



Pennsylvania Community Providers Association

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PASSION

Passion is powerful...
nothing is ever achieved without it,
and nothing can take its place.
No matter what you face in life,
if your passion is great enough,
you'll find the strength to succeed.
Without passion,
life has no meaning.
So put your heart, mind and soul
into even your smallest acts.

—Anonymous

Welcome New Members

Child & Family Guidance of Western PA
Jerry Joseph, *President*
Greensburg, PA

Crozer Chester Medical Center

Steven E. Simminger, PhD, *Director*
Behavioral Health Services
Chester, PA



President Clinton Announces New “Fraud Hunters”

On December 7, 1998, President Clinton announced additional steps to “strengthen Medicare by fighting the threat of Medicare fraud.” The President specifically mentioned mental health care as a growing problem. The President plans to “empower new special contractors, Medicare fraud hunters, who will focus on waste, fraud and abuse.” It is estimated that this plan will save Medicare \$2 billion over the next five years.

HCFA Changes Accreditation Standards

On November 19, 1998, the Health Care Financing Administration (HCFA) posted a final ruling regarding accreditation of agencies seeking federal financial participation dollars in the *Federal Register*. It had been expected that HCFA would remove the accreditation requirement. Instead, they are “retaining the requirement for the accreditation of psychiatric facilities, but...offering alternatives to accreditation by the Joint Commission on Accreditation of Health Care Organizations (JCAHO). Accreditation of psychiatric facilities, other than psychiatric hospitals and psychiatric units in acute care hospitals, could be performed by the Council of Accreditation of Services for Families and Children (COA), the Commission on Accreditation of Rehabilitation Facilities (CARF), or any other accrediting body with comparable standards that is recognized by the State.” The effective date of the ruling is December 21, 1998. A copy of the ruling can be found online at www.access.gpo.gov. For further information please contact Kris Ericson at the Association.

NASDDDS Plans Phase II of Core Indicators Project

The National Association of State Directors of Developmental Disabilities Services (NASDDDS) has completed Phase I and will begin Phase II of the Core Indicators Project in January. The Core Indicators Project, in which Pennsylvania is involved, aims to help states benchmark the performance of the service systems domains, including consumer outcomes, financial stability, and other performance dimensions. The 61

test indicators proved relevant and appropriate. Phase II is intended to resolve data collection problems found in Phase I and develop more robust measures of system access. A brief overview of the Core Indicators Project and sample outcomes from Phase I are available from PCPA.

Clinton Announces Rental Assistance

On November 28, 1998, President Clinton announced rental assistance subsidies totaling \$126.8 million. This allocation provides affordable housing for low-income persons with disabilities across the nation. Provided by the Department of Housing and Urban Development, the assistance will cover part of apartment rent so that no individual pays more than 30% of his/her income in rent. Communities will administer the funds through the Section 8 Mainstream Housing Program. Pennsylvania has received \$2.9 million in allocations as follows:

Location	# Units	Allocation
Blair County	25	\$108,735
Butler County	100	\$395,558
Chester County	100	\$565,536
Lancaster	50	\$177,300
Lehigh County	100	\$510,744
Philadelphia	100	\$738,876
Union County	25	\$85,695
Venango County	50	\$227,118
Warren County	25	\$94,788

CMHS Seeks Provider Volunteers

The Center for Mental Health Services (CMHS) is conducting a pilot survey. They want to determine if community mental health centers, community health centers, and physicians-in-practice in managed care arrangements are using the best practice standards recommended by the Agency for Health Care Policy and Research (AHCPR). Information is specific to the assessment, detection, and treatment of depressive disorders in clinical environments.

The study focus is to identify practices in detecting and treating depression by primary care and mental health clinicians in health care and mental health settings, and compare these findings to the best practices recommended by AHCPR. The survey is designed to be brief and will be conducted by telephone. Providers interested in participating should contact Barbara Guest at 301-594-1172 or via e-mail at BGUEST@samhsa.gov.

