



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

REHABILITATION & COMMUNITY PROVIDERS ASSOCIATION

SEPTEMBER 2016

RCPA NEWS



REGISTER NOW AND SAVE!

2016 ANNUAL CONFERENCE

- *Early Bird Registration Ends September 2*
- *Hotel Registration Ends September 4*

The RCPA staff and Conference Committee are looking forward to seeing you at the inaugural conference at the Hershey Lodge. Please be sure to take advantage of the RCPA annual conference early bird registration. All registrations received by close of business on Friday, September 2, will be eligible for the early discount. The Hershey Lodge has also reserved a number of rooms for RCPA annual conference guests. To ensure a hotel reservation, please be sure to reserve your hotel room by Sunday, September 4.

NEW MEMBERS

FULL PROVIDER

Migliore Treatment Services
60 S 41 St
Harrisburg, PA 17111
Renea Snyder, CEO

Community Care Connections, Inc.

114 Skyline Dr
Butler, PA 16001
Pat Brennen, CEO



THIRD ANNUAL GOLF OUTING

There is still time to register for RCPA PAC's Third Annual Golf Outing, to be held on Tuesday, September 27 at the beautiful Hershey Country Club! 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 and

developmental 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 RCPA 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.

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President and CEO

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COO/Director, IDD Division

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Tina Miletic
*Assistant to the President/CEO,
Finance Manager*

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Director, Communications

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©2016. This newsletter is written by the Rehabilitation and Community Providers Association (RCPA) for the mental health, intellectual disability, addictive disease, and rehabilitation communities. This informational newsletter is published monthly. Deadline for publication is the 20th of every month or the Friday before.

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MEMBERS IN THE NEWS

West Chester Educational Program for Special Needs Residents Gets National Acclaim

The County Cup, a pilot project established by RCPA member Chester County Department of Mental Health/Intellectual and Developmental Disabilities and the Chester County Intermediate Unit has been [recognized nationally](#) as an innovative program that modernizes and improves county government. The National Association of Counties (NACo) awarded the project its highest accolade in the Employment and Training category at this year's Outstanding Achievements program, part of the NACo conference in Long Beach, California. The County Cup provides training, job skills, and employment opportunities in food service and catering for Chester County residents with special needs – students from age 14 to adults – according to a press release.

RCPA Member NHS Receives Full Accreditation From NADD

NHS Human Services, Inc. announced that the Dual Diagnosis Treatment Teams at NHS Allegheny Center in Pittsburgh, PA; NHS Schuylkill Mountain Center in Pottsville, PA; and NHS High Point Center in Dubois, PA received full accreditation from a national association for persons with developmental disabilities and mental health needs (NADD). These three teams cover 24 counties in the Commonwealth. See the full NHS press release [here](#).

RCPA Congratulates OVR on Award

The [Office of Vocational Rehabilitation](#) was awarded the "Organization Award for 2016," recognizing organizations that have had a major positive impact on multicultural populations with disabilities.

Hope Enterprises Worker Honored

Christopher Crist of Williamsport, a photo technician employed through [Hope Enterprises](#), was honored with an achievement award from Harrisburg-based UniqueSource® during the company's 60th anniversary celebration and *Embrace the Abilities* dinner in June at the Hershey Lodge and Convention Center. UniqueSource® represents more than 70 Pennsylvania-based nonprofit organizations that provide employment opportunities for Pennsylvanians with disabilities and markets products and services provided by those individuals. Crist is one of 25 Pennsylvania workers to receive the award, which honors recipients for the exceptional character they demonstrate in living and coping with disabilities, particularly in the workplace.

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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 on Political Endorsements and How to Choose a Candidate

RCPA leaders and staff have been receiving inquiries from members about why RCPA does not endorse political candidates, as well as how members can choose a candidate who will be an ally on health and human services issues.

Endorsements

The reason RCPA does not endorse political candidates and stays non-partisan is two-fold. First, RCPA is non-partisan because RCPA respects the diversity of political opinions amongst our membership. If RCPA endorsed a specific candidate, it stands to reason that RCPA would more than likely alienate a portion of our membership. Second, by being non-partisan RCPA strengthens our ability to advocate across party lines and have access to diverse community leaders and funding sources. It also makes RCPA a trusted messenger, who can engage all elected officials with regard to underserved populations that campaigns and candidates often miss; therefore, for these reasons, RCPA does not endorse candidates and maintains a non-partisan approach.

How to Pick a Candidate

You've heard their names. You've seen their faces. You know what parties they belong to. But if the candidates all blend into a political haze in your mind, you'll want to do some thorough research so that you can differentiate them on health and human services issues. How do you figure out who is the right candidate for you? It's important to support a candidate you

feel you can trust to make decisions you would agree with. But let's face it, it can be an overwhelming task to be completely up to date on every relevant issue politicians have to deal with. So how can you be expected to keep track of it all?

1. Decide which issues are most important to you.

- What do you feel strongly about? What issues get you fired up during a discussion?
- Take stock – what issues affect you, personally, the most?
- Health and human services issues might be your priority. Maybe foreign policy, taxes, or the environment are what really strike a chord with you.

