inclusive care for the elderly, religious non-medical health care institutions, ambulatory surgical centers (ASCs), and intermediate care facilities for individuals with intellectual disabilities (ICF-IID). This rule adopts updated provisions of the National Fire Protection Association's (NFPA) 2012 edition of the *Life Safety Code*, as well as provisions of the NFPA's 2012 edition of the *Health Care Facilities Code.*

Some of the main provisions in the final rule include:

- Health care facilities located in buildings that are taller than 75 feet are required to install automatic sprinkler systems within twelve years after the rule's effective date;
- Health care facilities are required to have a fire watch or building evacuation if their sprinkler system is out of service for more than ten hours;
- The provisions offer LTC facilities greater flexibility in what they can place in corridors;
- Fireplaces will be permitted in smoke compartments without a one hour fire wall rating;
- Cooking facilities now may have an opening to the hallway corridor;
- For ASCs, all doors to hazardous areas must be self-closing or must close automatically; and
- Sprinkler requirements have been expanded for ICF-IIDs.

Health care providers affected by this rule must comply with all regulations within 60 days of the May 4, 2016 publication date, unless otherwise specified in the final rule.

RFP Generates 14 Responses

The Department of Human Services recently announced that they received 14 responses to the recent Request for Proposal (RFP) issued for Community HealthChoices (CHC). CHC is Pennsylvania's new initiative that will use managed care organizations to coordinate physical health care and long-term services and supports for older persons, persons with physical disabilities, and Pennsylvanians who are dually eligible for Medicare and Medicaid.

The first phase of CHC will begin in January 2017 in southwest Pennsylvania. For more information on CHC, visit this web page.

Companies that submitted responses

- Accenda
- Aetna
- AmeriHealth Caritas
- Cedar Woods Care Management
- Cigna-Health
- Gateway Health Plan
- Geisinger Health Plan
- Health Partners Plus
- Molina Healthcare
- PA Health & Wellness
- Trusted Health Plan
- United Healthcare
- UPMC for You
- WellCare

DHS Releases Proposed Community HealthChoices Waiver

The Department of Human Services (DHS) has made available for public review and comment the proposed Community HealthChoices (CHC) 1915(b) waiver and the proposed CHC 1915(c) waiver amendments, as published in the April 23, 2016 *Pennsylvania Bulletin*. If approved, the waiver will govern the operation of the CHC program, Pennsylvania's managed long-term services and supports initiative. Available for review on the DHS website are the proposed CHC concurrent 1915(b) and (c) waiver application and a detailed summary of all provisions, including a list of long-term services and supports which will be covered under the 1915(c) waiver. Also included are a summary of the person-centered planning requirements, participant fair hearing rights and grievance and complaint procedures, participant safeguards, quality management processes, payment methodologies, and cost effectiveness demonstration. The public comment period ended on May 23. RCPA submitted comments on behalf of our members on the due date.

RCPA Supports PAC Letter to CMS and Dear Colleague Letter on Home Health Prior Authorization

RCPA recently sent requests to legislators to sign on to two important bi-partisan "Dear Colleague" letters pertaining to Medicare post-acute care policies that are being circulated for signatures. One letter was from Congressmen Price and McGovern that pertained to concerns about the Centers for Medicare and Medicaid Services (CMS) possibly requiring a "prior authorization" policy for home health services. This policy would delay patients' access to care they need and would undoubtedly create problems for their discharge plans when they leave hospitals with a referral for home health services. The second letter from Chairman Tiberi and Congressman Kind urges CMS to offer health care providers more regulatory relief and flexibility under alternative payment models like bundling, the so-called "CJR" program for joint replacement, accountable care organizations, and other models intended to move health care delivery away from site-specific, fee-for-service reimbursement. CMS has the authority to waive numerous rules and statutory provisions in these alternative care delivery and reimbursement models, yet with few exceptions it has not done so.

CMS Releases Proposed FY 2017 IRF Payment Rule

On April 21, 2016, the Centers for Medicare and Medicaid Services (CMS) released the fiscal year (FY) 2017 inpatient rehabilitation facility prospective payment system (IRF PPS) proposed rule. The proposed rule will be published in the April 25 *Federal Register*. Some of the key provisions proposed include:

Proposed Updates to IRF payment rates:

Updates to the payment rates under the IRF PPS. CMS is proposing to update the IRF PPS payments to reflect an estimated 1.45 percent increase factor (reflecting an IRF-specific market basket estimate of 2.7 percent, reduced by a 0.5 percentage point multi-factor productivity adjustment and a 0.75 percentage point reduction required by law). CMS is proposing that if more recent data becomes available (for example, a more recent estimate of the market basket or multifactor productivity adjustment), it would be used to determine the FY 2017 update in the final rule. An additional 0.2 percent increase to aggregate payments due to updating the outlier threshold results in an overall update of 1.6 percent (or $125 million), relative to payments in FY 2016.

