



Government Affairs

Register for the RCPA PAC Annual Golf Outing Sept 23

Going to the RCPA Conference? Start the week with attending the RCPA PAC Golf Outing on **Monday, September 23, 2019**. Members have requested that RCPA move its Golf Outing back to conference week. Conference attendees, exhibitors, sponsors, and presenters can now [register](#) to participate in the RCPA PAC's 7th annual golf outing at the beautiful

Hershey Country Club (East Course), 1000 East Derry Road, Hershey, PA 17033. Registration starts at 10:30 am, lunch begins at 11:00 am, followed by a putting contest and 12:30 pm shotgun start.

[Sponsorships](#) are available for this worthwhile cause. We hope you will consider becoming a golf outing sponsor; it is a great way for your organization to get name recognition and an opportunity to support the RCPA PAC.

The RCPA PAC raises money and supports campaigns of state legislators and representatives who advance our interests on Health & Human Services issues. The funds raised through RCPA PAC can make a difference. Further questions may be directed to [Jack Phillips](#), RCPA Director of Government Affairs. ◀





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©2019. 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

- ▶ Line Mountain School District Launches Mental Health Initiative With RCPA Member Children's Service Center
- ▶ RCPA Member ACHIEVA Advocate Appointed to Governor Wolf's Reform Council
- ▶ RCPA Member Inperium Open House / First Affiliate Provider Fair – Thursday, September 12, 2019, Reading



**‘Today Is A Day Of Reckoning’;
Gov. Tom Wolf Wants PA To
Do Better For Its Residents In
Vulnerable Situations (RCPA
mentioned in this article)**



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



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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 is a discount for the first year 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.

Gun Violence Executive Order Signed by Governor Wolf [on Friday]

Governor Tom Wolf signed an [executive order regarding gun violence](#) after being postponed a day because of the shooting of Philadelphia police officers earlier in the week. While portrayed by gun control advocates at Friday's state Capitol order signing as groundbreaking stuff, given what's in the order and what was said during the media event, it appears the primary focus of the order is to have government — which gets a bit of a reconfiguration with a few new positions, offices, and councils specifically concentrated on gun violence — do better what it's already supposed to be doing with regard to law enforcement and guns. Improved communication among state agencies that all connect to violence and criminal behavior a bit differently seems to be a major goal of the order, with commitments to enhance and expand data collection regarding gun violence — including suicide, which represents the overwhelming majority of guns deaths — and better understand and address the causes of gun violence.

Wolf and those who joined him on Friday — many of them Democratic legislators advocating for the enactment of several gun control measures — urged the General Assembly to act on various gun control measures, which they characterized as “common sense” but which most of the Legislature's majority Republicans see as constitutionally questionable, at best, and nonstarters at worst — though some have expressed a willingness to consider legislation regarding expanded background checks and extreme risk protection orders (ERPOs). Any gun-related bill seen by the GOP as infringing on the rights of law-abiding gun owners has encountered considerable opposition in the General Assembly in the past, and that environment does not appear to have changed significantly this session ... even with Wolf and gun control advocates arguing public safety, in the wake of recent high-profile mass shootings across the country, demanding more gun control laws. (Source: *Capitolwire.com* — *Under The Dome*, Monday, August 19, 2019) ◀



National Council Medical Director Study on Mass Violence

The National Council for Behavioral Health's Medical Director Institute has produced a [study on Mass Violence in America](#). While the study shows a modest link between mental illness and violence, there is no basis for the public's generalized fear of people with mental illness. Having a psychiatric diagnosis is neither necessary nor sufficient as a risk factor for committing an act of mass violence. For that reason, the group's report has a broad range of considerations and recommendations beyond the subset of all mass violence with a link to mental illness. Questions, please contact [Jack Phillips](#), RCPA Director of Government Affairs. ◀

Save the Date – National Council's Hill Day

The National Council for Behavioral Health will be hosting its Annual Hill Day, September 17–18, 2019 in Washington, DC. Additional information can be found [here](#). Jack Phillips, RCPA Director of Government Affairs, will be serving as Pennsylvania's captain. Jack will be scheduling meetings with our Senators and Congressmen, so please [notify Jack](#) of any appointments you set up in order to ensure that we do not duplicate efforts. We look forward to your participation in this important event. ◀

Save the Date – ANCOR's 2019 Policy Summit & Hill Day

The American Network of Community Options and Resources (ANCOR) will be hosting its 2019 Policy Summit and Hill Day, Tuesday, October 15 & Wednesday, October 16 in Washington, DC. Additional information can be found [here](#). ◀

RCPA Legislative Information

RCPA members can now find the most recent [documents](#) on legislative priorities, position papers, and other important legislative information on [RCPA's website](#). Please check the RCPA website for additional updates on legislative happenings. ◀

RCPA's 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 2019/20 Legislative Session. If you have questions on a specific bill or policy, please contact [Jack Phillips](#), RCPA Director of Government Affairs. ◀

2019 CONFERENCE

RCPA Conference Online Registration Closes on September 16

Online registration is a fast, easy, and convenient way to secure your spot for the RCPA 2019 Conference: *Impact*, September 24–27, 2019 at Hershey Lodge. An [interactive registration brochure](#) is available for download to provide essential information on the go. The [conference website](#) features complete information on all scheduled activities, including details about workshops, exhibitors, and other events. Online registration may also be reached directly from [this link](#). Questions about the conference may be directed to [Sarah Eyster](#), Conference Coordinator, or [Tieanna Lloyd](#), Conference Registrar. ◀

Studio 54 Themed Dance Party!

Thursday, September 26, 9:00 pm – 12:00 am in the Red Ballroom

Get your leisure suits, silk pant suits, and your dance partner and join us for some after-hours music and dancing. Sponsored by [Magellan Behavioral Health, Newtown, PA](#). ◀



CY 2020 Proposed Medicare Physician Fee Schedule Rule Released

The Centers for Medicare and Medicaid Services (CMS) published the [proposed Medicare Physician Fee Schedule \(MPFS\) rule for calendar year 2020](#) in the Federal Register on August 14, 2019. Payment is made under the PFS for services furnished by physicians and other practitioners in all sites of service, including nurse practitioners, physician assistants, physical therapists, etc. Some of the key provisions in this proposed rule include:

- ▶ **Medicare Telehealth Services:** Proposing to add HCPCS codes GYYY1, GYYY2, and GYYY3 to the list of telehealth services, which describe a bundled episode of care for treatment of opioid use disorders.
- ▶ **Payment for Evaluation & Management (E/M) Services:** Proposing to align the E/M coding changes with changes presented by the CPT Editorial Panel for office/outpatient E/M visits. The CPT coding changes retain 5 levels of coding for established patients, reduce the number of levels to 4 for office/outpatient E/M visits for new patients, and revise the code definitions. The CPT changes also revise the times and medical decision-making process for all of the codes and requires performance of history and exam only as medically appropriate. The CPT code changes also allow clinicians to choose the E/M visit level based on either medical decision making or time.
- ▶ **Physician Supervision Requirements for Physician Assistants (PAs):** CMS is proposing to modify their regulation on physician supervision of PAs to give them greater flexibility to practice more broadly in the current health care system in accordance with state laws and scope of practice.
- ▶ **Therapy Services:** In the CY 2019 PFS final rule, in accordance with amendments to the Medicare law, CMS established modifiers to identify therapy services that are furnished in whole or in part by physical therapy (PT) and occupational therapy (OT) assistants, and set a de minimis 10 percent standard for when these modifiers will apply to specific services. CMS also established that the statutory reduced payment rate for therapy assistant services, effective beginning for services furnished in CY 2022, does not apply to services furnished by critical access hospitals because they are not paid for therapy services at PFS rates. Beginning January 1, 2020, these modifiers are required by statute to be reported on claims. CMS is proposing a policy to implement the modifiers as required by statute, and apply the 10 percent de minimis standard, while imposing the minimum amount of burden for those who bill for therapy services while meeting the requirements of the statute.
- ▶ **Review and Verification of Medical Record Documentation:** CMS has received feedback from clinicians in response to their Patients Over Paperwork initiative request for information (RFI). Stakeholders have shared how undue burden is created when physicians and other practitioners, including those serving as clinical preceptors for students, must re-document notes entered into the medical record by other members of the medical team. To reduce burden, CMS is proposing broad modifications to the documentation policy so that physicians, physician assistants, nurse practitioners, clinical nurse specialists, and certified nurse-midwives could review and verify (sign and date), rather than re-documenting, notes made in the medical record by other physicians, residents, nurses, students, or other members of the medical team.
- ▶ **Care Management Services:** CMS is proposing to increase payment for Transitional Care Management (TCM), a care management service provided to beneficiaries after discharge from an inpatient stay or certain outpatient stays. CMS is also proposing a set of Medicare-developed HCPCS G-codes for certain Chronic Care Management (CCM) services.
- ▶ **Bundled Payments Under the PFS for Substance Use Disorders:** CMS is proposing to create new coding and payment for a bundled episode of care for management and counseling for opioid use disorders (OUD). ◀

