RCPA NEWS

JANUARY 2018

GUEST AUTHOR SPOTLIGHT

The Case for Integrated Health Care: A Medical Home

By Michael Hopkins

In early January 2018, the Children's Service Center (CSC) will begin its most significant expansion since its founding 156 years ago. Recently, we completed construction of a 17,622 sq. ft. comprehensive outpatient clinic, and renovations have started on the organization's existing century-old clinic.

In 2011, the Board of Directors and Leadership, with the CSC's psychiatrists, psychologists, and therapists, began to study the idea of bringing a "medical home" for children and adolescents with behavioral health issues to Northeastern Pennsylvania. Substantive, national research, coupled with regional and client demographics, became the catalyst to introduce integrated health care as a preeminent service of the CSC.

According to the Mental Health Foundation, mental and physical disorders are often co-occurring. The relationship between good physical and mental health is well documented by every major health organization and should not be thought of as different paths of treatment. Poor physical health often leads to mental health issues. Conversely, mental health issues lead to physical problems. Left untreated, children with these conditions are extremely vulnerable to the risk of long term health problems leading into adulthood.

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Members in the News

Hope names Director of Development

Mackenzie Howe has been named Director of Development for Hope Enterprises in Williamsport, PA. See full article here. ◄

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RCPA WISHES YOU A HAPPY AND HEALTHY NEW YEAR

RCPA

RCPA IS GOING GREEN!

We are happy to report that RCPA is taking steps to become more environmentally friendly. As part of our going-green effort, we will be offering meeting materials (agendas, handouts, etc.), as well as other documents, in a convenient, easy-to-access, digital format for our members. What does this mean for you? It means that meeting handouts, membership renewal information, and other materials will be available on our website, enabling you to print them and/or save to your files for easy access on your mobile device or laptop and for future reference.

Here are some of the benefits to going green:

- Helps the environment through conservation;
- Cuts printing costs and increases efficiency, making your membership dues go even further;
- Adds convenience by making documents more readily available for easy access.

RCPA is committed to doing its part in helping the environment and becoming more efficient. If you have any questions about this initiative, please do not hesitate to contact Sharon Militello.

Visit the RCPA website for up-to-date information on legislation, meetings, trainings, and other industry developments. ◄

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Poverty is one of the most widespread and persistent health risks facing children today. Research conducted by the American Academy of Pediatrics (2016) links childhood poverty with toxic stress that can "alter gene expression and brain function and contributes to chronic cardiovascular, immune, and psychiatric disorders, as well as behavioral difficulties." In the county where CSC is located, 28.8% of those under 18 live in poverty. Based on that statistic alone, the case for offering on-site, integrated physical, mental, and pharmacy health services to lower-income and poverty-level kids and teens of the area suffering from behavioral and health disorders is significant.

According to the Society for Research in Child Development (2009), a challenge to a parent's ability to provide for the mental health needs of their children is the lack of "one-stop facilities that provide integrated health care and human services." Behavioral health conditions among children and youth today are occurring at an alarming rate and impact their overall growth and development as well as lead to early morbidity. SAMHSA's Center for Integrated Health Solutions (2013) research finds that "integrated care systems…are critical…and represent an approach to delivering care that comprehensively address the primary care, specialty care, and social support needs of children and youth in a continuous and family-centered manner." Coupled with the health benefits, there is evidence that integrated health care programs provide an economic benefit as well. Market analyses from McKinsey & Company (2010) and others conclude that there is evidence that integrated care intervention can reduce the cost of long-term health care.

"All children and youth have the right to happy and healthy lives and deserve access to effective care to prevent or treat any mental health problems that they may develop" (American Psychological Association). The good news is that children with mental and emotional health disorders often improve when their physical health is treated.

In early 2018, CSC with its partners, The Wright Center and Genoa Pharmacy, will introduce on-site physical, mental, and pharmaceutical integrated health services to the nearly 6,000 low-income children and adolescents served annually in our new outpatient clinic. On-site, physicians, therapists, and pharmacists will "talk" to each other using integrated electronic medical records that will provide a team approach to consult on the best options to support the overall health needs of our young clients.

The decision to expand our services to include integrated clinical health care was pretty easy. The process, several years in the making, led to an incredible learning opportunity for the organization. It's not an easy process but would we do it again? Absolutely!

Michael Hopkins is the President and Chief Executive Officer of the Children's Service Center of Wyoming Valley, Inc. He also serves on the RCPA Board of Directors. ◄

Guest Authors Wanted

RCPA News is featuring articles from guest authors and our provider members in the coming months. We are looking for articles that focus on one or more of RCPA's policy areas, with the following specifications:

- 300–500 words
- Relevant to members in one or more division
- Best practices/innovations should be replicable by other organizations
- Topics must be pre-approved by division director and communications director
- Non-sales and non-partisan in nature
- Can include 1–2 photos for inclusion per communications director's discretion
- New ideas to advance/inform the mission of our provider members are preferred

To submit an article, please contact Sharon Militello at RCPA. Submitting an article that meets all criteria does not guarantee publishing; editor reserves the right to choose/reject articles for publishing based on content. Deadline for submissions is the 20th day of the month preceding each issue (i.e., June 20 for July issue).

