PARF NEWS
Pennsylvania Association of Rehabilitation Facilities
3544 North Progress Avenue Suite 101, Harrisburg, PA 17110
Phone 717-657-7608 - Fax 717-657-8265
PARF Email: parfmail@parf.org

Dateline: February 18, 2011

PARF Calls for No More Cuts to Services for People with Disabilities

PARF members are asking Pennsylvania legislators to write letters to Governor Tom Corbett urging the Governor to provide state funding for programs serving people with disabilities. The Governor’s proposal is to be presented to the Pennsylvania General Assembly on March 8. PARF members are requesting that Governor Corbett honor his pledge to protect Pennsylvania’s most vulnerable people. PARF is engaging its Division 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 and that services be adequately funded. 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 Brain Injury Coalition Rally on April 26

A statewide coalition of brain injury survivors, their families, providers and advocates have announced 2nd Annual Pennsylvania Brain Injury Rally will be held in Harrisburg on Tuesday, April 26. The PA Brain Injury Coalition is calling on its members, supporters and friends to gather in the state capitol rotunda in Harrisburg for the one hour rally which will start at 10:00 a.m. The rally is being held to gain legislative support for head injury programs and initiatives in Pennsylvania. PARF is supporting the Coalition efforts to obtain support for concussion legislation and to secure funding for services in Pennsylvania programs serving people with head injury. FMI: Contact PARF at parfmail@parf.org.

OVR Seeks Comment on FY2012 State Plan for Vocational Rehabilitation Services

In the February 19 edition of the Pennsylvania Bulletin the PA Department of Labor and Industry (L&I) Office of Vocational Rehabilitation (OVR) announced that it is seeking public comment on its proposed Federal Fiscal Year (FFY) 2012 Combined Agency State Plan Attachments. The notice in the Pennsylvania Bulletin includes a schedule of meetings. The federal FY 2012 begins on October 1, 2011, and ends on September 30, 2012. Comment is being solicited regarding the following State Plan attachments: Input and Recommendations of the Pennsylvania Rehabilitation Council; Comprehensive System of Personnel Development; Annual Estimate of Individuals to be Served and Costs of Services; OVR’s Goals and Priorities; Order of Selection; Distribution of Supported Employment Funds; and, Innovation and Expansion Activities. Written comments must be received no later than 5 p.m., Tuesday, April 19, 2011. For a copy of the proposed FFY 2012 Attachments or other information, call the contact person listed in the Pennsylvania Bulletin for the appropriate district office serving their county. OVR says that a copy of the approved FFY 2011 Attachments as well as the proposed FFY 2012 Attachments will be available on the OVR web site, www.dli.state.pa.us by clicking on "Disability Services," then "Office of Vocational Rehabilitation," then "Publications."
Southeast PA Positive Practices Group to Review Intensive Staffing in ODP Programs

The Southeast PA Positive Practices Committee announced that it is hosting a discussion on eliminating unnecessary one to one (1:1) staffing for individuals served through programs funded by the PA Office of Developmental Programs. The notice was issued with the headline The Year of the Elimination of Unnecessary 1:1 Staff - Focus of the Southeast Positive Practices Committee for 2011. Sessions will be held on the following dates: Thursday, March 31, 2011, 9:30 am to noon at the SE Area Staff Development Training Center in Bridgeport, Montgomery County; Thursday, March 31, 2011, 1:00 to 3:30 pm at the SE Area Staff Development Training Center in Bridgeport, Montgomery County; and Thursday, April 7, 2011, 9:30 am to noon at KIVA Auditorium at Temple University. Details on registration and directions are forthcoming. FMI: Contact ODP Regional Office in Southeast Pennsylvania – Phone: 215-560-2245.

ODP Webcast on ISP Checklist for AE Review and Approval of ISPs Now Available

On February 14 the Pennsylvania Department of Public Welfare (DPW) Office of Developmental Programs (ODP) issued ODP Announcement 027-11 with a notice that the webcast “ISP Checklist for Administrative Entity Review and Approval of ISPs” is now available on the ODP Consulting System website. The webcast is part of the Series, “Enhancing the Quality of the ISP,” available on the ODP Consulting System website: Go to www.odpconsulting.net; under “ODP Topic Information,” choose Individual Support Plan. Then follow this path: Enhancing the Quality of the Individual Support Plan (ISP) Series > Resources for Consistent Statewide Practices > Checklist for AE Review and Approval of ISPs. ODP notes that the webcast is required viewing for AE and SCs and SC Supervisors. SCs and SC Supervisors will be able to access the webcast on the SC Curriculum website from March 1, 2011 to June 1, 2011. FMI: See www.odpconsulting.net.