No changes to the facility-level adjustments. For FY 2017, CMS will continue to maintain the facility-level adjustment factors at current levels. CMS will continue to monitor the most current IRF claims data available to assess the effects of the FY 2014 changes.

Proposed Changes to the IRF Quality Reporting Program (QRP):

Beginning in FY 2014, any IRF that does not submit the required data to CMS receives a 2.0 percentage point decrease in its annual increase factor for payments under the IRF PPS. The Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014 requires the continued specification of quality measures, as well as resource use and other measures, for the IRF QRP.

In order to satisfy the requirements of the IMPACT Act, CMS is proposing four claims-based measures for inclusion in the IRF QRP for the FY 2020 and FY 2018 payment determination and subsequent years and one new assessment-based quality measure for inclusion in the IRF QRP for FY 2020 and subsequent years, respectively:

1. Discharge to Community – Post Acute Care (PAC) IRF QRP (claims-based);
2. Medicare Spending Per Beneficiary (MSPB) – Post-Acute Care (PAC) IRF QRP (claims-based);
3. Potentially Preventable 30 Day Post-discharge Readmission Measure for IRFs (claims-based);
4. Potentially Preventable Within Stay Readmission Measure for IRFs (claims-based); and
5. Drug Regimen Review Conducted with Follow-up for Identified Issues (assessment-based).

Pending final data analysis, CMS is also proposing to add four new measures to IRF QRP public reporting on a CMS website, such as Hospital Compare, by fall 2017. In addition, CMS is proposing to extend the timeline for submission of exception and extension requests for extraordinary circumstances from 30 days to 90 days from the date of the qualifying event.

Update Released on Additional Documentation Limits Under Recovery Audit Program

On May 3, 2016, the Centers for Medicare and Medicaid Services (CMS) issued an update to the additional documentation request (ADR) limits for Medicare institutional providers under the Medicare fee-for-service (FFS) recovery audit program, which will allow recovery audit contractors (RACs) to request more documents from providers who have high claims denial rates.

For example, a provider with a 0 to 3 percent denial rate will receive no additional RAC document requests for three 45-day review cycles, while providers with denial rates between 91 percent and 100 percent could potentially receive RAC document requests of up to 5 percent of their paid claims. A baseline annual ADR limit is established for each provider based on the number of Medicare claims paid in a previous 12-month period. Using the baseline annual ADR limit, which is one-half of one percent (0.5%) of the provider's total number of paid Medicare claims from a previous 12-month period, an ADR cycle limit is also established. After three 45-day ADR cycles, CMS will calculate (or recalculate) a provider's denial rate, which will then be used to identify a provider's corresponding "Adjusted" ADR limit. Recovery auditors may choose to either conduct reviews of a provider based on their adjusted ADR limit (with a shorter look-back period of six months) or their baseline annual ADR limit (with a longer look-back period of three years). Questions concerning this update can be submitted via email.

Post-Act 38 Revisions Proposed Rulemaking Published

The State Board of Physical Therapy published a proposed rulemaking for Post-Act 38 Revisions in the May 14, 2016 *Pennsylvania Bulletin*. Following the promulgation of Act 38, the board discovered various typographical errors, necessary clarity edits, and other items that were not addressed in the prior final-form rulemaking. This rulemaking addresses these items. The board will accept comments on the proposed revisions until Monday, June 13.

BRAIN INJURY

House Energy and Commerce Democratic Staff Issues Report on NFL NIH Investigation

The House Energy and Commerce Democratic Staff issued a report that charges the National Football League (NFL), including its Head, Neck and Spine Committee members, improperly attempted to influence the grant review process for a National Institutes of Health (NIH) brain injury study that the NFL had agreed to fund as part of a $30 million donation. However, according to the report, despite the NFL's attempts to influence the applicant selection process, NIH leadership maintained the integrity of the science and the grant review process. The report also found that the Foundation for NIH (FNIH), a nonprofit charitable organization charged with directing funds from public and private donors to NIH projects, did not adequately fulfill its role of serving as an intermediary between the NIH and the NFL.