Congress Passes Tax Reform, Repeals ACA Individual Mandate

This week, both the House and Senate passed a revised version of the Tax Cuts and Jobs Act (TCJA), sending tax reform to President Trump's desk to become law. The TCJA will have major implications for the nation's health care system through its repeal of the individual mandate and by adding $1.5 trillion to the federal deficit, which will likely limit what Congress will be able to spend on both discretionary and mandatory health programs, such as Medicaid, in the future. The National Council is deeply disturbed by the negative impact that will result from the passage of the TCJA. ◄

IMPACT ON HEALTH CARE

While the final version of the tax reform bill does not cut safety-net programs like Medicaid, Medicare, and Social Security directly, it greatly reduces the amount of federal revenue needed to fund those programs. Speaker of the House Paul Ryan (R–WI) has said that his next priority after tax reform will be entitlement reform, meaning proposals to cut safety-net programs could arise in the near future.

In addition to high-level federal budget concerns, the National Council has concerns with specific TCJA provisions that will harm community behavioral health organizations and the populations they serve. These concerns include:

- **Reducing Charitable Giving:** The TCJA doubles the standard tax deduction, which is estimated to cause a reduction of $13.1 billion in charitable giving, a critical revenue source for community behavioral health organizations. According to Chuck Ingoglia, Senior Vice President of Public Policy and Practice Improvement for the National Council, the bill will "disrupt the charitable giving National Council members rely on to make up the difference between what they are paid and the cost of services," and that without this funding stream the nation's mental health and addiction treatment services providers "may be forced to eliminate services and staff, in the middle of an opioid addiction epidemic."
- **Repealing Individual Mandate:** The TCJA ends the requirement for individuals to obtain health insurance each year. This move repeals an essential element of the Affordable Care Act that helps lower premiums and fund comprehensive insurance plans. The Congressional Budget Office estimates that repealing the individual mandate will result in 13 million fewer people being insured over ten years. The mandate repeal is scheduled to go into effect in 2019.

One notable positive change in the revised tax bill is the protection of the medical expense deduction, a key source of financial relief for individuals with chronic and costly health conditions. The bill maintains the medical expense deduction at 7.5 percent of gross income and sets it to rise to 10 percent beginning in 2020. Earlier versions of the TCJA would have repealed the medical expense deduction altogether, a proposal which the National Council strongly opposed.

(Source: National Council, *Capitol Connector,* December 21, 2017). ◄

The $75k Challenge

Now, more than ever, health and human services providers need to be proactive in helping elected officials work towards common sense solutions in the areas of workforce, tax, regulation, health care, and human services.

The Rehabilitation and Community Providers Association Political Action Committee (RCPA-PAC) is challenging members to help us raise $75,000 — specifically, we are look¬ing for 75 member organizations to raise $1,000 each. Members can raise the $1,000 by doing a number of fun activities and including staff, such as staff members pay $5 to wear jeans, or let your employees buy a chance to throw a pie in the CEO's face. We need YOU and YOUR STAFF to help us reach this goal, because it provides an avenue for our members and staff to make a meaningful impact on the political process. Our goal is to reach this amount by the end of this fiscal year, June 30, 2018.

Interested in learning about more fun ideas to raise money for RCPA-PAC or interested in donating now? Please visit our website, download the PAC FAQ Card, Donation Card, or email Jack Phillips, RCPA Director of Government Affairs.

Your participation in the RCPA-PAC is completely voluntary and you may contribute as much or as little as you choose. Donations are not tax-deductible and will be used for political purposes. You may choose not to participate without fear of reprisal. You will not be favored or disadvantaged by reason of the amount of your contribution or decision not to contribute. ◄

Congress Passes Stopgap Spending Bill to Avert Government Shutdown

Late in the evening on Thursday, December 21, members of Congress passed a stopgap spending bill to avoid a government shutdown before the federal funding deadline on Friday, December 22. The new continuing resolution (CR) funds the government through January 19, 2018, and provides short-term funding extensions for the Children's Health Insurance Program (CHIP) and community health centers. A number of questions regarding the long-term future of key health care issues will likely not be decided until January.

CHIP: Federal funding for the Children's Health Insurance Program expired three months ago and lawmakers are feeling the pressure from states to quickly extend the program that provides health insurance to 9 million children. While advocates had hoped that any continuing resolution would include a 5-year extension for CHIP, the newly-passed CR will only fund the program through March 31 with $2.85 billion. It also gives the Centers for Medicare and Medicaid Services (CMS) more latitude to use redistribution funds to help states deal with CHIP funding shortfalls.

Community Health Centers and Medicare Extenders: Community Health Centers' federal funding expired with CHIP earlier this year. The CR would fund community health centers through March 31 with $550 million, largely by cutting the Affordable Care Act's (ACA) Prevention and Public Health Fund by $750 million. Surprisingly, the bill does not include any Medicare extenders, which are provisions of Medicare that have to be renewed by Congress regularly.