ODP Reports on Automated Correction for Claim Issue

On February 14 the PA DPW Office of Developmental Programs (ODP) issued ODP Alert 026-11 entitled Automated Correction Planned for Claim Issue. The Alert was issued to inform ODP direct service providers and administrative entities (AEs) that a claim issue has been identified and an automated correction is scheduled for February 14, 2011. The corrections will be reported on February 21, 2011 Remittance Advices (RAs) and payment files, also known as Trade Files. Providers will not need to perform any claim submission tasks in regard to this automated correction. ODP Alert 026-11 provides a detailed description of the automated correction process (void/reprocess). FMI: More information is provided in the Alert. See www.odpconsulting.net.

DPW to Decide on Responsibility for ISPs of ICF-MR Residents in Training Programs

The PA DPW Office of Developmental Programs (ODP) has notified PARF that the Department of Public Welfare (DPW) has not yet established who will be responsible for completing the Individual Service Plans (ISPs) for individuals who are residing in an Intermediate Care Facility for Persons with Mental Retardation (ICF/MR) and who are also attending either an adult training program licensed under PA Chapter 2380 or a vocational facility licensed under PA Chapter 2390. ODP says that it expects to assign that responsibility for ISPs soon. PARF will notify its members of the final decision. FMI: Contact PARF at parfmail@parf.org.
PA Commonwealth Court Asked to Act on State Supplementary Payments

On February 11 the plaintiffs in the case of Naylor v DPW filed a motion with the PA Commonwealth Court for summary relief and payment of the state supplement at pre-2010 levels. Naylor v DPW – the class action lawsuit against the Pennsylvania Department of Public Welfare (DPW) – challenges the state’s action to reduce the State Supplementary Payment (SSP) to the severely, blind and elderly indigent. The request for summary relief is posted on the PA Community Legal Services (CLS) blog at http://clsphila.wordpress.com/. The PA Department of Public Welfare (DPW) is provided thirty (30) days to file a response to the motion. Attorneys for the plaintiffs say that it will likely be at least several months before the PA Commonwealth Court issues a ruling. On November 30, 2010 PA Community Legal Services (CLS) along with Dechert LLP, a Philadelphia-based law firm working pro bono, filed the class action lawsuit in Commonwealth Court on behalf of the more than 359,000 Pennsylvanians whose SSP was reduced in February 2010. The lawsuit argues that the reduction in SSP was unlawful because DPW failed to comply with certain rulemaking procedures as was required when they cut the SSP. The rulemaking procedures would have included seeking public and legislative comment and allowing the Independent Regulatory Review Commission (IRRC) to vote on whether the reduction was appropriate. The plaintiffs claim that instead of following such procedure DPW announced the SSP cut simply by publishing a notice in the Pennsylvania Bulletin. The plaintiffs are asking DPW to reinstate the SSP at its January 2010 rate and reimburse the $5.30 monthly amount that is owed to all SSI recipients. FMI: Contact Mike Froelich at mfroehlich@clsphila.org. See www.clsphila.org. See also http://www.clsphila.org/NewsItem.aspx?id=234 and http://www.clsphila.org/files/Naylor%20Petition.pdf.

Governor Corbett’s Cabinet Nominations Referred to PA Senate Committees

On February 14 the PA Senate Committee on Rules and Executive Nominations assigned to its various committee the nominations made by Governor Tom Corbett for his cabinet offices. The committees will begin hearings with each appointee soon, after which their nomination will be sent back to the full Senate for approval. Most of the nominations require a majority vote. The Attorney General nominee will require approval by two-thirds of the Senate. Governor Corbett still has not selected his nominees for the departments of Labor and Industry and Conservation and Natural Resources. The nominations that were referred to the Senate committee include: Acting Secretary of Health Eli Avila and Acting Secretary of Public Welfare Gary Alexander to the Public Health and Welfare Committee; Acting Secretary of Banking Glenn Moyer and Acting Insurance Commissioner Michael Considine to the Banking and Insurance Committee; Acting Secretary of the Commonwealth Carol Aichele and Acting Secretary of General Services Sheri Phillips to the State Government Committee; Acting Secretary of Community and Economic Development Alan Walker to the Community, Economic and Recreational Development Committee; Acting Secretary of Corrections John Wetzel to the Judiciary Committee; Acting Secretary of Education Ronald Tomalis to the Education Committee; Acting Secretary of Environmental Protection Michael Krancer to the Environmental Resources and Energy Committee; Acting Secretary of Revenue Daniel Meuser to the Finance Committee; Acting State Police Commissioner Frank Noonan to the Law and Justice Committee; Acting Secretary of Transportation Barry Schoch to the Transportation Committee. FMI: See www.pasenategop.com.
Governor Corbett Announces Regional Office Directors

On February 18 PA Governor Tom Corbett announced that Mary Ann Eisenreich of McCandless, Allegheny County; Harry Forbes of Milford Township, Pike County; Adam Gattuso, of Hatfield, Montgomery County; and David Mitchell of Corry, Erie County, will serve as regional directors for the Governor’s Office. Regional office directors serve as liaisons for the Governor and his senior staff to a variety of local constituencies, Corbett said. They are also to serve local officials and citizens by assuring that the Governor's administration is aware of local needs and concerns. FMI: See [http://www.state.pa.us/portal/server.pt/community/media/3013/home](http://www.state.pa.us/portal/server.pt/community/media/3013/home). FMI: For more information, see [www.state.pa.us](http://www.state.pa.us).