CY 2020 Outpatient Prospective Payment System Proposed Rule Released

On August 9, 2019, the Centers for Medicare and Medicaid Services (CMS) released the calendar year (CY) 2020 outpatient prospective payment system (OPPS) [proposed rule](#). In addition to the proposed changes to the amounts used to determine the Medicare payment rates, this proposed rule updates and refines the requirements for the hospital outpatient quality reporting program. Included in this proposed rule is a provision that would require inpatient rehabilitation facilities (IRFs) and other hospitals to post certain payment information, which seeks to increase price transparency by requiring all hospitals in the United States to make hospital standard charges available to the public. It would also publish patients' out-of-pocket costs for scheduled health care services. The rule also proposes to implement site-neutral payment rates for outpatient hospital physician visits that would align the payment amount for non-hospital physician visits. Comments on this proposed rule will be accepted through September 27, 2019. Contact [Melissa Dehoff](#), RCPA Director of Rehabilitation Services, with questions. ◀

OIG Releases Report on Accountable Care Organizations

In July, the US Department of Health and Human Services (HHS) Office of Inspector General (OIG) [released](#) a report, "ACO's Strategies for Transitioning to Value-Based Care: Lessons From the Medicare Shared Savings Program." The report examines the Centers for Medicare and Medicaid Services' (CMS) use of Accountable Care Organizations (ACOs) as part of their initiative to push for more value-based care. The report highlights some of the strategies that have been used for ACOs and includes a number of recommendations. ◀

CMS To Require Display of Health Plan Quality Ratings

For the very first time, the Centers for Medicare and Medicaid Services (CMS) will require health plans to display their star ratings from the five-star Quality Rating System nationwide for health plans offered on the Health Insurance Exchanges, beginning with the 2020 open enrollment period. This initiative is the result of the Trump Administration's goal to increase transparency and allow consumers to make more informed decisions about their health care. The 2020 open enrollment period is November 1, 2019 through December 15, 2019. Additional information is available in the CMS [fact sheet](#). ◀



Managed Long-Term Services and Supports Subcommittee Meeting September 5

If you wish to participate in the Managed Long-Term Services and Supports (MLTSS) Subcommittee meeting on **Thursday, September 5, 2019**, in the Honor's Suite at 333 Market Street Tower in Harrisburg, from 10:00 am – 1:00 pm and cannot attend in person, they are offering webinar and dial in capabilities.

Public comments will be taken during presentations, rather than exclusively being heard at the end of the meeting. There will also be a 15-minute period at the end of the meeting for any additional public comments.

The Department of Human Services, Office of Long-Term Living is using technology similar to that used at Third Thursday webinars for MLTSS Subcommittee meetings. This technology allows individuals to participate in the webinar and listen in through computer speakers rather than dial-in. Dial-in access will still be available even if you do not participate by webinar, but the number is no longer toll-free.

To participate in the meeting via webinar, please register [here](#). We encourage those participating by webinar to register early. When registering, please verify that you entered your email address correctly; you will receive a confirmation email containing information about joining the webinar if you registered correctly.

The dial in number is: 213-929-4212
Access Code: 940-879-967

If you have any questions about registering for the webinar or require a toll-free number to dial in, please contact the [Office of Long-Term Living](#) or call 717-857-3280. ◀



CHC Participant Information Sessions Announced

Beginning January 2020, Community HealthChoices (CHC) will be the mandatory managed care program for Pennsylvanians residing in the Lehigh/Capital, Northeast, and Northwest CHC zones* who are dually eligible for both Medicare and Medicaid (Medical Assistance), enrolled in Medicaid waivers for physical disabilities, and Medicaid-eligible consumers who reside in a nursing facility. As a managed care program, CHC gives individuals the choice of health plans to best match all their health care and long-term care needs.

Members located in this zone are invited to attend a community meeting to learn about the CHC program and have an opportunity to ask questions. If you wish to attend one of these community meetings, a list of dates and locations are available on the [event registration page](#). Most locations have two sessions — a morning session and an afternoon session. Each session will run for approximately two hours. **Space is limited**; if you are not planning to attend alone, please be sure that each additional person registers as well. You can view the invitation that was sent to CHC participants [here](#).

Need more information about CHC? Please visit the [CHC website](#) or call 833-735-4416.

*The Lehigh/Capital Zone includes Adams, Berks, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Lancaster, Lebanon, Lehigh, Northampton, Perry, and York counties. The Northeast Zone includes Bradford, Carbon, Centre, Clinton, Columbia, Juniata, Lackawanna, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northumberland, Pike, Schuylkill, Sullivan, Susquehanna, Tioga, Union, Wayne, and Wyoming counties. The Northwest Zone includes Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Forest, Jefferson, McKean, Mercer, Potter, Venango, and Warren counties. ◀

DHS Releases Proposed CHC Waiver Renewal

The Department of Human Services (DHS) has released the Office of Long-Term Living's (OLTL's) proposed Community HealthChoices (CHC) waiver renewal for public review and comment in the August 17, 2019 [Pennsylvania Bulletin](#). DHS proposes to renew the CHC waiver with an effective date of January 1, 2020 in order to be aligned with the calendar year.

Some of the proposed changes to the CHC waiver include:

- ▶ Revise the Residential Habilitation service definition by modifying the number of hours that are defined as a day unit from a minimum of 12 hours to a minimum of 8 hours.
- ▶ To the service definitions of Job Finding, Job Coaching, Employment Skills Development, Career Assessment and Benefits Counseling, add language that Office of Vocational Rehabilitation (OVR) services are considered not to be available if OVR has not made an eligibility determination within 120 days; and add language to address when employment services through the CHC waiver can be provided should OVR close the order of selection, thereby creating a waiting list for OVR services.
- ▶ Modify the qualifications for Service Coordinators and Service Coordinator supervisors.
- ▶ Clarify that, if a CHC Managed Care Organization (MCO) identifies that a participant has not been receiving services for five or more days, and if the

suspension of services was not pre-planned, then the CHC-MCO must communicate with the participant to determine the reason for the service suspension within 24 hours. If the participant's health status or needs have changed, then the CHC-MCO must conduct a comprehensive needs reassessment of the participant's needs within 14 days of identifying the issue.

- ▶ Add that an emergency back-up plan must be included in the Person-Centered Service Plan.
- ▶ Remove and modify language to reflect that the CHC waiver will be fully operational Statewide as of January 1, 2020.
- ▶ Update language to reflect that the Department utilizes IDEMIA as the data system to process fingerprint-based Federal Bureau of Investigation criminal record checks.
- Update the OLTL bureau names and responsibilities.