2. Pick a handful of these issues to focus on.

- Choosing a single issue makes as little sense as trying to pick them all.
- Narrow your choices down to about 3–5 key issues.

3. Make a list.

- Write down each issue you've chosen, along with your personal stance on it (you can use this list as a sort of scorecard).
- Find out everything you can about the candidates.

Evaluating the Candidates

1. Visit their official websites.

- This is always a good place to start because you can get a good outline of the issues that are important to each candidate.

- Since you will be provided with generally one-sided information, don't base your entire opinion on their website

2. Read interviews and articles on the candidates.

- Interviews can help you get an idea of how they think and how they answer the hard-hitting questions.
- Articles and opinion pieces may open your eyes to possible controversies or criticisms.
- Read newspaper editorials from sources and authors you trust and generally agree with.
- Online political blogs can be informative, but check up on the writers' credentials to see if they're legitimate.

3. Watch the debates.

- There are always multiple debates in which the candidates take part. This can be a great way to size them up against each other.

4. Look candidates up on non-partisan websites.

- You can find unbiased information on each candidate from organizations such as Vote411.org.
- [Project Vote Smart](http://ProjectVoteSmart.org) provides voting records and backgrounds for each candidate.

5. Take an online quiz.

- Some [websites](#) offer brief online quizzes that can help show you

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HOW TO CHOOSE A CANDIDATE

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which candidates you share the most common ground with.

6. Attend a political rally in your area.

- Candidates travel and campaign around the state and country. If you get the opportunity, go out and hear what they have to say.
- Some events will allow you the chance to ask them a question directly.

7. Take smear campaigns with a grain of salt.

- As election day approaches, you will see more and more negative advertising in which candidates attack their opponents.
- While some criticisms can't be written off entirely, keep in mind these ads are not unbiased.

8. Compare every candidate.

- Even though the primaries have you vote within a single party, just because you registered with a specific party (i.e. Democrat/Republican), it doesn't mean you have to vote for the specific party's nominee on election day.
- Research all candidates; you may find common ground in unexpected places.

9. Vote.

- Participate. Check the PA Department of State's [web-site](#) to find out where your polling place is to vote.

Get out and vote!

Why Contributing to RCPA PAC Is Important

With the general election only a few months away, now more than ever, health and human services providers need to be proactive in helping candidates for elected offices work towards common sense solutions in the areas of workforce, tax, regulation, health care, and human services.



Individually, you may choose to support candidates through your contributions and your vote. While the right to vote and your perspective on the issues are crucial, many still believe their voice is not heard throughout the process. So, what role does the Rehabilitation and Community Providers Association Political Action Committee (RCPA PAC) play in amplifying the voice of health and human services providers?

Stated simply, RCPA PAC is a non-partisan, member-driven tool that unifies providers of all sizes throughout the state and aids in educating key decision makers on the issues that are important to you. A political action committee provides our members with the means for concerted political action. And, the dollars contributed through the RCPA PAC are used to provide support for state and local governmental leaders campaigning for election who share your interests.

The RCPA PAC provides an avenue for you to make a meaningful impact on the process and by collectively mobilizing efforts — and your engagement — RCPA PAC creates synergy. Together, we are greater than the sum of our parts, and our strength in numbers allows us to lead the conversation on public policy matters in Pennsylvania. Interested in learning more about the RCPA PAC or how you can get involved in our advocacy efforts? Visit our [website](#) or e-mail [Jack Phillips](#).

■ **FEDERAL NEWS BRIEFS**

Results of Independence at Home Demonstration Released

The Centers for Medicare and Medicaid Services released the [results](#) of the second year performance of the Independence at Home (IAH) Demonstration, which provides chronically ill patients with a complete range of primary care services in the home setting. Medical practices led by physicians or nurse practitioners provide primary care home visits tailored to the needs of beneficiaries with multiple chronic conditions and functional limitations. The demonstration also tests whether home-based care can reduce the need for hospitalization, improve patient and caregiver satisfaction, and lead to better health for beneficiaries and lower costs to Medicare.

The IAH Demonstration is authorized by Section 3024 of the Affordable Care Act. The demonstration began in 2012 and was originally authorized for three years. It was subsequently extended for two additional years through September 30, 2017 by the Medicare Independence at Home Medical Practice Demonstration Improvement Act of 2015. The results show that practices participating in the demonstration saved over \$10 million, equivalent to an average of \$1,010 per beneficiary.

Feds Issue Final Rules for WIOA

On August 19, the US Departments of Labor and Education collectively published five sets of rules to implement the Workforce Innovation and Opportunity Act (WIOA) (Pub. L. 113-128), a federal law passed in July 2014 designed to strengthen and improve the nation’s public workforce system. WIOA assists adults, youth, and those with significant barriers to employment (including people with a disability), in securing and maintaining high-quality jobs and careers and assists employers with hiring and retaining skilled workers. The law includes the federal Vocational Rehabilitation Act. The five sets of rules are as follows:

- Joint Rule for Unified and Combined State Plans, Performance Accountability, and the One-Stop System Joint Provisions — Effective Date: October 18, 2016.
- State Vocational Rehabilitation Services Program; State Supported Employment Services Program;

Limitations on Use of Subminimum Wage — Effective Date: September 19, 2016, with the exception of 34 CFR 361.10; 34 CFR 361.23; 34 CFR 361.40; and subparts D, E, and F of part 361, which become effective October 18, 2016.

