



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

REHABILITATION & COMMUNITY PROVIDERS ASSOCIATION

OCTOBER 2016

RCPA NEWS



FEDERAL NEWS BRIEFS

WIOA Advisory Committee Releases Report

On September 15, 2016, the federal Advisory Committee on Increasing Competitive Integrated Employment for People with Disabilities delivered its report to Congress and the US Department of Labor. The Workforce Innovation and Opportunities Act (WIOA), passed by Congress and signed by the president in 2014, created the committee to advise federal policy makers in the following areas:

- 1. Ways to increase competitive integrated employment (CIE) opportunities for individuals with intellectual or developmental disabilities (I/DD) or other individuals with significant disabilities;
2. The use of the certificate program carried out under Section 14(c) of the Fair Labor Standards Act (FLSA) for the employment of individuals with I/DD or other individuals with significant disabilities; and
3. Ways to improve oversight of the use of such certificates.

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MEMBERS IN THE NEWS

William Charles Folks of Eagleville Hospital

RCPA Member in the News! William Charles Folks, LCSW, director of community integration and strategic partnerships for Eagleville Hospital, is quoted in this article: Patrick Kennedy Testifies for PA Drug Treatment Reform.

Familylinks Event Tries to Bring Hope for Addiction Recovery

RCPA Member Familylinks, Inc. Special Event Celebrating Recovery.

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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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## FEDERAL NEWS BRIEFS

### WIOA ADVISORY COMMITTEE RELEASES REPORT

*Continued from page 1*

Membership on the committee, which has been meeting for the past two years, included people with disabilities, providers of services, and other stakeholders and experts. In the transmittal letter signed by Committee Chair David M. Mank, the final report is described as "The collaborative work of, and the consensus reached by, the full committee." The recommendations can be summarized as follows:

- a. Build overall system capacity – data, funding, policy, national professional standards;
- b. Place greater emphasis on youth – early work experiences, family involvement, and training for professionals who work with youth;
- c. Implement a multi-year, well-planned phase-out of Section 14(c), carry out stronger USDOL oversight of the current use of 14(c) certificates, and build capacity for alternative services and outcomes;
- d. Build capacity in the marketplace (increase business and employer engagement);
- e. Build capacity in specific federal agencies (i.e., federal agencies taking actions that complement actions by, and creating partnerships with, other federal agencies); and
- f. Reform the AbilityOne® Program so that it can create CIE opportunities on a broad scale.

RCPA will continue to monitor activities that may occur at the federal level as a result of this report and any impact on state programs and state-funded services. Questions can be directed to [Steve Suroviec](#).

## Emergency Preparedness Requirements for Medicare & Medicaid Providers Released

The Centers for Medicare and Medicaid Services (CMS) published a [final rule](#) in the September 16, 2016 *Federal Register* that establishes national emergency preparedness requirements for Medicare and Medicaid participating providers and suppliers to plan adequately for both natural and man-made disasters, and coordinate with federal, state, tribal, regional, and local emergency preparedness systems. It will also assist providers and suppliers to adequately prepare to meet the needs of patients, residents, clients, and participants during disasters and emergency situations. The effective date of the regulations are effective on November 15, 2016.

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## Efforts to Address Problem of Avoidable Readmissions Appears to Be Working

In a recent post on [The CMS Blog](#) by Patrick Conway, MD, principal deputy administrator and chief medical officer for the Centers for Medicare and Medicaid Services (CMS); and Tim Groninger, deputy chief of staff for CMS, the focus is on new data that shows between 2010 and 2015, readmission

rates fell by eight percent nationally. CMS recently released new data showing how these improvement initiatives (Hospital Readmissions Reduction Program and Partnership for Patients) are helping Medicare patients across the nation. The data show that since 2010:

- All states but one have seen Medicare 30-day readmission rates fall;
- In 43 states, readmission rates fell by more than 5 percent; and
- In 11 states, readmission rates fell by more than 10 percent.

### ■ STATE NEWS BRIEFS

## Proposed Notice and Rates for New Employment Services

The Department of Human Services (DHS) has published a notice that includes proposed changes to the Medical Assistance Fee Schedule for the Aging, COMM CARE, Independence, and OBRA Waivers in the [Pennsylvania Bulletin](#). The Office of Long-Term Living (OLTL) is proposing to add the following employment services to three of its waivers listed below:

- **COMM CARE waiver** – benefits counseling, career assessment, employment skills development, job coaching intensive, and follow-along and job finding.
- **Independence waiver** – benefits counseling, career assessment, employment skills development, job coaching intensive, and follow-along and job finding.
- **OBRA waiver** – benefits counseling, career assessment, employment skills development, job coaching intensive, and follow-along and job finding.

DHS has developed Medical Assistance (MA) fee schedule rates for the additional services added to these waivers. The [proposed MA fee schedule rates](#) are available for review. Comments regarding the notice and the proposed MA fee schedule rates will be accepted until Monday, October 3, 2016, and should be sent to: Department of Human Services, Office of Long-Term Living, Bureau of Policy and Regulatory Management, Attn: HCBS Rates, PO Box 8025, Harrisburg, PA 17105-8025. Comments can also be sent via [email](#).

