



## 2018 RCPA Capitol Day – Get Your Voice Heard

On Tuesday, April 17, RCPA will be holding its annual Capitol Day in Harrisburg. Members may register on our Capitol Day website. This [website](#) contains important information and will be updated closer to the day of the event with an agenda and handouts for members' legislative visits.

For members' convenience, RCPA has secured a block of 10 rooms at the Crowne Plaza in downtown Harrisburg. Members can go to the Crowne Plaza's [website](#) and **enter code RCP** to book their rooms at a rate of \$129 for the night; this room rate includes one breakfast.

As a reminder, RCPA recommends members make appointments with their legislators and once an appointment is made, please inform Jack Phillips, Government Affairs Director/Senior Policy Officer, with the name(s) of the legislator(s) and the time of the appointment(s). RCPA strongly encourages members, staff, and clients to attend, and get your voice heard on the hill. Questions, please contact [Jack Phillips](#). ◀

### Save the Date: RCPA Annual Conference

- ▶ Pre-conference runs on Monday, October 1 from 1:00 pm – 5:00 pm
- ▶ Full conference opens on Tuesday, October 2 at 9:00 am and closes on Thursday, October 4 at 3:00 pm

Mark your calendars! Details will be forthcoming; contact [Sarah Eyster](#), Conference Coordinator, with questions. ◀

### Conference Workshop Proposals Due on March 16

[See Article Page 4](#)

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©2018. This monthly newsletter is written by the Rehabilitation and Community Providers Association (RCPA) for the health and human services communities. Deadline for publication is the 20th of every month or the Friday before.

## Members in the News

### Merger Unites Disability Service Agencies

The merger of two RCPA member organizations is facilitated by a third RCPA member; [see full article here](#). (*Gillian Branstetter, Central Penn Business Journal, February 7, 2018*)

RCPA Member **Keystone Human Services** Announces Gregory N. Welles as New Executive Director of Intellectual Disability Services.



Visit the [RCPA website](#) for up-to-date information on legislation, meetings, trainings, and other industry developments. ◀



### BUSINESS MEMBER

#### ADVANCED METRICS

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Lin Varga, Administrative Executive

*As the largest state association of its kind, RCPA continues to look for ways to strengthen its voice. One way to facilitate this is by the recruitment of new members. For new provider members, there are financial incentives for the first two years of membership. If you have questions about membership or know of an organization that would benefit from membership with RCPA, please contact [Tieanna Lloyd](#), Accounts Receivable/Membership Services Manager.*



## Governor Tom Wolf Backs Away From Merging Four State Agencies

RCPA President & CEO Richard S. Edley was quoted in [this article](#) on the revised state agency consolidation plan, and how the health and human services community is already benefiting from this process. (*Ford Turner, Reading Eagle, Tuesday, February 6, 2018*) ◀

## 2018 RCPA Annual Conference Workshop Proposals Due on March 16

The 2018 RCPA conference will take place October 2–4 at the Hershey Lodge. A premier statewide event, the Conference Committee is seeking workshop proposals for possible inclusion. This event offers diverse educational opportunities and submissions are needed in every area; a complete listing of focus tracks is available on the [online proposal form](#). Presentations are encouraged that assist providers to develop and maintain quality, stable, and effective treatments, services, and agencies in an industry where change is constant. The Call for Proposals and accompanying guidelines outline requirements for submissions. **The deadline for submissions is Friday, March 16 at 5:00 pm.** Confirmation of receipt will be sent. Proposals submitted after the deadline will not be considered. For more details, visit the [RCPA website](#). Individuals are welcome to submit multiple proposals. Notification of inclusion will be made by May 15. Questions may be directed to [Sarah Eyster](#), Conference Coordinator. ◀

# Government Affairs

## 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 looking 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.* ◀

## Save the Date for RCPA PAC Annual Golf Outing Thursday, May 17

Please join us for RCPA PAC's 5th annual golf outing at the beautiful Hershey Country Club on Thursday, May 17! Lunch will start at 11:00 am in the clubhouse, followed by a putting contest and 1:00 pm shotgun start.

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

## Mental Health and Addiction Groups Call on Congress to Prioritize High-Impact SUD Programs

Alongside the most recent budget deal, Congress allocated \$6 billion over the next two years to address the nation's opioid epidemic. In response, 27 mental health and addiction groups, including the National Council, called on Congress to direct the money into nationally-recognized, evidence-based programs and practices. These programs and practices include: mental health and substance use block grants, the Certified Community Behavioral Health Clinic program, the Opioid State Target Response grants, and the Substance Abuse and Mental Health Services Administration (SAMHSA).

As it stands, the funding package is set to provide states with grants to fight drug use, and expand substance use and mental health treatment. States that have been particularly hard-hit by opioid overdose deaths will see additional assistance. In their letter to key Congressional leaders, the 27 leading behavioral health organizations voiced support for and recommended action on the following programs:

- ▶ **Substance Abuse Prevention and Treatment (SAPT) Block Grant:** The SAPT block grant supports about 2 million individuals receiving treatment for substance use disorders (SUD) each year and accounts for almost a third of public funds expended for SUD prevention and treatment. The President suggested adding \$13 million to the block grant in his Fiscal Year 2019 budget proposal. Advocates say this proposal will not be enough to overcome years of insufficient funding, and therefore are asking for some of the \$6 billion to help bolster this important program.
- ▶ **Opioid State Targeted Response (Opioid STR) Grants:** These grants were created under the 21st Century Cures Act, and are meant to support states based on

their identified unmet need for opioid use disorder treatment and prevention of drug overdose deaths. Advocates are calling on Congress to continue funding for these grants beyond their current expiration in 2018.