The proposed CHC waiver renewal and a summary of all revisions are available for review [here](#). Written comments regarding these proposed revisions will be accepted through close of business on **September 16, 2019** and should be sent to the Department of Human Services, Office of Long-Term Living, Bureau of Policy Development and Communications Management, Attention: CHC Waiver Renewal, PO Box 8025, Harrisburg, PA 17105-8025. Comments may also be submitted to the Department [via email](#). ◀

Community HealthChoices Fact Sheet on Service Coordination Issued

Community HealthChoices (CHC) is Pennsylvania's mandatory managed care program for individuals who are dually eligible for Medicare and Medicaid, and individuals 21 years of age or older with physical disabilities who receive long-term services and supports (LTSS) through Medicaid. Under CHC, LTSS and each participant's person-centered service plan are managed by a service coordinator (SC). Service coordinators work with the CHC managed care organizations as a single point-of-contact to help participants obtain health services and supports.

CHC is currently live in the Southwest and Southeast. CHC will launch in the remainder of the state on January 1, 2020. There is a 30-minute online [training](#) on CHC to provide additional information on this program. If you have other questions about CHC, view the comprehensive question and answer [document](#). For additional information about service coordination in CHC, view this [fact sheet](#). If you have any questions, please visit the [HealthChoices website](#) or submit [via email](#). ◀

DHS Announces EVV Public Meetings

The Department of Human Services (DHS) recently announced that they will be holding public electronic visit verification (EVV) webinars to provide additional information and updates related to the DHS EVV implementation. These meetings are scheduled every five weeks leading up to January 1, 2020 — registration is required. A confirmation email and information about the webinar will be sent following registration.

Future public meeting dates include*

- ▶ Tuesday, September 17, 2019 from 1:00 pm – 3:30 pm
- ▶ Tuesday, October 22, 2019 from 1:00 pm – 3:30 pm
- ▶ Tuesday, November 26, 2019 from 1:00 pm – 3:30 pm

*Please note: dates are subject to change. Contact the DHS office for more information or call 800-692-7462. ◀

PA Assistive Technology Foundation to Hold First Conference on Financial Empowerment for People With Disabilities

The Pennsylvania Assistive Technology Foundation (PATF) is holding its first [conference](#) on financial empowerment for people with disabilities on Thursday, October 3, 2019 at the Crowne Plaza in Harrisburg, PA. The theme of the conference is “Vision for the Future,” and will allow attendees to discuss, collaborate, and learn about financial education. The conference is free of charge and is a one-day, free, accessible event open to the public. Space is limited so register soon. ◀

Community HealthChoices Fact Sheet on Complaints & Grievances Issued

Community HealthChoices (CHC) is Pennsylvania’s mandatory managed care program for individuals who are dually eligible for Medicare and Medicaid, and individuals 21 years of age or older with physical disabilities who receive long-term services and supports through Medicaid. CHC is currently live in the Southwest and Southeast part of the state. The remainder of the state will transition to CHC on January 1, 2020.

CHC participants have protections if they do not agree with a CHC managed care organization’s (CHC-MCO’s) decision to deny, decrease, or approve a service or item different from what was requested. Participants can also voice dissatisfaction with their CHC-MCO or a provider. These concerns or issues can be voiced through the complaints and grievance process. Information about the complaint and grievance process is available in this [fact sheet](#). Additional information is provided in a comprehensive [FAQ Document](#). For additional questions, please visit the [CHC website](#) or submit via [email](#). ◀

Medical Rehabilitation

Deadline to Participate in Voluntary Settlement Agreement for Pending Medicare IRF Appeals is September 17

In June 2019, the Centers for Medicare and Medicaid Services (CMS) announced voluntary appeals settlement options for inpatient rehabilitation facilities (IRFs). This settlement will allow IRFs to settle certain pending appeals of denied Medicare claims. According to this [announcement](#), providers will be able to receive 69 percent of the net payable amount of the claim in question for most of their pending claims. Providers should note that the deadline to notify CMS of their interest in participating is **September 17, 2019**. After submitting an expression of interest, providers will be able to review a list of pending claims and payable amounts, and discuss any discrepancies with CMS, before deciding whether to agree to settle the claims. ◀

FY 2020 IRF PPS Final Rule Released

On July 31, 2019, the Centers for Medicare and Medicaid Services (CMS) released the fiscal year (FY) 2020 [inpatient rehabilitation facility prospective payment system \(IRF PPS\) final rule](#). This final rule was scheduled to be published in the Federal Register on August 8, 2019.

Key provisions contained in the final rule include:

- ▶ **Motor Score Provisions:** Based on feedback received with the proposed rule, CMS is adopting an unweighted motor score to assign patients to case-mix groups (CMGs), rather than the use of a weighted motor score as originally proposed. CMS also finalized as proposed the removal of GG0170A1 (roll left and right) from the motor score (leaving 18 unweighted data items).
- ▶ **CMGs, Relative Weights, & Average Length of Stay:** The final rule includes three additional CMGs than were included in the proposed rule:
 - o Stroke RIC (01) will have 6 CMGs, compared to 7 in the proposed rule
 - o Non-traumatic spinal cord injury RIC (05) will have 5 CMGs, compared to 4 in the proposed rule
 - o Replacement of lower extremity joint RIC (08) will have 5 CMGs, compared to 4 in the proposed rule
 - o Rheumatoid other arthritis CMG RIC (13) will have 5 CMGs, compared to 4 in the proposed rule
 - o Major multiple trauma without brain or spinal cord injury RIC (15) will have 5 CMGs, compared to 4 in the proposed rule
- ▶ **Rebasing and Revising IRF Market Basket:** CMS is rebasing and revising the IRF market basket to reflect a 2016 base year and is forecasted to be 2.9 percent.
- ▶ **Clarification of “Rehabilitation Physician”:** CMS is amending the regulations to clarify that the determination as to whether a physician qualifies as a rehabilitation physician (that is, a licensed physician with specialized training and experience in inpatient rehabilitation) is to be determined by the IRF, as the provider is in the best position to make that determination.
- ▶ **Ensuring Quality:** CMS finalized two new quality measures to implement the final requirements of

the Improving Medicare Post-Acute Transformation (IMPACT) Act. Those two measures are: 1) Transfer of Health Information (TOH) from IRF to another Provider, and 2) Transfer of Health Information (TOH) from IRF to the Patient.

- ▶ **IRF Quality Reporting Program (QRP):** CMS is adopting two new quality measures that satisfy the IMPACT Act domain pertaining to the transfer of health information when a patient is transferred or discharged from the IRF to another PAC provider or the home of the individual. Specifically, both of these measures would assess whether the IRF provides a reconciled medication list at the time of transfer or discharge. They also support the CMS Meaningful Measures initiative of promoting effective communication and coordination of care, specifically the meaningful measure area of the transfer of health information and interoperability. In addition, CMS is adopting a number of standardized patient assessment data elements (SPADEs). These SPADEs assess key domain areas including functional status, cognitive function and mental status, special services, treatments and interventions, medical conditions and comorbidities, impairments, and social determinants of health (SDOH). The addition of these SPADEs to the IRF-Patient Assessment Instrument (IRF-PAI) will improve coordination of care and enable communication between PAC providers and other members of the health care community, aligning with CMS’ strategic initiative to improve interoperability. CMS is also updating the specifications for the Discharge to Community PAC IRF QRP measure to exclude baseline nursing home residents. CMS is also finalizing their policy to no longer publish a list of compliant IRFs on the IRF QRP website. CMS proposed to collect standardized patient assessment data and other data required to calculate quality measures using the IRF PAI on all patients, regardless of the patient’s payer; however, in response to stakeholder feedback, they have decided not to finalize this proposal.

