



Government Affairs

It's All About the Budget

It's no secret that this year's budget is going to be a difficult one for everyone. The leaders in both the House and Senate have indicated that they will be looking at efficiencies and cost savings throughout all agencies, but especially the Department of Human Services (DHS) budget.

Senate Majority Leader Jake Corman (R-Centre) also said in a December interview that it is necessary that the administration and legislature address the rising costs of the department, which he says increases upwards of \$500 million every year. He recommended "turning the department upside down" to find extra dollars, and he is interested in looking at

everything from benefits to low income individuals, to how providers are paid and how they manage caseload, as well as looking at ways to get relief from some of the federal mandates.

House Majority Leader Dave Reed (R-Indiana), has expressed interest in consolidating agencies and rooting out welfare user and provider fraud, which he believes would save the Commonwealth money on an annual basis.

Legislators are not likely to put forward any tax or significant fee increases, and they may consider online gaming and further privatization of liquor as new revenue sources. The members of the General Assembly are also waiting to

hear the governor's budget address on Tuesday, February 7. They want to hear what the administration has planned in regards to addressing this year's budget deficit and solving the long-term issues affecting the Commonwealth.

The Wolf administration has already indicated they will not pursue an increase in the Personal Income Tax (PIT) or a sales tax increase. The only new revenue being floated is instituting a Marcellus Shale tax, but no additional specifics have been put forth on that proposal. So far this year, the Wolf administration

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IT'S ALL ABOUT THE BUDGET

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has announced a few cost-saving measures in response to the budget shortfall, such as the June closure of two state prisons and elimination of thousands of unfilled state jobs.

Additionally, DHS has announced the closure of the Berks County facility, which provides care for 80 Pennsylvanians with intellectual disabilities, and they also announced that the department will repurpose a section of a Montgomery County facility that offers mental health services for another 122 patients. The closure and repurposing of these facilities will allow the state to get some dollars up front and save Pennsylvania money over time; moreover, DHS believes this will also expand opportunities for patients to integrate back into their communities.

This year will be a difficult budget year for health and human service providers, and RCPA's main priority between now and June 30 will be on the state budget. Further questions may be directed to [Jack Phillips](#), RCPA Director of Government Affairs. ◀

RCPA-PAC Golf Outing

RCPA will be holding its **fourth annual golf outing** on **Thursday, May 11, 2017**, at the beautiful Hershey Country Club. Lunch will start at 11:00 am in the Picard Grand Pavilion. There will be a putting contest at 12:15 pm, followed by a 12:30 pm shotgun start. Every year it is getting bigger and better. There will be representatives from Dixon Golf at the event, and they will offer golfers the opportunity to participate in 'closest to the pin' and 'longest drive challenge' holes. RCPA will again give away prizes for the winning team as well as men's and women's awards for longest drive and closest to the pin. [Registration](#) is now open and RCPA is also looking for various [sponsors](#), ranging from tournament sponsor to gift sponsors. These opportunities are a great way for your organization to get its name out and to help a good cause. Further questions may be directed to [Jack Phillips](#), RCPA Director of Government Affairs. ◀



RCPA Capitol Day

RCPA will be hosting its **2017 Capitol Day** on **Tuesday, April 25**. During the day, RCPA will hold a press conference in the Main Rotunda and members will be asked to visit key legislators to discuss the state budget, legislation, and regulations that affect the day-to-day activities of our members. More information will follow; for questions or suggestions regarding Capitol Day, please contact [Jack Phillips](#), RCPA Director of Government Affairs. ◀

New Members

BUSINESS

O'Shea Associates, LLC
10 Liberty St
Danvers, MA 01923
Paul O'Shea, President/CEO

PROVIDER

**Affinity Forensic Service, LLC dba
Pennsylvania Forensic Associates**
220 N 5th St
Reading, PA 19601
Susan Kraus and Robert Gill,
Co-Directors

**America's Support Coordination
and Management, LLC**
9622 Bustleton Ave, 2nd Fl
Philadelphia, PA 19115
Susan Lorenz, CEO

In Memoriam

**BARBARA DIVELY, 75,
BRAIN-INJURY SURVIVOR AND
ADVOCATE FOR OTHERS**
RCPA would like to express condolences to [Ms. Dively's](#) family and colleagues, for the loss of a strong champion for the brain injury community. A brain injury survivor herself, Ms. Dively was recognized for her work by the [Brain Injury Association of America \(BIAA\)](#) and also received a [citation from Governor Wolf](#) in honor of her accomplishments. She will be missed. ◀