Bill Aims to Expand Health Care to Low-Income Pennsylvanians through Volunteers

On February 16 Senator Mike Brubaker (R-36) re-introduced legislation that would expand access to health care services for uninsured low-income Pennsylvanians. Senate Bill 591 would create the Keystone Care Program to encourage doctors, hospitals, nurses, physician assistants and other health care providers to volunteer their services at community health care clinics. The volunteer network would expand health care access to underserved areas and offer access to specialty services for those with a demonstrated need. Keystone Care was patterned after the Project Access program launched in 1996 in Asheville, North Carolina. The Project Access program is in use in Lancaster County and includes more than 600 participating physicians from all four Lancaster County hospitals. The Keystone Care Program would help serve state residents who earn less than 200 percent of the federal poverty level and are not eligible for Medicare or Medicaid and cannot afford private insurance. The program would provide grants to approved health care resource networks to provide a full range of health care services in underserved areas. FMI: See [http://www.pasenategop.com/news/2011/0211/brubaker-021611.htm](http://www.pasenategop.com/news/2011/0211/brubaker-021611.htm).

PA Senate Finance Committee Approves Bill to Create Online Budget Database

On February 14 the Senate Finance Committee approved legislation that would create a searchable online database to allow the public to access state government spending information. Senate Bill 105, sponsored by Sen. Pat Browne (R-16), would require the Independent Fiscal Office to develop, implement and maintain a website that would allow the public to access revenue and expenditure information for state government, including executive, legislative, judicial and state agency spending. The PennWATCH Act would also include information on state contracts, performance data for state agencies and compensation data for Commonwealth agency employees. All of the information on the website would be available online at no cost to visitors. The Senate approved similar legislation sponsored by Senator Browne during the 2009-0 legislative session. The amended version of the legislation parallels legislation passed by the PA House of Representatives last week. Senate Bill 105 was sent to the full Senate for consideration. See [www.legis.state.pa.us](http://www.legis.state.pa.us) and [www.pasenategop.com](http://www.pasenategop.com).
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**Brubaker Re-Introduces Industry Partnerships Legislation**

On February 15 Senator Mike Brubaker (R-36) re-introduced legislation to continue the Industry Partnerships program. The Industry Partnerships program allows a cluster of businesses and organizations within a single industry to collaborate to identify and address common workforce needs. The program brings together employers, educators and workforce representatives to ensure that workers and job-seekers are receiving the training they need. Senate Bill 552 would amend Pennsylvania's Workforce Development Act to codify the Industry Partnerships program within the Department of Labor and Industry. The Senate voted to continue the program in 2010. According to the Pennsylvania Department of Labor and Industry, more than 6,300 businesses have taken part in more than 80 partnerships throughout the state, and more than 70,000 workers have received training through the program. FMI: See [http://www.pasenategop.com/news/2011/0211/brubaker-021511.htm](http://www.pasenategop.com/news/2011/0211/brubaker-021511.htm)

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**Democratic Policy Committee to Hold Hearing on adultBasic and Health Care Reform**

On February 18 House Democratic Policy Committee announced that it will hold a public hearing on health care changes in Pennsylvania. The hearing will be held from 10 a.m. to 12:30 p.m. on Wednesday, February 23 at the Pennsylvania Convention Center, Room 109AB, 1101 Arch St., Philadelphia. The hearing will focus on the impending termination of adultBasic and recent state legislative efforts to prevent federal health care reform from occurring in Pennsylvania. House Health Committee Democratic Chairman John Myers (D-Philadelphia) and House Insurance Committee Democratic Chairman Tony DeLuca, (D-Allegheny) will be in attendance. Testimony will be offered by Antoinette Kraus, project director, Pennsylvania Health Access Network; John Elliott Churchville, interim president, The Greater Germantown Business Association, Inc.; Dr. Valerie Arkoosh, president, National Physicians’ Alliance; Ann Bacharach, special projects director, Pennsylvania Health Law Project; Jonathan Stein, general counsel, Community Legal Services; and Sharon Ward, executive director, Pennsylvania Budget and Policy Center. The hearing is open to the public and media coverage is invited.

