PARF Calls on Governor Corbett to Protect People with Disabilities in FY 2011-12 Budget

PARF is asking its members to write letters to Governor Tom Corbett and contact legislators urging that Governor’s proposed Commonwealth Budget provide adequate appropriations for the multiple programs that serve people with disabilities. The Governor’s proposal is to be presented to the Pennsylvania General Assembly on March 8. PARF members are urged to send letters and make legislative contacts as soon as possible requesting that Governor Corbett honor his pledge to protect Pennsylvania’s most vulnerable people. The campaign relies on efforts of PARF members to (a) write to Governor Corbett and (b) contact legislators requesting that they send a letter to Governor Corbett asking that funding for health and human services for the most vulnerable citizens not be cut any further. The mailing address for letters to Governor Tom Corbett is: The Honorable Tom Corbett, Room 225, Main Capitol. Harrisburg, PA 17105. Legislative contact information is on the website of the Pennsylvania General Assembly at www.legis.state.pa.us. FMI: Contact PARF at parfmail@parf.org.

PA Senate Education Committee Approves Youth-Concussion-in-Sports Bill

On February 8 the Pennsylvania Senate Education Committee approved legislation (Senate Bill 200) introduced by Senator Pat Browne (R- District 16) to increase awareness and prevention of traumatic head injuries among Pennsylvania’s scholastic athletes. PARF has been working with the PA Brain Injury Coalition to gain legislative approval of SB 200 and HB 200. PARF is urging members to contact their legislators in the PA House and Senate to support the legislation and seek action on the bills as soon as possible. The proposed Safety in Youth Sports Act (Senate Bill 200) aims to ensure that student athletes who suffer concussions receive proper care and rest before they get back into the game. SB 200 requires the Department of Health and the Department of Education post information risks of head injuries and concussions on their websites; requires students and their parents review information regarding the risk of this before their participate in scholastic sports activity; requires students showing signs of brain trauma be taken out of a game and be evaluated by a health practitioner who specializes in brain injury before they return to participation – with penalties for coaches who violate this provision; and, requires training of coaches in the risk of brain injury in scholastic sports in a program certified by the CDC or the National Federation of State High School Associations. Representative Tim Briggs (D-Montgomery) has introduced a similar bill (House Bill 200) in the state House of Representatives. It was taken up by the House Health Committee and re-referred to the House Education Committee. Similar legislation introduced during the last legislative session received bi-partisan approval in the House in late September, but the session ended before the Senate could consider the measure. FMI: See www.pahouse.com and www.pasenategop.com.
PA House Sets Areas of Jurisdiction for Committees on Health and Human Services

In the February 12 edition of the Pennsylvania Bulletin the Pennsylvania House of Representatives announced the jurisdiction of each of its standing committees over the various state agencies for the purpose of reviewing proposed regulations. Most significant are the different areas of jurisdiction for the newly established committees that supersede the Health and Human Services Committee: namely, the Health Committee and the Human Services Committee. The notice establishes that the House Health Committee is responsible for certain regulations from Department of Health (only those regulations promulgated by the Office of Health Planning and Assessment and the Office of Quality Assurance with the exception of community programs) and from the Department of Welfare (only those regulations promulgated by the Office of Income Maintenance and the Office of Medical Assistance.) The House Human Services Committee is described as responsible for regulations and activities of the Department of Drug and Alcohol Programs; the Department of Health—(only those regulations promulgated by the Office of Health Promotion and Disease Prevention and the Bureau of Community Program Licensure and Certification); and, the Department of Public Welfare (only those regulations promulgated by the Office of Mental Health and Substance Abuse Services, Office of Developmental Programs, and the Office of Long Term Living.) FMI: See http://www.pabulletin.com/secure/data/vol41/41-7/241.html.