- ▶ **Excellence in Mental Health and Addiction Treatment Act:** This two-year, eight-state demonstration program expands Americans' access to mental health and addiction care through the establishment of federally-recognized Certified Community Behavioral Health Clinics (CCBHCs). In the first year of the demonstration, the participating states have shown increased treatment capacity, the ability to offer more evidence-based treatments, and better collaboration with other community stakeholders. Advocates are urging Congress to allocate funding to expand the demonstration to more states and for more years.
- ▶ **SAMHSA's Centers for Substance Abuse Prevention and Substance Abuse Treatment:** These two offices in SAMHSA support regional and national programs to improve the adoption of evidence-based addiction care, bolster prevention activities, and ensure the availability of recovery supports. Funding for these offices has also stagnated in recent years; therefore, advocates have suggested providing funding increases for these critical offices.

In the words of the 27 organizations that signed onto the letter to Congressional leadership, "There has never been a more important time for Congress and our communities to join together to combat the opioid epidemic and increase Americans' access to care."

*(Source: National Council for Behavioral Health's Capitol Connector, Shelley Starkey, February 22, 2018) ◀*

### Legislative Tracking Report

RCPA is constantly tracking various policy initiatives and legislation that may have positive or negative effects on our members and those we 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](#). ◀

## VA & HHS to Partner to Strengthen Prevention of Fraud, Waste, and Abuse

On January 23, 2018, the US Department of Veterans Affairs (VA) and Department of Health and Human Services (HHS) [announced](#) their intent to partner together to share data, data analytics tools, and best practices for identifying and preventing fraud, waste, and abuse. This partnership will enhance ongoing efforts between the country's two largest public-private health-care payment organizations to help America's veterans by leveraging the gains made by CMS. VA plans to capitalize on the advancements in analytics CMS has made by concentrating on its use of advanced technology, statistics, and data analytics to improve fraud detection and prevention efforts. ◀

## Azar Confirmed as New Secretary of HHS

In January, the Senate voted to confirm [Alexander Azar](#) as the new Secretary of Health and Human Services (HHS). During his confirmation hearings, Azar vowed to leverage his industry credentials to make addressing the cost of prescription drugs a top priority. Azar worked for the department from 2001 to 2007, including serving as the Deputy Secretary. Azar left HHS in 2007 to become a senior vice president at Eli Lilly. ◀



## CMS Announces Results of Final 2018 Value Modifier

In January 2018, the Centers for Medicare and Medicaid Services (CMS) [announced](#) the 2018 Value Modifier results. The Value Modifier program involves a strong focus on patient-centered care where clinicians receive payment adjustments based on the quality and cost of care they provide to their patients. The results show that over 20,000 clinicians will receive between 6.6 percent and 19.9 percent more on their Medicare physician fee schedule payments as a result of their high performance on quality and cost measures in 2016. The Value Modifier program ends in 2018 and will be replaced with the Quality Payment Program's (QPP) Merit-based Incentive Payment System (MIPS), established by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). ◀



## Updated Community HealthChoices FAQs Posted

The Department of Human Services' (DHS) Office of Long-Term Living (OLTL) has updated the list of Frequently Asked Questions (FAQ) related to Community HealthChoices (CHC). Many of the FAQs have been generated through their Third Thursday CHC webinars, as well as questions received at the Southwest Participant Education meetings. The FAQs are separated into [Provider FAQs](#) and [Participant FAQs](#). ◀



## Medical Rehabilitation

### CMS Publishes Advanced APM Table

The Centers for Medicare and Medicaid Services (CMS) published a table displaying the Alternative Payment Models (APMs) for the Quality Payment Program (QPP), including Merit-based Incentive Payment System (MIPS) and Advanced APMs. The list may be modified based on changes in the designs of the APMs or the announcement of new APMs. ◀

### Draft IRF PAI Data Specifications Version 3.00.0 Posted

The Centers for Medicare and Medicaid Services (CMS) has published the DRAFT inpatient rehabilitation facility patient assessment instrument (IRF PAI) specifications version 3.00.0 on their [software](#) page. These specifications go into effect on October 1, 2018, and this version supports Version 2.0 of the IRF-PAI. Please note the revisions to allow item values for Section GG items, the removal of two Section GG items and ten Section M items, and the new Section N. ◀

### Complete List of IRF Clarifications for Coverage Requirements Now Available

The Centers for Medicare and Medicaid Services (CMS) added a document to the Spotlight page of their website for inpatient rehabilitation facilities (IRFs). The document, [Clarifications for the IRF Coverage Requirements](#), combines all of the clarifications into one cohesive document. ◀



## ACL Posts Opportunities for TBI State Grants

The Administration for Community Living (ACL) recently posted a number of grant opportunities associated with traumatic brain injuries (TBI).

On February 7, 2018, *College and Career Success for Students with Serious Mental Illness or Traumatic Brain Injury* was posted. The purpose of this grant opportunity is to generate new knowledge about the effectiveness of interventions to improve college education and employment outcomes of people with serious mental illness or traumatic brain injury. The funding for this grant is \$475,000 and the closing date for applications is April 9, 2018.

On February 14, 2018, two additional grant opportunities were posted:

*Traumatic Brain Injury State Partnership Program Partner State Funding Opportunity*, whose purpose is to create and strengthen a system of services and supports that maximizes the independence, well-being, and health of persons with TBI across the lifespan, their families, and their caregivers. Through the TBI State Partnership Program, the goal is two-fold:

- 1) To allow states to strengthen and grow their capacity to support and maintain a system of services and supports that will help maximize the independence, well-being, and health of persons with TBI; and
- 2) To learn from and call upon the expertise of states that have built and maintained a strong and sophisticated state TBI infrastructure. This grant opportunity has an award ceiling of \$150,000.