The democratic investigation followed a December 2015 ESPN article alleging that the NFL had backed out of funding an NIH study because of the NFL's objections to the grantee selected by NIH to conduct the study. According to the report, the NFL backed out of funding $16.3 million on a study of high-risk adults to characterize chronic traumatic encephalopathy (CTE) in individuals with a history of repetitive head impacts after Dr. Robert Stern from Boston University was selected for the grant. The NFL raised conflicts of interest concerns with Dr. Stern's selection as he had been vocal about the connection between football and brain damage, and had opposed the NFL's settlement of a class action lawsuit brought by its players. The report detailed a three-month attempt by both the NFL and members of the NFL's Head, Neck, and Spine Committee to influence the outcome of the grant selection process, which violated NIH donor policy and terms of the agreements that stated that the NFL did not reserve the right to weigh in on the grant selection process. The NFL released a statement rejecting the report's allegations.

Youth Sports Concussion Act Moves out of Committee

The United States Senate Committee on Commerce, Science, and Transportation, chaired by Senator John Thune (R-SD) passed the Youth Sports Concussion Act S 2508 out of the committee on April 27, 2016. The Youth Sports Concussion Act expressed to Congress that the Consumer Product Safety Commission (CPSC) and the Federal Trade Commission (FTC) should review the National Academies' report on sports-related concussions and future research, in such area for any matter that may impact products under the CPSC's jurisdiction or inform the FTC's efforts to protect consumers. The bill makes it unlawful to sell or offer for sale in interstate commerce, or import into the United States for such purposes, athletic sporting equipment for which the seller or importer makes any deceptive claim with respect to the safety benefits of such an item. Violations shall be treated as unfair or deceptive acts or practices under the Federal Trade Commission Act. The bill sets forth the enforcement authority of the FTC. States may bring civil actions in federal court to obtain injunctive relief on behalf of state residents unless a civil or administrative action has already been instituted by the FTC. The FTC may intervene and appeal in state actions.

BIAA Posts Schedule for Upcoming Live Webinars

The Brain Injury Association of America (BIAA) has posted a list of upcoming live webinars for June through December of this year. Registration for each webinar ends at 5:00 pm two days prior to the date of the live webinar. If the registration deadline is missed, the option of purchasing the recordings on CD is also available.

House Committee on Energy and Commerce Convenes Second Hearing on Concussions in Youth Sports

As part of the committee's broad review of concussions the Subcommittee on Oversight and Investigations, chaired by Representative Tim Murphy (R-PA), held a hearing on concussions in youth sports on May 13, 2016. The hearing built upon the committee's first roundtable discussion held in March. The goal of the review was to bring experts from a wide variety of fields – medical, military, sports leagues, and other stakeholders – to advance the understanding of these complex and traumatic brain injuries. The list of witnesses, their testimony, and applicable documents from the hearing are also available on the Energy and Commerce website.

MENTAL HEALTH HEADLINES

CCBHCs Working Vigorously to Become Certified

Beginning in May, the selected CBCHCs started working with the National Council strategic partner, MTM, for technical assistance. The CCBHC staff will participate in over 100 hours of technical assistance from MTM along with state meetings on becoming certified. The work is intense, as the timeline is short. RCPA will continue to support the selected CCBHCs through continued advocacy, at state and national levels, to promote success.

Join the Mental Health Committee June 8

The Mental Health Committee meets five times each year with the goal of learning from one another, asking questions, and receiving answers from state leadership and staying abreast of local and state issues. While the focus on all these areas is critical, lack of answers over the past year has created even more questions. On Wednesday, June 8, the committee will discuss what the next year should look like from the committee perspective. Do members want presentations? If so, from whom – vendors, providers, or other associations? Managed care companies? How do providers survive without changes in regulations? Join us to address all of this and more.

What Should Parity Look Like in Pennsylvania?

The RCPA staff is working as part of a parity coalition to help Pennsylvania become a complete parity state. This has included outreach to the Pennsylvania Insurance Department as well as the General Assembly, analysis, and advocacy for parity in both quantitative limits (covered benefits) and non-quantitative limits (authorization and utilization review). RCPA is awaiting the report from DHS on the medical assistance parity rules recently issued by CMS. The association was also pleased to co-host Patrick Kennedy events in PA, as he championed full implementation of mental health-substance use disorder parity as "the 21st century civil rights issue."