## Community HealthChoices MCOs Selected

The Departments of Human Services (DHS) and Aging just announced their selection of three managed care organizations (MCOs) for [Community HealthChoices](#) (CHC). CHC will coordinate physical health and long-term services and supports (LTSS) to individuals who are dually eligible for Medicare and Medicaid, older Pennsylvanians, and individuals with disabilities. Through a review of a request for proposals, the following MCOs have been selected to proceed with negotiations to deliver services statewide in Pennsylvania beginning in 2017:

- AmeriHealth Caritas
- Pennsylvania Health and Wellness (Centene)
- UPMC for You

CHC will roll out in three phases. Persons eligible for CHC are individuals aged 21 or older who have both Medicare and Medicaid, or who receive long-term services and supports through Medicaid because they need help with everyday activities of daily living.

## National Provider Call to Focus on IMPACT Act Data Elements and Measure Development

On Thursday, October 13, 2016, from 1:30 – 3:30 pm, the Centers for Medicare and Medicaid Services will host a national provider call. This call is for inpatient rehabilitation facilities, skilled nursing facilities, home health agencies, and other interested stakeholders, to discuss the [Improving Medicare Post-Acute Care Transformation \(IMPACT\) Act of 2014](#) and how data elements fit within measure development and provide an example of the process using the Pressure Ulcer measure. The IMPACT Act requires the reporting of standardized patient assessment data by post-acute care providers. To register or for more information, visit [MLN Connects Event Registration](#).

## FY 2017 IRF PPS Final Rule Correction Notice Issued

The Centers for Medicare and Medicaid Services published a [correction notice](#) in the August 31, 2016, *Federal Register*. The notice corrects typographical errors in the fiscal year (FY) 2017 inpatient rehabilitation facility (IRF) prospective payment system (PPS) final rule that was published in the August 5, 2016, *Federal Register*.

## Second Evaluation Report for Models 2–4 of BPCI Initiative Released

In July 2016, the Centers for Medicare and Medicaid Services (CMS) [proposed](#) new bundled payment models to shift Medicare payments from rewarding quantity to rewarding quality by creating strong incentives for hospitals and clinicians to deliver better care to patients at a lower cost. These proposed new bundled payment models focus on heart attacks, heart bypass surgery, and hip fracture surgery, and would reward hospitals that work together with physicians and other providers to avoid complications, prevent hospital readmissions, and speed recovery. This proposal follows the implementation of the Comprehensive Care for Joint Replacement (CCJR) Model that began earlier this year which introduced bundled payments for certain hip and knee replacements.

CMS just released the second annual evaluation [report](#) for Models 2–4 of the Bundled Payments for Care Improvement (BPCI) Initiative, which include both retrospective and prospective bundled payments that may or may not include the acute inpatient hospital stay for a given episode of care. This report describes the characteristics of the participants and includes quantitative results from the first year of the initiative. Key highlights include:

- 11 out of the 15 clinical episode groups analyzed showed potential savings to Medicare. Future evaluation reports will have more data to analyze individual clinical episodes within these and additional groups;
- Orthopedic surgery under Model 2 hospitals showed statistically significant savings of \$864 per episode while showing improved quality as indicated by beneficiary surveys. Beneficiaries who received their care at participating hospitals indicated that they had greater improvement after 90 days post-discharge in two mobility measures than beneficiaries treated at comparison hospitals; and
- Cardiovascular surgery episodes under Model 2 hospitals did not show any savings yet but quality of care was preserved. Over the next year, we will have significantly more data available, enabling CMS to better estimate effects on costs and quality.

## OLTL Collects Info About Residential Settings

On August 30, 2016, the Office of Long-Term Living (OLTL) issued a communication to all enrolled OLTL Home- and Community-Based Services (HCBS) providers who operate residential settings. The communication stated, "In an effort to begin collecting information needed to show the Centers for Medicare & Medicaid Services OLTL's compliance with the HCBS Final Rule 42 CFR 441.301, OLTL is requesting all providers who operate residential settings to [email](#) information about their residential settings. We are requesting participant handbooks, policies, participant rights statements, participant rules, brochures, and lease agreements, as well as other samples of information given to potential participants (other than information provided by OLTL)." Providers were reminded that they must register each site where they are providing services. OLTL Provider Enrollment may be reached at 800-932-0939 Option 1, or via [email](#). There is a [website](#) for enrollment, as well as [information](#) on Pennsylvania's plan for compliance with the HCBS Final Rule.

## Article Highlights Smart Helmet for Football Players to Help Detect Concussions

The August 24, 2016 edition of *Newswise* contained an article, "[Smart Helmet for Football Players May Help Detect Concussions](#)." The helmet, being developed by medical students at Texas Tech University Health Services Center El Paso, contains advanced impact sensors that can provide medical personnel with data to help diagnose and treat concussions. Using the smart helmet, the team hopes players of all ages will be taken off the field immediately after a hit, instead of continuing to participate while injured. The goal is for the product to eventually be sold in athletic stores or directly to athletic programs, such as high school sports teams, under the name Minus Tau. Tau is a protein that forms in the brain when someone experiences a concussion, or any form of brain damage.