PA Senate Bill 420 Introduced to Save AdultBasic Health Insurance Program

On February 9 Senator Mike Stack (D-District 5) called for passage of legislation (Senate Bill 420) that would sustain adultBasic Pennsylvania's low-cost health plan that ends on February 28. Nearly 42,000 people are enrolled in the program, and nearly 400,000 are on the waiting list. Senate Bill 420 would allocate the General Assembly’s $188.5 million budget surplus to fund operating expenses for adultBasic for at least a year. Assuming that adultBasic expenses remain at the current $14 million a month, the surplus will sustain the program through April 2012. Senator Stack said that he has reached out to Governor Tom Corbett and the leaders of the four legislative caucuses to discuss options to sustain adultBasic through 2014. Governor Corbett responded, saying that the budget is very tight and that the Commonwealth is not able to fund the program. In January Governor Corbett had sought approval from the U.S. Department of Health and Human Services to waive the waiting period for the state's new federally funded high-risk insurance pool and to reallocate other states' as-yet-unused funds to expand the program (PA Fair Care) that restricts eligibility to people who have been without insurance for six months. However, HHS denied those requests on February 7, saying that the six-month waiting period had been set by Congress and that the data submitted indicated that only 2 percent of Pennsylvania's multiyear allocation had been used. Representative Anthony M. DeLuca (D-District 32) has introduced a bill in the PA House of Representatives that authorizes the Pennsylvania Insurance Commissioner to borrow funds from existing state accounts and use the catastrophic (CAT) fund surcharge as the basis for repayment. The CAT fund is currently fully funded and the surcharge is not needed for purposes of paying the claims of that fund. The surcharge is currently dedicated to the Medical Care Availability and Reduction of Error (MCare) fund which has a balance in excess of $120 million. FMI: For updates, see www.pahouse.com and www.pasenate.com. For a copy of the bills see www.legis.state.pa.us.
PA House Approves State Government Reforms

On February 9 the PA House of Representatives unanimously passed a package of bills targeted at reforming state government, including House Bills 15, 103, 104, 105, 107, 108 and 109: House Bill 15 would create an Internet-based, searchable database for all state spending known as the Pennsylvania Web Accountability, Transparency and Contract Hub, or Penn WATCH; House Bill 103 would increase penalties on those in violation of the Lobbyist Disclosure Act; House Bill 104 and House Bill 105 would extend whistleblower protections to employees of the General Assembly, and those under contract with the Commonwealth; House Bill 107 would bar an individual, working for state government and who has been employed by a prospective contractor within the previous two years, from participating in the evaluation of contract proposals; and, House Bill 108 would apply the Right-To-Know Law to and allow for public inspection of no-bid, non-competitive state government contracts. House members also approved House Bill 109, legislation that would prohibit members of the General Assembly from creating or maintaining non-profit organizations that receive public funds. FMI: See www.legis.state.pa.us and www.pahousegop.com.

PA House Health Committee Passes Bill to Pre-empt Individual Mandate

On February 7 the PA House Health Committee approved House Bill 42, entitled the Health Care Freedom Act. The bill would shield the state from a key portion of the Patient Protection and Affordable Care Act. The legislation seeks to pre-empt the individual mandate in the federal health care law which requires everyone to purchase health insurance by 2014 or face a financial penalty. Under HB 42, the government is prohibited from imposing fines or penalties on an individual failing to participate in any health care system. The legislation will be considered by the House. Sponsors said that if the bill becomes law, Pennsylvania would have additional legal avenues to challenge the federal health care reform law in the courts. Six states – Virginia, Idaho, Arizona, Georgia, Missouri and Louisiana – have enacted laws similar to HB 42. Oklahoma and Arizona each have enacted constitutional amendments that are similarly intended to shield the states from the law. FMI: See www.legis.state.pa.us.