The *Traumatic Brain Injury State Partnership Program Mentor State Funding Opportunity* has a purpose to create and strengthen a system of services and supports that maximizes the independence, well-being, and health of persons with TBI across the lifespan, their families, and their caregivers. Through the TBI State Partnership Program, the goal is two-fold:

- 1) To help states strengthen and grow their capacity to support and maintain a system of services and supports that will help maximize the independence, well-being, and health of persons with TBI; and
- 2) To learn from and call upon the expertise of states that have built and maintained a strong and sophisticated state TBI infrastructure. For the 2018 funding cycle, ACL is funding two tiers of grantees that will work together to maximize the program's impact nationally.

Partner State Grants will provide funding to states for building and enhancing basic infrastructure, while Mentor State Grants will provide funding to more established states to maintain and expand their infrastructure and also to mentor Partner States and work together with other Mentor States and ACL to improve the national impact of the TBI program. Applicants must agree to provide the required 2:1 state match, support a state TBI advisory board, provide at least one full-time dedicated staff person, create an annual TBI state plan, create and/or expand their state TBI registry, work with one or more Partner States to increase their capacity to provide access to comprehensive and coordinated services for individuals with TBI and their families, and work with other Mentor States and ACL to improve national coordination and collaboration around TBI services and supports.

ACL encourages organizations that are interested and qualify to apply for both funding opportunity announcements; however, ACL will not make more than one award to a single applicant. Applicants that score in the fundable range on both reviews may choose which award they wish to receive. Applicants that are only interested in receiving a Partner State Grant do not need to apply for this opportunity. This grant opportunity has an estimated award ceiling of \$300,000. The closing date for both of these grant opportunities is April 16, 2018.

RCPA will be working with the Pennsylvania Department of Health (DOH) to review the grant applications and discuss next steps surrounding these opportunities. ◀



## Upcoming Activities Planned for Brain Injury Awareness Month

A number of activities have been planned during the month of March to share information as part of Brain Injury Awareness month. The Brain Injury Association of PA (BIAPA) and the Congressional Brain Injury Task Force, co-chaired by Congressmen Bill Pascrell and Thomas J Rooney, are sponsoring Brain Injury Awareness Day on Capitol Hill on Tuesday, March 20, 2018. The mission of the Congressional Brain Injury Task Force is further education and awareness of brain injury — including its incidence, prevalence, prevention, and treatment. This day is dedicated to educating elected officials about the full range of effects of brain injury, the challenges and recoveries of persons living with brain injury, and the services and supports available to them. As in years past, several events will be hosted throughout the day. Once the schedule is finalized, it will be shared. Members who are interested in joining a group from BIAPA going to Washington to attend this event, and would like to visit your legislators while you're there, contact [Monica Vaccaro](#), BIAPA Director of Programs, for additional information.

The Administration for Community Living (ACL) has scheduled a Traumatic Brain Injury (TBI) Stakeholder Day Meeting on Monday, March 19, also in observance of Brain Injury Awareness Month. If you plan to attend, you will need to RSVP by March 9, 2018, [via email](#). Please include any reasonable accommodation requests along with your RSVP. ACL will send out the exact location and other meeting details as the date gets closer. ◀

## BIAA Announces Upcoming Webinars

The Brain Injury Association of America (BIAA) has [posted](#) their upcoming live webinars, including March through April 2018. ◀



## Aging Waiver New Enrollments Continue to Increase

The trend of continuing increases in enrollment in Pennsylvania's Aging Waiver continued in 2017. According to data presented at the LTSS Subcommittee of the Medical Assistance Advisory Committee (SubMaac) on February 13, new enrollments rose to 10,799 in the past year. The table below shows the increases over the past four years, reflecting the growing aging population in Pennsylvania, as well as the increases in Medicaid eligibility.

	Total New Enrollments Aging Waiver	% Increase Over Prior Year
2014	5,758	
2015	7,013	21.80%
2016	8,753	24.81%
2017	10,779	23.15%

Moving into 2018, the trends in these enrollments will not be as evident as new enrollees will be included in Community HealthChoices. ◀

## CHC Corner

With two months of experience now acquired, the PA Department of Human Services (DHS) has declared the launch of Community HealthChoices a success. The roll out currently covers 14 counties in Southwestern PA and has enrolled over 85,000 participants.

Participants and providers are the beneficiaries of a Continuity of Care period through June 30, 2018. Throughout this period, the three Managed Care Organizations (MCOs) are required to contract with all current providers. Participants' service plans may not be altered unless there is a reassessment. Pennsylvania has elected to use the [InterRAI for Home Care Assessment Tool](#) to provide consistency across MCOs. RCPA and other advocacy organizations are monitoring the use of this tool to assure consumers continue to receive the services needed to stay in the community. Providers in the CHC roll out zone are active in giving feedback to DHS and the MCOs on a wide range of issues, including authorizations, systems, consumer enrollment, billing, and approvals for changes in plans. RCPA hosts a weekly provider call to gather input. ◀

## Promising Practices to Divert New SNF Residents from Long Term Stays

The AARP Public Policy Institute published The Long-Term Services and Supports State Scorecard, and has issued a second report identifying four promising practices to divert new skilled nursing facility (SNF) residents from long-term SNF stays:

1. Identify at-risk residents and provide support for community transitions and family caregivers. Determine that family caregivers are available and supportive of the individual returning home from the SNF.
2. Improve nursing home quality, and downsize and diversify the nursing home industry. Residents who receive effective care and discharge planning are more likely to successfully return home more quickly.
3. Implement enhanced preadmission screening, assessment, and community care/discharge planning. To ensure a timely and successful transition, the processes must respect the individual's goals and preferences.
4. Expand access to affordable home- and community-based services (HCBS) and residential alternatives to nursing homes.