Disaster Relief: The House passed a disaster relief spending package intended to be passed alongside the CR. However, the Senate did not immediately take up the measure due to objections from Democrats. The $81 billion package includes $20 million for the Substance Abuse and Mental Health Services Administration (SAMHSA) to support behavioral health treatment, crisis counseling, and other related activities. The details of what programs would receive this additional funding are not yet clear.

Marketplace Stabilization Legislation: On Wednesday, December 20, lawmakers scrapped plans to consider a pair of bipartisan measures, known as the Alexander-Murray and Collins-Nelson bills, to shore up the ACA health insurance exchanges as part of the CR. Lawmakers decided not to move forward with these proposals after it became clear that House Republicans would not support the measures without adding in abortion restrictions.

Waiver of "PAYGO" Rules: Lawmakers avoided $136 billion in automatic sequester cuts that the recently-passed tax bill would have triggered under Congressional "pay-as-you-go" rules, also known as PAYGO. The sequester cuts would have impacted Medicare, Social Security, and other major federal programs.

WHAT'S NEXT?

Overall, this continuing resolution postpones most major funding decisions for FY 2018 into January, when members of Congress are expected to create a broader omnibus spending package. Some members of Congress hope the aforementioned marketplace stabilization bills will also be considered in January.

(Source: National Council, *Capitol Connector*, December 21, 2017). ◄

Legislative Tracking Report

RCPA is constantly tracking various policy initiatives and legislation that may have positive or negative effects on our members and those they serve — so for your convenience, RCPA has created a legislative tracking report. You can review this tracking report to see the legislative initiatives that the General Assembly may undertake during the 2017/18 Legislative Session by clicking on the policy area at the bottom of the spreadsheet. If you have questions on a specific bill or policy, please contact Jack Phillips.

Federal News

CMS Appoints Provider Ombudsman for New Medicare Cards

The Centers for Medicare and Medicaid Services (CMS) recently announced that Dr. Eugene Freund will be serving as Provider Ombudsman for the transition to new Medicare beneficiary cards. The Ombudsman will ensure that CMS hears and understands any implementation problems experienced by clinicians, hospitals, suppliers, and other providers. He will also communicate about the new Medicare cards to providers and collaborate with CMS components to develop solutions to any implementation difficulties that arise. To reach the Ombudsman, submit an email to this address. ◄

Correction to Hospital OPPS Rule Issued by CMS

On December 14, 2017, the Centers for Medicare and Medicaid Services (CMS) issued a correction to the 2018 hospital outpatient prospective payment system (OPPS) final rule. The correction was issued due to part of the final rule being omitted in the original publication. ◄

HHS Outlines Regulatory Priorities for FY 2018

As directed by President Trump to reduce regulatory burdens, which includes eliminating and streamlining three regulations for each new one that is proposed, the Department of Health and Human Services (HHS) released their statement of regulatory priorities for fiscal year (FY) 2018. ◄

State News

State Creates Website for Seniors & People With Disabilities

In November 2017, the Wolf Administration announced the launch of a new website, *Pennsylvania Link to Community Care*. A collaboration of the departments of Aging and Human Services, this website connects older Pennsylvanians and individuals with a disability or behavioral health need to services and supports available in their communities, and provides users with a variety of resources. The site features 12 service and support categories, including advocacy, behavioral health, employment, finance, health care, housing, in-home services, legal, meals, protection from abuse, support groups, and transportation. ◄

Provider FAQs for Community HealthChoices Updated

The Department of Human Services (DHS) Office of Long-Term Living (OLTL) has updated the Frequently Asked Questions (FAQ) document related to the transition to Community HealthChoices (CHC). The document, along with additional provider resources, is posted to the CHC web page. ◄

CMS MLN Matters Article Focuses on IRF Medical Review Changes

On December 11, 2017, the Centers for Medicare and Medicaid Services (CMS) issued *MLN Matters*® (Medicare Learning Network) Article SE17036 This article provides information about new instructions that CMS recently issued to Medicare medical review contractors and the standards to use when reviewing claims for compliance with the intensity of therapy requirements for inpatient rehabilitation facility (IRF) claims. ◄

Potential RAC Review of IRF Stays

On November 13, 2017, the Centers for Medicare and Medicaid Services (CMS) began to post a list of potential audits for Recovery Audit Contractors (RACs) to review. The topics will be listed on a monthly basis on the Provider Resources page of the CMS website. The topics currently proposed include review of pre-admission screening, post-admission examination, and other requirements for inpatient rehabilitation facility (IRF) stays. The review type is identified as a "complex review." Comments or questions should be submitted via email. ◄

Final Rule Cancels Episode Payment Models & Implements Revisions to CJR

The Centers for Medicare and Medicaid Services (CMS) published a final rule and interim final rule with comment period that cancels the Episode Payment Models (EPM) and Cardiac Rehabilitation (CR) Incentive Payment Model and rescinds the regulations governing these models in the December 1, 2017 Federal Register. It also implements certain revisions to the Comprehensive Care for Joint Replacement (CJR) model. Some of these revisions include:

- Allowing certain hospitals selected for participation in the CJR model a one-time option to choose whether to continue their participation in the model;
- Technical refinements and clarifications for certain payment, reconciliation, and quality provisions; and
- Change to increase the pool of eligible clinicians that qualify as affiliated practitioners under the Advanced Alternative Payment Model (APM) track.