The payment provisions contained in the final rule become effective for discharges on or after October 1, 2019 and the new quality reporting requirements go into effect on October 1, 2020. Contact RCPA Director of Rehabilitation Services [Melissa Dehoff](#) with questions. ◀

Save the Date: Brain Injury Awareness Rally

The second annual Brain Injury Awareness Rally is scheduled to take place on Tuesday, October 22, 2019 at 10:00 am at the State Capitol in Harrisburg, in the Main Rotunda. The day will include the rally followed by legislative meetings, a brain injury panel, and a reception to close out the event. Additional details and information can be found [here](#). ◀

BIAA Announces Upcoming Webinars

The Brain Injury Association of America (BIAA) has [posted](#) their upcoming live webinars, including:

- ▶ Employment and Accommodation After Brain Injury;
- ▶ Prevalence of Medical and Psychiatric Comorbidities Following Traumatic Brain Injury;
- ▶ Status of State Concussion Legislation in the U.S.;
- ▶ An Evidence-Based Care Model for Workers with Concussion;
- ▶ Cultural Competency in Rehabilitation;
- ▶ Supported Decision Making and Independence After Brain Injury;
- ▶ Multidisciplinary Concussion Clinics: State of the Practice; and
- ▶ Psychological Risk Factors for Persistent Post-Concussive Symptoms.

Physical Disabilities & Aging

Articles and topics selected for this newsletter are designed to help build continued knowledge base among our members for the topics that will impact you most as we move to managed care in Pennsylvania.

“Money Follows the Person” Programs Increase Transition Rates Into Community While Reducing Overall System Spending

“Money Follows the Person” programs (MFP) are becoming increasingly popular across the country, and for good reason. A recent study by H. Stephen Kaye, PhD, of the University of California at San Francisco’s Community Living Policy Center, shows that states with strong MFP programs are able to transition patients receiving long-term services and supports (LTSS) in institutions back into the community at higher rates.

In fact, in Kaye’s “Evidence for the Impact of the Money Follows the Person Program,” the numbers are actually quite staggering. In 2017, Kaye found that states with high MFP transitioned 50.5 residents per 100,000 back into the community¹.

When compared to states with medium and low or no MFP transitioning, 27.4 and 16.3 residents per 100,000, respectively, it’s easy to see the value of these programs.

Furthermore, looking at nursing homes, states with high MFP are vastly more successful in reducing occupancy rates. Since 2007, those with robust MFP programs experienced a 7.1% decline in nursing home occupancy rates, compared to 4.5% and 1.7%, respectively, in states with medium and low/no MFP.

One reason for this success is that MFP programs provide access to federal funds specifically designated to help transition individuals from nursing facilities back into the community.

The MFP program doesn’t provide individuals with grants; instead, it provides states with grants that enable them to create these programs. The goals are twofold — to transition eligible nursing home residents back into the community, and to encourage states to expand their current home-and-community-based services (HCBS).

Far-Reaching Benefits of MFP Programs

Through these programs, more than 10,000 people were transitioned back to the community every year from 2012 to 2017. In total, as of June 2018, 91,540 institutional residents had transitioned back to the community in 44 states and

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the District of Columbia. While the results of Dr. Kaye's research show the significance of MFP programs, it's also important to understand the far-reaching impact of them.

First and foremost, MFP programs enrich the lives of those who qualify for the program. A recent AARP study shows that 80% of those 50 years of age or older want to remain in the community and their homes while they age². These programs increase the likelihood of that happening.

Staying at home increases comfort level, allowing individuals to use their own bathrooms, sleep in their own beds, and continue with their typical daily routines. Not only is aging in place more comfortable for these individuals, but it is also healthier. Being in familiar surroundings is beneficial for those with progressive cognitive conditions like dementia. Bryan James, an epidemiologist at the Rush Alzheimer's Disease Center in Chicago, examined over 1,100 seniors without dementia, frequently testing their cognitive functioning and recording their social activity levels. James found that the rate of cognitive decline in individuals with frequent social activity was 70% less than those with low social

activity³. Remaining at home and in the community allows individuals to keep their current social network and enable greater family involvement, which slows the decrease in cognitive function.

In addition, studies show that patients recover from surgery and illness more successfully and quickly when they're recuperating in the comfort of their own home. The same *Journal of the American Geriatrics Society* study found that rehospitalization was less likely with home care, when compared to a nursing home or assisted living center, which reduced total medical bills by approximately 35%⁴.

While returning those receiving long-term services and supports (LTSS) in institutions back into their homes and the community has numerous health and emotional benefits, there are benefits beyond that. Transitioning these individuals back into the community also creates significant cost savings to Medicaid and Medicare by shifting the need to rely on institutional services to HCBS. A report from Medicaid.gov examined the cost of transitioning one older adult from a nursing home to HCBS and found an average cost savings of \$22,080 during the first year. Overall, that could result in \$275 million in LTSS medical cost savings⁵.

However, it's important to consider all of the costs associated with aging at home. Aging at home, which the US Centers for Disease Control and Prevention (CDC) defines as "the ability to live in one's own home and community safely, independently and comfortably, regardless of age, income or ability level,"⁶ often requires home alterations. These modifications are required to make a space comfortable, and most importantly, safe to live in.

Simple modifications, which include grab bars, lever-handled doorknobs,

non-slip shower mats, replacement rugs, sturdy handrails, and better lighting, can cost up to \$10,000⁷. If more extensive renovations are required, like widening hallways, adding an accessible ramp, lowering cabinets, installing no-step showers, and a generator in case of power loss, costs can rise drastically to the low six figures.

These costs might seem prohibitive to allowing individuals to transition back into the community, but some states are utilizing MFP programs to respond to the challenge by paying for home modifications. While this varies by state, some MFP programs provide up to \$45,000 for home modifications like lowering cabinets, widening doorways, and adding wheelchair ramps⁸.

Uncertain Future

While there have been significant results showing the benefits of MFP programs, the program expired at the end of fiscal year 2016⁹. While states can continue to claim funding through 2021, some have already exhausted their allotments. In an attempt to prolong the program, the Medicaid Services Investment and Accountability Act became law on April 18, 2019, adding an additional \$20 million in short-term funding to the program. Since then, a few other short-term extensions have passed, but the program remains only funded through 2019¹⁰.

On June 29, 2019, the House passed HR 3253, the Empowering Beneficiaries, Ensuring Access and Strengthening Accountability Act. HR 3253 bill would fund the Money Follows the Person program through Fiscal Year 2023. However, the Senate has yet to approve the long-term funding for MFP by passing HR 3253 or EMPOWER Care Act. With funding for the program exhausting itself in

continued on page 14

EVV Update

The Department of Human Services has issued the technical specifications for compliance with the implementation of Electronic Visit Verification (EVV) on January 1, 2020, to meet requirements in the 21st Century Cures Act. Information is available [here](#) on dates and registration links for additional public meeting webinars, and a recording and presentation from the July 16, 2019 webinar. ◀

continued from page 13

September 2019, the time to act is now if the goal remains to transition a higher rate of individuals receiving long-term services and supports (LTSS) in institutions back into the community. ◀

¹ Dr. H. Stephen Kaye: *Evidence for the Impact of the Money Follows the Person Program* (<https://clpc.ucsf.edu/publications/evidence-impact-money-follows-person-program>)

² AARP: 2018 HOME AND COMMUNITY PREFERENCES SURVEY: A NATIONAL SURVEY OF ADULTS AGE 18-PLUS (<https://www.aarp.org/>

content/dam/aarp/research/surveys_statistics/liv-com/2018/home-community-preferences-survey.doi.10.26419-2Fres.00231.001.pdf)

³ Bryan James: *How Social Connections Keep Seniors Healthy* (https://greatertgood.berkeley.edu/article/item/how_social_connections_keep_seniors_healthy)

⁴ Journal of the American Geriatric Society: *Transitional Care of Older Adults Hospitalized with Heart Failure: A Randomized, Controlled Trial* (<https://onlinelibrary.wiley.com/doi/full/10.1111/j.1532-5415.2004.52202.x>)

⁵ Medicaid.gov: *Money Follows the Person* (<https://www.medicaid.gov/medicaid/ltss/money-follows-the-person/index.html>)