PA House Committee Passes Caregiver Legislation

On February 9 legislation that would increase reimbursements to qualified caregivers passed unanimously out of the House Aging and Older Adult Services Committee. The bill will now be considered by the full House. House Bill 210 increases from $200 per month to $600 per month the maximum amount available to a qualified caregiver for expenses incurred in purchasing services and supplies. It also raises from $2,000 to $6,000 the maximum reimbursement amount available for home modifications or assistive device expenses. In both cases, the household income must be under 200 percent of poverty level. The bill was amended in committee to include unrelated parties such as neighbors or friends. Financial support for House Bill 210 comes from state Lottery revenues and federal funding derived from the Older Americans Act of 1965. FMI: See www.legis.state.pa.us.
ODP Hosts Web Conference for Providers on PPS Year 3 Cost Report Survey Results

On February 11 the PA DPW Office of Developmental Programs (ODP) issued ODP Announcement 024-11 to inform direct service waiver provider staff who completed a cost report for Year 3 that ODP is hosting a web conference regarding the Prospective Payment System Year 3 cost report survey results. The web conference will include a presentation summarizing feedback received from the provider survey. The web conference will provide an opportunity for attendees and ODP to discuss potential changes to the process for Year 4. The scheduled date for the web conference is Thursday, March 10, 2011 from 2:00 p.m. to 3:00 p.m. EST. To register, click on https://mmc.webex.com/mmc/onstage/g.php?p=159&t=m. Once you reach the website associated with the hyperlink above, click the checkbox next to the event your organization wishes to register for and then click “Register”. A new window will open. In that window, provide the requested registration information and then click “Submit.” Shortly before the call, instructions for attending the meeting will be sent to the e-mail address provided during registration. ODP is asking that attendees from the same organization gather together to attend the web-based meeting to minimize the number of ports for this training. ODP said that if attendees from a single organization need to access the training from multiple locations, they will need to register separately for each site. Please note that registration closes on Tuesday, March 8, 2011. For additional information, please contact RA-ratesetting@state.pa.us.

ODP Issues FAQ on ISP Regulations and Licensing Inspection Documents

On February 10 the PA DPW Office of Developmental Programs (ODP) issued ODP Announcement 023-11 presenting a series of frequently asked questions on ISP (Individual Service Plan) Regulations and Revised Licensing Inspection Instruments and Score Sheets. ODP issued the listing to provide additional information on Regulation Amendments to the 55 Pa. Code Chapters 2380, 2390, 6400 and 6500 that were published on August 28, 2010 in the Pennsylvania Bulletin (Volume 40, Number 35). The amendments are available at http://www.pacode.com/secure/data/055/055toc.html. To review specific provisions, scroll down to the individual chapters. ODP says that a dedicated ODP regulation comments mailbox began to collect questions from the field specific to regulation implementation and licensing since the new regulations came into effect. Answers to these questions have been compiled and condensed into the Frequently Asked Questions (FAQs) document. The document is available at the following websites: ODP Consulting System http://www.odpconsulting.net; (ODP Resources > Webcasts and Video Presentations > Regulation Amendment Webcast and Supporting Documents) No Password Required; Provider Information Center (PIC) http://pic.odpconsulting.net (ODP Business Practice Information > Online Training and Professional Development > Regulation Amendments); SCO Information Center (SCOIC) http://scoic.odpconsulting.net (ODP Business Practice Information > Resources > Regulation Amendments); AE Information Center (AEIC) http://aeinfo.odpconsulting.net (ODP Business Practice Information > Resources > Regulation Amendments). ODP says that Licensing Inspection Instruments and Score Sheets have been revised and are now available in the same areas on the websites identified above for the FAQs. ODP asks that providers please contact the appropriate regional ODP Licensing Administrator, the ODP Customer Service Line (1-888-565-9435) or send an email to the ODP Regulations Comments Mailbox (ra-odpregscomments@state.pa.us) with questions or for additional information. FMI: See www.odpconsulting.net
ODP Web Conference for AE on Payment System Year 3 Desk Review Survey Results

On February 11 the PA DPW Office of Developmental Programs (ODP) issued ODP Announcement 025-11 announcing that a web conference is being held for administrative entities regarding the Prospective Payment System Year 3 desk review survey results. The web conference will include a presentation summarizing feedback received from an AE survey. In addition, the web conference provides attendees and ODP an opportunity to discuss potential changes to the process for Year 4. The web conference will be held on Friday, March 11, 2011 from 12:30 to 2:00 EST. To register for the March 11 training, click on https://mmc.webex.com/mmc/onstage/g.php?p=159&t=m click the checkbox next to the selected event and click “Register”. Registration closes on Wednesday, March 9, 2011. For more information, contact RA-ratesetting@state.pa.us.