An interim final rule with comment period is also being issued in conjunction with the final rule in order to address the need for a policy to provide some flexibility in the determination of episode costs for providers located in areas impacted by extreme and uncontrollable circumstances.

Comments will be accepted on the interim final rule with comment period until January 30, 2018. The final and interim final regulations became effective as of January 1, 2018. ◄

December 2017 IRF Compare Includes New Quality Measure Results

The December 2017 quarterly inpatient rehabilitation facility (IRF) Compare refresh, which includes new quality measure results based on data submitted to the Centers for Medicare and Medicaid Services (CMS), is now available on the IRF Compare website. The following new measures were added to IRF Compare:

- Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccination (NQF #0680)
- Influenza Vaccination among Healthcare Personnel (NQF #0431)
- National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Methicillin resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure (NQF #1716)
- National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure (NQF #1717) ◄

CMS Adds New IMPACT Act Quality Measures Data for IRFs

On November 14, 2017, the Centers for Medicare and Medicaid Services (CMS) posted an update to the Inpatient Rehabilitation Facility (IRF) Quality Reporting Spotlight & Announcements web page that the Certification and Survey Provider Enhanced Reports (CASPER) Reporting system has been updated to include quality measures added to the IRF quality reporting programs (QRP). The Facility-Level and Patient-Level Quality Measure reports for IRFs now include data for the following measures:

Assessment-based and CDC NHSN measures added for IRFs:

- Application of Percent of Residents Experiencing One or More Falls with Major Injury (NQF #0674)
- Application of Percent of LTCH Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631)
- Change in Self-Care Score for Medical Rehabilitation Patients (NQF #2633)
- Change in Mobility Score for Medical Rehabilitation Patients (NQF #2634)
- Discharge Self-Care Score for Medical Rehabilitation Patients (NQF #2635)
- Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2636)
- NHSN Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431)*
- NHSN Facility-wide Inpatient Hospital-onset MRSA Bacteremia Outcome Measure (NQF #1716)*
- NHSN Facility-wide Inpatient Hospital-onset CDI Outcome Measure (NQF #1717)*

Claims-based measures added for IRFs:

- Medicare Spending Per Beneficiary (MSPB)*
- Discharge to Community*
- Potentially Preventable 30-Day Post-Discharge Readmission Measure*
- IRF Potentially Preventable Within Stay Readmission Measure*

**Measures are not included on the patient-level QM reports.* ◄

CMS Releases Revised IRF PPS Booklet

The Centers for Medicare and Medicaid Services (CMS) recently released a revised inpatient rehabilitation facility prospective payment system (IRF PPS) booklet. The booklet provides background information about IRF PPS, payment updates, and information about the IRF quality payment program. ◄

IRF QRP Provider Preview Reports Now Available

The inpatient rehabilitation facility (IRF) quality reporting program (QRP) performance data on each quality measure, based on Quarter 2 – 2016 to Quarter 1 – 2017 data, is now available on the Centers for Medicare and Medicaid Services (CMS) website. Providers have until January 3, 2018, to review their performance data. ◄

Penn Researcher Awarded $4M to Study Brain Injury

An article was published in the December 19, 2017, *Life Science Daily* that highlights a University of Pennsylvania researcher that was awarded $4 million from the PA Department of Health to transform the prevention, diagnosis, and treatment of traumatic brain injury (TBI). The four-year PA Consortium on Traumatic Brain Injury (PACT) calls for the researcher, Dr. Douglas Smith, and his colleagues from four other PA institutions, to pinpoint underlying biological commonalities in brain injury patients, evaluate tests for identifying physical causes, and forecast recovery paths in the spectrum of brain-injury cases. ◄

BIAA Announces Upcoming Webinars

The Brain Injury Association of America (BIAA) has posted their upcoming live webinars, including January through April 2018. Topics include *Principles of Applied Behavior Analysis, Epidemiology of Comorbid Conditions Among Older Adults With TBI,* and *TBI and Domestic Violence.* ◄

Physical Disabilities & Aging

CHC Corner

As of press time, the Commonwealth continues to be fully committed to roll-out of Community HealthChoices (CHC) in the 14 Southwest counties on January 1, 2018. The Governor's office and the DHS Acting Secretary have been canvassing those counties to support and promote the roll-out. Here is an example of the press releases and social media postings.

According to OLTL sources, all CHC recipients have selected, or been auto appointed to, one of the three MCOs awarded in the Southwestern counties. The latest reported numbers indicate that among recipients who are in nursing facilities or who are current waiver recipients, 40,005 (50%) are aligned with UPMC; PA Health and Wellness will provide services to 28,612 (28%); and AmeriHealth Caritas will provide supports for the balance, 16,616 (22%).