⁶ Centers for Disease Control and Prevention: *Healthy Places Terminology* (<https://www.cdc.gov/healthyplaces/terminology.htm>)

⁷ CNBC: *Aging in place vs. assisted living ... It's complicated* (<https://www.cnbc.com/2018/06/14/aging-in-place-vs-assisted-living-its-complicated.html>)

⁸ Paying for Senior Care: *Miscellaneous Resources to Help Seniors Pay for Home Modifications* (<https://www.payingforseniorcare.com/home-modifications/misc-home-modification-resources.html>)

⁹ Home Health Care News: *House Lawmakers Pass Short-Term Money Follows the Person Extension* (<https://homehealthcarenews.com/2019/04/house-lawmakers-pass-short-term-money-follows-the-person-extension/>)

¹⁰ Center for Public Representation: *MFP Bills* (<https://medicaid.publicrep.org/empower-care-act/>)

Mental Health

Managing Behavioral Healthcare Disruptors

By Matt Pettinelli, CapGrow Partners, August 12, 2019

As both our digital and economic landscapes shift, market disruption is inevitable — even in the behavioral healthcare industry. Experts have already begun to identify which behavioral healthcare disruptors will likely have the greatest impact over the next five years. This month, we examine the trends that may affect I/DD service providers.

Changing Guidelines and State Interventions

It's not uncommon for healthcare policies and programs to shift at the federal level. Every year presents a challenge different from the last, forcing providers to find a way to stay up-to-date on federal changes and adapt accordingly.

At the state level, decreases in federal funding often spur innovative solutions to ensure programs can survive. Medicaid is evolving through expansions in healthcare delivery, which enables states facing budget issues to utilize federal cost sharing to meet the health needs of its residents. Many of these programs are delivered at the community level and utilize value-based payment models... [read full article here]. ◀

Certified Community Behavioral Health Clinics (CCBHC) Update

While the Federal Government has extended the current CCBHC program funding through September 13, Pennsylvania has yet to decide about accepting the continued funding. Staff at the Office of Mental Health and Substance Abuse Services (OMHSAS) were to meet with the Centers for Medicare and Medicaid Services (CMS), as well as the Substance Abuse and Mental Health Services Administration (SAMHSA), to understand the funding extension as well as Pennsylvania's obligation. As of this writing, that has not yet occurred. CCBHCs across the Commonwealth are hoping that OMHSAS will accept the funds and that the federal government will extend the program two more years. RCPA will keep members informed of any new developments. ◀

OMHSAS Hosted Value-Based Purchasing (VBP): Supporting Whole Person Care Conference

On August 14–15, OMHSAS brought together more than 400 attendees to hear from national and statewide experts about successes and challenges in implementing value-based payment (VBP) models. The day and a half event featured speakers from Pennsylvania, The National Council, leaders from New York State, the Center for Healthcare Strategies, and consultants from various firms. The conference included models for not only behavioral health VBP but addiction as well. There were breakout sessions which discussed clinical services, outcomes, and data collection and reporting. ◀

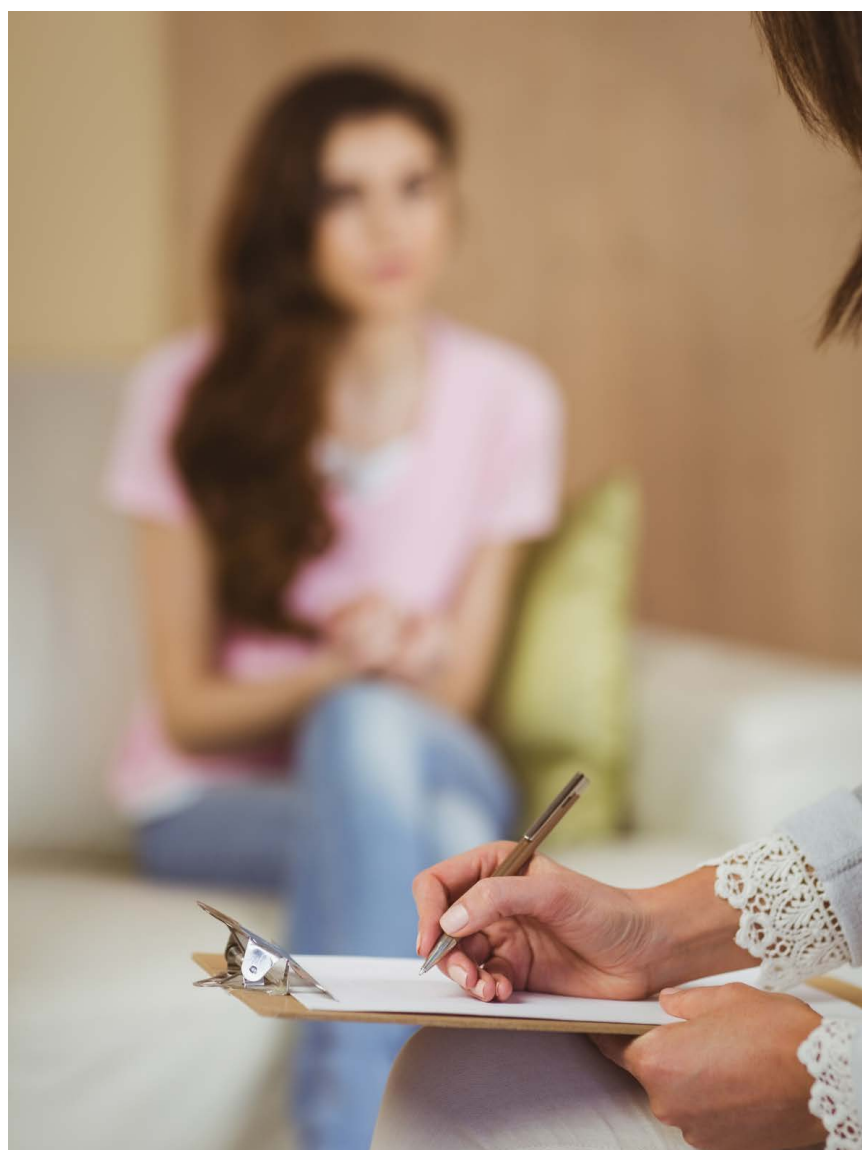
Outpatient Redesign

With the anticipation of the long-awaited Psychiatric Outpatient Regulations being implemented by year's end, RCPA members continue to work on updating these regulations. It is expected that the redesign will be introduced to the HealthChoices payors this month. ◀

Suicide Prevention Hotline Getting a Three-Digit Number

By Niels Lesniewski, *Roll Call*, August 15, 2019

The Federal Communications Commission (FCC) plans to move forward with establishing a three-digit number for the federally-backed hotline. This announcement from FCC Chairman Ajit Pai signals the culmination of one of the final legislative priorities of former Senate President Pro Tempore [Orrin G. Hatch](#) of Utah. Pai said that he intends to follow a staff recommendation for establishing a three-digit dialing code, likely to be 9-8-8, to reach the network of the National Suicide Prevention Lifeline, currently 800-273-8255 (TALK). That program is funded through the Health and Human Services Department... [read the full story [here](#)]. ◀



2019 Medication-Assisted Treatment (MAT) Regional Summits

The Pennsylvania Department of Drug and Alcohol Programs (DDAP), in coordination with the Pennsylvania Department of Health, is convening regional [MAT Summits](#) in the fall of 2019. The purpose of the summits is to promote awareness of MAT options and to increase the number of practitioners using the waiver to prescribe buprenorphine in an office-based setting.

Eight regional one-day summits consisting of four hours of live waiver training in the morning will be followed by modules in the afternoon to address potential challenges for waived practitioners and their clinical and administrative staff. The targeted audience is physicians, physician assistants, and nurse practitioners in select specialties, as well as administrative and clinical support staff. Other stakeholders may also participate.