ODP Clarifies Requirements for ISP Signatures

On February 8 PA DPW Office of Developmental Programs (ODP) issued ODP Informational Memo 022-11 to provide clarification on when to complete the Individual Support Plan (ISP) Signature Page form (DP 1032). ODP explained that the ISP Signature Page was issued as an attachment to ODP Bulletin # 00-10-12, entitled ISP Bulletin, effective July 1, 2010. The instructions that were issued with the ISP Signature Page indicated that the DP 1032 was to be used to track and document whoever was in attendance at the annual review meeting. Completing the ISP Signature Page is an ODP requirement used to document compliance with Centers for Medicare and Medicaid Services (CMS) waiver assurances. The assurance areas that apply are included as questions on page two (2) of the ISP Signature Page. Effective with issuance of ODP Informational Memo 022-11, ODP is requiring that the ISP Signature Page is used to document attendance and review of required compliance elements at the time of the annual review meeting and during team meetings that result in critical revisions to ISPs. When using the DP 1032 for an annual review meeting, the ISP Signature Page must be completed in its entirety. Also, when using the DP 1032 during a team meeting which results in a critical revision to an ISP, all questions that apply to the individual’s current situation should be completed. If a question does not apply, check the box under “N/A” (not applicable). ODP says that it will evaluate the use of the ISP Signature Page during monitoring to assess waiver compliance as of the effective date of the Bulletin, July 1, 2010. To obtain a copy of DP 1032 form, please use the internet hyperlink and path: www.odpconsulting.net > ODP Resources > ODP Forms. FMI: Please email ra-odpispinquiries@state.pa.us.

Preventive Health and Human Services Block Grant Advisory Committee Meeting

In the February 12 edition of the Pennsylvania Bulletin the PA Department of Health published a notice that the Preventive Health and Human Services Block Grant Advisory Committee will hold a WebEx teleconference (public) meeting on Friday, February 25, 2011, from 2 p.m. to 4 p.m., at 132 Kline Plaza, Suite F, Harrisburg, PA 17104. For additional information contact Terry L. Walker, Administrative Officer, Bureau of Health Promotion and Risk Reduction, Room 1000, Health and Welfare Building, Harrisburg, PA, (717) 787-6214. The meeting is subject to cancellation without notice. FMI: See www.pabulletin.com
Continuing Resolution Cuts FY 2011 Federal Budget by $60B

On February 11 the U.S. House of Representatives Appropriations Committee introduced a Continuing Resolution (H.R. 1) to fund the federal government for the last seven months of the fiscal year and cut spending by over $100 billion from the President’s fiscal year 2011 request. The CR calls for over $60 billion dollars of cuts to discretionary spending from FY 2010 spending levels. The CR does not address entitlement spending (Social Security, Medicare, and Medicaid). House Appropriations Committee Chair Max Rogers said that the CR legislation represents the largest single discretionary spending reduction in the history of Congress. The spending cuts are $100 billion below the President's FY 2011 budget proposal: $81 billion is cut from domestic and international programs and $19 billion from military, homeland security, and veterans' programs. Chairman Rogers said that the cuts are real and will impact every district across the country. U.S. Department of Labor job training programs are cut and funding for higher education, special education and rehabilitation services and research are reduced. Among the programs that would be terminated are: Reintegration of Ex-Offenders, Youth Build, Green Jobs Innovation Fund, Career Pathways Innovation Fund, National Health Service Corps, Even Start, Striving Readers, High School Graduation Initiative, Federal Supplemental Educational Opportunity Grants, and LEAP program. FMI: See www.house.gov and http://appropriations.house.gov/. The list of cuts is at http://republicans.appropriations.house.gov/_files/ProgramCutsFY2011ContinuingResolution.pdf. A summary list by appropriations subcommittees is at http://republicans.appropriations.house.gov/_files/FY2011CRSpendingTablesbySubcommittee.doc. The full legislative text is at http://www.rules.house.gov/Media/file/PDF_112_1/legislativetext/2011crapprops/AppropCRFinal_xml.pdf.