FDA Considering Pricey Implant as Treatment For Opioid Addiction
By Martha Bebinger, WBUR • May 25, 2016
Kaiser Health News

County Overdose Prevention Coalition – Regional Training Opportunity Announcement

The PA Heroin Overdose Prevention TAC, in cooperation with the Pennsylvania Commission on Crime & Delinquency (PCCD), is planning a series of regional training sessions throughout Pennsylvania to facilitate the formation and development of county-wide coalitions to prevent heroin or opioid overdose deaths. These training sessions will take place through the late spring and summer of 2016.

Participants will work through a process on how to conduct an assessment of their community, identify sources of data about overdoses in their county, build an impact model, develop a strategic plan to address overdose, select strategies from among evidence-based practices found to reduce overdoses, develop an evaluation plan, and complete applications for grant funding to support their efforts.

In order to participate in the seminars, coalitions must have organizational documents or a signed MOU demonstrating that they have participation within their coalition from the following domains: SCA, CJAB, County Coroner/Medical Examiner, County Health Department (if applicable), Law Enforcement or Criminal Justice, EMS/First Responders, and/or County Medical Society. Additional coalition members may be included as appropriate (hospital/health care systems, drug treatment providers, etc.).

Coalitions should have a vision statement and mission statement with a specific aim to reduce overdose deaths. This initiative is targeted to reducing overdose deaths in the short term, thus groups whose focus is on universal prevention and education efforts will not be considered.

Training dates and locations will be scheduled based on requests to participate that are returned by rolling deadlines of **May 15** or **June 15, 2016.** Potential participants should request an interest form, using the contact information below:

PA Heroin Overdose Prevention TAC
5607 Baum Boulevard, Suite 436C
Pittsburgh, PA 15206
Email: PAoverdoseTAC@Pitt.edu
Fax: 412-383-2090

DDAP Mini-Regionals for July now Open for Registration

The Department of Drug and Alcohol Programs (DDAP) has scheduled July 2016 Mini-Regional Trainings during the following dates/locations:

Tuesday, July 12
Ramada Inn Greensburg
Greensburg, PA

Wednesday, July 13
Holiday Inn Warren
Warren, PA

Thursday, July 14
Mountain View Country Club
Boalsburg, PA

Tuesday, July 19
Lehigh County Government Center
Allentown, PA

Wednesday, July 20
Crowne Plaza Reading
Wyomissing, PA

Thursday, July 21
Conference Center at
Shippensburg University
Shippensburg, PA

Complete course details can be found on the *DDAP Training Management System.* Online registration ends one week before the date of training.

ODP Update

Announcement #031-16 REVISED: *Fiscal Year (FY) 15/16 and 16/17 Vacancy Exception Process.* This REVISED communication includes information for providers regarding the procedures related to the residential habilitation vacancy factor for both FY 15/16 and 16/17. There has been no change from the original announcement except the replacement of the previously sent *Vacancy Exception Request Form_ FY1517* with the *REVISED Vacancy Exception Request Form_FY1517*.

ACCSES 2016 Annual Conference

The American Congress of Community Supports & Employment Services (ACCSES) is holding its annual conference Sunday–Wednesday, July 10–13, in Washington, DC. The conference is a gathering of key decision makers from disability service providers, AbilityOne, and state use contractors from across the country. These key representatives and their staff come to learn and discuss the most pressing public policy issues facing the advancement and empowerment of the people with disabilities that providers serve every day. The ACCSES Annual Conference is packed full with policy briefings, breakout sessions, Hill advocacy, and Q&A with policymakers. This year, ACCSES will host a post-conference workshop focused solely on the Workforce Investment Opportunity Act (WIOA) and the work that is being done to ensure that the regulations do no harm to people with disabilities and their jobs.

Pennsylvania to Host Art Contest for Artists With a Disability

The Department of Human Services (DHS), Pennsylvania Council on the Arts, and other collaborating partners will celebrate the creativity of artists with a disability by holding its second statewide art contest, *Art: the Universal Language.* Artistic expression offers unique opportunities for people to appreciate and understand the talent and perspectives of Pennsylvanians with a disability. A team of judges will choose winners based on originality, imagination, visual interest, and skillful use of materials.

Artists of all ages are encouraged to submit images of their paintings, drawings, photos, 3-D items, or multi-media pieces. Information, contest entry form, and winning artwork from the previous contest can be found here. **Deadline for submitting materials is Monday, August 15, 2016**. Winners will be honored at a ceremony this fall. For additional information, please contact Rachel Kostelac at 717-425-7606.