PA's HMO Premiums Higher than Others

A recent report by the Hospital and Healthsystem Association of Pennsylvania (HAP) documents that HMOs in Pennsylvania charge higher average premiums than our neighboring states of Connecticut, New York or New Jersey. *A Profile of HMOs in Connecticut, New Jersey, New York, and Pennsylvania* looks at the years 1996 and 1997. The report's figures are questioned by some HMO executives due to the higher cost of taking care of the state's extensive elderly population and the high percentage of Medicaid HMO enrollment. Critics did not address the effect of high executive salaries on the premiums.

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PCPA
news

PCPA Staff Member Honored for Forensic Efforts



Lynn Cooper, PCPA Adult Mental Health and D&A Specialist, was honored recently by professionals in the field of forensics. Cooper received a special certificate during the Forensic Rights and Treatment Conference in Hershey for "personal commitment and outstanding accomplishments which demonstrate how collaboration between the criminal justice and mental health systems can be achieved for the mutual benefit of persons with serious mental illness and the community."

"I am, of course, proud of the recognition that Lynn has received, and I am even more proud that it was for collaboration—a concept that we strive to maintain as the keystone of PCPA's efforts."

—Ray Webb, PCPA Executive Director

Harrisburg *Patriot-News* Supports MA Rate Increase

A December 7, 1998 editorial in *The Patriot-News* expressed strong

support for the need of significant increases in the Medical Assistance (MA) rates for outpatient mental health and drug and alcohol clinic services, and partial hospitalization services. The editorial examined the problems arising from inadequate reimbursement and noted, "...The state has played on the dedication and commitment of mental-health practitioners to their patients far too long and it needs to stop while we still have in place the framework of [a] workable system of serving the neediest Pennsylvanians." The editors closed by stating: "We urge Governor Tom Ridge to end the state's disgraceful and indefensible denial of a fee increase...by putting the necessary money in the 1999-2000 budget now being formulated."

Neifert Leaves PCPA

PCPA bid farewell to Deb Neifert, Marketing and Policy Specialist, on December 23, 1998. With the Association for almost 12 years, Ms. Neifert's responsibilities included mental retardation policy, annual conference, and serving as President of the Pennsylvania Community Providers Service Corporation. Ms. Neifert's knowledge and networks in the MR community will be greatly missed by the Association. The PCPA staff and Board of Directors wish her the best in future endeavors.

PCPA Meets with MATP

PCPA staff, along with Julie Weaver, Mental Health Committee Chair, met with Judith McCoy, Program Manager and John Gible, Division Chief, County-Based Programs, from the Department of Public Welfare's Medical Assistance Transportation Program (MATP) to discuss issues identified by PCPA members. The following clarification was given regarding how MATP operates and how to better access these services for consumers:

Most MATP agencies have two classifications of persons receiving their services, standing order and random trips. Standing order is for those consumers who have regular appointments every week, such as partial or outpatient programs. Random trips are those that are not on a regular schedule, such as therapy appointments which may vary from week to week. The MATP provider usually schedules their services around the needs of those considered to be in standing order first, with the random trips being fit in around those. Providers are urged to have standing orders whenever possible as they generally receive first priority from MATP.

Also, there are cases when a consumer cannot be served by MATP, such as during the lag time when an application for services is being processed, or when MATP services are not available. In these instances, providers may ask MATP to refer them to the County Assistance Office (CAO) caseworker, or the provider may contact the CAO directly. The CAO does not provide transportation, but may pay for the needed transportation. It is important that providers not contact the CAO until after it has been determined that the MATP is unable to meet the transportation need. For more information, or to receive a copy of the *MATP Policy Clarifications Manual* or the *MATP Instructions and*

Requirements, please contact Rebecca Heidenheim at PCPA.