The relevance for Pennsylvania where Managed Long-Term Services and Supports are just being rolled out is that it directly impacts the rebalancing efforts to provide consumers with the ability to continue to live in the community rather than nursing facilities. The full report is available [online here](#). ◀

## CCBHC Corner

RCPA continues to support members who are Certified Community Behavioral Health Clinic (CCBHC) providers, from clinical connections to advocating for payments when there were issues with EHR's claims systems. The CCBHC program is over six months in and the overall reports are very positive, particularly around successful clinical outcomes. The state staff currently participate with all other demonstration states getting support from one another and soon the medical staff will find support from other states and the National Council as well.

The first CCBHC audits have been completed; reports indicate that the audits were collaborative and integrated, as the Office of Mental Health and Substance Abuse Services (OMHSAS) and Department of Drug and Alcohol Programs (DDAP) audited simultaneously. ◀

## Compliance Boot Camp

RCPA has begun holding meetings geared towards members in the areas of MH/DA and IDD who are interested in the necessary components of a compliance plan, including a "Compliance Checklist." Paul Stanalonis of Stanalonis and Associates, Renee Martin, Esq. of Devereux, and Doug Oberreit, Corporate Compliance Officer at Pennadel, will be presenting information and leading this session.

Currently, there are three "Compliance Boot Camps" planned for March, May, and September. Members with expertise and outside experts will be identified and brought in to assist providers in creating a robust compliance program. Please see the [RCPA website](#) to sign up for the first Compliance Boot Camp on Thursday, March 29. ◀

## Outpatient Psychiatric Regulations

The outpatient regulations have not yet been promulgated but are expected to be released this spring. At press time, the work of the Outpatient Redesign Work Group was expected to be discussed with OMHSAS leadership at the next RCPA/OMHSAS meeting, held on March 1. ◀





## Waivers to the Regulations in Response to Wolf Disaster Emergency Announcement

Governor Wolf recently declared the heroin and opioid epidemic a statewide disaster emergency. One piece of this declaration includes a 90-day waiver on the specific regulations listed below.

- ▶ Waive the face-to-face physician requirement for Narcotic Treatment Program (NTP) admissions to allow initial intake review by a Certified Registered Nurse Practitioner (CRNP) or Physician Assistant (PA) to expedite initial intakes and streamline coordination of care when an individual is most in need of immediate attention.
- ▶ Expand access to medication-assisted treatment (MAT) by waiving the regulatory provision in order to permit dosing at satellite facilities even though counseling remains at the base NTP. This allows more people to receive necessary treatments at the same location, increasing their access to all the care and chances for recovery.
- ▶ Waive annual licensing requirements for high-performing drug and alcohol treatment facilities to allow for bi-annual licensure process, which streamlines licensing functions and better allocates staff time. The Department of Drug and Alcohol Programs (DDAP) will request that facilities seek a waiver by filing exception requests to the annual licensing requirement.

- ▶ Eliminate the fee required by statute for birth certificates, for individuals who request a good-cause waiver by attesting that they are affected by Opioid Use Disorder (OUD). This is of particular importance to individuals experiencing homelessness and other vulnerable populations who often cannot obtain copies of their birth certificates in order to access treatment and other benefits due to the financial requirements.
- ▶ Waive separate licensing requirements for hospitals and emergency departments to expand access to drug and alcohol treatment, to allow physicians to administer short-term MAT consistent with DEA regulations, without requiring separate notice to DDAP.

Given how much time has passed since the initial 90-day waiver was announced, RCPA leaders are in the process of requesting a 90-day extension. If there is an extension, other blanket waivers may be added. A survey will be sent out soon to help RCPA determine what those new blanket waivers should be.

It is important to note that individual waivers/exceptions have continued using the exact same process that they have typically been using before the declaration. Contact [Lynn Cooper](#) with any questions. ◀

## Medical Marijuana in the Treatment of SUD

At the last RCPA Drug & Alcohol Committee meeting, the issue came up about how legally prescribed medical marijuana fits into the treatment process for substance use disorders (SUDs). RCPA held an extremely helpful Update on Marijuana in June 2017; the informative presentation that was provided is [available here](#). The presentation was made by an expert in the field, Marina Goldman, MD. In addition, the last page of this presentation provides the link to a website that may be helpful in answering some of the questions that arose. ◀



## Implementing Warm Hand-Off Services: SAFE HARBOR BEHAVIORAL HEALTH OF UPMC HAMOT

*Jessianne Montie, LPC CAADC; Clinical Supervisor of Addiction Medicine Services, Safe Harbor Behavioral Health of UPMC*

As drug overdoses were increasing at an alarming rate in Erie County; 25 deaths in 2010, jumping to 59 deaths in 2015, and a staggering 95 deaths in 2016, it was without a doubt the most logical step for our local single county authority (SCA) to start implementing warm hand-offs in the local emergency room departments and hospital systems.

Safe Harbor Behavioral Health of UPMC Hamot launched warm hand-off services in partnership with UPMC Hamot's Emergency Room Department on October 31, 2016. Hamot is the area's leading emergency department for traumas, seeing some of the region's most serious cases for medical emergencies. When the program started, we were staffed with just one clinician. The program has since grown to four clinicians, offering 24-hour coverage at the hospital. Not only do we offer services to those who have survived an opioid overdose, but it has also been important to offer warm hand-off services to any individual who has experienced any type of medical intervention related to substance use. By offering these services, we felt that we could live up to our core mission, values, and vision as an agency. We have learned that opioids are a terrible problem, but alcohol remains the number one reason for referral – and substance use disorders do not discriminate among age, class, or ethnicity.

Starting warm hand-off services at UPMC Hamot required significant collaboration, understanding, and partnership.

We were faced with many challenges and recognized that the hospital system was large and complex. Additionally, the medical staff faced daily pressures that were well outside of what a warm hand-off might encounter, and had concerns about ensuring their ability to provide rapid care. Our initial plan was to engage a physician champion, market the core concepts of warm hand-off services, and educate all key players in the hospital. We participated in several ongoing meetings with the doctors and case management staff. The clinicians attended daily nursing huddles along with community outreach. During 3rd shift hours we maintained as much of a presence in the emergency department (ED) as possible to provide quick response to critical cases.