Consumers had until December 28, 2017, to make changes in their choice of MCO, and that change remained effective on January 1, 2018. Once the program rolls out, consumers can change their plan choices at any time. If the change is made between the 1st and 15th of the month, it will be effective at the beginning of the following month. If the change is made between the 16th and the end of the month, the change will be effective on the 1st, two months after the month in which the choice was made – for example, choices made on January 18 will be effective on March 1. ◄

FBI Background Checks Vendor Factoids

- IdentoGo is the state's contracted provider for all FBI background checks.
- Access locations for fingerprinting online.
- Appointments are not required for fingerprinting, but it may shorten wait time. Use this link online or call 844-321-2101, Monday through Friday, 8:00 am to 6:00 pm.
- The new provider is to be used for all employees and applicants for agencies of PA DHS.
- Employers can use credit card payments when they set up their accounts and complete the IDEMIA NCAC Agreement, which is available online. ◄

Leadership Changes at DHS

At a recent meeting of the Medical Assistance Advisory Council (MAAC) Subcommittee on Managed Long Term Services and Supports, Jennifer Burnett announced her departure from the Office of Long-Term Living (OLTL), effective December 15, 2017. Kevin Hancock has been appointed Deputy Secretary of OLTL, effective immediately. Kevin had been the Chief of Staff in OLTL and a key leader in the planning and roll-out of Community HealthChoices. ◄

HHAeXchange Training for Use of Billing Portal

The three MCOs have individually contracted with HHAeXchange to provide services for direct service providers.

1. All authorizations will be delivered to approved providers through the HHAeXchange portal. All providers should receive training on the use of the portal. Providers need to register via email to receive a username and a temporary password. Administrators can then create username accounts for other staff.
2. Providers can use the HHAeXchange portal for receiving authorizations, scheduling, monitoring delivery of services, and processing billing, which will be automatically matched with approved authorizations before processing.
3. All providers will have the ability to use secure communications with the MCO regarding participant issues or incidents.
4. PAS providers have access to a number of options for utilizing the Electronic Visit Verification on HHAeXchange:
    1. **Manual entry of shift information into the HHAeXchange portal.**
        a. This is a FREE service and can continue to use timesheets to collect time and attendance.
        b. This does NOT meet the requirements of the 21st Century Cures Act which will be implemented on 1/1/19.
        c. Providers need to register via email to receive a username and a temporary password. Administrators can then create username accounts for other staff.
        d. Set up profiles for your caregivers: These employee profiles are necessary for agencies to use the free EVV option.
    2. **Automated use of EVV to replace existing manual or automated systems**

        Providers will be able to use the portal to receive service authorizations, schedule caregiver shifts, collect EVV data, and create invoices to receive reimbursement from each MCO.
        a. This is a FREE service.
        b. This option meets the 21st Century Cures Act minimum requirements. Make sure to review it carefully to determine the management aspects of your operation.
        c. The same registration and caregiver information as outlined in #1 will be required.
    3. **Use current EVV and interface with HHAeXchange for EDI Billing**

        This option allows providers to continue to use their current EVV and to use the HHAeXchange for billing.
        a. This is a FREE service.
        b. You need to verify that your EVV meets the requirements of the 21st Century Cures Act.
        c. You will need to set up a conversion plan with HHAeXchange via email.
        d. The same registration and caregiver information as outlined in #1 will be required.

All SW Zone providers are urged to contact support via email to establish their best course of action. ◄

RCPA Member Corporate Compliance Forums Scheduled for January 16

RCPA is hosting a forum for compliance officers to address all that is happening in compliance across provider types. Due to the different requirements of various provider types, there will be two sessions held on Tuesday, January 16, at the Penn Grant Centre in Harrisburg. **The first session will be held for providers of behavioral health and drug and alcohol providers at 10:00 am.** The second session will be for organizations providing intellectual and developmental disability (IDD) services beginning at 1:00 pm. The goal is to have at least one in-person meeting, establish the need for ongoing dialogue, and then host conference calls to discuss critical compliance agenda items.

There is so much happening in the field of compliance. If your organization has been looking for a way to learn from fellow Compliance Officers about their experiences and what practices they have adopted that help their agencies meet the compliance requirements, this meeting should not be missed. Register here for the first session – Behavioral Health and D&A (10:00 am – 11:30 am). See the IDD Section for details on the second session, for IDD providers. ◄

CCBHC Update

The Certified Community Behavioral Health Clinic (CCBHC) pilot continues to stabilize and realize some great outcomes for people seeking care as seen in the preliminary dashboard data (not yet ready to publicize). Of particular note is the positive nature of the CCBHC-driven collaboration between OMHSAS and DDAP — specifically, their efforts to begin to address regulatory barriers and initiating a shared licensing visit. RCPA will monitor this collaboration and its success and work with OMHSAS/DDAP to drive this into the non-CCBHC provider community. Finally, RCPA will be establishing a medical director/physician meeting to discuss successes and barriers to delivering and supervising in the CCBHC model. ◄

Mental Health Committee Creates Steering Committee

The Mental Health Committee has begun the process of developing a steering committee. The committee is made up of two people per state region, the committee co-chairs, and RCPA staff. The intent is twofold:

- To drive the agenda and work of the committee; and
- To be go-to experts when issues come up either statewide or regionally.