- Miscellaneous Program Changes — Effective Date: September 19, 2016, with the exception that the removal of part 388 becomes effective October 1, 2016.
- Programs and Activities Authorized by the *Adult Education and Family*

Literacy Act (Title II of the *WIOA*) — Effective Date: September 19, 2016, with the exception of subparts H, I, and J of part 463, which become effective October 18, 2016.

- Department of Labor-Only — Effective Date: October 18, 2016.

RCPA staff will be monitoring the implementation of these final rules in collaboration with the state agencies involved in implementing them. For additional information, visit the websites of either the [US Department of Education](#) or [US Department of Labor](#).

IMPACT Act Recording and Transcript From May 12 Special Open Door Now Available

The audio recording and transcript from the May 12, 2016 special open door on [Understanding the Improving Medicare Post-Acute Care Transformation \(IMPACT\) Act – Patient and Family Focused for Informed Decision Making](#) is now available. This special open door provided an introduction of the IMPACT Act and the standardization of assessment instruments across post-acute care settings to improve patient quality of care and quality of life.

STATE NEWS BRIEFS

WEBINAR

Adult Protective Services & Mandatory Reporting

The Department of Human Services (DHS) will be offering a webinar on Tuesday, September 13, 10:00–11:30 am, which will focus on Adult Protective Services (APS) and mandatory reporting. The training will provide an overview of Adult Protective Services Law (Act 70), eligibility criteria, DHS and Liberty Healthcare responsibilities, the process of reporting and mandatory reporting requirements, and statutory definitions.

MEDICAL REHABILITATION

CMS Proposed Rule Outlines New Payment Models

The Centers for Medicare and Medicaid Services (CMS) published a [proposed rule](#) in the August 2, 2016 *Federal Register* that proposes to implement three new Medicare Parts A and B episode payment models under section 1115A of the Social Security Act, which are meant to improve quality and lower cost. The proposed rule includes a new mandatory bundled payment model for cardiac care in 98 geographical markets for patients who have a heart attack or undergo bypass surgery. The rule would also extend the existing bundled payment model for hip and knee replacements – the *Comprehensive Care for Joint Replacement* model – to include hip and femur surgeries. Also proposed are new incentive payments designed to increase the use of cardiac rehabilitation. Additionally, new pathways are outlined for physicians participating in bundled payment models to qualify for payment incentives under the proposed Quality Payment Program, which implements the Medicare Access and CHIP Reauthorization Act (MACRA). CMS issued a [fact sheet](#) to provide more detailed information on the key provisions of this proposed rule. Comments are due by Monday, October 3, 2016.

FY 2017 IRF Final Payment Rule Released

The Centers for Medicare and Medicaid Services (CMS) released the fiscal year (FY) 2017 inpatient rehabilitation facility (IRF) prospective payment system (PPS) final rule in the August 5, 2016, *Federal Register*.

The majority of the final rule focuses on changes in the IRF Quality Reporting Program (QRP), pursuant primarily to the requirements of the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014. The rule continues to address implementation of the IMPACT Act requirements regarding resource use and quality measures, adding five new measures to the IRF QRP. Four measures will begin October 1, 2016, and are collected from Medicare claims data, so no additional reporting action from providers is required. These four measures include:

- Discharge to Community – Post-Acute Care (PAC) IRF QRP (claims-based);
- Medicare Spending Per Beneficiary (MSPB) – PAC IRF QRP (claims-based);
- Potentially Preventable 30 Day Post-Discharge Readmission Measure for IRFs (claims-based); and
- Potentially Preventable Within Stay Readmission Measure for IRFs (claims-based).

The remaining measure, Drug Regimen Review Conducted with Follow-up for Identified Issues, will begin October 1, 2018, and will require additional items on the IRF Patient Assessment Instrument (IRF PAI).

Other key provisions included in the final rule:

Standard Payment Rate

The standard payment rate conversion factor will increase in FY 2017 to \$15,708, compared to the proposed amount of \$15,674. This amount is the result of a 2.7 percent rehabilitation-specific market basket increase, minus a productivity adjustment of 0.3 percent and a 0.75 percent ACA adjustment. The FY 2016 standard payment rate conversion factor was \$15,478.

CMS used the rehabilitation market basket for the first time. It was adopted last year. The standard payment update also accounts for budget neutrality factors for the wage index and labor related share of 0.9992 and for the CMG weight revisions of 0.9992 plus changes to the outlier threshold. Table 5 in the rule (not reproduced here) displays the FY 2017 payment rates.

Update to the CMG Weights, Lengths of Stay, and Comorbidities

CMS updated the Case Mix Group (CMG) weights using FY 2014 cost report data and the FY 2015 claims data as well as the average lengths of stay (ALOS) per CMG. Approximately 99.5 percent of the cases affected by the change in weights would be changed by less than 5 percent.