MR Committee Changes Meeting Dates

The 1999 schedule for Mental Retardation (MR) Committee meetings has been changed due to date conflicts with the Office of Mental Retardation Planning Advisory Council. In order to accommodate the need for membership involvement at both meetings, the PCPA MR Committee will meet on Monday instead of Tuesday during weeks scheduled. The first committee meeting is scheduled for

Monday, January 18
PCPA Office
10:30 a.m. – 1:00 p.m.

Committee members were sent a mailing regarding the meeting, agenda and RSVP information. Interested persons who did not receive the notice should contact Kris Ericson at the Association for additional information.

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DIRECTOR'S
viewpoint

How the Grinch Stole Partial Hospitalization

It seems to me that the unwarranted attacks on community mental health programs are a Christmas gift we could do without.

It was bad enough that federal officials portrayed the Medicare partial hospitalization scams going on in Florida and Texas as a nationwide problem, but now we have President Clinton speaking out (as opposed to acting out) and proposing the establishment of “fraud hunters” who will focus on waste, fraud, and abuse, particularly among mental health providers.

Many readers are aware of our Association’s effort to seek answers to both agency and client eligibility issues under the Medicare Partial Hospitalization Program. We have had numerous meetings with representatives from the Department of Public Welfare, U.S. Healthcare Financing Administration, Office of Inspector General and our providers. Answers to the past and current confusions remain illusive. What is far clearer are two issues:

- Legitimate partial hospitalization programs in Pennsylvania are getting out of the business, thereby denying access and needed service to Medicare recipients. A legitimate service for a legitimate population is being denied because of the lack of clarity around a

host of issues, including the inter-pretation of regulations.

- There is a tremendous need for providers to offset the negative media portrayal of partial hospitalization programs. The media must understand that Pennsylvania (unlike other states) does license partial hospitalization programs and that appropriate county authorities monitor them. Additionally, many of Pennsylvania's partial hospitalization programs are part of larger organizations that have been in business serving vulnerable people in this commonwealth for many years.

It is also important that our readers call upon their national organizations to assure that both the administration and the legislative bodies understand the need and value of community based partial hospitalization programs. It is a holiday gift we might all deeply appreciate.

The PCPA Board and Staff extend our very best to all for the holiday season and a healthy and rewarding new year.

Raymond R. Webb, Jr., LSW
Executive Director

This article represents my opinion, not necessarily the opinion of the Association.

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COMMITTEE
reports

Special Forensic Meetings to Be Held in January

The **PCPA Forensic Subcommittee** will be holding **two special meetings** on **January 26**. The first meeting will be held from **10:00 a.m. to 12:00 p.m.** and will involve a special task force meeting to discuss juvenile justice issues. The second meeting will be held from **1:00 p.m. to 3:00 p.m.** and will focus on broad criminal justice issues. Dr. Maue, Chief of Psychiatry, and several other representatives from the Department of Corrections and other criminal justice arenas will be joining PCPA members. The purpose of the meeting will be to discuss ways in which we could work together to improve the services for people in the criminal justice system with mental health and/or drug and alcohol problems. For more information contact Lynn Cooper at the Association.

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LEGISLATIVE *updates*

We Did It!

PCPA has received many calls asking for information and clarification on the recently passed mental health professionals licensure bill. Morgan Plant, Government Relations Consultant to the Association, indicates that the final step in passage of the new law is the governor's signature on the bill. Additional information is available on both the Association website and at the Pennsylvania Counseling Association website, www.uofs.edu/pca.

LBFC Study Anticipated

The Legislative Budget and Finance Committee (LBFC) anticipates releasing its human service salary study on January 20. HR 450 called for an update to the 1989 Legislative Budget and Finance Committee Report on Salary Levels and Their Impact on Quality of Care for Client Contact Workers in Community Based MH/MR Programs. The study is, in part, a response to information gathered during HR 187 Task Force hearings where particular concern was raised regarding the wages of workers in mental retardation community living arrangements (CLAs).

ACTION: After the study is released, providers are urged to contact their local legislators to discuss the salary issue with them in anticipation of the development of the state's 1999/00 budget.