2016 National Autism Conference

Each year the Pennsylvania Department of Education hosts a highly regarded national conference on serving children with an Autism Spectrum Disorder (ASD). This year the conference will take place Monday, August 1 – Thursday, August 4, at The Penn Stater Conference Center Hotel in State College. This conference provides comprehensive, evidence-based information to assist educators, providers, and families in developing effective educational and therapeutic programming for all students with ASD. The conference this year will have presentations for physicians, speech-language pathologists, special education professionals, early intervention staff, behavioral health clinicians, and behavioral analysts. The theme focuses heavily on evidence-based effective interventions for students with autism.

Transitioning to Summer

The Autism Service Education Resource and Training Center has offered some valuable suggestions for the summer season. As school programs end, changes in routines often occur. Whether attending a summer camp, participating in an extended school year program, or taking a vacation, there are steps you can take to help ease the transition to new summertime routines for individuals with autism.

- **Visit new locations in advance.** If possible, tour new locations in advance to become familiar with the new environments. Check with the attractions to see if they offer social stories or virtual tours online to help prepare.
- **Transition slowly.** If your new routine will involve different bedtimes or wake times, begin implementing the changes a few weeks in advance. Move bedtimes and wake times by 10-15 minutes every few days to smoothly transition to the new timing.
- **Visual schedules.** Pictures are one way to add predictability to new routines or anticipation for activities. Go over the day's routine using pictures to help the individual know what to expect. During activities, use the pictures to help the individual prepare for next steps. Keep the pictures in a place where they can be seen and are accessible at all times. Having multiple prints of the same picture on hand will also be helpful in scheduling. If the individual has calendar skills, prepare for changes or upcoming events by placing vacations, events, or day trips on their calendar.
- **Educate others.** Provide any new summer support staff with important information about your child in that particular setting and how to best handle changes from previous experience, and educate them as much as possible about the individual's typical routine.
- **Incorporate typical routines into the new schedule.** Even though times, destinations, bedtimes, and travel methods change with a new summer routine, find creative ways to keep consistency with the individual's typical routine.

The Impact of Mandated Autism Insurance Coverage

A recent report from *Kaiser Health News*, a nonprofit news service committed to in-depth coverage of health care policy, found that the state health insurance mandates led to about 12 percent more children getting some kind of treatment for autism. "These numbers are orders of magnitude below the CDC's autism estimates," said David Mandell, one of the researchers and the director of the University of Pennsylvania's Center for Mental Health Policy and Services Research. "It suggests that a lot of commercially insured kids with autism are not being treated through their insurance." The shortfall may have significant health consequences, said Daniele Fallin, who chairs the Johns Hopkins University Department Of Mental Health and directs Hopkins' Center for Autism and Developmental Disabilities. Leaders in the field note that it is important to get treatment as early in life as possible to minimize both the economic and quality of life impact on individuals with autism.

ADHD Information and Guidance for Practitioners

The Centers for Disease Control and Prevention (CDC) reports that about 2 million of the more than 6 million children with Attention Deficit Hyperactivity Disorder (ADHD) were diagnosed as young children aged 2–5 years. About 75% of young children with ADHD received medicine as treatment. Only about 50% of young children with ADHD in Medicaid, and 40% in employer-sponsored insurance, received psychological services. The CDC has now released an edition of *Vital Signs*™ focused on ADHD in young children. New materials include a package of products and tools that include a fact sheet with key messages about new data and information, infographics, and calls to action. The American Academy of Pediatrics recommends health care providers first refer parents of young children with ADHD for training in behavior therapy before trying medicine. Behavior therapy can work as well as medicine; both behavior therapy and medicine work for about 70–80% of young children with ADHD. ADHD medicine may cause side effects such as poor appetite, stomach aches, irritability, sleep problems, and slowed growth. Researchers have found that behavior therapy may take more time, effort, and resources than medicine, but its benefits can be longer lasting.

YMHFA, a Need and Training Opportunity in Schools

The Community of Practice (CoP) on School Based Behavioral Health is actively working to establish an affiliated network of community-based Youth Mental Health First Aid (YMHFA) instructors through which to foster relationships with schools. The Department-of-Education-led CoP has identified the scale-up of YMHFA as a shared strategy by which to positively affect school-based behavioral health. The CoP recognizes that Pennsylvania is fortunate to have a large number of MHFA/YMHFA instructors, facilitating a large number of related courses across the Commonwealth. However, school-aged educators represent a small percentage of those persons trained by YMHFA instructors. YMHFA has been approved as one of the curricula that meets the professional development requirement of Act 71 of 2014 (Youth Suicide Prevention).