Affirmative Action for People With Disabilities Within Federal Agencies

In early January, the US Equal Employment Opportunity Commission (EEOC) published regulations on Section 501 of the Rehabilitation Act, outlining legal obligation of federal agencies to engage in affirmative action in employment and serve as "model employers" for individuals with disabilities. The regulations do not impose any obligations on private businesses or state and local governments. The rule consolidates existing requirements from a variety of sources, such as the requirements that federal agencies must have written reasonable accommodation procedures and seek qualified job applicants with disabilities. The regulations set a goal for federal agency workforces to achieve 12 percent representation for individuals with disabilities. They also place an emphasis on "targeted" disabilities, which tend to be those with a history of significant challenges securing and maintaining employment. The regulations also require federal agencies to provide personal assistance services to employees who need them to perform basic human activities at work, such as eating and using the restroom. The rule takes effect on January 3, 2018, to give agencies time to comply. EEOC will also provide agencies with training and technical assistance. Additional information can be found [here](#). ◀

HHS Finalizes New Medicare Alternative Payment Models

The Department of Health and Human Services (HHS) released a [final rule](#) and issued a press release on December 20, 2016, announcing new Medicare alternative payment models that have been finalized. The rule for the [Advancing Care Coordination Episode Payment Models](#) creates two new mandatory bundled payment models for heart attacks and cardiac bypass surgeries (CABG). The rule also expands the Comprehensive Care for Joint Replacement (CJR) program to include surgical hip and femur fracture treatments (SHFFT) in the mandatory bundled payments demonstration. The goal behind these models is to shift Medicare payments from rewarding quantity to rewarding quality by creating incentives for hospitals and clinicians to work together to avoid complications, avoid preventable hospital readmissions, and speed patient recovery. The policies to achieve these goals include: improve cardiac care; further improve orthopedic care; and provide an Accountable Care Organization (ACO) opportunity for small practices. The rule becomes effective on Saturday, February 18, 2017. ◀



Final Rule on Changes to Medicare Appeals Process Published

On January 17, 2017, the Centers for Medicare and Medicaid Services (CMS) published the [final rule](#) in the Federal Register that finalizes changes to the Medicare benefit claim appeals processes that were proposed on July 5, 2016. This final rule is part of the Department of Health and Human Services (HHS) approach for addressing the increasing number of appeals and the current backlog of claims waiting to be adjudicated. This final rule includes new and revised rules that expand the pool of available Office of Medicare Hearings and Appeals (OMHA) adjudicators; increase decision-making consistency among the levels of appeal; and improve efficiency by streamlining the appeals process so less time is spent by adjudicators and parties on repetitive issues and procedural matters. These regulations become effective on March 20, 2017. ◀

Guidance for Criminal Justice Entities on Individuals With Mental Health Issues or IDD

Title II of the Americans with Disabilities Act (ADA) protects individuals with mental health disabilities or intellectual/developmental disabilities (IDD) from discrimination within the criminal justice system. Individuals who work for criminal justice entities, such as police officers and corrections officers, must sometimes make split-second decisions in very dangerous situations. While the ADA can require adjustments to policies, practices, and procedures to accommodate an individual's disability, what is required in a given situation depends on a variety of factors, including the safety of the officers, the individual with the disability, and the public.

The Justice Department issued [guidance](#) to facilitate criminal justice entities' compliance with the ADA during interactions with individuals with mental health disabilities or IDD. The document sets forth the key regulatory provisions under the ADA and provides examples of how local law enforcement, corrections, and justice systems entities have facilitated compliance with these obligations. The document also provides recommendations for anticipating and preparing for disability-related needs of individuals with mental health issues or IDD by training criminal justice personnel, conducting reviews of policies and procedures, and collaborating with mental health and disability service providers. Lastly, the document provides examples from the department's criminal justice enforcement actions and includes links to additional governmental resources. ◀

State News

OLTL Issues Home and Community-Based Settings Requirements

On December 28, 2016, the Office of Long-Term Living (OLTL) issued [Bulletin 59-16-14, Home and Community-Based Settings Requirements](#). The bulletin provides guidance relating to the federal requirements for the settings in which home and community-based services (HCBS) are rendered. ◀

CMS Announces Pilot Testing for Transfer of Health Measures

The Centers for Medicare and Medicaid Services (CMS) has contracted with RTI International and Abt Associates to develop and implement two Transfer of Health Information and Care Preferences (TOH) quality measures for inpatient rehabilitation facilities (IRFs), skilled nursing facilities (SNFs), long-term care hospitals (LTCHs), and home health agency (HHA) settings, in order to meet the requirements under the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014. As part of the measure development process, RTI in

collaboration with Abt, is pilot testing the TOH measures to investigate data collection methods and time to complete the items, the feasibility of implementing the TOH quality measures, and measure properties. In addition, the organizations are seeking providers to participate in a pilot study on the TOH quality measures.