## Energy & Commerce Committee Request Review of NIH Process for TBI Research

The Republican leaders of the House Energy and Commerce Committee recently sent a referral [letter](#) to Health and Human Services (HHS) Office of the Inspector General (OIG) regarding a National Institutes of Health (NIH) grant awarded for research related to traumatic brain injury (TBI) that became a source of public controversy. The grant was to be funded through a donation by the National Football League to the Foundation for the National Institutes for Health as part of the Sports and Health Research Program – a public-private partnership with NIH. Despite previous public accounts of this controversy, critical questions remain unanswered. Full Committee Chairman Fred Upton (R-MI), Oversight and Investigations Subcommittee Chairman Tim Murphy (R-PA), Health Subcommittee Chairman Joseph Pitts (R-PA), and Commerce, Manufacturing, and Trade Subcommittee Chairman Michael C. Burgess, MD (R-TX), requested that the HHS OIG conduct a "thorough and objective review" of these events to ensure the integrity of the NIH's grant process, execution of public-private partnerships, and efforts to advance critical research.

## NIH Sponsors Pediatric Concussion Workshop

On Thursday, October 13 and Friday, October 14, the National Institutes of Health (NIH) is sponsoring a Pediatric Concussion [Workshop](#) to bring together experts in the field of pediatric concussion to present their most recent findings. The goals of this workshop are to:

1. identify gaps in knowledge about pediatric concussion,
2. identify high priority areas of research in pediatric concussion, and
3. identify populations and study designs that will prove most feasible for addressing knowledge gaps.

The workshop will be held at the North Marriott Hotel & Conference Center, Bethesda, Maryland. Participating NIH institutes are the National Institute of Neurological Disorders and Stroke, National Center for Medical Rehabilitation Research, National Institute of Child Health and Human Development (known as the Eunice Kennedy Shriver Center), and the National Institute on Drug Abuse.

## OMHSAS Publishes Policy Clarification on the Use of CPT Codes for Psychiatrists

After careful review, the Office of Mental Health and Substance Abuse Services (OMHSAS) has released the long-awaited policy clarification on encounter coding. The clarification was released directly to behavioral health managed care organizations and county overights. The issue stemmed from OMHSAS issuing a policy clarification in July of 2014, regarding the use of evaluation and management codes. This clarification indicated that outpatient psychiatric clinic service encounters must be billed for both complexity and duration, rather than one or the other as indicated by the Center for Medicare and Medicaid Services. OMHSAS has since changed their decision and providers can bill based on complexity of the individual's condition.

To find out more about how this policy clarification will affect your organization, please contact your HealthChoices behavioral health managed care organization.

## Certified Community Behavioral Health Clinic (CCBHC) Update

Over the last month, the CCBHCs have worked diligently to comply with the federal requirements to become certified while the Office of Mental Health and Substance Abuse Services (OMHSAS) has been readying the Pennsylvania application to become a demonstration state. As the providers and OMHSAS work together, concerns have been raised related to state regulations which may conflict, contradict, or not support the CCBHC model. As a result, RCPA is working with the CCBHCs and OMHSAS to identify the type of regulation, the conflicting directive or regulation, and the impact. RCPA sent out a spreadsheet to all CCBHCs with the goal of identifying the priority areas across the state and dispelling the myth by "interpretation from region to region, county to county, and MCO to MCO." If you have not received the spreadsheet, or want to participate in this work, please contact [Sarah Eyster](#).

## Older Adults Entering BH Managed Care Through Community Health Choices

Providers attending the RCPA Mental Health Committee meetings over the past few months have been talking about the older population which will be eligible for services through the Community Health Choices program – and ultimately through the behavioral health HealthChoices program. Providers who have worked with older adults in the past have shared concerns about reaching the population both in the community and in facilities. Regarding those people in the community, there are barriers such as stigma – being seen going into the mental health clinic, transportation concerns, and trust. For those in facilities, issues related to medication monitoring, addressing use versus addiction for those being treated with opioids, and access to the person.

RCPA members and staff, along with the Office of Mental Health and Substance Abuse Services, the Office of Long Term Living, and the Pennsylvania Behavioral Health and Aging Coalition, are working toward identifying necessary partnerships, gathering information around training resources, and the potential impact on community providers. In addition, the group will be reaching out to the Office of Aging and other programs supporting older adults. To get involved in this work group, please contact [Sarah Eyster](#).



## 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](#).

## IMD Exclusion Threatens Needed Residential Treatment

Information provided by the Legal Action Center (LAC). The [LAC Fact Sheet](#) provides additional details.

The Medicaid Institutions for Mental Diseases (IMD) exclusion prohibits the use of federal Medicaid financing for care provided to most patients in mental health and substance use disorder residential treatment facilities larger than 16 beds. The rule allows for no more than 15 days in an IMD. The exclusion is one of the very few examples of Medicaid law prohibiting the use of federal financial participation (FFP) for medically necessary care furnished by licensed medical professionals to enrollees based on the health care setting providing the services. The new IMD rule will support this position and will increase enforcement of the rule. The IMD issue is potentially one of the most impactful changes we have seen in the drug and alcohol field in years and is not a positive one here in Pennsylvania. This federal rule will seriously threaten services to people who need longer lengths of stay. RCPA will be working with other stakeholders, including the BH-MCOs and state officials, in an effort to minimize the impact on the client and the provider. Additional information will be provided as it is received.