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BUREAUCRACY *briefs*

OMR Explores New Waiver Amendment

The Office of Mental Retardation (OMR) is wrapping up the community forums to solicit input on developing the new Consumer-Directed Support Option, a 1915(c) Medicaid Waiver. OMR is seeking to serve 3,200 people who are not living in licensed residential programs for up to \$20,000/person per year. Individuals will not be eligible for the new waiver option funds and consolidated waiver services funds at the same time.

Comments are due to OMR by January 5. Further information is available from Kris Ericson at PCPA.

Change in Prevention Coming

Have you heard that more changes are coming to the Drug and Alcohol Prevention field? In July, the PA Department of Health convened the Prevention Approval Advisory Committee, comprised of representatives state-wide. The Committee has the task of developing revised protocols for the issuance of a "Certificate of Approval in Prevention." The foundation of this work is the review of the current Pennsylvania Standards for Approval of Prevention and Intervention Activities, similar documents in existence in other parts of the country, and the current performance-based prevention model. Change is coming! To learn more about the work of the Committee and provide your input into the proposed changes, join us at the Drug and Alcohol Committee meeting on January 19. Send your written comments to Joe Powell, Director, Division of Prevention, BDAP, or call Lori Weiss, PCPA's representative on the Committee at 610-437-0801.

Partial Hospitalization Problems Continue

Many PCPA members have chosen to withdraw from the Medicare partial hospitalization program. The latest interpretations from the Health Care Financing Administration make it impossible for even some of the longest standing Community Mental Health Centers in Pennsylvania to continue in the program. Significant problems are being created as a result of legitimate, quality providers being forced out of the Medicare program. Access issues are sure to be a major problem in many areas. Providers are also facing a lack of funding for those clients currently in programs that have only Medicare coverage. On a related note, no word on the final medical policies from Veritus have been received. PCPA understands that no information from Veritus will be forthcoming until resolution on these policies has been reached on a national level. PCPA will be meeting with Pennsylvania's senators to discuss these problems.

Allentown Newspaper Examines Forensic Issues

The *Allentown Morning Call* published an extensive series of articles on mental health and criminal justice issues on December 13–14, 1998. Among the issues covered are the experience of clients returning to the community from state mental hospitals; a profile of Jay Centifanti, a forensic issues activist, and the increase in incarceration for persons with mental illness. The articles are available at the newspaper's website: www.mcall.com:80/html/health/mental/.

Psych Rehab Workgroup Drawing to a Close

The Office of Mental Health & Substance Abuse Services Psychiatric Rehabilitation Workgroup will be making final comments on the draft

medical necessity criteria and draft program standards in the last weeks of December. The draft documents will then be mailed state-wide in early January for comments. The workgroup has also convened a sub-group to develop the curriculum for a two-day training that will be required for all psych rehab staff to attend. This training may be bypassed if an individual can "qualify out" based on specific education and experience criteria being developed by the workgroup. For more information please contact Rebecca Heidenheim at PCPA.

OMHSAS Considers Accreditation

The Office of Mental Health and Substance Abuse Services (OMHSAS) announced at a recent Community Support Program meeting that they would be giving serious consideration to moving toward accreditation for specific programs. An official from OMHSAS announced that three programs under consideration are:

- Psychiatric Rehabilitation
- Child and Adolescent Community Residential Rehab/Residential Treatment Facilities
- Adult Residential Treatment Facilities

OMHSAS plans to have the accreditation be by program/service rather than by agency. PCPA will be looking closely at the form these standards will be taking as well as the full cost of accreditation and how it will be covered. For more information please contact Rebecca Heidenheim at PCPA.