Providers could participate in multiple pilot test activities with multiple pilot test staff and must have been Medicare-certified for at least one year to be eligible to participate

in the pilot study. No identifiable patient information was shared with RTI during data collection, and no specific provider or patient information will be shared with CMS or the public.

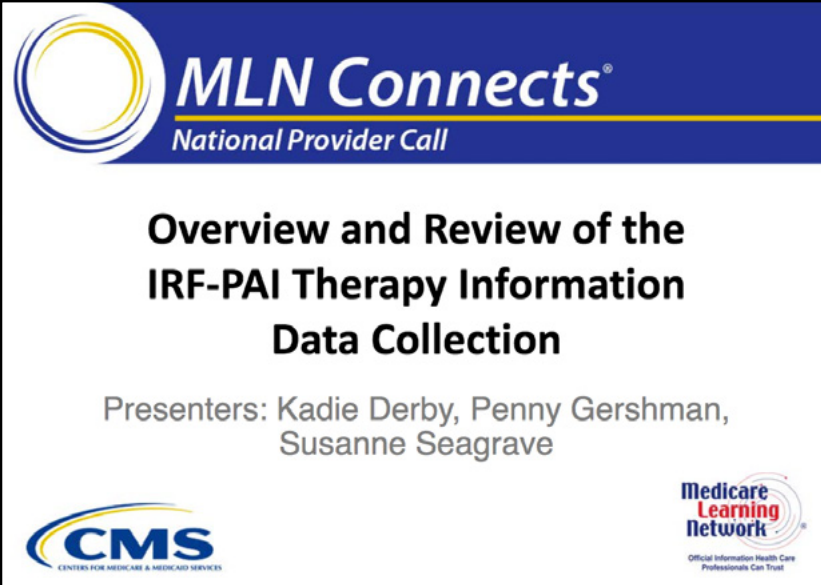
Additional information, including the TOH Pilot 2017 zip file that contains the recruitment letter and interest form for providers, is available on the [IMPACT Act Downloads and Videos web page](#). ◀

NIH Publishes Five-Year Research Plan on Rehabilitation

The National Institutes of Health (NIH) published its [Research Plan on Rehabilitation – Moving the Field Forward](#). This five-year plan lays out priorities in medical rehabilitation research, will guide NIH support for rehabilitation medicine, and will benefit individuals with temporary or chronic limitations in physical, cognitive, or sensory function that require rehabilitation. This research plan focuses on six areas of rehabilitation research: rehabilitation across the lifespan, family and community, technology use and development, research design and methodology, translational science, and building research capacity and infrastructure. ◀

National Provider Call Focuses on Coding of Therapy Minutes

The Centers for Medicare and Medicaid Services (CMS) conducted a national provider call on January 12, 2017, that focused on therapy information data collection for the inpatient rehabilitation facility patient assessment instrument (IRF-PAI). The therapy information section on the IRF-PAI was finalized in the fiscal year (FY) 2015 IRF prospective payment system (PPS) final rule. The call included a review of examples of each type of therapy and how to accurately code and complete the therapy information section on the IRF-PAI. To assist with the call, CMS utilized a [PowerPoint presentation](#) for providers to refer to. The written transcript and audio recording of the national provider call will be posted shortly. ◀



The slide features a blue header with the MLN Connects logo and the text 'National Provider Call'. The main title is 'Overview and Review of the IRF-PAI Therapy Information Data Collection'. Below this, the presenters are listed as Kadie Derby, Penny Gershman, and Susanne Seagrave. The CMS logo is in the bottom left, and the Medicare Learning Network logo is in the bottom right.

MLN Connects®
National Provider Call

**Overview and Review of the
IRF-PAI Therapy Information
Data Collection**

Presenters: Kadie Derby, Penny Gershman,
Susanne Seagrave

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Medicare Learning Network
Official Information Health Care Professionals Can Trust

Comparative Billing Report Webinar on Knee Orthoses

The Centers for Medicare and Medicaid Services (CMS) will sponsor a webinar conducted by eGlobalTech on Wednesday, February 8, 2017, from 3:00 pm – 4:00 pm EST. The [webinar](#) will focus on the comparative billing report on knee orthoses. Agenda topics include overview of the comparative billing report, coverage policy, methods and results, references and resources, and a question and answer session. There will also be the opportunity to interact directly with content specialists.