In the first month of providing warm hand-off services, we received eight referrals. Within the last six to seven months, we averaged over 50+ referrals per month. Since October 31, 2016, Safe Harbor Behavioral Health of UPMC Hamot has offered over 450 individuals warm hand-off services. We have completed more than 140 level of care assessments, and have successfully admitted 64 individuals into treatment. It is critical to share this with the case management team, nurses, and doctors. Along with gathering feedback, we find it valuable to share our stories of success to show the impact that all teams *working together* have made, and how they played an integral part in the warm hand-off process. ◀



## Warm Hand-Off Regional Summits Scheduled

The Department of Health (DOH) and the Department of Drug and Alcohol Programs (DDAP) are holding regional summits to address warm hand-offs for opioid overdose survivors. These summits will be held in six regions across Pennsylvania, providing opportunities for interaction and collaboration; each summit will be a half-day in length. An [assessment survey](#) (available through midnight on March 9) has been distributed in advance of these summits to collect data on the challenges and barriers that may prevent the seamless transition of care for an opioid overdose survivor from the emergency department to the drug and alcohol treatment provider. The data from this assessment will drive the focus of each summit.

To view event details and register for the Warm Hand-off Regional Summit in your area, please use the appropriate link below. After clicking on the link, review the Event Details and click on the "Register" button. If you do not have an account with the Hospital and Healthsystem Association of Pennsylvania (HAP), click "Someone Else."

- ▶ [Northwest Region, April 4](#), 9:00 am at the Quality Inn Event and Banquet Center in Franklin
- ▶ [Northcentral Region, April 12](#), 1:30 pm at the Michael Ross Event Center, Trade and Transit Centre II in Williamsport
- ▶ [Northeast Region, April 10](#), 9:00 am at the Genetti Hotel and Conference Center in Wilkes-Barre
- ▶ [Southwest Region, April 3](#), 9:00 am at the Ramada Hotel and Conference Center in Greensburg
- ▶ [Southcentral Region, March 22](#), 1:30 pm at the Red Lion Hotel Harrisburg Hershey in Harrisburg
- ▶ [Southeast Region, March 27](#), 1:30 pm at the Presidential Caterers of Distinction in East Norriton

Registration for each summit will close one week prior to the event, so please register early. There is no fee to attend each summit; however, registration is required for attendance. If you have any questions, please submit them [via email here](#). ◀

## ASAM Training Update

While the Department of Drug and Alcohol Programs (DDAP) initially planned to create a PA version of American Society of Addiction Medicine (ASAM) training, copyright restrictions prohibited them from doing so. Therefore, the official training entity recommended by ASAM — The Change Companies' training partner "Train for Change" — will be providing all statewide, in-person trainings to meet the need of this transition. Both DDAP and the Change Companies have required that all staff doing assessments in this transition attend a two day, in-person ASAM training session. DDAP has determined that the information presented and the opportunity for dialogue and exchange that is only available through the in-person training would be required for those whose essential job function is to know and apply the criteria. Also, there have been changes from the earlier editions of the ASAM Criteria that necessitate training on the Third Edition. Given the

copyright restrictions and the importance DDAP has placed on this change, there is no way to circumvent the in-person training.

DDAP has posted an [updated FAQ document](#) on its website which includes the most recent information regarding the ASAM transition. This site will be updated as more current information becomes available; therefore, members are encouraged to visit the site often.

One of the biggest challenges that members are experiencing is the cost involved in sending staff to the two day, in-person training. RCPA is sending out a survey to members this week to gather information about assistance they may be receiving from counties/ BH-MCOs and identify those members that have received no support. The Pennsylvania Association of County Drug and Alcohol Administrators, in collaboration with DDAP, has just completed a survey of all of the SCAs to

determine what resources are available to assist providers with financial assistance. RCPA has advocated that the cost of lost clinic time be included in this support, in addition to basic training costs. DDAP has strongly encouraged SCAs, BH-MCOs, and treatment providers to work together in cost sharing. The DDAP website has an [updated list of trainings](#) that have been scheduled.

Some SCAs and oversight bodies are moving ahead with their own plans. All members are strongly encouraged to contact their SCA for more information. When RCPA survey responses are complete, more information will be shared regarding the areas across the state that are not getting the financial assistance they need.

RCPA will continue to work with DDAP and other partners on behalf of members in meeting the requirements of the transition to the ASAM Criteria and receiving the financial help needed. ◀



## Sexual Abuse of Individuals with Disabilities

Much attention has recently been focused on the disturbingly high incidence of sexual abuse towards individuals with disabilities. Nancy Thaler, Deputy Secretary for the Office of Developmental Programs (ODP), Maureen Cronin, Executive Director of The Arc of PA, and Kristen Houser, Chief Public Affairs Officer for the Pennsylvania Coalition Against Rape (PCAR), were recently interviewed on public radio show [Smart Talk](#), discussing the prevalence of sexual abuse, and strategies to address this issue. Also, broadcast journalist Judy Woodruff presented an [investigative series on National Public Radio](#), which features individuals sharing their personal stories. ODP intends to work with stakeholders and the Information Sharing Advisory Committee (ISAC) to develop strategies for being proactive in education, communication, and prevention of this concern. More stories can be read [online here](#). ◀

## Federal Office of Inspector General Report

The Office of Inspector General (OIG) joined with the Administration for Community Living (ACL), Health and Human Services (HHS) Office for Civil Rights, and the US Department of Justice (DOJ), to release a report regarding health and safety of beneficiaries served in group homes. The report was based upon findings after reviews completed in Connecticut, Massachusetts, and Maine. OIG found that health and safety policies and procedures were not being consistently followed, and as a result, group home beneficiaries were at risk of serious harm. The report recommends model practices to assist states with implementing better health and safety practices, and improvements to the monitoring and reporting of injuries and critical incidents of people with developmental disabilities living in group homes. The report can be found [here](#). ◀