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**Legislation on Health Care Fraud in PA Introduced**

On February 15 PA Representative Tina Davis (D-Bucks) introduced a package of legislation (H.B.636 and H.B. 637) to address health care fraud. H.B. 636 would amend the Crimes Code to define the crime of "health care program fraud." It would make that fraud a felony with monetary penalties and degree of felony dependent upon the value involved in the illegal activity. House Bill 637 would enhance the authority of the Pennsylvania departments of Public Welfare and Insurance and other executive agencies managing health care programs and establish responsibilities of the PA Office of Attorney General in investigating and prosecuting Medicaid and other health care program fraud. Fraud warnings would be required to be provided to recipients, contractors, and third-party administrators. Further, agencies would be required to develop and implement comprehensive anti-fraud plans. FMI: See [www.legis.state.pa.us](http://www.legis.state.pa.us) and enter HB 636. See also [www.pahouse.com](http://www.pahouse.com).
PA House Committee Approves Proposal to Protect Seniors

On February 9 the PA House Aging and Older Adult Services Committee unanimously approved legislation that would help protect older Pennsylvanians from financial exploitation. H.B. 92 would allow county agencies on aging to investigate cases in which a senior was financially exploited even if the alleged perpetrator held power of attorney for the senior. The PA House unanimously passed similar legislation last session but it received no action by the state Senate. See www.legis.state.pa.us and enter HB 92.

PA House Judiciary Committee Passes Legislation on Lawsuit Abuse

On February 15 the PA House Judiciary Committee approved lawsuit abuse legislation that takes into account benevolent gestures on the part of caregivers (health care provider or assisted living residence or personal care home). House Bill 495 provides for benevolent gesture or admission by health care provider or assisted living residence or personal care home. The legislation protects health care providers who express sympathy to a patient for an unanticipated outcome from having that statement used against the provider in a subsequent lawsuit. The bill reflects the American Medical Association Code of Medical Ethics which states that a physician’s concern about legal liability that might result from full disclosure should not affect his or her decision to deal candidly with a patient. FMI: See www.legis.state.pa.us and enter HB 495.

Technology Conference for Providers of Community Services in PA on March 16-17

PARF members are invited to attend the Pennsylvania Community Providers Association PCPA Technology Conference to be held on March 16–17 in Harrisburg. In collaboration with PARF, PCPA is offering PARF members special member rates and discounts for registering for the technology conference. The PCPA Technology Conference presents (15) fifteen workshops and provides continuing education credits. To view the Conference program and to register, click on http://www.paproviders.org/Pages/tech_conference.shtml. The Conference program covers a wide range of topics, including confidentiality requirements, electronic health records, social media strategies, consumer assistive technologies, and remote monitoring technologies, data management challenges data breach problems, web-based and psychometrically-validated comprehensive assessment devices, consumer’s right to privacy, risk management, and legal issues in managing technology. Workshops on use of technology in telepsychiatry, recovery and treatment are offered. FMI: See http://www.paproviders.org/Pages/tech_conference.shtml.

HMS Webinar on Medicare Signature Requirements

On March 4 Highmark Medicare Services (HMS) will be hosting a webinar on "Signature Requirements” at 9:00a.m. The webinar will review the details of Change Request 6698 - Signature guidelines for Medical Review purposes. The webinar will also review the requirements associated with handwritten signatures, electronic signatures and electronic prescribing and much more. The handout material and registration are now posted at https://www.highmarkmedicareservices.com/calendar/partb/webinar/index.html.
President Obama Proposes FY 2012 Federal Budget

On February 14, President Barack Obama released his FY 2012 proposed federal budget to the U.S. Congress. The President’s budget proposal calls for spending $3.73 trillion, of which $1.12 trillion would be discretionary spending. The President’s proposal reduces funding for more than half of all federal agencies. Federal agencies with overall budgets cut include: Department of Health and Human Services (down $79.9 billion, or 2 percent less than the President’s FY 2011 request); Department of Labor (down $12.8 billion, or 8 percent less); Department of Agriculture (down $23.9 billion, or 7 percent less); Department of Commerce (down $8.8 billion, or 3 percent lower); Army Corps of Engineers (down $4.6 billion, or 5 percent less); Department of Interior (down $12 billion, or less than 1 percent less); Department of Justice (down $20.9 billion, or 13 percent less); Environmental Protection Agency (down $8.9 billion, or 10 percent less); Department of Homeland Security (down $43.2 billion or 1 percent less). The White House also released a fact sheet on the budget provisions affecting people with disabilities. FMI: For the President’s budget see [http://www.whitehouse.gov/omb/budget/](http://www.whitehouse.gov/omb/budget/). See also [http://www.whitehouse.gov/winning-the-future](http://www.whitehouse.gov/winning-the-future). For analysis of the President’s FY 2010 budget see [http://nasbo.org/LinkClick.aspx?fileticket=Q7%2bMgIWVeO0%3d&tabid=81](http://nasbo.org/LinkClick.aspx?fileticket=Q7%2bMgIWVeO0%3d&tabid=81). For the summary of the President’s FY 2012 disability budget see [http://content.govdelivery.com/attachments/USEOPWHPO/2011/02/15/file_attachments/16878/2012_Disability_Fact_Sheet.pdf](http://content.govdelivery.com/attachments/USEOPWHPO/2011/02/15/file_attachments/16878/2012_Disability_Fact_Sheet.pdf).