Children's Mental Health Matters

Children's Mental Health Matters is a monthly column from the Bureau of Children's Behavioral Health Services. In these columns, John Biever, MD and Gordon R. Hodas, MD, child psychiatric consultants to the children's bureau, address contemporary issues of children's mental health and wellness "with the goal of supporting children and adolescents and their families and helping children's mental health practitioners be more empowering." Dr. Biever's columns focus on issues related to early childhood, and Dr. Hodas focuses on a range of issues involving children, adolescents, and families.

OMHSAS BHRS Regulations Work Group Kickoff

On May 17, the Office of Mental Health and Substance Abuse Services (OMHSAS) convened the first meeting of the Behavioral Health Rehabilitation Services (BHRS) Regulations Work Group. OMHSAS brought together more than 50 representatives from among the community BHRS providers, managed care organizations, and county and advocacy groups to begin the work of converting more than two decades of state bulletins, policy clarifications, memos, and letters that have guided BHRS practice and policy. RCPA is represented on the work group by association staff and more than a dozen clinical and operational leaders from member organizations.

Pediatric Maternal Screening and the Need for Collaborative Care

A recent publication from the PolicyLab at the Children's Hospital of Philadelphia looks at the importance of maternal screening by pediatricians and other primary health care providers. About 10% to 12% of women are depressed during pregnancy and after birth. Evidence shows that young children of depressed mothers are more likely to exhibit developmental delays and behavioral problems. Screening efforts have shown benefits for families primarily when they are linked to immediate mental health interventions. Pediatricians are not trained to screen adults. Pediatric practices may lack systems to connect mothers to adult mental health services, and training and licensing requirements limit the ability of pediatricians to provide direct treatment to parents.

Compendium of Social-Behavioral Research

Between 2002 and 2013, the Institute of Education Sciences funded over 245 projects focused on social-behavioral competencies or outcomes (e.g., social skills, dropout prevention) through the National Center for Education Research (NCER) and the National Center for Special Education Research. Together, the researchers developed and tested more than 170 instructional interventions, 40 professional development programs, 40 educational technologies, and 25 assessments related to social-behavioral outcomes. NCER commissioned the development of this compendium to provide brief descriptions of these projects in a structured and easy-to-use format.

The compendium organizes information on projects into three main sections and covers such topics as:

- Behavior;
- Underlying Cognitive Features and Attitudes;
- School-Based Mental Health Services;
- Comprehensive Interventions;
- Parent Engagement and School-Home Communications;
- Social-Behavioral Support; and
- Multi-tiered Systems of Support.

The compendium also includes appendices and an index to help readers locate specific types of information, such as specific interventions or research on a certain demographic or service subgroup.

CALENDAR

JUNE		
Wednesday, June 1	10:00 am – 3:00 pm	SW Regional Meeting *Doubletree by Hilton* *Pittsburgh Cranberry* *910 Sheraton Drive* *Mars, PA 16046*
Thursday, June 2	10:00 am – 3:00 pm	NW Regional Meeting *Park Inn by Radisson, Clarion* *45 Holiday Inn Road* *Clarion, PA 16214*
Thursday, June 2	12:00 pm – 1:00 pm	IPRC Webinar: An Introduction to Pediatric Palliative Care
Friday, June 3	10:00 am – 11:00 am	Webinar: Changes to the FLSA's Overtime Rules **RCPA Member Exclusive**
Tuesday, June 7	1:00 pm – 4:00 pm	Drug & Alcohol Committee *Penn Grant Centre*
Wednesday, June 8	9:30 am – 12:00 pm 1:00 pm – 4:00 pm 1:00 pm – 4:30 pm	Mental Health Committee Criminal Justice Committee Children's Committee *Penn Grant Centre*
Thursday, June 9	9:30 am – 11:30 am 12:00 pm – 4:00 pm	Supports Coordination Organization Subcommittee Intellectual/Developmental Disabilities & Vocational Rehabilitation Committee (combined meeting) *Penn Grant Centre*
Thursday, June 9	12:00 pm – 1:00 pm	IPRC Networking *Conference Call*
Tuesday, June 14	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee *Conference Call*
Thursday, June 16	10:00 am – 12:30 pm	Medical Rehabilitation Committee *RCPA Conference Room*
Tuesday, June 21	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee *Conference Call*
JULY		
Tuesday, July 12	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee *Conference Call*
Wednesday, July 13	10:00 am – 2:00 pm	Brain Injury Committee *Penn Grant Centre*
Tuesday, July 19	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee *Conference Call*