## Simplify the System Project

Pennsylvania's Department of Human Services (DHS) and the Office of Developmental Programs (ODP) have engaged in a new project based on the *Everyday Lives* recommendation to **Simplify the System**. The purpose of this project is to reimagine the business approach and identify options to simplify operational processes that support self-advocates and families throughout their lifespan. The four key objectives of the project are:

- ▶ Improve interaction with self-advocates and their families from the first conversation;
- ▶ Support individuals, not just those receiving paid supports;
- ▶ Simplify administrative processes; and
- ▶ Enable implementation by avoiding unintended policy consequences.

The project team attended RCPA's IDD Committee meeting in February and led a guided information gathering session. Participants were asked to think about how existing systems could be simplified for all users leading to an improved experience interacting with these systems and increased quality of the services and supports provided. Questions asked included what participants liked about current practices and what frustrations they have been facing. All were asked to think broadly about what an ideal support system would look like. The project will continue gathering information, including best practices from other states, industry best practices, and innovative trends, in order to make recommendations for the future to the Department. The project will run through April 2018. ◀

## Direct Support Workforce Crisis Reports

The President's Committee for People with Intellectual Disabilities (PCPID) released their Report to the President 2017 *America's Direct Support Workforce Crisis: Effects on People with Intellectual Disabilities, Families, Communities and the U.S. Economy*. The intended outcomes of the report are to ensure that the President has an understanding of the issue, and the need for the administration and Congress to fund and ensure implementation of targeted solutions to address the crisis. A brief summary of their recommendations include:

- ▶ Center for Medicare and Medicaid Services (CMS) should ensure thorough review of Home and Community-Based Waivers that states include sufficient direct support professional wages and benefits in their rate-setting methodologies for long-term care.
- ▶ ACL should provide technical assistance to states to promote the use of technology solutions in Long-Term Services and Supports (LTSS) such as remote monitoring, sensors, robotics, and smart homes.
- ▶ ACL should provide grants to states to develop programs designed to help employers improve business acumen to reduce DSP vacancy rates and improve retention of staff.
- ▶ US Departments of Education, Health and Human Services (HHS), and Labor (DOL) should create grants and financial incentives for states to expand the pool of DSPs through recognition, grassroots campaigns, and training efforts, to increase awareness of the profession.
- ▶ HHS should work with states to expand utilization of self-direction in long-term services and supports so that families, friends, and neighbors can be hired as DSPs.
- ▶ DOL should investigate ways to recognize Direct Support Professional as a distinct occupation title and provide routine statistical reporting on this occupation.
- ▶ CMS should ensure that states identify provider qualifications that recognize DSPs as skilled

practitioners, and ensure that compensation rates are aligned with appropriate status, value, respect, living wage, and benefits.

- ▶ ACL and CMS should develop federal standards and credentials for DSP (this includes a stipulation that people with intellectual disabilities serve as trainers and mentors).
- ▶ DOL should work with community colleges and American job centers to develop and invest in training and credentialing for DSPs.
- ▶ HHS and the DOL should engage the business community and provide grants and incentives to states to develop online matching registry services and creative options to match people with ID and their families to available DSPs.

The American Network of Community Options and Resources (ANCOR) also released a report, entitled *Addressing the Disability Services Workforce Crisis of the 21st Century*.

This report proposes many solutions, including:

- ▶ Proposals for greater federal and state investment that would lead to higher wages and better reflect realities in the field – such as using more appropriate rate setting tools;
- ▶ Examples of public awareness campaigns and recruitment “best practices”;
- ▶ Guidelines for more effective use of technology;
- ▶ Different career models that provide opportunities for promotion and specialization;
- ▶ Suggestions for additional groups of people providers could recruit into the DSP occupation.

It is clear that this issue is critical to individuals with disabilities and their ability to live the lives that they desire – living, working, and being an integral part of their communities. ◀

## Home and Community-Based Services Settings Self-Assessment

ODP released the draft Home and Community-Based Services (HCBS) Provider Self-Assessment Tools for public comment. Providers of the following services will be required to complete the HCBS Provider Self-Assessment in response to the HCBS Settings Rule published by the Centers for Medicare and Medicaid Services (CMS) in 2014:

- ▶ Community Participation Support in the Consolidated, Person/Family-Directed Support and/or Community Living Waivers;
- ▶ Day Habilitation in the Adult Autism Waiver and/or Adult Community Autism Program;
- ▶ Residential Habilitation in the Consolidated Waiver and/or Adult Autism Waiver;
- ▶ Life Sharing in the Consolidated and/or Community Living waivers; and
- ▶ Family Living in the Adult Autism Waiver.

The HCBS Settings Rule requires that states assess all residential and non-residential settings which receive funding or payment through an approved HCBS waiver. The intent of the HCBS Settings Rule is to:

- ▶ Ensure individuals receiving HCBS have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate;
- ▶ Enhance the quality of HCBS; and
- ▶ Provide protections to participants.