## DDAP HR 590 Hearings Underway Across the Commonwealth

As previously reported, HR 590 directs the Department of Drug and Alcohol Programs (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 drug and alcohol service provider members to weigh in on the matter.

There will be six public hearings across the state; any member of the public, including treatment providers, will be invited to attend. All RCPA members are strongly encouraged to testify at the hearings in your respective regions. In addition, all members are encouraged to provide public comment, which began 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 hearings. Contact [Lynn Cooper](#) with any questions.

## DDAP HR 590 Public Hearings Schedule

**All hearings are scheduled from 10:00 am – 1:00 pm.**

### September 7 — Philadelphia

Friends Center  
1501 Cherry St  
Philadelphia, PA  
Charlie Folks, Eagleville Hospital and RCPA board member, presented on behalf of RCPA.

### September 21 — Wilkes Barre

Kings College  
Sheehy-Farmer Campus Center  
Walsh Room, 3rd Floor  
133 N River St  
Wilkes Barre, PA

Jason Hendricks, chief operating officer, Pyramid Healthcare, Inc., presented on behalf of RCPA.

### October 14 — Pittsburgh

414 Grant St, Room 510  
Pittsburgh, PA  
Paul Bacharach, executive director, Gateway Rehabilitation Inc., will be presenting on behalf of RCPA.

### October 18 — Harrisburg

333 Market St  
Hearing Rooms A & B  
Harrisburg, PA

### October 27 — Williamsport

PA College of Technology  
1 College Ave  
Williamsport, PA

## RCPA Submitted HR 590 Comments to DDAP

RCPA submitted comments regarding HR 590 in mid-August. They included the following issues and recommendations:

1. First and foremost, treatment works. When people who have a substance use disorder are given the proper treatment, and are afforded the right amount of time for treatment, it works.
2. Chronic underfunding of treatment for substance use disorders is at the heart of the crisis that exists today. Many years of such underfunding have created a broken system in Pennsylvania as well as across the country. An immediate and adequate increase in funding would lead to high quality, accessible care when needed and serve to eliminate waiting lists.
3. Individuals who are suffering from substance use disorders and would like to receive treatment are faced with prejudice and an overwhelming stigma, which makes some shy away from seeking treatment.
4. In the Commonwealth of Pennsylvania, there is a lack of medication-assisted treatment (MAT). MAT should be available to those who need it at every level and type of treatment.
5. A large percentage of people not only have substance use disorders, but they also have a co-occurring mental health disorder(s). These are typically treated separately (leading to compartmentalized treatment systems), which increases the individual's likelihood to fail rehabilitative treatment, and in some instances makes the drug addiction more acute.
6. Lack of appropriate treatment leads to treatment failure and sometimes death. We may only get one chance; we must be sure to get the right level of treatment to the person suffering from addiction. We must assure that unbiased, appropriate assessments are made to assure the right level of care. Addiction treatment cannot use a cookie cutter approach; one size does not fit all.
7. In instances of overdoses, Narcan® is not being used uniformly throughout the Commonwealth. If the Commonwealth provided adequate funding for the use of Narcan® by all first responders, it would be a step in the right direction. First responders who have used Narcan® have saved many lives, but many first responders are not using it due to lack of funding or access. All first responders should be trained on the use of Narcan®, have access to it, and use it whenever appropriate. It is a fact — it saves lives.
8. By itself, Narcan® is not enough. An individual needs treatment after its use. Narcan® undoubtedly saves lives but follow-up treatment is a necessity. Once Narcan® is utilized and the individual is stabilized, emergency rooms and first responders need to have close ties with treatment providers to ensure appropriate referrals are made. The initial and early decisions after Narcan® has been administered are vital to an individual's success in fighting a substance use disorder.
9. Not enough certified peer services are being provided and funded. Certified peer services are a powerful tool when coupled with an appropriate treatment plan. More funding and support must be provided to increase these services in the drug and alcohol system.
10. Outdated regulations often get in the way of providing much needed services. An example is the current state confidentiality regulations (PA Code 255.5). This code does not reduce the stigma that people with substance use problems face. It creates a significant barrier for providers, because it limits the ability of providers to share the appropriate information with other health care service providers to ensure a collaborative system of care. While some regulations have been updated by the Department of Drug and Alcohol Programs, more work needs to be done such as changing the aforementioned state confidentiality requirements and allowing clients input as to when and with whom their records are shared.
11. Too many people with substance use disorders are incarcerated when treatment would be a more effective path. Too many people leave the criminal justice system without appropriate benefits and referral to treatment.



Continue the good work of the Department of Corrections, the PA Board of Probation and Parole, and the judicial system to improve diversion, reentry, and transition services for persons with substance use disorders.

12. Pennsylvania’s aging population is having increasing problems with prescription drug addiction. Increased attention, funding, and services must be directed to special assessment and treatment programs for our senior citizens.
13. Many doctors continue to provide too many opioids and many persons with addiction “doctor shop” in an effort to increase their supply of opioids. Increased efforts must be made to advance the new prescription monitoring program as well as education for physicians on prescribing and pain management best practices.
14. The drug and alcohol system in Pennsylvania is missing a fair and genuine rate setting process. The lack of rates that do not cover costs has also led to many closed programs that were much needed; especially detox beds. There needs to be a fair and genuine rate setting process for drug and alcohol services that includes the true cost of providing services.
15. There is a dramatic shortage of detox beds in the Commonwealth. Many persons with drug and alcohol problems end up in the criminal justice system simply due to the lack of detox beds. Appropriate funding must be provided to increase access to this lost but critical service.
16. Insurance laws created to insure parity for mental health and substance use disorders have not been realized. The Commonwealth must hold insurance companies and others accountable if they fail to comply with current insurance parity laws that have been established.