Each summit will include a room or hall where the Single County Authorities in that region will set up an exhibit for the afternoon and have staff available to provide information and answer questions. ◀

What is Family Therapy for Addiction, and How Can It Help MY Family?

by Molly Bobek, LCSW, and Aaron Hogue, PhD from Center On Addiction, The Partnership for Drug-Free Kids

You may have heard of counseling, or psychotherapy, to help someone with an addiction. Family Therapy is just that, except that the one going to therapy is not just the individual struggling, but the entire family.

While individual therapy focuses on the thoughts, behaviors and emotions of one person, family therapy focuses on the relationships, and aims to understand and validate the experiences of all family members. The goal of family therapy is to bring clarity to all relationships, and to foster repair and closeness if family members choose. Family therapists believe that problems exist *between* people, not *within* people.

In the addiction context, a family therapist will explore with the family how substance use is embedded in a cycle of interaction within the family. For example, many young adults and parents are in what we call a fugitive/detective dynamic. The more the young adult acts like a fugitive (hiding, lying) the more a parent acts like a detective (snooping, chasing) — and vice versa. In addition, family therapists can provide additional education about substance use for the whole family and support family members in reducing their unhelpful behaviors and increasing their effective behaviors.

Family therapists help identify new skills and then coach family members in the practice of these new skills... [read more](#). ◀

SAMHSA's 2018 National Survey on Drug Use and Health (NSDUH) Report Data Findings

SAMHSA has released the latest data findings from the [2018 NSDUH](#). The NSDUH provides estimates of the use of illegal substances, prescription drugs, alcohol, and tobacco, as well as mental disorders, treatment, and co-occurring substance use and mental disorders in the United States. NSDUH data also help to identify the extent of substance use and mental illness among different sub-groups, estimate trends over time, and determine the need for treatment services. ◀



Addressing Risky Substance Use in Adolescents: A Conversation With a Pediatrician

While experimentation with drugs and alcohol is often characteristic of the adolescent years, there are many risks associated with this behavior. Not only are [adolescents more vulnerable to addiction](#) than adults, but they are also at a high risk of experiencing lifelong chronic health issues related to substance use. This is especially alarming in the context of the growing opioid epidemic, which [claims about 130 lives every day](#) across the country.

Early identification of risky substance use is critical to prevent addiction and long-term health and social issues for adolescents. [Screening, Brief Intervention, and Referral to Treatment \(SBIRT\)](#), an evidence-based prevention and treatment strategy, is a promising intervention for at-risk adolescents, as well as for youth who already suffer from substance use disorder (SUD). Though originally developed for identifying risky alcohol use among adults, SBIRT is a useful tool for building trust between providers

and youth, and can open up a dialogue between adolescent patients and their doctors on a range of other health-related topics that may be difficult to discuss, such as obesity, mental health, and sexual orientation/gender identity.

Hillary Whonder-Genus, MD, medical director at Virginia Premier Neighborhood Health Center and practicing pediatrician, championed Virginia Premier Health Plan's participation in [Improving Access to SBIRT Services for Adolescents](#), a learning collaborative led by the Center for Health Care Strategies (CHCS), in partnership with the [Association for Community Affiliated Plans](#), through funding from the [Conrad N. Hilton Foundation](#). CHCS recently spoke with Dr. Whonder-Genus to discuss her experience implementing the SBIRT framework, with insight as both a pediatrician and health plan medical director... [\[read full article here\]](#). ◀



PA Psychostimulant Conference

In partnership with the High Intensity Drug Trafficking Areas (HIDTA) program, the Department of Drug and Alcohol Programs (DDAP) is very excited to announce a PA Psychostimulant Symposium on Tuesday, November 19, 2019 in Harrisburg.

The purpose of the symposium is to educate individuals in our state about the national and state trends we are seeing toward increased stimulant prescribing, use, and misuse; and to uncover challenges or barriers that will need to be resolved in terms of getting these individuals the treatment they need. The audience includes law enforcement, first responders, criminal justice, hospitals, doctors, treatment providers, Single County Authorities (SCAs), state and federal government, and county officials. We're still finalizing the agenda. Additional information, including registration instructions, will follow in September. Make sure to save this date on your calendars! ◀

Good Neighbors Time Bank

Alli Smale – Director, Employment and Day Programs at KenCrest

KenCrest has developed an inclusive regional time bank, covering Southeastern Pennsylvania, called *Good Neighbors Time Bank*. This initiative is generously funded by the Pennsylvania Developmental Disabilities Council. Time banking, a non-monetary economy, “seeks to transform traditional social service models into social networks in which members both provide and receive services that are assigned equal value” (*Time Banking and Health*, Health Promotion Practice, 2011). Time banks create an environment where everyone has something to offer and what people offer is equal in value.

Time bank members earn units or “time bank dollars” by providing a good or service. In return, they can spend their time bank dollars when they receive goods and services from another time bank member. One hour of service is equal to one-time bank dollar of currency. For example: If Joe spends one hour providing pet-sitting services through the time bank, he can cash in one hour of time to receive a service through the time bank. Services vary from time bank to time bank but could include: mentorship or companion time, barber services, grocery shopping, transportation, housekeeping, etc. — all services consumers may need. Time banking also has the added benefit of reducing members’ dependence on conventional monetary or government systems and promotes independence, relationship building, and full participation. KenCrest sees time banking as a perfect opportunity to help our consumers be active in the economy, work in the community, be recognized equally for the work they do, develop a community identity, and build self-reliance and independence. Additionally, time banking activities can be used to identify career goals as well as launch self-employment businesses. KenCrest is actively working with a variety of community organizations, provider agencies, and families to onboard individuals with disabilities into the time bank. Contact [Alli Smale](#) to learn more or to get involved. You can also find us on Facebook and Instagram or check out our [website](#). ◀



Community Participation Supports (CPS) Update

While providers are working with individuals and their teams to offer options during the day to increase community involvement, many individuals continue to need and/or desire facility-based services. This is problematic due to the new rates set for CPS in-facility service for FY 19/20. RCPA has been advocating with leadership at ODP and DHS to change the rate for in-facility services in order to keep this option available for those who need it. As a result of our advocating for a rate increase, ODP reactivated the CPS Work Group that was initiated last fiscal year, with some additional members, to examine this rate and determine a satisfactory fee for the service.

The problem with this approach is the length of time it will take to make any changes to the reimbursement rate. This forces providers who offer in-facility service to decide if they can continue to offer the service while the reimbursement does not cover their costs. If an individual needs and/or chooses to receive services in a facility, their options may be very limited. The plan for Pennsylvania sets a target for all individuals to be out in the community a minimum of 25% of their day unless they have a variance. This 25% goal is not person centered, but instead was set by ODP for all individuals. Providers not in compliance with these requirements on July 1, 2019 must have developed a Transition Plan by the end of September 2019. ODP will review these plans for compliance in the spring of 2020. If sufficient progress has not been made or a provider has not developed a Transition Plan, providers will be required to develop a Corrective Action Plan (CAP). ODP and the Administrative Entity will monitor progress through December 2020. If compliance has not been achieved at any service location by January 1, 2021, ODP will issue a Directed Corrective Action Plan (DCAP) no later than January 31, 2021. If compliance is not reached at any service location by March 31, 2021, ODP plans to work with teams to move individuals who desire more community time to alternative providers. ◀

Provider Work Group Formed to Work With Office of Vocational Rehabilitation

Brandy F. Burnham, President and CEO, AHEDD

A Provider Work Group representing 90% of the Pre-Employment Transition Services (Pre ETS) and Supported Employment (SE) services across Pennsylvania was assembled along with the Client Assistance Program of Pennsylvania. This group met on July 30, 2019 to discuss a myriad of issues that exist in the current Vocational Rehabilitation (VR) system. As a result of the Office of Vocational Rehabilitation (OVR) implementing a new SE policy over a year ago, as well as changes to the procedure and reimbursement of Pre ETS and reduced federal funding, many aspects of the VR system have been negatively impacted. These changes have had financial impacts on the providers delivering the services, but more importantly, have impacts on individuals being able to access these services.