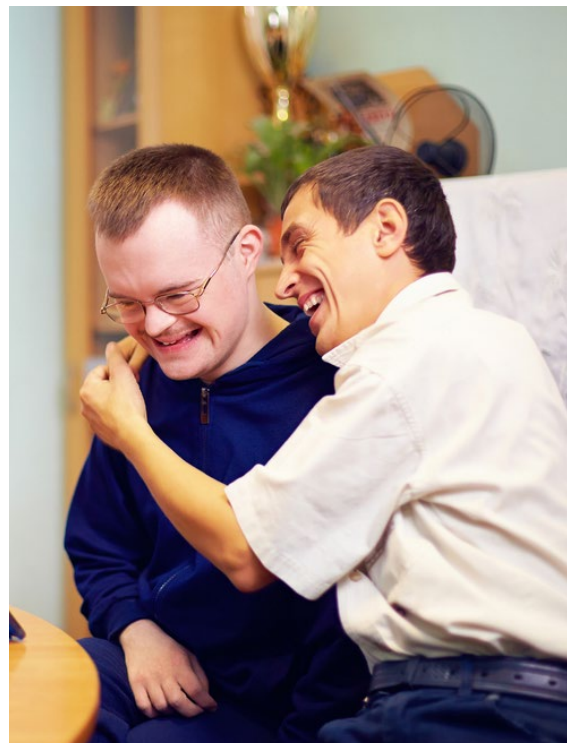
ODP piloted draft HCBS Provider Self-Assessment tools for non-residential and residential services in January 2018. Adjustments to the self-assessment instruments were made based on feedback received through the pilot.

**The PA HCBS Residential Provider Self-Assessment and PA HCBS Non-Residential Provider Self-Assessment are available for public comment until Friday, March 16, 2018.**

If you have any comments you would like RCPA to include in our comments, please contact RCPA Director, IDD Division, Carol Ferenz. ◀

## ODP Communications Issued Since Last RCPA News

- ▶ Vocational Skill Development in the Community Living Waiver
- ▶ Mileage Rate Change
- ▶ Provider Qualification Process
- ▶ Waiver Life Course Training
- ▶ EDL 2017 Recommendations
- ▶ QAI Self-Assessment
- ▶ Final Public Notices for Consolidated and P/FDS Waivers
- ▶ Transportation Cost Report
- ▶ Availability of Everyday Lives Conference Presentations
- ▶ Respite Camp Codes of ISP Manual
- ▶ QM Recertification
- ▶ Train the Trainer Additional Sessions
- ▶ New SC Orientation Course
- ▶ Draft HCBS Provider Self-Assessment Tools





## Appointment to the Mental Health Planning Council

Congratulations to RCPA Children's Division Director Robena Spangler for being appointed as a member of the Mental Health Planning Council Children's Committee. It is a three-year term of membership that ends on June 30, 2020. The council's committees, subcommittees, and related work groups are responsible for providing insight, input, and concrete recommendations to the Office of Mental Health and Substance Abuse Services (OMHSAS) Deputy Secretary Lynn Kovich on a broad range of issues. The committee members represent the geographic and cultural diversity of Pennsylvania. The committee ensures that the Commonwealth's mental health and substance abuse system focuses on recovery, resilience, and wellness for individuals served.

At a minimum, all council members will attend at least three meetings each year, read and respond to emails from co-chairs in a timely fashion, represent their broader constituency, communicate the concerns of those they represent to the committee, and report back on the outcomes from the committee. For more information about OMHSAS and the Mental Health Planning Council committees, [visit this website](#). ◀

## Gun Violence Takes a Massive Toll on American Children

It is with a heavy heart and inexplicable grief that we are again faced with a discussion/debate about child deaths and mass shootings. The need for education and awareness on the use of guns, types of guns, and purpose for guns continues to fuel gun reform conversations and rhetoric across the country. We are inspired by the voices of young people who have lost friends and family members as a result of the recent tragedy in Florida at Marjory Stoneman Douglas High School. As fundamental "keepers of our children," we will continue to pay attention and listen to those who have been affected by tragedies such as this. In our own communities, we can do our part to decrease the likelihood of gun violence of any kind to include adolescent suicide.

Here are some disconcerting statistics:

- ▶ More than one in five US teenagers (ages 14–17) report having witnessed a shooting.
- ▶ An average of seven children and teens under the age of 20 are killed by guns every day.
- ▶ American children die by guns 11 times as often as children in other high-income countries.
- ▶ Youth (ages 0–19) in the most rural US counties are as likely to die from a gunshot as those living in the most urban counties. Rural children die of more gun suicides and unintentional shooting deaths, while urban children die more often of gun homicides.
- ▶ Firearm homicide is the second-leading cause of death (after motor vehicle crashes) for young people ages 1–19 in the US.
- ▶ In 2007, more pre-school-aged children (85) were killed by guns than police officers were killed in the line of duty.

For more information and statistics on gun violence, please visit the [Brady Campaign to Prevent Gun Violence website](#). ◀

## Talking About Suicide Doesn't Cause it... But it Just Might Prevent it

*Mandy Fauble, PhD, LCSW; Executive Director, Safe Harbor Behavioral Health of UPMC Hamot*  
*Govan Martin, III; Chair, Board of Directors, Prevent Suicide PA*

**Prevent Suicide PA** has initiated discussions about the 2018–2022 State Suicide Prevention Plan. The committee includes stakeholders from public and private entities, including the Office of Mental Health and Substance Abuse Services (OMHSAS), the Army National Guard, researchers and clinicians, county suicide prevention task force members, law enforcement, and survivors of suicide loss.

The goal of the plan is to promote a vision for a meaningful and integrated guideline and vision for suicide prevention activities across the state. Developing a plan promotes prevention, awareness, and describes specific and measurable goals to impact the issue in substantive ways.