## Alkermes Inspiration Grants

### From Alkermes:

“Alkermes is pleased to announce a new competitive grant program. [Alkermes Inspiration Grants™](#) were developed to underscore our ongoing commitment to support the comprehensive needs of people affected by mental health and substance use disorders. Through this initiative, Alkermes will award up to \$1 million in grants for the development or expansion of innovative programs to support the mental health and addiction communities in two key areas:

- Improving or enhancing systems of care
- Integrating the perspective of people affected by mental illness or addiction into drug development or care delivery

For more information on the ALKERMES INSPIRATION GRANTS program or to apply, please visit their [web page](#) or [email](#).

The **submission period will be open from September 12 to October 7** and grants will be awarded to selected organizations in November 2016. Eligible nonprofit organizations may apply for grants of up to \$25,000 (Emergence Grant) or up to \$100,000 (Innovation Grant). Multiple submissions are permitted.

Winning programs will be selected by Alkermes in partnership with a group of external reviewers who represent the perspectives of the community. These reviewers include a patient advocate, a representative from the criminal justice system, a person in recovery, and a caregiver. Proposals will be evaluated based on a standard set of review criteria, which will include the quality of the application, creativity of the solution, and the organization’s infrastructure and past program success. Funding will be distributed at the end of 2016.”

## Criminal Justice Committee Presentation on MAT in Jails and Drug Courts

*Information provided by Gail Scott, Health Policy Fellow*



At the RCPA Criminal Justice Committee meeting on September 14, Gail Groves Scott, health policy fellow in addictions studies at University of the Sciences in Philadelphia, reviewed with the committee her research on the use of

opioid use disorder medications in drug courts and jails in South-Central Pennsylvania. Gail also provided the members with a policy brief on the issue of people in maintenance treatment on methadone and buprenorphine who go through abrupt withdrawal from their medication when incarcerated. Her literature review found evidence that forced withdrawal in jails deters people from returning to treatment and increases overdose mortality on reentry to the community.

Gail reviewed how policymakers nationwide have called for increased access in criminal justice to evidence-based “medication-assisted treatments” (MAT) for opiate use disorder, utilizing buprenorphine, naltrexone, or methadone. Criminal justice populations have a high prevalence of opiate use disorder, yet rarely have access to these medications.

The goal of her academic project was to examine policies that support or hinder access to MAT in county jails and drug courts in two South-Central Pennsylvania counties, identifying areas of opportunity to influence public health outcomes. A secondary goal was to determine if there were existing Pennsylvania policy initiatives or proposals about MAT.

Gail interviewed drug court and jail staff, observed drug courts in two counties, met with

policy advocates, and did field work in Harrisburg with the Recovery – Advocacy – Service – Empowerment (RASE) Project. She also conducted a literature review, and examined policy reports, legislative databases, and media reports.

Her findings showed policy and structural barriers to MAT, echoing the literature. One key barrier is the need for policy alignment on medications between all supervised environments (i.e., the county jail, drug court, day reporting center, and treatment facilities). Some advocacy for MAT access was identified among drug court staff, but the courts examined still had policies that largely prohibited MAT. Drug court staff showed limited awareness of: 1) new federal policies to drive use of MAT in drug courts (requirements tied to grants); 2) a new PA Department of Corrections state plan to expand the use of MAT in state prisons and require contracting programs to offer access to MAT; or 3) legislative mandates in other states (laws passed in NY and NJ that require drug courts to allow participants to be on MAT).

Gail reviewed research gaps, such as data on inmate deaths while in opiate withdrawal, which have happened in PA jails and across the country. Several committee members concurred with Gail’s data showing the increasing acceptability of naltrexone treatment in criminal justice settings (the long-acting injectable Vivitrol), but expressed concern about managed care barriers to provide naltrexone treatment in their programs. Gail noted that new formulations of buprenorphine that are implanted or injectable are on the market or in clinical trials, and may gain support in criminal justice settings in the future. USciences is planning a new center for addiction research and policy advocacy, and Gail invited RCPA members to communicate with her about their suggestions. Contact information: [Gail Groves Scott](#), cell 717-468-6729, office 215-596-7636.