Outlier Threshold

CMS updates the outlier threshold amount to \$7,984 from \$8,658 for FY 2016 in order to maintain the outlier payments at three percent of total

IRF payments in FY 2017. The national cost-to-charge ratio ceiling for FY 2017 is 1.29; the ceiling for rural IRFs is 0.522 and 0.421 for urban IRFs.

ICD-10-CM Presumptive Compliance Coding Changes

Unfortunately, CMS did not address the problems with the ICD-10-CM codes which eliminated certain key diagnoses from being allowed for consideration in calculating a provider's presumptive compliance in meeting the 60 percent rule. The largest set of affected codes fall into the area of brain injury under IGCs 2.21 and 2.22.

CMS did, however, comment that IRFs are permitted to use "D" as an eligible seventh character for traumatic brain injury diagnosis codes on both the claim and the IRF PAI. However, for the reasons indicated in the FY 2015 IRF PPS final rule effective with discharges occurring on or after October 1, 2015, ICD-10-CM codes with the seventh character extension of "D" are not included in the ICD-10-CM versions of the "List of Comorbidities," "ICD-10-CM Codes That Meet Presumptive Compliance Criteria," or "Impairment Group Codes That Meet Presumptive Compliance Criteria."

The payment changes to the rule will apply to IRF discharges on or after October 1, 2016, and before September 30, 2017. The quality reporting requirements are effective for discharges on or after October 1, 2016.

OIG Report Focuses on Adverse Events in Rehab Hospitals

On July 19, 2016, the Office of Inspector General (OIG) for the US Department of Health and Human Services (HHS) issued a report, *Adverse Events in Rehabilitation Hospitals: National Incidence Among Medicare Beneficiaries*, part of a series on adverse events in health care settings or harm resulting from medical care. This report cites that incidence of these events in rehabilitation hospitals is similar to that of acute care hospitals and skilled nursing facilities that has been reported in previous OIG findings. The findings from this report resulted from the review of a national sample of medical records from 417 Medicare beneficiaries discharged from rehab hospitals in March 2012. The OIG recommended that the Centers for Medicare and Medicaid Services (CMS) and the Agency for Healthcare Research and Quality (AHRQ) raise awareness of patient safety issues in rehabilitation hospitals and other health care settings. CMS and AHRQ concurred with the OIG recommendations.

CMS Issues IRF QRP Non-Compliance Notices

In July, the Centers for Medicare and Medicaid Services (CMS) issued non-compliance notifications to inpatient rehabilitation facilities (IRFs) that are out of compliance with the IRF quality reporting program (QRP) for calendar year (CY) 2015. Those providers that are found to be non-compliant will receive a two percent reduction to their fiscal year (FY) 2017 annual payment update. Non-compliant providers will also receive a letter of non-compliance from their Medicare administrative contractor, which will include instructions for requesting reconsideration of this decision. CMS has uploaded non-compliance notifications and instructions to download the files into the [Quality Improvement and Evaluation System](#). Additional information can be found on the [IRF Quality Reporting Reconsideration and Exception & Extension](#) page.

CMS Updates IRF-PAI Sections on Quality Measures

An updated version of Section 4, the Quality Indicators section, of the *Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI) Training Manual V1.4* has been added to the "Downloads" section of the [IRF Quality Reporting Program Measures Information](#) web page. This section contains information regarding data collection for the quality measures on the IRF-PAI version 1.4, effective Saturday, October 1, 2016.

Question & Answer Document From May Provider Training now Available

The question and answer document from the May 18–19, 2016, in-person inpatient rehabilitation facility (IRF) quality reporting program provider training held in Dallas, TX is now available in the "Downloads" portion of the [IRF Quality Reporting Training](#) web page.

■ BRAIN INJURY

Survey/Study Released on Returning to Sports Following Concussion

A survey-based study, *An Exploration of the Psychological Response Among NCAA Student-Athletes Returning to Sport Following a Sports-Related Concussion*, was conducted to explore the psychological response when returning to play in collegiate student-athletes that sustained a sports-related concussion. The survey was the Anterior Cruciate Ligament-Return to Sport Inventory adapted for use in a sports-related concussion demographic. Thirty-three participants completed the survey and demonstrated a response in both level of confidence and emotional reaction. They failed to show a psychological reaction to risk. The athletes showed an emotional response upon returning to play, but also felt confident in their abilities and lacked any concern for risk of re-injury.

Numerous Upcoming Webinars Offered by BIAA

The Brain Injury Association of America (BIAA) will be offering a number of live webinars during the month of September. To view the list of webinars, visit the [BIAA Marketplace](#).



RCPA Discount Rate for NatCon 2017

Sign up today for the 2017 National Council Conference! RCPA members who are also members of National Council can visit the [registration website](#) and use the code 2017memberpa to receive the Pennsylvania discount. For more information about the conference (April 3–5, 2017), please contact [Sarah Eyster](#).