[Registration](#) is required. ◀

MedPAC Addresses Various Issues at January 2017 Public Meeting

During the January 12, 2017, Medicare Payment Advisory Commission (MedPAC) public meeting, various issues affecting inpatient rehabilitation facilities (IRFs) were on the [agenda](#). MedPAC meets publicly to discuss Medicare issues and policy questions and to develop and approve reports and recommenda-



tions to Congress. Included on the agenda: assessing payment adequacy and updating payments for post-acute care providers, implementing a unified payment system for post-acute care, and approaches to MACRA implementation. ◀

Physical Disabilities & Aging

A New RCPA Division: Physical Disabilities and Aging

Beginning in January 2017, RCPA announced the formation of a new division for Physical Disabilities and Aging. This is largely in recognition of the growing number of service coordination entities (SCEs) and personal attendant service (PAS) providers who have been joining RCPA with the coming of Community HealthChoices (CHC).

This is an exciting development and the division will be structured much like other RCPA divisions: committee structure, regular meetings, email lists, Infos/Alerts, etc. We will also be developing a website and Facebook presence and populating these with key information for interested providers. The kickoff division committee

meeting will be on Monday, February 27, at 10:00 am at the RCPA offices. All three selected CHC Managed Care Organizations have agreed to attend and present at this meeting: AmeriHealth Caritas, PA Health and Wellness, and UPMC for You. Representatives from the Office of Long-Term Living (OLTL) will be there as well.

The division may also attract crossover interest from other RCPA members and divisions. For example, brain injury providers may wish to attend such meetings for additional CHC updates. Similarly, many of the RCPA IDD providers have been meeting to develop potential OLTL products for the MCOs (under the managed care

entity, RCP-SO). As such, these providers have also been added to the mailing list.

In addition to RCPA President and CEO Richard Edley, the division will be led by two Physical Disabilities and Aging consultants: Joan Martin (Wojdak and Associates) and Fady Sahhar (XtraGlobex, Inc.).

For additional information contact [Richard Edley](#). If you would like to join the division's list for ongoing updates, visit the [RCPA website](#) or update your preferences on any of the correspondences RCPA sends you (at the bottom of each notice there is a reminder). ◀

Revised Participant Review Bulletin Released

The Office of Long-Term Living (OLTL) issued a revised [Participant Reviews bulletin](#) (59-16-12) on December 28, 2016, that replaces the previously issued Participant Reviews bulletin (59-16-08) issued on August 15, 2016. The changes noted below have been made to the revised bulletin and the Participant Review Tool (PRT) instructions. The updates to the tool will be made available in the software on December 30, 2017. The revised PRT was to be used beginning January 1, 2017.

- ▶ The Participant Review Tool (PRT) is to be administered face-to-face *in the participant's home*
- ▶ Protective services records should NOT be checked prior to a visit because that information is confidential
- ▶ Participant signatures on the attestation form are required – the electronic signature on the PRT does not function on the Question Pro software

The Frequently Asked Questions (FAQ) document concerning the PRT continues to be updated and can be found on the Department of Human Services (DHS) [training web page](#). ◀

Upcoming Webinars Announced by BIAA

The Brain Injury Association of America (BIAA) recently announced their schedule for upcoming [live webinars](#) during the months of February through April 2017. Registration is required to participate and ends two days prior to the date of each live webinar. ◀



Regulatory Q&A for Personal Care Homes Available

The Department of Human Services (DHS) has posted the [November 2016](#) and [December 2016](#) Question and Answer regulatory clarifications for Personal Care Homes (55 PA Code Chapter 2600). ◀

OLTL Announces Upcoming CESP Exam Information

The Office of Long-Term Living (OLTL) recently announced information about upcoming Certified Employment Support Professional (CESP) exams from the Association of People Supporting Employment First (APSE). In order to be a provider of four Office of Long-Term Living (OLTL) employment services (employment skills development, job coaching, job finding and career assessment), either CESP credentialing or certification from the Association of Community Rehabilitation Educators (ACRE) is required. A complete description of these services and provider qualifications can be found in the CommCare, Independence, and OBRA waivers located on the [Support Services Waivers](#) web page. The CESP exams will be held on [Wednesday, February 15, 2017](#), in Hawley, PA and [Wednesday, April 19](#) in Wyomissing, PA (two exam sessions will be held in April). ◀



BHECON 2: Volume to Value

RCPA and OPEN MINDS, in partnership with the Behavioral Health + Economics Network (BHECON), hosted *Volume to Value: Behavioral Health Challenges, Opportunities, Policy Reforms* on Thursday, January 12. This was the second in a series of forums being held in Pennsylvania to explore solutions to behavioral health delivery reform.