Cognizant of OVR's financial limitations, and adherence to the law and regulations, the group discussed the existing challenges and offered potential solutions with Shannon Austin, Executive Director of OVR, who attended the latter part of the meeting. This group suggested regular meetings would be helpful moving forward in an attempt to further collaborate with OVR. Our collective desire is to preserve quality programs and services for individuals with disabilities in a consistent way, in a manner that is in line with the law and regulations, which promotes greater accessibility to services across the state.

Key themes that were discussed in great detail include the following:

- ▶ Providers' request to offer stakeholder feedback. Desire to work collaboratively with OVR

in advance of system, policy, or procedural changes per the law and regulations, and a genuine desire to collaborate for a better system for all.

- ▶ Rate structure does not support actual costs. Need to collaboratively revisit service agreements.
- ▶ The Pre ETS changes that occurred a year ago had implementation that was insufficiently planned for and abrupt. Hopeful that approach won't be repeated.
- ▶ The absence of a Pre ETS policy
- ▶ Proper training of vocational rehabilitation coordinators and providers is critical.
- ▶ Need for consistent interpretation among district offices
- ▶ Also a need for flexibility regarding certain aspects to meet individuals' and employers' needs in the real world; "One size does not fit all."
- ▶ Cross collaboration needs significant improvement. Formal structure and expectation needed for VR system, public education system, and providers when planning with individuals.

Executive Director Austin appreciated the invitation. She shared that there will be more changes coming (no timeframe provided) and would like to participate in future Provider Work Group meetings. She stated she would share the discussions from this meeting with her team.

Pre ETS model changes she stated can be anticipated include:

- ▶ OVR plans to make additions to the Transition Policy or create a stand-alone Pre ETS policy.
- ▶ Reduction in potential development hours (10.0 hours) based on average usage across the state

- ▶ Addition of VRC-facilitated assessment prior to referral to providers (this assessment phase is conducted solely by VRC and this was a large discussion point)
- ▶ Removal of administrative stipend fees unless paying workers comp (develop admin memo if needed) *(This sparked much discussion and many providers who provide stipends expressed great concern)*
- ▶ Waiver process for additional services if needed (This was also new information that created quite a bit of discussion)
- ▶ Group services will continue – each office will be different. Depends on capacity of district office. VR staff may provide group services and/or refer to providers if OVR staff capacity is limited.
- ▶ OVR plans to partner with PaT-TAN to communicate; webinars; continued conversation with new leaders as part of the communication plan for schools/LEAs in regard to the new model.

The Provider Work Group discussed meeting again in early November to further the efforts initiated at the July meeting and focus on Supported Employment in greater detail.

August 14, 2019 notification of a new Pre ETS model was disseminated by OVR. Details regarding a webinar and go-live date of October 1, 2019 are available in [this memo](#). Information regarding new provider agreements are among the agenda items to be addressed on the August 23 webinar agenda. This is causing concern due to the quickly approaching October 1 go-live date. ◀

ODP Announcements Since Last RCPA News

- ▶ 19-078 Exceptions to the Annual Fiscal Limit for the Person/Family Directed Support Waiver
 - ▶ 19-079 Registration Now Open for Fall 2019 ODP Quality Management (QM) Certification Classes
 - ▶ 19-080 Quality Assessment & Improvement Process, Cycle 1, Year 3: Changes for Fiscal Year 2019-2020
 - ▶ 19-082 Waiver Amendment Webinar Recording Now Available on MyODP
 - ▶ 19-083 New Regulations to be Explored During Human Services Licensing Renewal Inspections
 - ▶ 19-084 Delay for Requirements Regarding the Number of Individuals Served in Licensed Facilities that Provide Community Participation Support or Day Habilitation Services
 - ▶ 19-085 Quality Assessment & Improvement Process, Cycle 1, Year 3: All Self-Assessments Begin on July 1, 2019
 - ▶ 19-086 ODP Launches Online Provider Profiles
 - ▶ 19-087 REISSUE: Incident Management (IM) Bulletin Draft Public Comment Period Extended to July 31, 2019
 - ▶ 19-089 Clarifying the Requirement for the Master Provider Index Number for Claim and Service Documentation
 - ▶ 19-090 Community Participation Support and Day Habilitation Implementation Updates
 - ▶ 19-091 Revised Annotated ISP and Information Regarding its Implementation for Individuals Receiving Residential Habilitation
 - ISP Risk Support Tool
 - ▶ 19-092 Periodic Risk Evaluation (PRE) Survey
 - ▶ DHS/DL&I Bulletin 00-19-02 OVR Referrals During a Period When OVR's Order of Selection is Closed
 - ▶ 19-093 Informational Webinar: ODP Processes for Employment-Related Services During a Closure of OVR's Order of Selection
 - ▶ 19-094 Expectations of AAW Supports Coordinators Regarding the Right to be Free from Abuse
 - ▶ 19-095 ODP Offers Training on Online Provider Profiles
 - ▶ 19-096 Charting the LifeCourse Training for all AAW and ACAP Support Coordinators: Registration is OPEN
 - ▶ 19-097 Office of Developmental Programs' Virtual Training Offerings August 2019
 - ▶ 19-098 Clarification on Identification of Staffing Ratios for Facility Time in the Community Participation Support Service
 - ▶ 19-098 REISSUE Clarification of Staffing Ratios for Facility Time in the Community Participation Support Service
 - ▶ 19-099 Clarification for AAW and ACAP Providers and SCOs about the New SPeCTRUM 2.0 Training
 - ▶ 19-100 Department of Human Services (DHS) Adult Protective Services (APS) and Mandatory Reporting Webinar Opportunities
 - ▶ 19-101 Pennsylvania Autism Training Conference: PATC 2019 – Registration is Open!
 - ▶ ODP Bulletin 00-19-03 Prioritization of Urgency of Need for Services (PUNS) Manual
 - ▶ 19-102 Now Available: Amendments To The Consolidated Community Living And P/FDS Waivers Submitted To CMS
 - ▶ 19-104 Agency with Choice (AWC) Financial Management Service (FMS) Organization Listing
 - ▶ 19-104 REISSUE Agency with Choice (AWC) Financial Management Service (FMS) Organization Listing
 - ▶ 19-105 Office of Vocational Rehabilitation (OVR) Contact Information for ID/Autism Coordinators – Updated 8/14/19
 - ▶ 19-106 ODP and OMHSAS Publish Positive Approaches Journal Volume 8, Issue 2: "Meaningful Community Engagement"
 - ▶ 19-107 Now Available: Version 3 of the Community Participation Support Question and Answer Document
 - ▶ 19-108 Medication Administration Fall 2019 Classes and Outage Ending
 - ▶ 19-109 Office of Developmental Programs' Virtual Training Offerings September 2019
 - ▶ ODP News August 2019
 - ▶ Listening Tour Announcement 2019
 - ▶ Please find the following **updated links** for the webinars featured in the August 2019 ODP News. These webinars focus on the Department of Human Services (DHS) Adult Protective Services (APS) and Mandatory Reporting. Each webinar will present an overview of APS Law, eligibility criteria, statutory definitions, individual's rights, DHS and Liberty Health Responsibilities, mandatory reporters, general and additional reporting process and requirements.
 - ▶ Monday, Sept 23, 2019 1:30 pm
 - ▶ Monday, Oct 7, 2019 10:00 am
 - ▶ Monday, Nov 4, 2019 10:00 am
 - ▶ Tuesday, Dec 17, 2019 9:00 am
- No credit, no certificate, and no continuing education credits will be offered. Attendance will be confirmed per email address logged into each webinar. ◀

Update on Evidence-Based Services in the Family First Law

The federal Family First Prevention Services Act, which was signed into law last year and makes substantial changes to the child welfare system, places significant focus on the prevention of children entering the formal foster care system. As part of that emphasis, evidence-based services are being promoted to support families and prevent the unnecessary placement of children in the system.