CCBHC Monthly Update

RCPA and a few providers met with the Certified Community Behavioral Health Clinic (CCBHC) leaders on August 12 to discuss potential barriers as the clinics move forward with becoming CCBHC compliant. The issues identified were directly related to how crisis intervention services would be offered and billed, such as through the designated contracting organization or another way for pay for crisis services, ensuring the best possible CCBHC daily rate. State officials indicated that guidance related to crisis billing would be available the week of August 15.

Another issue discussed was how to integrate electronic health records, especially in keeping with the drug and alcohol specific regulations for isolating electronic health records. This will be an ongoing discussion for the state and CCBHC providers. Finally, there was significant discussion about how to manage the Pennsylvania regulations which conflict with the 173 criteria required to become a CCBHC. Both OMHSAS and DDAP feel that there are certain waivers that can be made for regulations within the state’s purview, such as outpatient regulations, and so forth. To be clear, it would not be a waiver of a full statute, but rather a specific requirement within the Pennsylvania statute. A work group will be convened of a small group of CCBHC provider volunteers, state folks, and RCPA to work through the regulations which, as interpreted, may interfere with the CCBHC functions as outlined in the 173 criteria.

DRUG & ALCOHOL ACTION

HR 590 Public Hearings and Comment Period

HR 590 also directs DDAP to hold public hearings in order to obtain testimony from those Pennsylvanians impacted by access to treatment barriers. The information from these hearings, along with the regulatory review and analytical work of the task force, will be used to create the legislative report which is due to the General Assembly within one year from the date of HR 590 passage – May 16, 2017. The first meeting of the task force occurred on August 18.

DDAP will be engaging in an announced public comment period in which any stakeholder or private citizen who has information to lend to the process will have the opportunity to submit comment/testimony. This will allow all RCPA D&A members to weigh in on the matter. There will be six public hearings across the state, utilizing the six District Health zones: Northeast, Northcentral, Northwest, Southeast, Southcentral, Southwest. Any member of the public, including treatment providers,

will be invited to attend the hearings. **All RCPA members are strongly encouraged to attend and testify at the hearings in your respective region.** The first three public hearings have been scheduled:

- **September 7, 2016**
Friends Center
1501 Cherry Street
Philadelphia
- **September 21, 2016**
Wilkes Barre
TBD
- **October 14, 2016**
Pittsburgh
TBD

Dates and locations for the remaining three hearings have not been determined. In addition, all members are encouraged to provide public comment, which begins in August. RCPA will work closely with members to ensure that needed input is relayed to the task force and that members are alerted to every possible opportunity to participate in public comment periods and public hearings. Contact [Lynn Cooper](#) with any questions.

DDAP Working on HR 590

On May 16, 2016 [House Resolution 590](#) was passed, directing the Department of Drug and Alcohol Programs to assemble a task force comprised of representatives from several state departments, as well as licensed SUD treatment providers and advocates. HR 590 states that the purpose of the task force is to review existing laws governing access to treatment, to identify barriers to access, and to ultimately make recommendations via a report for the General Assembly. The report is to include identification of these barriers and potential regulatory or other remedies that could ameliorate conditions for individuals seeking appropriate treatment.

Such laws include, but are not necessarily limited to, the following:

- Act 152 of 1988 (provides for Medicaid benefits for nonhospital detox and full continuum of treatment);
- Act 106 of 1989 (the mandate of minimum treatment provisions by third party, private insurers/PA plans);
- Act 65 of 1993 (provides for the establishment of residential D&A treatment programs for women who are pregnant or with dependent children);
- Act 53 of 1997 (provides for the involuntary commitment of minors into D&A treatment); and
- Act 198 of 2002 (a portion of DUI fines collected shall be used in that county for substance abuse treatment).

DDAP is currently in the process of compiling a list of related regulations which the task force will review.

Recommendations for Certifying Recovery Houses

DDAP released recommendations for certifying recovery houses. RCPA members were strongly encouraged to provide comments. The Certified Drug and Alcohol Recovery Housing Task Force submitted its recommendations to the Pennsylvania Department of Drug and Alcohol Programs (DDAP) for certifying recovery houses in the Commonwealth. Following the public comment period (now ended) and final DDAP review of the recommendations and comments, the department will announce the final standards for recovery housing certification and the process for becoming certified.

The Certified Drug and Alcohol Recovery Housing Task Force was charged with developing and submitting recommendations to DDAP on the certification of drug and alcohol recovery houses, taking into consideration related issues such as the federal Americans with Disabilities Act, protection of consumers, legitimate community concerns, discriminatory practices, and recovery house owners and operators. The task force included representation from law enforcement, treatment providers, recovery housing operators, county and state drug and alcohol agencies, and advocacy and recovery-support groups.


Free Annual Training for Administrators & Staff

Northampton Community College is conducting FREE statewide training for personal care home staff and administrators, and staff licensed agencies, serving individuals with intellectual disabilities. The training is funded by the Department of Human Services Bureau of Human Services Licensing and each continuing education and diabetes class is equal to three annual training hours.

Participation is limited to staff persons working in Pennsylvania's licensed:

- Personal care homes;
- Assisted living residences;
- Community homes for individuals with intellectual disabilities;
- Family living homes; and
- Adult training facilities and vocational facilities for individuals with intellectual disabilities.