McBEE UPDATE Reassignment of Physician Benefits

The Office of Inspector General has included a review of the "reassignment of physician benefits" in its 1999 Work Plan. They view this issue as an area of potential fraud, and have instructed Carriers to report any suspicious activity to their Fraud and Abuse Units. Here's why—

An agency currently bills their Medicare Carrier for physician services under a group number, which consists of several physicians. A physician leaves the agency, but never has his/her name deleted from the group in HCFA's files. If the agency continues to bill Medicare using the physician's PIN number and the group number, Medicare would never know that the claim should not be paid since the physician is still "registered" under that group number.

Any physician with five or more reassignment agreements, and physicians who have reassignments who have not been used in the last 12 months, may be required to sign new reassignment of benefits forms. Physicians will have 30 days to respond to these requests.

In preparation for this, you may want to

- review the physicians who are currently reassigning their benefits to your agency,
- notify these physicians of the upcoming review, and
- make sure you have accurate information together to assist your physicians in completing the paperwork that is required by your Carrier.

Feel free to contact Steve Kohler or Paul Stanalonis at 717-540-9480 with any questions.

Using A Screening Service for Hiring Potential Employees

By Rick Fox, Credit Plus Solutions Group

Statewide criminal, child abuse clearances and FBI background checks are required when hiring employees. In most cases, this adds an additional financial burden on the facility or corporation. Pile on top of that the desperate need to fill positions and employers are very busy.

But don't be discouraged. And by all means, don't stop doing a good job inspecting your applicants. A bad employee, an injury to a resident/patient, or worker's compensation fraud will cost you a lot more than the up front costs of background checks. Most administrators tell me they don't want to spend additional money using a service. Most Human Resources (HR) people tell me they like to do the checks themselves to keep better control. What Credit Plus wants to do is help both people at the same time.

The HR manager is correct in his or her thinking because he or she gets to hear responses from previous employers and personal references directly. They have all the statistical data in their own handwriting. But three or four other duties have a way of squeezing the available hours of the day to complete this work. An outside service can free staff to address new employee training, health insurance or another of the myriad of duties they must complete everyday.

The administrator is correct because he or she doesn't like to see a large bill to an outside company at the end of the year. But, consider this; if you hire a Human Resources person specifically to handle these checks at \$15,000 per year plus benefits, who processed 100 people per year for employment, you would spend \$150 per person per background check.

Included in information received from a screening performed by Credit Plus would be information an HR person doesn't have access to at all times, such as identification searches that verify a social security number, current and previous addresses, maiden names, and important financial information which could provide three previous employers and give some hints about personal character. Employment Screening Services can also expedite searches for statewide criminal checks (since we are online), abuse record clearances, drug testing (through 1 Step Detect), worker's compensation checks, and driving histories.

Credit Plus is not out to replace Human Resources managers or staff. We know that most staff not only do what we do, but much, much more. We

can make sure you can have the best of both worlds: a world of information and resources, with the added bonus of low, low prices, simple billing, and very rapid turnaround.

Being a PCPA member, it costs you nothing to start. All our prices are reduced, and no minimum usage requirements to "encourage" your use of the service. Call Rick Fox at 800-344-3215 Ext. 2935 or Karen Shumate at the Association for more information.

Credit Plus Solutions Group is an endorsed vendor of Pennsylvania Community Providers Service Corporation, a subsidiary of PCPA.

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CHILDREN'S
corner

MISA Adolescent Subcommittee Completes Task

The Mental Illness Substance Abuse (MISA) Adolescent Subcommittee has completed recommendations to be sent to the MISA Consortium. Jointly sponsored by the Bureau of Drug and Alcohol Programs and the Office of Mental Health and Substance Abuse Services, the consortium has been working for more than a year to define services to the mentally ill substance abusing population. The Adolescent Subcommittee has completed recommendations regarding assessment, training, and program standards. Additional information can be obtained from Kris Ericson at the Association.