The unique format enabled small work groups, divided by table at the forum, to discuss a series of redistributed questions about reporting requirements. Each group was allotted 15 minutes of discussion time and then encouraged to share a summarized version of their discussion. After lunch, Rebecca Farley summarized the morning

discussion for new attendees, which included state representatives, their staff, and state agency officials. At lunch time, the providers were joined by managed care payors, Office of Mental Health and Substance Abuse Services (OMHSAS) leadership, and legislative staff, to explore the concepts discussed during the morning session. Attendees discussed other solutions that would ease reporting burdens and improve quality, while decreasing cost, so that achievable reform can occur.

In short, the forum discussion centered around the theme that providers are eager to tap into the potential of data for improved patient care and organizational

efficiencies, but reported major burdens from often duplicative or disparate data reporting requirements. RCPA will be developing a work group to address challenges in moving from volume to value. ◀



Rep. Mike Schlossberg, joined by OMHSAS leaders and legislative staff, listen as the summary of the morning BHECON session is provided.

CCBHC Implementation Continues

As one of eight states awarded funding to implement the CCBHC model of care, Pennsylvania and the nine CCBHC providers (ten sites) are working diligently to meet the July 1, 2017 start date. RCPA will continue to work with the Office of Mental Health and Substance Abuse Services (OMHSAS) and the CCBHC providers to support their work as needs are identified. ◀

DDAP Seeking Volunteers for Data System Focus Group

The Department of Drug and Alcohol Programs (DDAP) requested up to 10 names each from statewide organizations to participate in the upcoming focus groups for the new data system. Below are the first six volunteers identified to represent RCPA. The first project overview meeting was held the week of January 23. If you or someone on your staff is interested in serving on this work group, contact [Lynn Cooper](#) as soon as possible.

RCPA Volunteers for DDAP Data Work Group:

- ▶ Wendy Lafferty, Pyramid Healthcare Inc.
- ▶ Cindy McCrea, Arc Manor
- ▶ Erin Moriarty, Western Psychiatric Institute and Clinic of UPMC, (Amy Shanahan backup for Erin)
- ▶ Christine Cusamano, Eagleville Hospital (Richard Mitchell backup for Christine)
- ▶ Kelley B. McNichols, PhD, Family Services of Western PA
- ▶ Dave Sherman, Gateway Rehabilitation Center ◀

PA Painkiller Prescriptions Drop After Creation of Monitoring Program

Vestal, C., (2017, January 14)
[The Washington Post](#) ◀

HR 590 Work Continues

As reported earlier, the Department of Drug and Alcohol Programs (DDAP) has organized a task force called for by House Resolution 590 of 2016. RCPA appreciates being part of this task force. DDAP held numerous public hearings across the Commonwealth and RCPA had representatives testify at all but one of the seven hearings. The information from these hearings, along with the regulatory review and analytical work of the task force, is being used to create the legislative report which is due to the General Assembly one year from the date of HR 590 passage, which would be May 16, 2017. The first meeting of the task force was held on August 18 and they are now meeting at least twice a month to assist DDAP with developing the report for the legislature. One highlight to mention is that RCPA's rate setting position paper was shared with the task force and the issue of the need for a fair rate setting process will be included in the report as a high priority. More information will follow; all questions should be directed to [Lynn Cooper](#), RCPA Director, Drug & Alcohol Division/Western Region Representative. ◀

DDAP Presents Webinar Regarding New Data System

The Department of Drug and Alcohol Programs (DDAP) is in the very early stages of a project to implement a new treatment and prevention data system. The primary purpose of the treatment system — which will be used by DDAP, SCAs, and providers — is to input, collect, and report data required to maintain Pennsylvania's Substance Abuse Prevention and Treatment (SAPT) Block Grant funding. There will be an opportunity to use some other features of the system as well. DDAP held a web conference that introduced stakeholders to the project, provided a projected timeline, and discussed how stakeholder feedback will be incorporated into the project. DDAP will be creating a frequently asked questions (FAQ) document that will be published for all stakeholders. The department also stated that the web conference would be recorded and available for viewing. ◀



Licensing Alert Regarding Intake, Evaluation, and Referral Released

The Department of Drug and Alcohol Programs (DDAP) has published a [licensing alert](#) to provide clarification with regard to the intake, evaluation, and referral activity. The provision of this activity by a facility designated by the single county authority (SCA) is that it requires a license or certificate of compliance to be issued by DDAP. Any persons, partnerships, corporations, or other legal entities performing intake, evaluation, and referral on behalf of an SCA have until Friday, March 31, 2017, to add this activity to their current license or apply to become licensed. All requests to add to a current license or to apply for a new license should be sent [via email](#). Questions on the licensing alert may be directed to the DDAP Program Licensure Division at 717-783-8675. ◀