Classes are being held in four regions throughout the Commonwealth: Southeast, Northeast, Central, and West Pennsylvania. Class locations, descriptions, and schedules are located [here](#).



RCPA logo decals available free to RCPA members.

Contact
[Sharon Militello](#)
for details.

Procedure Codes and Process for Lifesharing Start-Up Funds

In [ODP Announcement 055-16](#) the process and procedure codes for providers to seek reimbursement for Lifesharing start-up costs are outlined. Start-up costs include items like furniture, household goods, food, supplies, training new staff, and vendor contracts. ODP reimbursement is capped at \$5,000 per person and only actual costs incurred/funds expended may be submitted for payment. For fiscal year 2016/17, expenses must be incurred on or after July 1, 2016, and claims must be submitted no later than May 1, 2017. Attachment A of the announcement includes the form that must be used and instructions. Questions can be directed to your respective ODP Regional Fiscal Officer (RFO).

ODP Announces Professional Development Credit Hours for Everyday Lives Conference

[ODP Announcement #054-16](#) – ODP has announced that professional development credit hours will be available to participants attending each day of the Everyday Lives Conference (September 14 – 16, 2016). This will include the pre-conference day of Tuesday, September 13. Registration for the conference closes September 1. [See details with registration information.](#)

ODP Outlines Plan for Residential Rates

On August 23, Richard Edley and several RCPA members attended the first meeting of a small ODP work group convened to advise ODP as it moves from the current cost-based reimbursement system for residential services to an acuity-based rate approach. This was a prelude to a larger meeting that, as of press time, ODP will have held on August 29 for all providers willing and able to attend.

During the meeting, ODP Deputy Secretary Nancy Thaler and Fiscal Bureau Director Rick Smith discussed the reasons behind the decision to move to a fee schedule for residential services, emphasizing fairness, predictability, lessened administrative burden, and fairness as primary goals for the change. ODP said its task is to “create a fee schedule that works for:

- **Individuals and families** – is responsive, enables quality, assures reliability, meets individual needs, and supports family relationships, provides choice;
- **Providers** – fees adequate to provide needed services, predictability, and flexibility; and
- **The Commonwealth** – confidence that the fee structure is adequate to

support good outcomes, is economically sound, and encourages provider efficiency.”

ODP plans to incorporate waiver participants’ support intensity scale (SIS) results as criteria to consider when establishing payment levels. After September 1, providers can email [Rick Smith](#) to request the “needs level” for waiver participants who receive residential services.

The implementation timeline currently calls for the residential fee schedule to take effect January 1, 2018, with the preceding six months to be used to simulate the use of the fee schedule, while continuing to reimburse residential providers during that time using the current cost-based approach. The move to acuity-based rates is one of several major activities that will impact service providers and waiver participants over the next few years. Changes proposed as part of the Consolidated and Person/Family-Directed Support waiver renewals (e.g., new or changed service definitions) are expected to take effect July 1, 2017, and the proposed 6100 regulations are scheduled to go into effect during the fall of 2017.

■ ON THE AUTISM SPECTRUM

Autism Procedure Code Changes

On September 30 the Department of Human Services (DHS), in collaboration with the Insurance Department, will be implementing updated physical health and behavioral health autism spectrum disorder (ASD) related procedure and diagnosis codes. These changes are a key element of the state’s Medicaid (MA) cost avoidance initiative. The changes will reflect a more complete and updated array of ASD related procedure and diagnostic codes that will be recognized by commercial insurance plans as well as MA. On August 25, RCPA hosted a webinar with representatives from DHS to provide billing guidance for children autism service providers and HealthChoices managed care organizations. A [recording](#) of the webinar is now available and the [DHS Bulletin](#) related to the changes in diagnostic and intervention procedure is also be available.

For the Siblings of a Child With MH Challenges

Dr. Jill Emanuele, a clinical psychologist at the [Child Mind Institute](#), believes that more attention needs to be given to how mental illness impacts the other children in a family. She notes that when a child gets a physical illness like cancer, there are an abundance of support groups and therapeutic options for the siblings. With mental illness there is a lot less, despite the fact that psychiatric problems are far more common. Family therapists recognize that some siblings start acting out in negative ways to get attention, become angry, or try to fix the problem for their parents. The most immediate challenge for many siblings is that when mental illnesses arise, parents have to spend more time focusing on the child with issues. "The siblings aren't given as much attention, and they may not understand why," said Dr. Emanuele. The experts at Child Mind Institute suggest five steps to help children handle the challenges that come with having a sibling with special needs. These five steps, along with guidance and other resources available from Child Mind Institute, may be of use to families and other system partners in the community.

1. **Talk openly about the situation** – Parents should explain what is going on and answer questions siblings may have.
2. **Spread the support around** – Other children may feel that their achievements are taken for granted and that they aren't getting as much praise as the struggling child.
3. **Set aside time for each child** – All kids, especially those who have a brother or sister who takes a lot of attention, need one-on-one time with parents.
4. **Try to treat all children the same** – All the family's children need to learn to be responsible for their decisions and their behavior.
5. **Look at the positive** – Growing up with a special needs sibling teaches valuable skills and empathy. As one expert reports, "experience has made them much more tolerant and kind, and they are more sensitive to mental illness."