FY 2011 Federal Funding Cuts in HR 1

On February 18 the U.S. House of Representatives was coming closer to a decision on its own FY 2011 spending bill (HR 1). HR 1 would reduce spending for the remainder of the year to a level $100 billion below the President’s FY 2011 budget request. (The FY 2011 CR proposal calls for over $60 billion dollars of cuts to discretionary spending from FY 2010 spending levels.) Of the $100 billion below the President’s FY 2011 budget request, $81 billion stems from reductions to non-security programs while homeland security and defense programs are cut by $19 billion. The level of cuts would be pro-rated to $58 billion for the fiscal year (FY 2011). However, the decision by the House does not mean that any final decision on the budget for FY 2011 is near at hand. On February 15, President Obama threatened to veto HR 1 if the spending cuts in HR 1 were to be approved by Congress. President Obama said that a veto would occur if a bill “undermines critical priorities or national security through funding levels or restrictions, contains earmarks or curtails the drivers of long-term economic growth and job creation while continuing to burden future generations with deficits.” As Congress faces a March 4 deadline (the current budget resolution is due to expire on March 4) and as time for action by the Senate is limited, several U.S. Senators are calling for another short-term spending measure extending current funding levels. In addition, action to increase the government’s borrowing authority will be soon required the federal appropriations for fiscal year 2012 must be considered. Meanwhile, all parties are declaring that they wish to avoid a government shutdown. FMI: See [http://republicans.appropriations.house.gov/_files/ProgramCutsFY2011ContinuingResolution.pdf](http://republicans.appropriations.house.gov/_files/ProgramCutsFY2011ContinuingResolution.pdf) See [http://www.whitehouse.gov/sites/default/files/omb/legislative/sap/112/saphr1h_20110215.pdf](http://www.whitehouse.gov/sites/default/files/omb/legislative/sap/112/saphr1h_20110215.pdf) See also [http://appropriations.senate.gov/news.cfm?method=news.view&id(bb13b76d-42bb-47ea-b444-2a87595f173f](http://appropriations.senate.gov/news.cfm?method=news.view&id(bb13b76d-42bb-47ea-b444-2a87595f173f). See also [www.house.gov](http://www.house.gov) and [www.senate.gov](http://www.senate.gov).
House Ways and Means Committee Moves Ahead with 1099 Repeal

On February 17 the U.S. House of Representatives Ways and Means Committee approved a bill to repeal the tax reporting provision in the new health care law which requires non-profit organizations to file a Form 1099 for any vendor with which they spend more than $600. The reporting requirement is scheduled to go into effect January 2012. It is expected that the House of Representatives will vote as soon as next month on the repeal of the tax-reporting requirement. On February 9 the U.S. Senate approved repeal of the measure. The Senate voted 81-17 in favor of repealing the tax reporting requirement but by a vote of 47-51 turned down an amendment to fully repeal the healthcare reform law itself. The amendment could be attached to other bills if the healthcare reform law is not repealed. See http://smtp01.kaiserhealthnews.org/t/18236/350492/17148/0/.

Bills to Expand Mental Health Coverage Introduced in Congress

On February 17 two bills to expand mental health coverage were introduced in the U.S. Congress. In a bipartisan effort to bring equality to mental illness coverage for Medicare beneficiaries, U.S. Senators John Kerry (D-MA) and Olympia Snowe (R-ME) introduced a bill that would eliminate the Medicare cap on psychiatric care whereby beneficiaries are offered no more than 190 days of inpatient psychiatric treatment in a hospital through the lifetime of the policy. Under the Kerry-Snowe bill the limitation will be eliminated and Medicare mental health coverage would be equal to that offered in private insurance. In the House of Representatives co-chairwoman of the Congressional Mental Health Caucus Representative Grace Napolitano (D-CA) unveiled the Mental Health in Schools Act. The legislation authorizes $200 million in competitive grants that would provide mental health professionals in approximately 200 public schools. FMI: See http://smtp01.kaiserhealthnews.org/t/18236/350492/17149/0/.

NCD Calls for Improved Policies and Services for People with Developmental Disabilities

On February 15, the National Council on Disability (NCD) forwarded to President Barack Obama a report entitled Rising Expectations: The Developmental Disabilities Act Revisited. The NCD says that the Developmental Disabilities Assistance and Bill of Rights Act (Developmental Disabilities Act), originally authorized in 1963 and last reauthorized in 2000, established a set of programs to improve the lives of people with developmental disabilities (DD), to protect their civil and human rights, and to promote their maximum potential through increased independence, productivity, and integration into the community. The report identifies gains in disability rights but notes that people with developmental disabilities continue to face considerable barriers to full integration, maximum independence, and self-determination. Citing the progress made since 1963 NCD cites the need for improvement in the national effort and presents recommendations for changes to help develop a more uniform national policy that will support the goals of the Developmental Disabilities Act and improve the program supports and services for people with developmental disabilities. FMI: See www.ncd.gov. To review the report, see http://www.ncd.gov/newsroom/publications/2010/rising_expectations_02-15-11.html.
US Department of Labor Conference Promotes National Dialogue on Workplace Flexibility