New Resources Available to Increase Awareness of New Program for Uninsured

On February 10 the U.S. Department of Health and Human Services (HHS) announced that it was making new resources available to increase awareness of the Pre-existing Condition Insurance Plan (PCIP), a health plan for uninsured Americans with pre-existing conditions created by the Affordable Care Act. Developed in 2010 to provide comprehensive health coverage for uninsured Americans living with such conditions as cancer, diabetes, or heart disease who have been unable to obtain affordable health insurance coverage, this temporary program covers a broad range of health benefits and is designed as a bridge for people with pre-existing conditions who cannot obtain health insurance coverage in the private insurance market. HHS said that in 2014, all Americans will have access to affordable coverage either through their employer or through a new competitive marketplace, and insurers will be prohibited from denying coverage to anyone based on their health status. HHS said that its Center for Consumer Information and Insurance Oversight is working with the U.S. Social Security Administration (SSA) on a comprehensive outreach campaign, putting information about the plan in the approximately 3.2 million social security disability insurance application receipts distributed each year. SSA is also promoting the Pre-existing Condition Insurance Plan in its advocate newsletter, its website, and on TVs in the waiting rooms of SSA’s more than 600 field offices. FMI: The HHS press release can be found at http://www.hhs.gov/news/press/2011pres/02/20110210a.html.
This week the Centers for Medicare and Medicaid Services (CMS) outlined the processes that should be followed in reprocessing claims that have been affected by the Affordable Care Act and 2010 Medicare Physician Fee Schedule Changes. In a message to providers, including inpatient/outpatient hospitals, long term care hospitals, and inpatient rehabilitation facilities, CMS said that due to the retroactive effective dates of the provisions of the health care reform law and the MPFS corrections, a large volume of Medicare fee-for-service claims will be reprocessed and that it will begin to reprocess these claims over the next several weeks. CMS said that it expects that this reprocessing effort will take some time and will vary depending upon the claim-type, the volume, and each individual Medicare claims administration contractor. CMS says that in the majority of cases, providers will not have to request adjustments because the Medicare claims administration contractor will automatically reprocess claims of providers. CMS asked that providers do not resubmit claims because they will be denied as duplicate claims and slow the retroactive adjustment process. However, any claim that contains services with submitted charges lower than the revised 2010 fee schedule amount (MPFS and ambulance fee schedule) cannot be automatically reprocessed at the higher rates. In such cases, providers will need to request a manual reopening/adjustment from your Medicare contractor. While there is normally a one-year time limit for physicians and other providers and suppliers to request the reopening of claims, CMS says that it believes that these circumstances fall under the “good cause” criteria described in the Claims Processing Manual, Publication 100-04, Chapter 34, Section 10.11 (http://www.cms.gov/manuals/downloads/clm104c34.pdf). CMS is, therefore, extending the time period to request adjustment of these claims, as necessary. See the Financial Management Manual, Publication 100-06, Chapter 4, Section 70.16 or Section 90.2 (http://www.cms.gov/manuals/downloads/fin106c04.pdf) for more information.

The Centers for Medicare and Medicaid Services has issued its revised MLN Matters® Number: MM7050 Revised on Multiple Procedure Payment Reduction (MPPR) for Selected Therapy Services. The article was revised on December 22, 2010, to reflect changes made to CR 7050 on December 21, 2010. The CR release date, transmittal number, and Web address for accessing CR 7050 were also revised. All other information remains the same. See www.cms.gov. See http://www.cms.gov/MLNMattersArticles/downloads/MM7050.pdf.