Universities Adjust to Special Needs Students

"I am so glad I was born when I was," he said. "There are laws now like the Americans with Disabilities Act (ADA) and the technology to help." This is one of several reflections from Donald Campbell reported in [The Press of Atlantic City](#) on how America's colleges and universities are supporting their students with special health care needs. It took Campbell, who has cerebral palsy, two tries before he achieved the LSAT score to be accepted into Widener University Delaware Law School. About 11 percent of college undergraduates reported having a disability in 2011–12, according to data from the National Center for Education Statistics. The types of disabilities are changing. In 2000, the most common type of disability was an orthopedic or mobility impairment; and by 2008, mental, emotional, or psychiatric conditions/depression were the most common disabilities. This shift has presented challenges to universities and to students discovering that the level of accommodation they received in the K-12 system changes once they get to college.

Children's Committee Meeting Is Webcast Only

This year, the September 14 Children's Committee will fall very close to the annual RCPA Conference. To minimize scheduling and travel conflicts, the meeting will be conducted as a one-hour webcast in conjunction with the Mental Health Committee from 10:00 am – 12:00 pm.

Only One Third of Young Adults in Need Receive MH Treatment

According to [data from the 2014 National Survey on Drug Use and Health](#), young adults aged 18 to 25 are less likely to receive mental health services than adults aged 26 to 49 or adults aged 50 or older (33.6 vs. 44.2 or 49.9 percent, respectively). In 2014, about 2.4 million, or 33.6 percent, of young adults with mental illness received mental health services such as inpatient services, outpatient services, or prescription medication in the prior year. This means that about two-thirds of young adults with a diagnosable mental illness are not receiving mental health services that they need. Of young adults with a mental illness, about 1 in 4 received prescription medication (25.5 percent) and 1 in 5 received outpatient services (21.3 percent). In the past year, 3.7 percent of young adults with mental illness received inpatient services.

Behavioral Health Coverage Under the “Parity Act”

The [Mental Health Parity and Addiction Equity Act \(MHPAEA\)](#) of 2008 requires health insurers and group health plans to provide the same level of benefits for mental and/or substance use treatment and services that they do for medical/surgical care. The final MHPAEA regulations published in 2013 applied parity protections to commercial health insurance plans. Final regulations issued by the Centers for Medicare & Medicaid Services on March 29, 2016, apply parity rules to HealthChoices and the Children’s Health Insurance Program (CHIP). RCPA members, long the prime providers of Medicaid mental health care, are increasingly part of commercial insurance provider networks and CHIP systems. Included here are some important informational resources about parity for mental health and substance use disorder benefits. This information will be of use to you as a practitioner as well as to your organization and the consumers/patients you serve:

- [Parity of Mental Health and Substance Use Benefits With Other Benefits: Using Your Employer-Sponsored Health Plan to Cover Services](#)
- [Know Your Rights: Parity for Mental Health and Substance Use Disorder Benefits](#)

New Report on the Rate of Adolescent Depression

A new national survey offers an [up-to-date estimate](#) of major depressive episode (MDE) and treatment for depression among adolescents. The survey asked adolescents aged 12 to 17 about past year symptoms to determine whether they had MDE in the past year. MDE is defined using the diagnostic criteria from the *Diagnostic and Statistical Manual of Mental Disorders*. Adolescents were assessed as having MDE if they had a period of two weeks or longer during which they had either depressed mood or loss of interest or pleasure in usual activities, as well as at least four other symptoms that reflect a change in functioning, such as problems with sleep, eating, energy, concentration, and self-worth. The combined 2013–2014 data indicate that across the United States, about 1 in 9 — or 2.7 million — of the 24.9 million adolescents in the nation had a major depressive episode in the past year. Rates of adolescent depression over the past year ranged from 8.7 percent in the District of Columbia to 14.6 percent in Oregon, with youth in Pennsylvania reporting at the rate of 10.73 percent. While this report shows Pennsylvania with a moderate level of adolescents reporting depressive episodes, the rate of increase from 2012–13 of 9.54 to the 2013–14 rate of 10.73 is significant and troubling.

September Is FASD Awareness Month

Since its creation a decade ago, PCPA — and now RCPA — has served on the Pennsylvania Department of Drug and Alcohol Program’s Fetal Alcohol Spectrum Disorder (FASD) Task Force. FASD is the umbrella term used to identify a range of effects that occur when a fetus is exposed to alcohol. The brain and nervous system begin developing just 16 days after conception, with many areas being well developed by six or seven weeks. Effects of an FASD are varied for each individual but can include neurological, developmental, intellectual, behavioral, learning disabilities, and physical malformations. The Centers for Disease Control and Prevention has reported that the lifetime cost of just one individual with FASD is estimated at \$2 million. Current prevalence rates indicate that risk of FASD is higher than previously predicted, with as many as 2–5% of the population in the US having FASD or FAS. One national probability sample indicated that 1 in every 30 women meets the criteria for being at risk for an alcohol exposed pregnancy. September 9 is International FASD Awareness Day. The month of September has been dedicated as FASD Awareness Month. RCPA and the FASD Task Force challenge every agency, organization, and individual in our state to get involved in raising awareness about FASD.