On February 17 the U.S. Department of Labor (DOL) Women’s Bureau hosted a conference on best flexibility practices for hourly-wage employees at the Pasadena Convention Center. “Challenges and Solutions for Hourly Workers” is part of the Women’s Bureau’s National Dialogue on Workplace Flexibility, a series of events building on the goals of the March 2010 White House Flexibility Forum. In emphasizing the significance of the subject of the February 17 conference, DOL said that changes in American society have increased the need for flexibility in the workplace. The changes include: a larger number of women entering the labor force, the prevalence of families in which all adults work, increasing elder care responsibilities and the rising importance of continuing education. DOL said that hourly workers face the same work-life issues as those faced by professional employees, but not having access to flexible policies can have more devastating effects on their employment status. FMI: See http://www.dol.gov/opa/media/press/wb/wb20110223.htm. See also www.dol.gov

RSA to Implement Executive Order on Employment of PWD in Federal Government

The White House recently convened a meeting to discuss the contributions that the Rehabilitation Services Administration (RSA) and state vocational rehabilitation (VR) agencies can make to the implementation of the President Obama’s executive order on employment in federal government for individuals with disabilities. The Obama administration says that it is committed to increasing the number of individuals with disabilities in the Federal workforce through compliance with Executive Order 13163 and achievement of the goals set forth therein over 5 years, including specific goals for hiring individuals with targeted disabilities. FMI: To read the executive order, see www.whitehouse.gov/the-press-office/executive-order-increasing-federal-employment-individuals-with-disabilities.

RSA Invites Participation in TA Webinar Series

The Rehabilitation Services Administration (RSA) is sponsoring a series of technical assistance webinars on topics that will serve a variety of professional communities. RSA invites stakeholders in vocational rehabilitation services to participate. Visit https://ncrtm.org/moodle/course/view.php?id=193 to engage in previous, current and future webinars. On February 28, RSA will be hosting a webinar by RSA and NTAC on Vocational Rehabilitation Outreach to Underserved Populations. On February 11 RSA hosted a webinar on Present Employment Services and Outcomes for People with ID/DD: National Trends and Successful Collaborations. The presenters were Dr. John Butterworth, Institute for Community Inclusion, University of Massachusetts, Boston; Carmen Donegan, Human Services Program Specialist, PA DPW Office of Developmental Programs; and Dana Baccanti, PA Office of Vocational Rehabilitation. The webinar presented data related to employment outcomes for persons with developmental disabilities including VR outcomes, services and outcomes in state agencies, and data from the American Community Survey. The presenters discussed policy and practice considerations for improving employment outcomes, and successful collaboration in the state of Pennsylvania between the VR and ID/DD systems to improve employment outcomes. FMI: See https://ncrtm.org/moodle/course/view.php?id=193
HHS OIG Identifies Top Challenges for HHS in FY2011

On February 18, the U.S. Department of Health and Human Services Office of the Inspector General (HHS-OIG) posted to its website the Department of Health and Human Services (HHS) Top FY 2011 Management Challenges, a summary of the most significant management and performance challenges facing HHS and the Department’s progress in addressing those challenges. The document is divided into four parts: (1) health care reform; integrity of the Medicare, Medicaid and the Children’s Health Insurance Program (CHIP); (3) integrity of the Department’s public health and human services programs; and (4) cross-cutting issues that span the Department. For a copy of the document see http://oig.hhs.gov/publications/challenges/files/TM_Challenges10.pdf. In addition to the complete document, a two page executive summary is also made available. http://oig.hhs.gov/publications/challenges/files/TM_Summary10.pdf. The assessment is also included as an appendix to the HHS annual Agency Financial Report, which is publicly available online at http://www.hhs.gov/afr/

CMS Seeks Comments on Behavioral Interventions to Reduce Alcohol Misuse

On February 18 the Centers for Medicare and Medicaid Services (CMS) updated its coverage pages posting a new tracking sheet for Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse. CMS said that after reviewing various preventive services given a grade A or grade B recommendation by the USPSTF, CMS has decided to initiate a new national coverage analysis (NCA) on Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse, which is recommended with a grade B by the USPSTF. CMS says that it would be interested in receiving any recommendations on the appropriate frequency of this service and those qualified to provide it based on documentation from the medical literature, current clinical practice guidelines, or the USPSTF recommendations. Effective January 1, 2009, CMS is allowed to add coverage of "additional preventive services" if certain statutory requirements are met, as provided under section 101(a) of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) (Pub. L. 110-275). FMI: See http://www.cms.gov/center/coverage.asp to access the Medicare Coverage Center. See also http://www.cms.gov/medicare-coverage-database/reports/national-coverage-whats-new-report.aspx?TimeFrame=7&DocType=All&bc=AgAAQAAAAAAA&#ResultsAnchor. See www.cms.gov.