## Governor Announces 25 Additional COEs

Governor Tom Wolf announced that his administration will implement an additional 25 Centers of Excellence (COEs) locations throughout the state by January 1, 2017. The COEs will offer treatment to Pennsylvanians with opioid-related substance use disorder. The Department of Human Services (DHS) promises to treat the entire person through a team-based approach, with the explicit goal of integrating behavioral health and primary care and, when appropriate, evidence-based medication assisted treatment. Adding these 25 new locations brings the total number of COEs to 45. The 2016/17 budget included \$10 million in behavioral health funding and \$5 million in medical assistance funding, totaling \$15 million. This will allow DHS to draw down \$5.4 million in federal funding for an overall total of \$20.4 million. The 25 selected recipients are:

- ★ AIDS Case Group/Sharon Hill Medical, Delaware County
- ★ Butler Memorial Hospital, Butler County
- ★ CASA of Livingston County, Inc., Bradford County
- ★ Clearfield-Jefferson Drug and Alcohol Commission, Clearfield, Jefferson Counties
- ★ Clinical Outcomes Group, Inc., Schuylkill County
- ★ Community Health & Dental Care, Inc., Montgomery County
- ★ Family First Health Corporation, York County
- ★ Family Service Association of Bucks County, Bucks County
- ★ Geisinger Clinic/GIM Danville, Mifflin, Montour Counties
- ★ Hamilton Health Center, Dauphin County
- ★ Highlands Hospital, Fayette County
- ★ Lancaster General Hospital, Lancaster County
- ★ Magee-Womens Hospital of UPMC, Allegheny, Lawrence, Venango, Blair, and Butler Counties
- ★ Mon Valley Community Health Services, Inc., Westmoreland County
- ★ Mt. Pocono Medical, Monroe County
- ★ Neighborhood Health Centers of Lehigh Valley, Lehigh, Northampton Counties
- ★ Pathways to Housing PA, Philadelphia County
- ★ Penn Presbyterian Medical Center and Perelman School of Medicine Departments of Psychiatry and Obstetrics/Gynecology, University of Pennsylvania, Philadelphia County
- ★ Public Health Management Corporation, Philadelphia County
- ★ Reading Hospital and Health System, Berks County
- ★ The Wright Center Medical Group, PC, Lackawanna County
- ★ Total Wellness Center, LLC Clean Slate, Lycoming, Luzerne, Erie Counties
- ★ University of Pittsburgh Physicians: General Internal Medicine Clinic – Oakland, Allegheny County
- ★ West Penn Allegheny Health System, Allegheny County
- ★ WPIC of UPMCPS, Allegheny County

For more information about the Centers of Excellence, visit the [DHS website](#).

## State “Employment First” Recommendations Released

A [plan](#) to implement Governor Wolf’s [Executive Order 2016-03](#), entitled *Establishing ‘Employment First’ Policy and Increasing Competitive-Integrated Employment (CIE) for Pennsylvanians with a Disability*, was made public on September 15, 2016. The executive order established “employment first” as the policy of the executive branch of state government, defining it as competitive-integrated employment being “the first consideration and preferred outcome of publicly-funded education, training, employment and related services, and long-term supports and services for working-age Pennsylvanians with a disability.” A commonly-used short-hand description of competitive-integrated employment is work that pays at least minimum wage and is performed in an integrated setting where most of the workers do not have disabilities.

The executive order directed certain state agencies to seek stakeholder input and then develop recommendations to advance the Governor’s CIE goals and objectives. Nearly 70 recommendations are included in the plan, which are summarized as follows:

- Review, identify, and change policy to align with Executive Order 2016-03.
- Raise the expectations of employment goals for children with a disability at an early age – work with parents and publicly-funded programs to shift expectations towards this goal.
- Prepare young people with a disability to become working adults with a disability.
- Transition students from secondary education to adult life – state agencies must be committed to employment outcomes, innovation, and seamlessness when students with a disability transition from school to work.
- Assist adults with a disability in getting and keeping a job.
- Increase access to reliable transportation – for individuals to succeed on the job, they need reliable transportation to and from work, on time, every time.

- Lead by example – reduce barriers to commonwealth employment.
- Lead by example – improve state contracts (so that the number of people with a disability employed in the private sector and by state government can be increased and sustained).
- Expand private-public partnerships.
- Increase public awareness (about the value people with a disability can add to the workforce, and to encourage people with disabilities to work for state government).
- Collect and coordinate data.
- Implement, monitor, and provide accountability.

According to federal labor statistics, the labor participation rate (people working or people who want to work but are unemployed) for people with a disability is only 20 percent compared to 63 percent for everyone. In Pennsylvania, there is a significant opportunity to increase the number of people with disabilities who work or want to work in a competitive-integrated job. Over 100,000 students with disabilities are of transition age (ages 14–21) and over 50,000 adults with intellectual disabilities and/or autism are receiving publicly-funded long-term supports and services.

Now that the recommendations have been published, it is unclear how the Wolf Administration will proceed in terms of implementing every recommendation in the plan. What is clear is that a number of the ideas contained in the plan are already under development and, in some cases, are already being implemented by certain state agencies. There is also strong interest in the Pennsylvania General Assembly, with legislation in both the state House of Representatives ([House Bill 2130 PN 3480](#)) and Senate ([Senate Bill 1199 PN 1733](#)) having been introduced to promote “Employment First.” RCPA will continue to monitor activities as this important issue unfolds. Questions can be directed to [Steve Suroviec](#).