The steering committee will meet this month and set forth an agenda for 2018 to be vetted by the larger committee as well as determine meeting frequency. ◄

ASAM In-Person Training Causing Financial Challenges for Members

RCPA received a letter from Department of Drug and Alcohol Programs (DDAP) Acting Secretary Jennifer Smith on November 22, 2017, which provided an update on the Commonwealth's transition to the American Society of Addiction Medicine (ASAM) Criteria placement guidelines. DDAP is progressing with this transition and remains on track for full implementation as of July 1, 2018. As previously reported, all ASAM Criteria training will be conducted by ASAM's official training partner, The Change Companies™, and their sister organization, Train for Change.

DDAP has stated that all individuals working in the substance use disorder treatment and case management field, whose primary, day-to-day work function involves assessment and level of care placement, and who have not previously had ASAM Criteria 3rd Edition training, must have the two-day, in-person training. This is creating a significant financial burden. A two-day, in-person training will incur high costs to providers, given that the in-person requirement takes staff out of the clinic, and renders them unavailable to provide services which the agencies need to bill for in order to keep their doors open. Several members have estimated that the cost to train all of their staff in the in-person model will be upwards of $100,000, which includes time away from the office, travel costs, and training costs. Some managed care companies, Single County Authorities, and oversight bodies are purchasing ASAM books and funding the actual training. While this is much appreciated and helpful, it does not come close to addressing the overall cost to the provider.

RCPA is working on a formal request to DDAP to allow staff trained in and knowledgeable about the Pennsylvania's Client Placement Criteria (PCPC) to be allowed to do the training via eTraining. Apparently, the Change Companies have high quality webcasts available for ASAM training. We are in the process of gathering data that supports this training format. We have received some helpful information from IRETA and are looking for more to support our position. If you are aware of additional supportive data available, please send it to Lynn Cooper as soon as possible. ◄

DOC Restores Vital Community Corrections Funding

RCPA members recently avoided a major crisis; the Pennsylvania Department of Corrections (DOC) began making significant cuts in the Community Corrections Programs in March 2017. RCPA pulled together a strong advocacy effort to stop further cuts from occurring, working hard to protect the Community Corrections programs and the vital role they play in the Commonwealth as a part of the DOC mission.

Currently, 90% of people incarcerated will eventually be released from prison and return to their homes. Previously incarcerated people face many obstacles to a successful re-entry — their chances for success are complicated by their low levels of education, income, and skills. In addition, many offenders have mental health challenges and/or alcohol and drug addictions that often go untreated. Going straight home is rarely the best choice. The neighborhoods from which many inmates come from do not have the supports to help them succeed outside the walls of the prison.

Community Corrections Programs provide safety, service, and successful reentry. They provide safe transitional living, and assessments which determine what the offender needs to become a contributing member of society. Necessary services are either provided on site or by referrals to other specialized community providers. The ultimate goal is to assure a successful re-entry, which enhances public safety, reduces recidivism, and is fiscally responsible. RCPA is pleased to report that the DOC restored the funding for these vital programs back to July 2017 funding levels. Contact Lynn Cooper, RCPA Director, Drug & Alcohol Division, for more information. ◄

RCPA Participates in the PA State Strategy Session for Tobacco Free Recovery

RCPA was pleased to participate in the Pennsylvania State Strategy Session for Tobacco Free Recovery, which was held November 16–17, 2017. This event brought together Pennsylvania government leaders, mental health and addiction treatment providers, consumers and advocates, health insurance plans and Medicaid, in order to align efforts to eliminate the health disparity of smoking in the behavioral health population. The session was sponsored by the Pennsylvania Department of Human Services (DHS), Office of Mental Health and Substance Abuse Services (OMHSAS); the Pennsylvania Department of Health (DOH), Tobacco Prevention and Control Program (TBC); and the Pennsylvania Department of Drug and Alcohol Programs (DDAP); in partnership with the Centers for Disease Control and Prevention (CDC) National Behavioral Health Network for Tobacco & Cancer Control (NBHN), the Smoking Cessation Leadership Center at University of California, San Francisco (UCSF), and the Substance Abuse and Mental Health Services Administration (SAMHSA).

The meeting addressed cancer and tobacco disparities in the behavioral health population. During the two day meeting, the group was charged with three goals:

1) Develop effective, low-cost strategies to reduce the prevalence of tobacco dependence among behavioral health consumers;
2) Analyze gaps and barriers to achieving the goals; and
3) Share resources and strategies.

The group designed an action plan and shared commitments and contributions to strengthen and promote tobacco-free recovery for those served. This meeting was just the beginning of a major statewide effort with numerous work groups with the same goal — to eliminate the health disparity of smoking among the behavioral health population. Much more information will be provided over the next several months. ◄

SAMHSA Encourages Smoke Free Recovery: Smoking Cessation May Improve Behavioral Health Conditions

Cigarette smoking remains the single largest preventable cause of death and disease in the United States, responsible for over 480,000 deaths a year. Even though smoking has been decreasing overall, the smoking rate for persons with behavioral health conditions (mental and/or substance use disorders) is about twice that of the rest of the population. The rate is even higher for persons with serious mental illness or who have been in substance use disorder treatment in the past year.