For states to draw-down federal funding for these evidence-based programs, the services must have a rigorous review and then be placed on the [IV-E Prevention Services Clearinghouse](#). To date, across the country [twelve programs have been reviewed](#) and rated as either "supported," "well-supported," "promising practice," or "does not meet criteria." Recently, the Administration for

Children and Families released [sixteen new programs](#) that will be set for an upcoming rigorous review.

Pennsylvania's Office of Children, Youth and Families has not submitted a specific program or service for review to date, but the outcomes that have been released will be important to consider as the state continues its implementation of programs such as the Kinship Caregiver Navigator, which was recently launched with Kin Connector hotline.

Kin Navigators can be reached at 866-KIN-2111 or [via email](#). Additional resources as part of the program are forthcoming, including a website, which will be shared in the coming months. For additional information, please contact RCPA Children's Division Director [Jim Sharp](#). ◀

Intensive Behavioral Health Services Regulations Clear the Independent Regulatory Review Commission

On August 15, the 55 Pa. Code Chapter 1155, Intensive Behavioral Health Services and the 55 Pa. Code Chapter 5240, Intensive Behavioral Health Services were unanimously approved by the Independent Regulatory Review Commission (IRRC). These regulations are the result of an OMHSAS and stakeholder partnership that included a 75-person statewide work group that began in May of 2016.

During testimony, Acting Deputy Secretary Val Vicari, provided an overview of the process, as well as addressing the need for revisions to the regulatory reform language around staffing qualifications for individual services, ABA, and group services ensuring fidelity to each specific treatment modality. Additionally, areas of supervision were included in the Deputy Secretary's comments that adjustments to the operational language will need to be consistent across the regulations.

Several attendees provided testimony on the record, including Jim Sharp, RCPA Children's Division director. While RCPA supports the broad scope of the IBHS regulations, their noted concerns regarding the preservation of Individual Services delivery standards, operationalizing staff supervision activities, and the creation of a program sustaining fiscal rate infrastructure model were all addressed in the OMHSAS position to advance the approval of the regulations.

RCPA congratulates the Department of Human Services (DHS); OHMSAS Acting Deputy Secretary Val Vicari, as well as Children's Bureau Director Scott Talley and team. We would also like to express our gratitude to the RCPA IBHS work group and Children's Division Steering Committee for their dedicated efforts during this process and their integral thoughts in preparing for the IRRC IBHS hearing.

The RCPA Children's Steering Committee will continue to monitor the progress of the IBHS regulations as they move to the Office of the Attorney General. RCPA will send the final regulations out as soon as they are approved by the Office of the Attorney General and published by DHS. ◀

Executive Order Issued to Protect and Advocate for Vulnerable Pennsylvanians

On July 31, Governor Tom Wolf acknowledged the long-standing issues with existing state systems and announced — by executive order — an overhaul of the state systems and services to protect the most vulnerable Pennsylvanians.

Governor Wolf's "Protection of Vulnerable Populations" executive order establishes the Office of Advocacy and Reform to be maintained by the Governor's Office, led by an executive director. Positions within the new office will include a new child advocate position, integration of the Long-term Care Ombudsman, and a Council on Reform, including 25 voting members appointed by Governor Wolf, to support this effort by looking at protecting vulnerable populations from three perspectives: prevention and diversion, protection and intervention, and justice and support.

Both the Council on Reform and the Office of Advocacy and Reform will identify reforms needed for Pennsylvania to better protect and support individuals relying upon services and assistance from the Commonwealth.

"I want to be clear that I am not disparaging the hardworking and, frankly, underpaid and underappreciated



workers within this system," Governor Wolf said. "This is not their fault and the failures are not of their making. But we've had a series of incidents in our commonwealth that have revealed inadequacies in the system's ability to protect and uplift Pennsylvanians in vulnerable situations."

"I want to know what else we can do because this is what we're here to do as a department, is to protect people and people who are in institutions or facilities. If we can't do that, that's not government that works. So this is really important, it's why it's so important to the governor, it's why it's so important to me," DHS Secretary Miller says.

RCPA President/CEO, Richard S. Edley, PhD, has been named to the Council

on Reform and commented "I am honored to have been asked to serve on the Governor's Council. While children's services may have been highlighted, it really is designed to look at and make recommendations regarding all vulnerable populations of all ages. There will also be a process where committee members will be reaching out to stakeholders to get input into the process. My goal is to make sure that it is a balanced, professional discussion with recommendations that are achievable and make sense."

The Council on Reform held its first meeting immediately following the announcement. The council is charged with reporting its findings to the Governor by November 1 after seeking input from various stakeholder groups. ◀

September Fetal Alcohol Awareness Month

The number of children born with fetal alcohol spectrum disorder (FASD) is on the rise. Why? There are many factors, but let's start with some startling statistics. Here in the US, one in 20 kids has some effects from prenatal alcohol exposure. That's five percent. And, one out of every nine women admits to drinking while pregnant. That's just those admitting it.

September 9 is celebrated annually as International FASD Awareness Day to promote education and awareness efforts on FASD. More recently, the month of September has been designated as FASD Awareness Month. FASDs are completely preventable by abstaining from alcohol while pregnant. Despite myths and misconceptions, there is no scientific evidence that confirms a "safe" amount of alcohol that will not affect the developing fetus. To recognize FASD Awareness Month and Day this year, the National Organization on Fetal Alcohol Syndrome (NOFAS) and its Affiliate Network; the American Academy of Pediatrics (AAP); the American Congress of Obstetricians and Gynecologists (ACOG); and the CDC-funded FASD Practice and Implementation Centers (PICS); as well as National Partners and FASD advocates from across the globe have joined together to produce a packet of materials to assist you in planning your activities and events. Visit the [NOFAS website](#) for this packet, along with updated details on FASD Month and FASD Day. ◀



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

SEPTEMBER

Wednesday, September 4	1:00 pm – 4:00 pm	Drug & Alcohol Committee <i>RCPA Conference Room</i>
Tuesday, September 10	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee <i>Conference Call</i>
Wednesday, September 11	9:30 am – 12:00 pm	Mental Health Committee <i>RCPA Conference Room</i>
Wednesday, September 11	1:00 pm – 4:00 pm	Criminal Justice Committee <i>RCPA Conference Room</i>
Thursday, September 12	9:00 am – 10:00 am	Government Affairs Committee <i>Conference Call</i>
Tuesday, September 17	10:00 am – 12:30 pm	Med Rehab Committee <i>RCPA Conference Room</i>
Tuesday, September 17	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee <i>Conference Call</i>
Monday, September 23	12:30 pm shotgun start	RCPA PAC Golf Tournament <i>Hershey Country Club</i>
Tuesday – Friday September 24 – 27		2019 RCPA Conference <i>Hershey Lodge</i>

OCTOBER

Tuesday, October 8	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee <i>Conference Call</i>
Thursday, October 10	3:00 pm – 4:00 pm	IPRC Webinar: Rehab/School Interface
Tuesday, October 15	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee <i>Conference Call</i>
Wednesday, October 16	10:00 am – 2:00 pm	Children's Committee <i>Penn Grant Centre</i>
Thursday, October 17	9:00 am – 10:00 am	Government Affairs Committee <i>Conference Call</i>
Thursday, October 17	9:00 am – 11:30 am	IDD Residential Subcommittee <i>Penn Grant Centre</i>
Thursday, October 17	9:15 am – 11:30 am	SCO Subcommittee <i>RCPA Conference Room</i>
Thursday, October 17	12:00 pm – 3:00 pm	IDD Committee <i>Penn Grant Centre</i>
Wednesday, October 23	10:00 am – 2:00 pm	Brain Injury Committee <i>Penn Grant Centre</i>