## Updated “Everyday Lives” Unveiled

The Office of Developmental Programs (ODP) unveiled *Everyday Lives: Values in Action*, a document ODP plans to use in guiding the development of future policies and programs. The new booklet includes value statements from individuals and families as well as a series of recommendations approved by ODP’s Information Sharing and Advisory Committee. The following is a brief excerpt:

“*The Foundation of Everyday Lives: Values in Action* is two statements:

1. We value what is important to people with disabilities and their families, who are striving for an everyday life. An everyday life is about opportunities, relationships, rights, and responsibilities. It is about being a member of the community, having a valued role, making a contribution to society, and having one’s rights as a citizen fully respected. It is a vision that we should all be working toward together.
2. People with disabilities have a right to an everyday life; a life that is no different than that of all other citizens. This continues to be the truest statement on which we can build our work.

*Everyday Lives* will be a guide to ODP as it develops policies and designs programs. Providers of services will use the recommendations of *Everyday Lives* to support individuals and their families to achieve an everyday life. *Everyday Lives* will guide everyone toward the possibility of an everyday life.”

Copies of the full [document](#) are available from ODP.

### Information from DHS Webinar

## Act 62 Next Steps for Providers and Families

Working in collaboration with key state agencies, RCPA recently hosted two webinars on changes impacting providers of child and adolescent autism services. The [recording](#) of the webinar is available for review. The PowerPoint presentations for both the [managed care](#) and the [service provider](#) presentations are also now available. The webinar also included a review of updated information and guidance for families that providers can duplicate and make available. Visit the [DHS Act 62 web page](#) for resources to use when communicating with families, including such documents as the *ASD: Fact Sheet*, *Act 62 Infographics*, *Frequently Asked Questions*, *How to Appeal*, and *Sample Appeal Letters*.

## New Codes for Child Autism Services

The Department of Human Services and the Insurance Department recently issued *Medical Assistance (MA) Bulletin* for providers relating to Act 62 titled, *Payment of Claims for Services Provided to Children and Adolescents for the Diagnostic Assessment and Treatment of Autism Spectrum Disorder (ASD)*. These behavioral health, physical health, and rehabilitation [procedure codes](#) must now be used for the diagnostic assessment and treatment of autism spectrum disorders (ASD) covered under Act 62. This bulletin is also a reminder that providers are required to bill a child’s or adolescent’s private health insurance company before submitting a claim for the diagnostic assessment or treatment of ASD. New codes were implemented on September 30.

## Spangler to Lead RCPA Children's Division



RCPA is very pleased to welcome **Robena L. Spangler, MS**, as director of the Children's Division at RCPA. Robena, a graduate of Susquehanna and Duquesne Universities, comes to RCPA

from a leadership position with a member organization, NHS, where she most recently served as operation resources specialist and regional director of children's services. Robena brings her impressive experience in a range of child and adolescent service systems and programs, along with her depth of knowledge of policy, program operations, and service delivery models.

## Thank You for This Privilege



As I bring this chapter of my career to a close, I wanted to thank the innumerable **Children's Champions** for the privilege and pleasure of working with you. You have made my years at PCPA and RCPA a most excellent capstone to a career of advocacy and service to

children, adolescents and families, and to those who serve them. You have been, and will continue to be, dearest friends and colleagues. Let me also offer my thanks to friends and colleagues working in state and county government, managed care, academic settings, and RCPA's statewide professional and provider sister organizations. As I begin a new and much smaller chapter in my career, I will look forward to seeing and working with many of you. As a man of Irish ancestry, I will close with an Irish toast, a blessing and, [a parting glass](#). May joy be with you all — **Connell**

## Improved Guidance for FASD

Updates to diagnostic guidelines for Fetal Alcohol Spectrum Disorders (FASD) have been proposed and published in the [August issue of Pediatrics](#). The proposed guidelines reflect evolving consensus on issues including identification of neurobehavioral and physical features for FASD. New recommendations reflect improved and data-driven cognitive and neurobehavioral characteristics for the diagnosis of fetal alcohol syndrome, partial fetal alcohol syndrome, and alcohol-related neurodevelopmental disorder. The proposed updates, compiled by a multidisciplinary team of experts organized by the National Institute on Alcohol Abuse and Alcoholism expand upon practice guidelines issued in 2005. Among key proposed updates are:

- A clarified definition for prenatal alcohol exposure from the mother or a reliable source;
- New neurobehavioral criteria for the display of cognitive or behavioral impairments; and
- A more comprehensive dysmorphology scoring system that allows for the quantitative analysis of major and minor structural abnormalities in children with FASD.

The authors of the proposed revision for the FASD guidelines have noted that "neurocognitive impairment and abnormal behavior are the principal sources of disability in FASD." First author H. Eugene Hoyme, MD, chief of genetics and genomic medicine at Sanford Health, and professor of pediatrics at Sanford School of Medicine of the University of South Dakota, notes that "There are many misconceptions. Among these are that FASD occurs only in the offspring of women with chronic alcoholism. In fact, most children are born to women who are weekend binge drinkers. Population-based prevalence studies in the US clearly demonstrate that this spectrum of disabilities cuts across racial and socioeconomic strata."

## Update From the State FASD Task Force

Since its creation a decade ago, RCPA has been an active member of the Pennsylvania Fetal Alcohol Spectrum Disorder (FASD) Task Force. The task force has been increasingly active and is currently advocating for many system changes that will benefit those with or at risk of FASD. These include:

- Development of a statewide FASD family advocacy organization;
- Creation of a home in the state government structure for FASD-related issues;
- Assurance that providers in all human service, legal, and educational systems are familiar with FASD, and their workforce is trained to work effectively with persons with FASD; and
- Continued FASD prevention, with the goal of engaging all relevant commonwealth departments in a unified approach to address FASD in PA.