On January 29, CMS posted to its website a notice that it was expanding FY 2010 RAC ADR limits to all Institutional Providers. CMS provided the additional documentation limits for fiscal year 2010. CMS said that the limits announced in December 2009 applied only to requests for DRG validation purposes and that the same methodology will now be used for reviews of all institutional claim types. CMS said that it will post the limits for physicians, non-physicians practitioners and DMEPOS suppliers at a later date. In its posting, CMS said that it has modified the additional documentation request limits for the Recovery Audit Contractors (RAC) program in response to feedback from the RACs, providers/suppliers and their associations. Questions concerning this update can be directed to RAC@cms.hhs.gov. FMI: For the announcement and listing of limitations see http://www.cms.gov/RAC/03_RecentUpdates.asp.
AHRQ Seeks Comment for Review of Effective Post Acute TBI Rehabilitation

The Agency for Healthcare Research and Quality (AHRQ) Effective Health Care (EHC) Program has announced that key questions for the comparative effectiveness review of Post-acute Rehabilitation for Moderate to Severe Traumatic Brain Injury are now available and open for comment on the EHC Program Website until March 7, 2011. AHRQ says that the public comment on these questions helps the researchers and experts think about what is most important to ask so that the research is as useful as possible. To comment on these key questions on Comparative Effectiveness of Post-acute Rehabilitation for Moderate to Severe Traumatic Brain Injury, please visit: http://effectivehealthcare.ahrq.gov/index.cfm/research-available-for-comment/comment-key-questions/?pageaction=displayquestions&topicid=283&questionset=155

US DOL Announces Grants for Linking Ex-Offenders to Rehab Services

On February 10 the U.S. Department of Labor (DOL) announced the availability of approximately $11.7 million in grant funds to serve adult offenders who are returning from incarceration to high-poverty, high-crime communities. The purpose of these grants is to provide an employment-centered approach to reintegration that improves long-term labor market prospects for ex-offenders. Authorized by the Workforce Investment Act, the grants will be awarded through a competitive process open to nonprofit, faith-based and community organizations. Participants will be individuals ages 18 and older who have been convicted as adults under federal or state law, but who have never been convicted of a sex-related offense, with the exception of prostitution. Complete eligibility criteria are included in the solicitation for grant applications. DOL says that this grant will rely heavily on faith-based and community organizations to develop necessary relationships and facilitate connections to rehabilitation services for program participants. DOL cites Department of Justice data indicating that each year approximately 650,000 inmates are released from state and federal prisons and return to their communities and families. DOJ reports that almost three out of five returning ex-offenders will be charged with new crimes within three years of their release from prison, and two out of five will be re-incarcerated. A notice of this solicitation is published in the February 10 edition of the Federal Register. See http://www.doleta.gov/grants/find_grants.cfm. FMI: See http://www.doleta.gov.

Easter Seals Reports on Adults Living with Disabilities and Their Families

Easter Seals has released a study that shows differences across every aspect of life for adults living with disabilities and their families. The study reports that many parents worry their adult children’s basic needs for employment, housing, transportation, social interactions, recreation, healthcare and financial security will not be met. Wide gaps exist in parents of adults with disabilities’ assessment of their child’s ability to manage their own finances (34% vs. 82% parents of adults without disabilities) and have the life skills necessary to live independently (30% vs. 83% parents of adults without disabilities). Among the study findings: Only 11% of parents of adult children with disabilities report their child is employed full time; Six (6) in 10 parents of adult children with a disability rate their child’s quality of life as excellent or good (61%), compared to 8 in 10 parents of adults without a disability (82%). FMI: See http://www.easterseals.com/site/PageServer?pagename=ntl_living_with_disabilities_study_home.
HHS Seeks Changes to Maintain CLASS Act Program