CMS Revises Brochure on Medicare Appeals Process

The Centers for Medicare and Medicaid (CMS) has revised its brochure The Medicare Appeals Process: Five Levels to Protect Providers, Physicians, and Other Suppliers (Revised January 2011). The brochure is now available in downloadable format from the Medicare Learning Network® at http://www.CMS.gov/MLNProducts/downloads/MedicareAppealsProcess.pdf. The brochure is designed to provide an overview of the Medicare Part-A and Part-B administrative appeals process available to providers, physicians, and other suppliers who provide services and supplies to Medicare beneficiaries, as well as details on where to obtain more information about this appeals process.
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Dateline: February 18, 2011

CMS Alerts Providers to Timely Claims Filing Requirement

The Centers for Medicare & Medicaid Services (CMS) is reminding Medicare Fee-For-Service physicians, providers and suppliers submitting claims to Medicare for payment, that as a result of the Patient Protection and Affordable Care Act (PPACA), effective immediately, all claims for services furnished on or after January 1, 2010, must be filed with Medicare contractors no later than one calendar year (12 months) from the date of service – or Medicare will deny them. In general, the start date for determining the 1-year timely filing period is the date of service or “From” date on the claim. For institutional claims that include span dates of service (i.e., a “From” and “Through” date on the claim), the “Through” date on the claim is used for determining the date of service for claims filing timeliness. For claims submitted by physicians and other suppliers that include span dates of service, the line item “From” date is used for determining the date of service for claims filing timeliness. For additional information about the new maximum period for claims submission filing dates, contact your Medicare contractor, or review the MLN Matters articles listed below related to this subject: MM6960 – “Systems Changes Necessary to Implement the Patient Protection and Affordable Care Act (PPACA) Section 6404 - Maximum Period for Submission of Medicare Claims Reduced to Not More Than 12 Months” – http://www.cms.gov/MLNMattersArticles/downloads/MM6960.pdf on the CMS website; MM7080 – “Timely Claims Filing: Additional Instructions” – http://www.cms.gov/MLNMattersArticles/downloads/MM7080.pdf on the CMS website; and, MM7270 – “Changes to the Time Limits for Filing Medicare Fee-For-Service Claims – http://www.cms.gov/MLNMattersArticles/downloads/MM7270.pdf on the CMS website. Listen to a podcast on this subject by visiting http://www.cms.gov/CMSFeeds/02_listofpodcasts.asp on the CMS website.

DMEPOS Competitive Bidding Program Focuses on Providing Access

The Centers for Medicare & Medicaid Services (CMS) launched the first phase of the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program on Saturday, January 1, 2011, in nine different areas of the country. On February 15 CMS reported that implementation of the program is going very smoothly. CMS says that it continues to deploy a wide array of resources across all of the competitive bidding areas to address any concerns that may arise, including local State Health Insurance and Assistance Program (SHIP) offices, specially-trained customer service representatives at 1-800-MEDICARE, and caseworkers in Medicare’s regional offices who all stand ready to assist beneficiaries who may have questions about the program. In addition, CMS says, there is a complaint and inquiry process for beneficiaries, caregivers, doctors, referral agents, and suppliers to use for reporting concerns about a contract supplier or other competitive bidding implementation issues. This process is designed to ensure that all complaints are correctly routed, investigated, resolved, tracked, and reported. To read the entire CMS Press Release issued on this topic on Wed Feb 16, visit http://www.CMS.gov/apps/media/press_releases.asp. For more information about the impact of certain provisions of the Affordable Care Act on Medicare see http://www.Healthcare.gov/law/provisions/rebate/index.html. For additional information about the Medicare DMEPOS Competitive Bidding Program, please visit http://www.CMS.gov/DMEPOSCompetitiveBid.
PARF NEWS
Dateline: February 18, 2011

CMS Publishes Interim Rule on LTC Facility Closure and Plan for Relocating Residents

On February 18 Centers for Medicare & Medicaid Services (CMS) published in the Federal Register (Volume 76, Number 34, pages 9503-9512) its interim rule on Medicare and Medicaid Programs Requirements for Long-Term Care (LTC) Facilities Notice of Facility Closure. The interim final rule amends the requirements that a long-term care (LTC) facility must meet in order to qualify to participate as a skilled nursing facility (SNF) in the Medicare program, or a nursing facility (NF) in the Medicaid program. These requirements implement section 6113 of the Affordable Care Act to ensure that, among other things, in the case of a LTC facility closure, individuals serving as administrators of a SNF or NF provide written notification of the impending closure and a plan for the relocation of residents at least sixty (60) days prior to the impending closure or, if the Secretary terminates the facility's participation in Medicare or Medicaid, not later than the date the Secretary determines appropriate. The effective date of the rule is March 23, 2011. To be assured consideration, comments must be received no later than 5 p.m. on April 19, 2011. FMI: See www.regulations.gov. See http://www.regulations.gov/#!documentDetail;D=CMS-2011-0018-0001.