BHRS Regulation Development Work Group

On August 10, the Department of Human Services (DHS) reconvened the Behavioral Health Rehabilitation Services (BHRS) Work Group to review and discuss an initial draft of what is now being called Intensive Behavioral Health Services (IBHS). These regulations will be designed to provide licensing standards for organizations providing an array of different services that have historically been identified as BHRS. The draft regulations continue to be refined based on work group input and will address traditional BHRS and BHRS-related services like summer therapeutic activity programs, evidence-based programs, and school-based treatment team services. Some of the notable highlights in current draft regulation are:

- Each agency providing IBHS must have a service description available for review by the department, but prior approval of service descriptions will no longer be required and will be licensed in accordance with their service description.
- IBHS agencies must have written agreements to coordinate services with certain other important service providers.
- Each IBHS agency must have an administrative director and a clinical supervisor (the same person may serve in both roles if they meet qualifications for both).
- The director may, in general, oversee multiple services offered by the agency and may also direct other non-IBHS programs.
- Staff who are not licensed as a psychiatrist, psychologist, mental health/psychiatric CRNP, professional counselor, marriage and family therapist, or clinical social worker, must receive clinical supervision from a supervisor who holds one of these licenses.
- Staff must each have an individual training plan.
- IBHS agencies will need to measure and report on performance and outcomes.
- Evidence-based programs must maintain fidelity to the model and change in accordance with modifications to the model.

Other components of the current draft also address staff credentials and the amount of supervision and annual continuing education for staff. RCPA members and staff participating in the work group will continue to keep providers informed about the development of the proposed IBHS regulations, gather suggestions and questions, and facilitate discussion with the department moving forward.

DHS Launches Child Psychiatry Consultation to Primary Care

The Department of Human Services (DHS) has moved forward with Pennsylvania's Telephonic Psychiatric Consultation Service Program (TiPS). TiPS is a new HealthChoices program designed to provide real time consultative advice for children with behavioral health concerns, covered by Medical Assistance, up to age 21. TiPS' core services include telephone and face-to-face consultation, care coordination, training, and education for primary health care providers. One psychiatric consultation team has been selected by the HealthChoices physical health managed care organizations for each of the five HealthChoices zones. The teams will ensure access to quality services in the appropriate setting based on the child's needs and will help mitigate the lack of available child psychiatry resources. Primary health care providers routinely play a key role in the diagnosis of child-adolescent behavioral health conditions, medication prescribing, and referral to outpatient and other treatment services. For more information, visit the [DHS website](#).

■ ADVERTISING



Licensed Psychologist

Pennsylvania Licensed Psychologist needed to perform children/adult psychological evaluations, supervision of psychology assistants, and traditional outpatient services. This position may be asked to travel within the Central Pennsylvania region; Elk, Jefferson, Clearfield, Center, and Blair counties. This position can either be full time or part time, depending on applicant's interest. Mostly traditional hours but some non-traditional hours could be worked. Requires: PA license in Psychology, FBI, Act 33, and Act 34 clearances. Great pay, great benefits. If interested, please [reply with résumé](#) or mail to: CenClear, Attn: HR, PO BOX 319, Bigler, PA 16825.

CALENDAR

Events subject to change; members will be notified of any developments



SEPTEMBER

Thursday, September 8	10:00 am – 12:30 pm	Medical Rehabilitation Committee <i>RCPA Conference Room</i>
Tuesday, September 13	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee <i>Conference Call</i>
Tuesday, September 13	1:00 pm – 4:00 pm	Drug & Alcohol Committee <i>Penn Grant Centre</i>
Wednesday, September 14	10:00 am – 11:00 am	Mental Health Committee <i>(Webcast Only)</i>
	11:00 am – 12:00 pm	Children's Committee <i>(Webcast Only)</i>
	1:00 pm – 4:00 pm	Criminal Justice Committee <i>Penn Grant Centre</i>
Tuesday, September 20	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee <i>Conference Call</i>
Wednesday, September 21	10:00 am – 2:00 pm	Brain Injury Committee <i>Penn Grant Centre</i>
Tuesday–Friday September 27 – 30		2016 RCPA Conference <i>Hershey Lodge 325 University Drive Hershey, PA 17033</i>

OCTOBER

Thursday, October 6	12:00 pm – 1:00 pm	IPRC Webinar Preparing for Independence: Easing the Transition between Adolescence and Adulthood for Individuals with Disabilities
Tuesday, October 11	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee <i>Conference Call</i>
Thursday, October 13	12:00 pm – 1:00 pm	IPRC Networking Call <i>Conference Call</i>
Tuesday, October 18	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee <i>Conference Call</i>
Wednesday, October 26	10:00 am – 12:30 pm	Finance Committee <i>Penn Grant Centre</i>