Mental Health Services Lacking for Juvenile Justice

As reported in *Mental Health Weekly*, November 23, 1998, Amnesty International has released a report citing the lack of Mental Health services in the juvenile justice system. The report states that a lack of services outside the juvenile justice system has resulted in children entering the system who should have received help previously. Amnesty International also indicates inadequate staff size and training have resulted in children with mental health problems being subject to excessive force and restraints, and punished by use of solitary confinement. The report makes a number of recommendations for state and local governments. For a copy contact Douglas North at 202-833-9771.

PCPA Working with Coalition for Responsible

Wraparound

PCPA has joined with a number of advocacy groups and parents to work in coalition for wraparound services. The group was developed after the release of the draft bulletin when concerns began to arise regarding the bulletin contents. A letter was sent to Secretary Feather Houstoun, outlining two issues the coalition feels need to be addressed: the process in which the Department of Public Welfare developed the bulletin, and the issue of bulletin versus regulations. The group has asked to meet with Secretary Houstoun to begin dialogue about the issues, and to work in collaboration with the Department of Public Welfare. A copy of the letter is available on PCPA's website.

Children's Health Insurance Program Update

The draft concept document *A Proposal for Improvement to the Children's Health Insurance Program (CHIP)* was released in November 1998. The document provides a "conceptual framework for feedback by stakeholders." Stakeholders were given the opportunity to testify at public meetings on their concerns or to provide written comments. PCPA has been working with a number of organizations to provide feedback on CHIP, and has provided written comments. For more information contact Lisa Lowrie at the Association. A copy of the document is available at PCPA's website.

PCPA to Host Family Based Meeting with OMHSAS

On Wednesday, January 27, PCPA will host a discussion with the Office of Mental Health and Substance Abuse Services (OMHSAS). All program directors from across the state will be invited to list issues affecting Family Based Mental Health Services with the expectation that OMHSAS and PCPA will work together in addressing the concerns. The meeting will take place at The Meadows Psychiatric Center, Centre Hall. Agendas will be mailed to directors. If an agency is unable to participate that day, concerns about Family Based Mental Health Services can be sent to Lisa Lowrie at the Association. The cost of the meeting is \$7/person to cover a continental breakfast and lunch.

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VALUABLE
resources

Reinventing Quality, a source book on innovative quality assurance and improvement programs by the Research and Training Center on Community Living at the University of Minnesota. Available from the Publications Office, Institute on Community Integration, University of Minnesota, 109 Pattee Hall, 150 Pillsburg Drive SE, Minneapolis, MN 55455, or 612-624-4512.

The National Criminal Justice Reference Service (NCJRS) has released ***Juvenile and Family Drug Courts: An Overview***. The report provides an overview of juvenile and family drug courts. Juvenile drug courts focus on delinquency matters and status offenses that involve substance-abusing juveniles. Family drug courts address cases that involve parental rights that come before the court when the parent is the substance abuser. Available by calling NCJRS at 800-851-3420.

The ***National Program Office on Self-Determination*** provides nationwide information regarding self-determination and developmental disabilities. Information can be located on the Internet at www.selfdetermination.org. For those without Internet access, the program's newsletter, *Common Sense*, is available for \$15.00/year by contacting *Common Sense*, 3700 Riverside Drive, PO Box 21322, Columbus, OH, 43221-0322.

Sponsored by the University of Minnesota, the ***Direct Support Professionals*** website has information for individuals who provide residential, educational and vocational services to persons with disabilities. Features of the site include project updates, publications, an events calendar and related links. You can reach the site online at www.ici.coled.umn.edu/dsp/default.html.

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IT'S *classifieds*

None this month.

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CONFERENCES *trainings*

February 7–10, 1999

Governor's Conference on Best Practices in Juvenile Justice. Ft. Mitchell, KY, Drawbridge Estate. For additional information contact Cindi Miller at 606-622-2324 or trcjtcp@acs.eku.edu.

February 24–26, 1999

Children '99: Countdown to the Millennium. Child Welfare League of America National Conference. Grand Hyatt Washington, Washington, DC. For information contact Nicky Dixon at 202-942-0305 or register@cwla.org.

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