CMS Proposes Rule on Adjusting Medicaid Payments for Provider-Preventable Conditions

On February 17 Centers for Medicare & Medicaid Services (CMS) published in the Federal Register (Volume 76, Number 33, pages 9283-9295) its proposed rule on Medicaid program payment adjustments for provider-preventable conditions, including health care-acquired conditions. The proposed rule would implement section 2702 of the Patient Protection and Affordable Care Act of 2010 which directs the Secretary of Health and Human Services to issue Medicaid regulations effective as of July 1, 2011 prohibiting federal payments to states under section 1903 of the Social Security Act for any amounts expended for providing medical assistance for health care-acquired conditions. The rule would also authorize the states to identify other provider-preventable conditions for which Medicaid payment would be prohibited. Comments on the proposed rule must be received no later than 5 p.m. on March 18, 2011. Comments on the regulation may be submitted electronically to http://www.regulations.gov; by regular mail to Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-2400-P, P.O. Box 8016, Baltimore, MD 21244-1850; or by express or overnight mail to Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-2400-P, Mail Stop C4-26-05, 7500 Security Boulevard, Baltimore, MD 21244-1850. FMI: See http://edocket.access.gpo.gov/2011/2011-3548.htm.

Expert Panel Discusses Tools for Shared Medical Decision-Making

On February 14 the Alliance for Health Reform, the National Committee for Quality Assurance and the Foundation for Informed Medical Decision Making announced that it was presenting a video briefing on patient-centered decision making. The 98-minute briefing addresses various questions about the patient’s important role in managing his or her own care and the lessons being learned in the emerging science of patient-centered decision making. To access the briefing, click on http://www.kff.org/ahr021411video.cfm. In the briefing a panel discusses the use of decision support tools to obtain high quality medical information in an easily understandable format. The panel reviews how these tools work and how shared decision making benefits patients, purchasers and providers of care. See http://www.kff.org/ahr021411video.cfm.
Forum on SSA's Youth Transition Demonstration Projects on March 3

On March 3 the New Mathematica Policy Research Center for Studying Disability Policy will host its *Issue Forum on SSA's Youth Transition Demonstration Projects: Delivering Employment-Focused Services and Waivers to Youth with Disabilities*. The forum will be held Thursday, March 3, 2011 from 12:00 p.m. to 1:30 p.m. (EST). The forum will be held at Mathematica's DC Office. To register to attend in person (lunch will be provided) or via Webinar see [http://www.disabilitypolicyresearch.org/Forums.asp](http://www.disabilitypolicyresearch.org/Forums.asp). FMI: See [www.mathematica.org](http://www.mathematica.org).

Open Door Forum on HUD-HHS Partnership on Housing for People with Disabilities

The *Special Open Door Forum: HHS and HUD Community Living Partnership to Expand Housing Options for People with Disabilities Including Older Adults* will be held on Tuesday, March 1, 2011 11:30 a.m.-1:00 p.m. ET. This Special Open Door Forum will focus on understanding the departments of Housing and Urban Development (HUD) and Health and Human Services (HHS) Collaboration: Creating sustainable partnerships between the housing and human service agencies at the federal, state & local levels to improve the availability of affordable and accessible housing. This is being accomplished through two major efforts: HUD HHS Community Living Collaboration and its six initiatives: Linking long term services & supports with HUD's new Category I & II vouchers to assist individuals with disabilities. To participate, dial 1-800-837-1935 Conference ID 44280806. This call will be Conference Call Only. FMI: See [http://www.cms.gov/OpenDoorForums/23_ODF_PNAHP.asp](http://www.cms.gov/OpenDoorForums/23_ODF_PNAHP.asp) for the full participation announcement.

HMS Webinar on Physical Therapy Coverage and Documentation

On February 28 at 1:00 p.m. Highmark Medicare Services will host an informative *Webinar on Physical Therapy Coverage and Documentation*. The handout material and online registration are now available at [https://www.highmarkmedicareservices.com/calendar/partb/webinar/index.html](https://www.highmarkmedicareservices.com/calendar/partb/webinar/index.html).

2011 PQRS and Electronic Prescribing Incentive Program National Provider Call

The Centers for Medicare & Medicaid Services’ (CMS) Provider Communications Group will host a national provider conference call and webinar on the 2011 Physician Quality Reporting System and Electronic Prescribing (eRx) Incentive Program. This toll-free call will take place from 1:30 p.m. – 3:00 p.m., EST, on Tuesday, March 8, 2011. In order to receive the call-in information, you must register for the call. Registration will close at 1:30 p.m. EST on March 7, 2011, or when available space has been filled. To register for the call participants need to go to: [http://www.eventsvc.com/palmettogba/030811](http://www.eventsvc.com/palmettogba/030811). CMS has added a webinar as part of this national conference call. A PowerPoint slide presentation will be posted to the Physician Quality Reporting System webpage at, [http://www.cms.gov/PQRI/04_CMSSponsoredCalls.asp](http://www.cms.gov/PQRI/04_CMSSponsoredCalls.asp) on the CMS website for download prior to the call. For those of who will be unable to attend, a transcript and MP3 file of the call will be available at least one week after the call at [http://www.cms.hhs.gov/pqri](http://www.cms.hhs.gov/pqri) on the CMS website.