On February 7 U.S. Department of Health and Human Services Secretary Kathleen Sebelius promised to pursue changes to ensure the Community Living Assistance Services and Support Act program (CLASS Act) is financially viable and self-sustaining. The CLASS Act is a voluntary health insurance program that was created by the new health reform law to help individuals who require long-term care to remain in the community. The program to be administered by HHS would provide cash benefits that could be used for certain non-medical expenses, such as paying for a home health aide or a family member who provides care, modifications to a home and special transportation needs. Sebelius said that HHS is considering various options for indexing premiums so they would rise along with benefits. Sebelius said that she wants to close loopholes that she said might allow individuals to drop out of the program and then return without paying a penalty. Sebelius is also considering ways to encourage businesses to participate so that workers are enrolled easily. HHS says the program could begin after October 2012. Prior to the passage of the health reform law the Congressional Budget Office estimated that monthly premiums for CLASS will average about $123. It said that recruiting large numbers of health participants will be critical for the overall health of the program. See www.hhs.gov

Hospital & Hospital Quality Open Door Forum on February 23

The next CMS Hospital & Hospital Quality Open Door Forum scheduled for Wednesday, February 23, 2011 at 2:00 p.m. Eastern Time (ET). Participants should dial-in at least 15 minutes before call start time. To participate by phone: Dial: 1-800-837-1935 & Reference Conference ID: 36842449. Persons participating by phone do not need to RSVP. TTY Communications Relay Services are available for the Hearing Impaired. For TTY services dial 7-1-1 or 1-800-855-2880. A Relay Communications Assistant will help. Encore: 1-800-642-1687; Conference ID# 36842449.Encore is an audio recording of this call that can be accessed by dialing 1-800-642-1687 and entering the Conference ID. This recording will be accessible beginning 2 hours after the call ends and will expire after 3 business days. For ODF schedule updates, E-Mailing List registration and Frequently Asked Questions, see http://www.cms.gov/OpenDoorForums/. FMI: See http://www.cms.gov/OpenDoorForums/23_ODF_PNAHP.asp

HHS OIG Provider Compliance Training at Capacity

On February 8 the U.S. Department of Health and Human Services Office of Inspector General (HHS-OIG) said that due to high demand it is at this time no longer accepting requests for enrollment in its HHS OIG Provider Compliance Training. HHS OIG said that it is working to confirm registrations for current requests and will send out registration confirmation emails as soon as possible. Participants must receive the registration confirmation email in order to attend the training session. HHS OIG says that it will provide a webcast of the Washington, DC training on May 18, 2011. As information regarding the webcast becomes available, HHS OIG will post it on its website at http://compliance.oig.hhs.gov/.
PARF NEWS
Dateline: February 11, 2011