DDAP Sends out Data Collection Survey

As previously reported, the Department of Drug and Alcohol Programs (DDAP) is exploring options for collecting treatment data covering the period from **September 2015 through the present**. This data has not yet been reported to DDAP due to the lack of a functioning data system. In order to properly assess each option, DDAP needs some critical information from the provider community. Single county authorities (SCAs) distributed the survey to the providers with which they contract; responses were due by January 13. ◀

RCPA Submits Waiver Comments and Issues Position Paper on Facility Limits

On January 17, 2017, RCPA submitted [comprehensive comments](#) to the Department of Human Services (DHS) on its [waiver renewal](#) applications for the Consolidated and Person/Family-Directed Services Waivers. RCPA established a work group of its Intellectual and Developmental Disabilities Committee to review the proposed waivers and develop consensus comments to be submitted on behalf of RCPA. As part of its comprehensive set of comments, RCPA submitted a [position paper](#) detailing its opposition to the restrictions proposed by DHS that would limit access to in-facility community services for Pennsylvanians with intellectual and/or developmental disabilities.

RCPA's Government Affairs Director, Jack Phillips, is working with members of the General Assembly to make sure they are fully informed about DHS' proposed limits and is hopeful a hearing will be scheduled by one of the standing committees in either the House or Senate. Unlike the 6100 regulations, which must be approved by the House Human Services Committee, Senate Health and Welfare Committee, and Independent Regulatory Review Commission, the waiver renewal application does not have to be approved by any agency other than DHS and the governor's office. DHS is expected to submit its waiver renewal application to the federal Centers for Medicare and Medicaid Services by late March, so whatever changes DHS expects to make based on the public comments it received will need to be made by then. ◀

Hamburg State Center to Close

The Department of Human Services (DHS) announced on January 11, 2017, plans to close one of its five remaining state-operated facilities for people with an intellectual disability (ID). Hamburg State Center, which serves 80 people, will close within about 24 months, according to DHS. The last closure announcement involving a state center for people with ID was Altoona State Center in 2004. Over the last 20 years, the resident population at Pennsylvania's state centers has decreased by nearly 70 percent, from almost 3,000 people to the current 888. Nationally, the number of people with ID living in state-operated centers peaked in 1967. Since then, the number of state-operated centers and people living in them has steadily declined. Fourteen states have closed all of their state-operated centers.

DHS will hold a public hearing from 1:00 pm to 4:00 pm on Monday, January 30, at the Hamburg Borough Building, 61 North Third Street, in Hamburg to accept public comments about the closure from stakeholders, officials, and the community. Those wishing to provide comments are asked to register by emailing [Connie Meeker](#) or calling 717-783-8964. Written comments can also be submitted [via email](#). A toll-free number has been established for family members of Hamburg Center residents to use during the closure process. Family members will be able to speak with staff from 8:30 am to 4:00 pm, Monday through Friday, by calling 888-565-9435. ◀

DHS Awards “Supporting Families” Grants to Counties



On January 4, 2017, the Department of Human Services (DHS) announced it will award \$5,000 grants to 19 county collaboratives as part of its “Supporting Families Initiative.” The purpose behind the initiative is to encourage families of individuals with intellectual disabilities or autism to have high expectations of full and purposeful lives.

According to DHS, family is the primary source of support for most people throughout every stage of life. Nationally, 75 percent of people with intellectual disabilities live in their communities without any formal disability services. Of the 25 percent who are receiving services, most live with their families.

The collaboratives will partner with a variety of local stakeholders and resources, such as faith communities, businesses, schools, child care facilities, civic organizations, social media, and other families acting as mentors. Three specific strategies will include 1) making it easier for families to find information about the disability and resources at every life stage; 2) providing connections for peer support and networking with other families; and 3) identifying appropriate services and supports. In addition to the grants, DHS will offer the collaboratives ongoing technical support and learning opportunities.

Collaboratives can either be individual counties or multiple counties whose communities naturally blend together.