Persons with behavioral health conditions make up about 25 percent of the US population; however, they account for 40 percent of all cigarettes smoked in the US. This disproportionate use results in devastating health consequences. But despite the heavy disease and mortality burden, smoking cessation interventions are not routinely offered within behavioral healthcare settings. In these settings, it has often been believed that quitting smoking could jeopardize treatment efforts. To the contrary, research is showing that quitting smoking may improve mental health and addiction recovery outcomes – and continued smoking is associated with poor outcomes.

Research showing these poor outcomes has found that cigarette smoking is associated with increased risk for major depression and higher risk of suicidality. In addition, smoking can complicate mental health treatment by accelerating the metabolism of certain psychiatric medications, resulting in the need for higher doses to achieve a therapeutic benefit. In regard to addictions, a seminal study conducted in 1996 found that smoking tobacco causes more deaths among people who had been in alcohol and other drug abuse treatment than alcohol-related causes.

Quitting smoking, on the other hand, has many physical and behavioral health benefits. A meta-analysis published in 2004 found that smoking cessation interventions provided during addiction treatment have been associated with a 25 percent increased likelihood of long-term abstinence from alcohol and illicit drugs. Research continues to support this finding including a recent nationally representative, prospective longitudinal study, which found that smoking was associated with greater odds of substance use disorder relapse. Concerning mental health, a 2014 review and meta-analysis found that "Smoking cessation is associated with reduced depression, anxiety, and stress and improved positive mood and quality of life compared with continuing to smoke. The effect size seems as large for those with psychiatric disorders as those without. The effect sizes are equal to or larger than those of antidepressant treatment for mood and anxiety disorders" (see video interview – link is external – with the researchers).

Research has consistently found that smokers with behavioral health conditions — like other smokers — want to quit, can quit, and benefit from evidence-based smoking cessation treatments. They may face unique challenges in quitting and benefit from tailored and more intensive counseling and/or longer use or a combination of cessation medications.

To reduce the disparate use of tobacco by people with behavioral health conditions and reap the benefits of quitting, the Substance Abuse and Mental Health Services Administration, as well as other national behavioral health organizations, recommend the adoption of tobacco-free facility/grounds policies and the integration of tobacco treatment into behavioral healthcare.

Written by: Doug Tipperman, MSW, Tobacco Policy Liaison, Office of Policy, Planning, and Innovation, Substance Abuse and Mental Health Services Administration (SAMHSA) ◄

RCPA Welcomes Carol Ferenz as New IDD Division Director

RCPA is pleased to announce that Carol Ferenz has accepted the position of Director of the Intellectual and Developmental Disabilities (IDD) Division of RCPA. Carol comes to RCPA with 36 years of experience providing services and supports to individuals with special needs and their families. This came through several positions at The ARC of Cumberland/Perry Counties (CPARC), where she served as the Director of Residential Services since 1986. Carol oversaw a great expansion of services in this area and has a solid understanding of the system and regulations. Most recently, Carol served as one of the RCPA provider representatives on the Office of Developmental Programs (ODP) work group to revise the Chapter 51 regs and create the newly proposed 6100 regs. She has also served on the RCPA Annual Conference Committee since 2015.

Ms. Ferenz is a committed and dedicated individual, with a passion for advocating for quality services and the rights of people with intellectual disabilities and their families. She has done a great deal of volunteer work in her community, including serving as a committee member for Scouts Troop 185, and volunteering for Huntsdale Fire Company.

Carol will be responsible for directing the association's public policy and member services for providers of IDD services. This includes advocating with government officials, researching and responding to issues impacting members, writing position papers and persuasive correspondence to policymakers, and collaborating with other RCPA staff.

RCPA looks forward to her work and leadership at RCPA and within the IDD Division. She will begin on January 02, 2018. ◄

RCPA Member Corporate Compliance Forums

RCPA is hosting a forum for compliance officers to address all that is happening in compliance across provider types. Due to the different requirements of various provider types, there will be two sessions held on Tuesday, January 16, at the Penn Grant Centre in Harrisburg. The first session will be held for providers of behavioral health and drug and alcohol providers at 10:00 am. **The second session will be for organizations providing intellectual and developmental disability (IDD) services beginning at 1:00 pm.** Register here for the second session – IDD (1:00 pm – 2:30 pm). See the Mental Health Section for details on the first session, for MH/D&A providers. ◄

'We're no Longer Invisible': Parents of Children With Disabilities Speak Out

by Ronnie Polaneczky | The Inquirer/Philly.com

Cindy Hook of Warren, PA, recently had to put a lock on her bedroom door to protect herself from her intellectually disabled six-foot-one, 280-pound son, whose increasingly aggressive behaviors are not being taken seriously by the agency she depends upon for help (read full article here). ◄

Wolf Administration Hosts Summit to Enhance Employment Opportunities for People with Disabilities

[On December 6], the Governor's Cabinet for People with Disabilities with the departments of Human Services, Education, and Labor & Industry (L&I) kicked off the sixth Pennsylvania Disability Employment and Empowerment Summit (PADES) in King of Prussia.