TEAM Legislation on Transition to Employment Introduced in U.S. House

On February 10 three separate bills and sharing the name Transitioning towards Excellence & Achievement in Mobility (TEAM) were introduced in Congress. Sponsored by Representative Gregg Harper (R–Miss) the TEAM legislation would direct federal funding toward employment of people with disabilities to employment in an integrated setting. The TEAM-Education Act (H.R. 602) would require Individualized Education Plans (IEPs) to begin to include transition planning at age 14 and would allow the State Intellectual/Developmental Disability (I/DD) Agency to participate on the IEP and transition planning team for students expected to be eligible for adult I/DD services. The bill would require the IEP to include comprehensive transition planning and services and offers advocacy training for students and families. The legislation also would allow for IDEA Part B discretionary dollars to be used by school districts to hire or contract with professionals possessing transition expertise for youth with significant disabilities, would modify the definition of transition services to include customized employment services and training in advocacy and self-determination activities, and would provide $50 million to Local Educational Agencies (LEAs) to pilot the hiring of internal transition services coordinators who would be responsible for facilitating relationships with public and private entities on behalf of the student. The TEAM-Empowerment Act (H.R. 603) would amend the Developmental Disabilities Bill of Rights Act of 2000 (DD Act) to establish an optional Transition Planning and Services Division within each State I/DD agency to successfully transition youth with significant disabilities from high school into integrated employment. The division would assist with the development of individual transition plans (ITPs) and would provide Transition Brokers to help individuals and families. ITPs would be required for youth with significant disabilities once they exit high school until age 26. The division would also provide training regarding self-advocacy, self-determination, and peer mentoring for individuals with intellectual or developmental disabilities. The TEAM-Employment Act (H.R. 604) would require the Vocational Rehabilitation (VR) systems to actively engage with other state entities. The bill institutes the attainment of integrated employment or post-secondary education as the preferred outcome for all individuals. It removes VR authority to determine an adult with significant disabilities ineligible to receive supported employment services. Additionally, the bill authorizes demonstration grants to allow ten states annually to implement reform strategies across multiple state systems through the implementation of Employment First strategies focused on the improvement of post-secondary education and integrated employment outcomes for young adults with significant disabilities. State grantees would be required to rigorously collect comprehensive data on individual outcomes and would be held accountable under strict evaluation plans. Funds from these grants would be prohibited from being used for activities that result in the placement of participants into facility-based segregated services. Harper is a second-term Member of the U.S. House of Representatives. He is a parent of a child with Fragile X Syndrome. The Collaboration to Promote Self-Determination (CPSD), a network of twelve national organizations committed to high-impact public policy reform to promote the economic advancement of citizens with significant disabilities, has endorsed this reform package. FMI: To obtain copies of the bills and track their progress, go to http://thomas.loc.gov/ and search for bill numbers HR 602, 603, or 604. See also http://harper.house.gov/news/2011/feb/idleg.html. See also www.house.gov.
US DOL Launches New Tool for Jobseekers

Secretary of Labor Hilda L. Solis last week unveiled a new online tool called My Next Move (http://mynextmove.dol.gov). The tool is aimed at providing jobseekers with information on more than 900 occupations, as well as local job openings and training opportunities in a simple, user-friendly format. The new tool complements the department’s "mySkills myFuture" (http://mySkillsmyFuture.org) site which is designed to help those with previous work experience match their existing skills to new occupations.

ACT Calls for National Skills Credentialing System

ACT, Inc. recently released a report, “Breaking New Ground: Building a National Workforce Skills Credentialing System”, that calls for increased national efforts to improve and validate the skills of the current and prospective workforce in order to correct the mismatch between skill demand and supply. ACT is an independent, not-for-profit organization that provides assessment, research, information, and program management solutions in the areas of education and workforce development. The ACT report sets forth the reasons why America needs a national workforce skills credentialing system and provides a framework for discussion among educators, employers, workforce development officials and other key stakeholders. The report highlights a number of critical workforce development trends, including: the need to close the middle-skills gap, the need by millions of adults to upgrade their skills and earn foundational credentials, demand by employers for more skills and education, the non-alignment of worker credentials to the requirements of the economy, and uncertainty among workers about the future. A key recommendation of the report is the need for a layered credentialing system, recognized nationally, that begins with a single foundational skills credential with increasingly more-targeted occupational and job-specific skills credentials layered on top. For a copy of the report, go to: http://www.act.org/research/policymakers/pdf/BreakingNewGround.pdf

Nominations Sought for Awards to be Presented at PA Employment Supports Symposium

Networks for Training and Development, Inc is seeking nominations for awards to be presented at the upcoming statewide conference on employment supports to be held in Philadelphia on May 5 and 6, 2011. The 12th Annual Employment Supports Symposium hosted by Networks for Training and Development, Inc. is a place for employment support professionals, family members and self advocates to learn, explore, network, and share positive outcomes of individuals with disabilities in the workforce. Nominations are being sought for two awards: (a) The Exemplary Employer Award honoring PA employers who display commitment, integrity and extraordinary support to people with disabilities in the workplace and (b) Octavia Green Dream Job Award honoring a self-advocate who has taken an active role in the pursuit and achievement of his or her dream job. The deadline for submission is March 4, 2011. More information and nomination forms are available at www.networksfortraining.org/conference.shtml.