Look for future updates on the progress of the task force and the growing efforts to expand FASD awareness, prevention, and intervention.

## Intensive Behavioral Health Service Regulations Update

For the past several months, the Office of Mental Health and Substance Abuse Services (OMHSAS) has been meeting with advocates, county and managed care representatives, academic leaders, and children's service providers. The group has worked with an aggressive timeline to develop a set of intensive behavioral health services (IBHS) regulations that will replace the many OMHSAS and other state bulletins and policy clarifications that have informed behavioral health rehabilitation services, often referred to as BHRS. RCPA is pleased to have been

able to involve several program leaders from member organizations from across Pennsylvania to participate in this important work. All indications are that the discussions and recommendations offered by providers and RCPA have been seriously considered and frequently adopted in the materials shared by OMHSAS with the work group. OMHSAS continues to work toward the goal of publishing proposed IBHS Regulations in the *Pennsylvania Bulletin* in November for public review and comment.

## Mental Health Disparities for Children of Color

One in five Americans is estimated to have a mental health condition at any given time. But getting treatment remains difficult. The data shows us that access to treatment is worse for children, especially those who identify as black or Hispanic. This perception is reinforced by the major [research findings published in the \*International Journal of Health Services\*](#). The study examined how often young adults and children were able to get needed mental health services, based on whether they were black, Hispanic, or white. A nationally representative sample of federally collected survey data was compiled between 2006 and 2012. Researchers sought to determine how often people reported poor mental health and either saw a specialist or had a general practitioner bill for mental health services. Even when controlling for someone's mental health status, insurance, and income, black and Hispanic children saw someone for treatment far less often than did their white counterparts. Black young adults visited a mental health specialist about 280 fewer visits per thousand; Hispanics had 244 fewer visits per thousand. The paper outlines a few possible reasons for this disconnect. Different communities may attach greater stigma about mental health care, or they may place less trust in the doctors available.

## Pennsylvania's Need for Early Childhood Screening

Over the past two years, RCPA staff have worked with a diverse group of health care organizations and state agencies under the leadership of the [Pennsylvania Partnership for Children](#) (PPC) to examine the need for early childhood screening. The group, working through a national grant, has looked at the importance of early childhood developmental screening and the need to advance screening practices in Pennsylvania. Detecting possible delays in development during a child's early years is a critical part of ensuring every child gets off to the best possible start. About 1 in 10 Pennsylvania children may experience a delay in one or more aspects of development, but Pennsylvania lacks a comprehensive way of monitoring how many children receive developmental screenings that could help detect these delays. PPC's latest report, [Developmental Screening: An Early Start to Good Health](#), looks at ways Pennsylvania can better promote the use of developmental screenings, educate families about their importance, and ensure that children with possible delays in development receive appropriate follow-up assessments, care, and interventions.

## COMMITTEE REPORT

### Children's Committee Report

To avoid time and travel conflicts with the RCPA Annual Conference, the Children's Committee joined with the Mental Health Committee in a webcast update on important developments impacting community service providers. Senior staff from the Office of Mental Health and Substance Abuse Services reviewed the status of proposed regulations now in development and the ongoing process of implementation of Certified Community Behavioral Health Clinics in Pennsylvania. Of particular importance was the update on developing child-adolescent Act 62 and autism service capacity challenges, as well as the updates on developing intensive behavioral health services regulations for those youth experiencing emotional disturbances, mental illness, and autism service needs.

# CALENDAR

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



## OCTOBER

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

## NOVEMBER

<b>Tuesday, November 1</b>	10:00 am – 2:00 pm	NW Regional Meeting <i>Park Inn by Radisson, Clarion</i> 45 Holiday Inn Road Clarion, PA 16214
<b>Wednesday, November 2</b>	TBD	SW Regional Meeting Location TBD
<b>Thursday, November 3</b>	10:00 am – 4:00 pm	Intellectual Developmental Disabilities Supports Coordination Organization Vocational Rehabilitation <i>Penn Grant Centre</i>
<b>Monday, November 7</b>	10:00 am – 1:00 pm	NE Regional Meeting <i>Step By Step, Inc.</i> 744 Kidder Street Wilkes-Barre, PA 18702
<b>Tuesday, November 8</b>	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee <i>Conference Call</i>
<b>Wednesday, November 9</b>	10:00 am – 1:00 pm	SE Regional Meeting ( <i>Sponsored by The Graham Company</i> ) <i>Greater Plymouth Community Center</i> 2910 Jolly Road <i>Plymouth Meeting, PA</i>
<b>Tuesday, November 15</b>	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee <i>Conference Call</i>
<b>Wednesday, November 16</b>	10:00 am – 2:00 pm	Brain Injury Committee <i>Penn Grant Centre</i>
<b>Wednesday, November 16</b>	10:00 am – 12:30 pm	Human Resources Committee <i>Penn Grant Centre</i>
<b>Thursday, November 17</b>	10:00 am – 12:30 pm	Outpatient Rehabilitation Committee <i>Penn Grant Centre</i>