The 19 collaboratives include:

Central Region:

- ▶ Blair County
- ▶ Centre, Clinton, Lycoming, and Northumberland counties
- ▶ Cumberland, Dauphin, Lancaster, Lebanon, and Perry counties
- ▶ Franklin and Fulton counties

Northeast Region

- ▶ Bradford, Sullivan, and Tioga counties
- ▶ Carbon, Monroe, and Pike counties
- ▶ Lackawanna and Susquehanna counties
- ▶ Lehigh County
- ▶ Northampton County
- ▶ Schuylkill County
- ▶ Wayne County

Southeast Region

- ▶ Bucks County
- ▶ Chester County
- ▶ Delaware County
- ▶ Montgomery County

Western Region

- ▶ Allegheny County
- ▶ Armstrong, Beaver, Butler, Indiana, and Lawrence counties
- ▶ Cameron, Clarion, Clearfield, Elk, Erie, Forest, Jefferson, McKean, Potter, and Warren counties
- ▶ Mercer and Venango counties

In February 2016, Pennsylvania was accepted into the “National Community of Practice: Supporting Families Throughout the Lifespan,” which provides leadership, training, and technical assistance to develop a statewide strategic plan to support families of individuals with intellectual disabilities or autism. Pennsylvania is one of 18 states taking part in this Community of Practice, where states can learn from one another using the same principles and framework, but unique approaches to supporting families. ◀

Enhanced Residential Rates Available to Support Individuals Who Are Deaf

The Office of Developmental Programs (ODP) has [announced](#) a process for residential providers to request enhanced residential habilitation rates for *Harry M* class members. The *Harry M* settlement agreement was approved by a federal court judge on August 20, 2013. This settlement agreement was created in order to ensure that Pennsylvanians who are deaf, have an intellectual disability, and are enrolled in the Consolidated Waiver, are provided with necessary communication assistance services based on their assessed needs. The *Harry M* settlement agreement allows providers to request enhanced residential rates to employ staff fluent in Sign Language in order to adequately serve class members in residential settings. The agreement specifies that a process similar to ODP's existing high-cost process be used to allow providers to make a request, and it requires that the process be based on staff qualifications (i.e., fluency in Sign Language), rather than the number of staff employed. Questions can be directed to ODP [via email](#). ◀

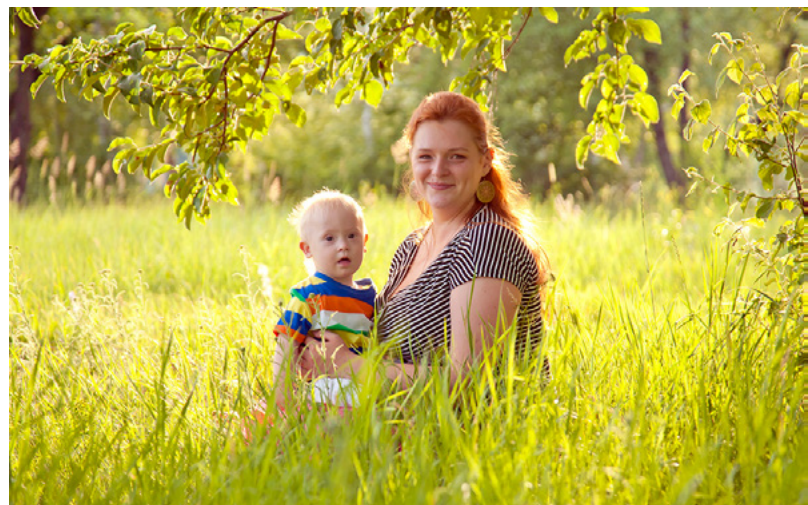
SIS Assessments Now Available Online

Starting January 2, 2017, all Supports Intensity Scale® (SIS®) and PA Supplement assessments completed will be recorded and housed in [SIS Online](#). The SIS is owned by the American Association on Intellectual and Developmental Disabilities (AAIDD). AAIDD maintains the SIS on their website, SIS Online. All assessments completed for the Office of Developmental Programs (ODP) will be maintained there. The assessments that are in HCSIS will remain available until further notice. According to ODP, each administrative entity and supports coordination organization has identified two individuals who will have access to SIS Online to view and print SIS and PA Supplement assessment reports. Additional information can be found in the ODP [announcement](#) or by sending questions to ODP [via email](#). ◀

Children's Services

Report to Congress: Services for Children With Serious Emotional Disturbances

The Substance Abuse and Mental Health Services Administration (SAMHSA) presents the [Report to Congress, 2015](#), for the *Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances Program*. This initiative, also known as the Children's Mental Health Initiative (CMHI), was authorized by Public Law 102-321 to provide funds to public entities for the purpose of delivering comprehensive community mental health services to children and youth who have a serious emotional disturbance (SED) and their families. ◀



VOLATILITY AND VIOLENCE IN THE WORKPLACE

by Brian M. Block

IT SEEMS TO ME THAT THERE just might be too much time spent worrying about consumer aggression and violence as well as intruder violence in the workplace. I would never minimize the need to rapidly and effectively respond to a violent act – that would be neglectful. But violence implies that something has already occurred. To me, it's the attention to the potential for violence, or handling the probability of volatility in the workplace, that may hold a clearer, more useful, and more effective approach to improved safety for RCPA members and their employees.