The two-day event [brought] together employers, people with disabilities, and related government agencies to network, dispel myths, and discuss opportunities for individuals with disabilities to find meaningful employment. This year, nearly 400 high school students from around the Valley Forge region registered to attend as part of their efforts to transition from high school into careers (see full release here). ◄

Autism and the Law: Boy's Incarceration Reveals Failures Of The System

by Courtney Astolfi, Advance Ohio Media/TNS

Ehren Jackson didn't understand why he was locked up in the Lorain County Detention Home for five days. He just knew that he wanted to go home.

The 14-year-old North Ridgeville boy stands nearly 6-feet tall and weighs 200 pounds. But with an autism diagnosis and an IQ of 47, he functions at the level of a young child. He now faces felony criminal charges that he doesn't comprehend (read full article here). ◄

Children's Services

RCPA PRTF Work Group Collaborates with PCCYFS

The Psychiatric Residential Treatment Facility (PRTF) Work Group will be working collaboratively with the Pennsylvania Council of Children, Youth and Family Services (PCCYFS) to address issues related to psychiatric residential treatment services in PA. This joint effort demonstrates the commitment from both entities to engaging children's services providers as well as the investment needed to bring about change and systems transformation.

On December 12, 2017, a letter was submitted on behalf of all participating stakeholders to Deputy Secretary Lynn Kovich at OMHSAS that outlined areas of concerns — but more importantly, potential solutions and alternatives for addressing service delivery for children, youth, and adolescents who are in need of residential treatment services. The letter also requests an opportunity to meet with the secretary to further discuss the issues in detail.

Some priorities are as follows:

- Increase flexibility with service delivery models and consider alternative payment models for funding innovative treatment and health care that are responsive to children's and families' needs.
- Acknowledge and address the workforce crisis experienced by RTF providers by supporting strategies that assist with recruitment and retention of direct care staff and clinical professionals.
- Increase funding to sufficiently support staff training and overall professional development and program improvements.
- Explore the commitment necessary for outcomes driven discharge/aftercare planning that is sustained post-discharge and consider expanding the use of the community based continuum of care (Family-Based and BHRS).
- Improve regulatory requirements that provide guidelines which are relevant and meet the very real needs of children and provide outcomes metrics for performance measure.
- Identify a diverse and broad group of stakeholders who can inform a process for addressing systemic challenges associated for rate setting, funding, and service delivery.

Both the PA Council and RCPA will continue to engage BH-MCOs, as they are an essential component for addressing the priorities outlined above. We look forward to the opportunity for coordinating our efforts and using our provider and state resources wisely. ◄

Change in the Children's Division Meeting Schedule

In an effort to engage and increase the number of children's services providers in the overall priority setting and strategic planning for the division, the RCPA Children's Division meetings will be held on a quarterly basis with a full day agenda beginning in February 2018. The goal is to create a more robust forum of providers who can exchange information, ideas, brainstorm strategies, and problem solve some of the most critical issues related to the provision of children's services. A significant portion of the day's agenda will be allocated to presentations, updates, and Q&A with our state partners from DHS across all policy areas. As usual, the Children's Steering Committee will continue its role of establishing priorities and guidance on work groups, agenda items, and alignment with local and state initiatives. The new division schedule of meetings can be found on the RCPA website for your planning purposes. We look forward to a renewed focus on children's services and the comprehensive planning involved with transforming the systemic challenges ahead. ◄

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

JANUARY

Tuesday, January 9	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee *Conference Call*
Tuesday, January 16	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee *Conference Call*
Friday, January 19	11:00 am – 3:00 pm	BH-MCO/RCPA Task Force Meeting *Penn Grant Centre*

FEBRUARY

Thursday, February 1	9:15 am – 11:15 am 12:15 pm – 4:15 pm	Supports Coordination Organization Subcommittee Intellectual/Developmental Disabilities Committee *Penn Grant Centre*
Thursday, February 1	12:00 pm – 1:00 pm	IPRC Webinar: Performance Measurement, Management, and Improvement – Why is it Important?
Tuesday, February 6	12:30 pm – 3:30 pm	Drug & Alcohol Committee *Penn Grant Centre*
Wednesday, February 7	9:30 am – 12:00 pm 1:00 pm – 4:00 pm	Mental Health Committee *Penn Grant Centre* Criminal Justice Committee *RCPA Conference Room*
Tuesday, February 13	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee *Conference Call*
Wednesday, February 14	10:00 am – 2:00 pm	Human Resources Committee *Penn Grant Centre*
Thursday, February 15	10:00 am – 2:00 pm	Children's Division *Penn Grant Centre*
Tuesday, February 20	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee *Conference Call*
Thursday, February 22	1:00 pm – 3:30 pm	Physical Disabilities and Aging Division *Penn Grant Centre*
Tuesday, February 27	9:00 am – 4:00 pm	ABFT Training – Day 1 *Best Western Premier* *800 East Park Drive* *Harrisburg, PA 17111*
Wednesday, February 28	10:00 am – 2:00 pm	Brain Injury Committee *Penn Grant Centre*