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I'm excited to be part of the group, and see some real potential for synergy here. Discussions in the initial meeting included these important issues impacting agencies:

- ▶ Access to **suicide prevention education** that is clinically appropriate, efficient, and sustainable, as the demand for these skills is high, and many staff have not received training in this area. While licensed clinicians are now required to obtain training in suicide prevention during continuing education, the need reaches all levels of staff, and some may need more than what is currently required by regulation.
- ▶ **Outreach** to 'natural listeners' and people who may come into contact with individuals struggling with mental health concerns. Bartenders, hair stylists, hotel staff, and those in service industries are potential partners in referring people at risk for suicide.
- ▶ **Unification of statewide suicide prevention efforts** is an important goal. County level task force activities and agency activities are doing important work, but it may not be as efficient and integrated as it could be.
- ▶ Providing access to **peer** training to help people become more comfortable with this topic is important. Efforts to engage specific populations is an important part of ensuring that outreach touches all Pennsylvania populations equitably and competently.
- ▶ Suicide prevention is enhanced by **reducing access to lethal means**. Strategies to provide gun locks, and to invite gun shop owners/trade shows to the discussion are important.
- ▶ A **systems** approach has been identified to work with education around bullying and other high-risk behaviors, as well as substance use disorder providers.
- ▶ Helping people connect to the issue through public service announcements may help people get information for when they need it most. A fundamental message of **suicide is everyone's problem** should be shared.
- ▶ When suicides occur, some entities provide support through **support groups** and/or **loss teams**. Providing support may raise awareness and may also help to identify others at risk, while helping to offer assistance to those grieving, who may be faced with a need for home or auto repair, childcare needs, insurance questions, or other practical matters that impact day to day functioning.

How can you help?

- ▶ Reach out to your local **suicide prevention task force**. Get your task force connected to Prevent Suicide PA by [visiting this site](#).
- ▶ Link the Prevent Suicide PA website — [www.Prevent-SuicidePA.org](http://www.Prevent-SuicidePA.org) — to your website and social media accounts... also the Prevent Suicide Facebook Page at [www.facebook.com/preventsuicidepa/](http://www.facebook.com/preventsuicidepa/).
- ▶ Share the State Suicide Prevention Plan at your staff meetings.
- ▶ Attend the annual conference (May 10–11, 2018); more information is available [here](#). This year's keynote speakers are David Jobes, PhD, internationally recognized suicidologist and Professor of Psychology and Co-Director of Clinical Training at The Catholic University of America; and Iris Bolton, international lecturer and consultant, and Director Emeritus of The Link Counseling Center in Atlanta, Georgia
- ▶ Attend Suicide Awareness Day at the Capitol. Mental health professionals, suicide loss and attempt survivors, and Suicide Task Force members talk about suicide prevention at the State Capitol in Harrisburg. The date is usually in September/October.
- ▶ Become a trainer in an evidence-based suicide prevention model; require the training across as many jobs in your agency as you can sustain; offer training to the community. Prevent Suicide PA offers instructor training for QPR (Question Persuade Refer). Please [contact them](#) if interested.
- ▶ Soon, Prevent Suicide PA will be offering a message board to discuss the many issues of suicide and suicide prevention.
- ▶ List the National Suicide Prevention Lifeline on all your written material; 1-800-273-8255 (TALK).

One thing we all know is that suicide prevention is everyone's business. Everyone can do their part, whether by participating in a Suicide Task Force, going to a suicide prevention training, learning the clues and warning signs, attending awareness events, donating to your local task force, donating to Prevent Suicide PA where your donations are specifically used in your communities, or something just as simple as having a conversation about suicide with your friends and family. The only way we are going to reduce suicide is by bringing it out of the darkness and into the light. Everyone has to do their part! ◀



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

## MARCH

<b>Thursday, March 8</b>	12:00 pm – 1:00 pm	Outpatient Rehabilitation Committee <i>RCPA Conference Room – Webcast Only</i>
<b>Tuesday, March 13</b>	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee <i>Conference Call</i>
<b>Wednesday, March 14</b>	11:00 am – 3:00 pm	BH-MCO/RCPA Task Force Meeting <i>Penn Grant Centre</i>
<b>Tuesday, March 20</b>	9:00 am – 4:00 pm	ABFT Training – Day 2 <i>Best Western Premier 800 East Park Drive Harrisburg, PA 17111</i>
<b>Tuesday, March 20</b>	10:00 am – 12:30 pm	Medical Rehabilitation Committee <i>RCPA Conference Room</i>
<b>Tuesday, March 20</b>	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee <i>Conference Call</i>
<b>Wednesday, March 21</b>	9:00 am – 4:00 pm	ABFT Training – Day 3 <i>Best Western Premier 800 East Park Drive Harrisburg, PA 17111</i>
<b>Tuesday, March 27</b>	12:00 pm – 1:00 pm EDT	IPRC Annual Membership Meeting <i>Webcast</i>
<b>Thursday, March 29</b>	9:15 am – 3:00 pm	Compliance Boot Camp: Part One <i>Penn Grant Centre</i>

## APRIL

<b>Tuesday, April 10</b>	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee <i>Conference Call</i>
<b>Tuesday, April 10</b>	12:30 pm – 3:30 pm	Drug & Alcohol Committee <i>Penn Grant Centre</i>
<b>Wednesday, April 11</b>	9:30 am – 12:00 pm 10:00 am – 2:00 pm 1:00 pm – 4:00 pm	Mental Health Committee <i>Penn Grant Centre</i> Brain Injury Committee <i>Penn Grant Centre</i> Criminal Justice Committee <i>RCPA Conference Room</i>
<b>Thursday, April 12</b>	9:15 am – 11:15 am 12:15 pm – 4:15 pm	Supports Coordination Organization Subcommittee Intellectual/Developmental Disabilities Committee <i>Penn Grant Centre</i>
<b>Tuesday, April 17</b>	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee <i>Conference Call</i>
<b>Tuesday, April 17</b>	9:00 am – 2:00 pm	RCPA Capitol Day <i>Capitol Rotunda, Harrisburg, PA</i>
<b>Tuesday, April 17</b>	1:00 pm – 2:00 pm EST	IPRC Webinar: Somatic Symptom Disorder: An Evidence-Based, Multidisciplinary, Inpatient Rehab Approach