Here are some tips to deal with volatility, the potential for violence, and actual violence in all of the environments where you conduct business:

1. Implement a "Zero Tolerance Policy."
 - a. Your policy, clearly illustrated in your HR handbook, should strictly prohibit employees, as well as anyone else on company premises or engaged in a company-related activity (including customers and visitors), from behaving in a threatening manner.
 - b. The policy should include reporting and investigation procedures.
 - c. Any incident or threat of violence should be against your policy and swiftly handled.
 - d. Establish internal policies that offer information and resources for people with mental illness, substance use disorders, and/or developmental disabilities, and do not condone the mere presence of such conditions as an acceptable excuse for threats or violence.
- e. Incident management and HR policies should be tied together when dealing with any and all threats/incidence of violence.
2. Train your employees on how to recognize and respond to all levels of volatility, and that training should include mandated reporting of any and all volatile behaviors to management.
3. Make sure receptionist is given instruction to call coworkers or use an overhead paging system and use a code word if potentially dangerous individuals come to the reception area.
4. Consider the use of a panic button/secret switch in reception and offices which is linked to a direct 911 call or to an internal office which makes that 911 call.
5. Regularly train your managers and all employees to recognize the warning signs of a dangerous level of volatility and how to defuse those situations.
6. Complacency leads to injury. Employees need to be reminded to remain ever vigilant to the possibility of violence.
7. Have a cogent plan for action that is discussed and repeated periodically during employee meetings.
8. Publicly acknowledge that staff is working to maintain a safe working environment.
9. During training, cultivate a spirit of cooperation and awareness between workers.
10. Conduct routine analysis, evaluation, and maintenance of safety features in and around the workplace, possibly including surveillance cameras, metal detectors, portable wands, alarms, additional lighting, multiple exits, security guards, escorts, and visitor check-in procedures.
11. Respond promptly to all reported threats of violence or weapons on the premises.
12. Investigate all reports of abusive conduct immediately. This includes employee–employee situations.
13. Seek advice from appropriate persons within the organization whenever unusual circumstances arise.
14. Conduct investigations and counseling sessions quickly and discreetly.
15. Establish extra security or warnings to employees once someone reveals a threat.
16. Make EAP and/or critical incident debriefing processes available for employees involved in handling volatile and/or violent situations.
17. Develop a subcommittee of your Safety Committee to initiate a "Stop the Violence" campaign that is intrusive into the culture of your organization.

For more information about this article, or questions about risk management in general, please contact:

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

February

Tuesday, February 7	1:00 pm – 4:00 pm	Drug & Alcohol Committee <i>Penn Grant Centre</i>
Wednesday, February 8	9:30 am – 12:00 pm 1:00 pm – 4:00 pm 1:00 pm – 4:00 pm	Mental Health Committee Criminal Justice Committee Children's Division <i>Penn Grant Centre</i>
Thursday, February 9	9:30 am – 11:30 am 12:00 pm – 4:00 pm	Supports Coordination Organization Subcommittee Intellectual/Developmental Disabilities Committee <i>Penn Grant Centre</i>
Thursday, February 9	12:00 pm – 1:00 pm EST	IPRC Webinar: Pediatric Feeding in a World of "Medical Necessity": Outcomes That Matter
Tuesday, February 14	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee <i>Conference Call</i>
Wednesday, February 15	10:00 am – 12:30 pm	Human Resources Committee <i>Penn Grant Centre</i>
Wednesday, February 15	12:00 pm – 3:30 pm	BH-MCO/RCPA Task Force Meeting <i>Penn Grant Centre</i>
Tuesday, February 21	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee <i>Conference Call</i>
Monday, February 27	10:00 am – 12:30 pm	Physical Disabilities and Aging Division <i>Penn Grant Centre</i>

March

Thursday, March 2	10:00 am – 12:30 pm	Outpatient Rehabilitation Committee <i>RCPA Conference Room</i>
Thursday, March 9	10:00 am – 12:30 pm	Medical Rehabilitation Committee <i>RCPA Conference Room</i>
Tuesday, March 14	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee <i>Conference Call</i>
Wednesday, March 15	10:00 am – 2:00 pm	Brain Injury Committee <i>Penn Grant Centre</i>
Tuesday, March 21	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee <i>Conference Call</i>
Tuesday, March 28	12:00 pm – 1:00 pm EDT	IPRC Annual Membership <i>Webcast</i>
Wednesday, March 29	10:00 am – 3:00 pm	Children's Steering Committee <i>RCPA Conference Room</i>