PARF NEWS
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PARF Legislative Day Draws 200 to Rally for Funding Services to People with Disabilities

The 2011 PARF Legislative Day and Rally held on May 3 attracted more than 200 people from across Pennsylvania petitioning the Pennsylvania legislature to fund services for people needing emergency help and to restore funding that would be cut from services to people with disabilities. The rally was held in partnership with The Arc of Pennsylvania, The Pennsylvania Waiting List Campaign, and Vision for Equality. The rally featured PA State Senator Andrew Dinniman (D – District 19 – Chester County), PA State Representative Thomas Murt (R – District 152 – Montgomery/Philadelphia Counties) and PA State Representative Ed Pashinski (D – District 121 – Luzerne County). Self advocates Connie Roushey (Mercer County) and Esther Kuhn (Indiana County) and parent advocate Nancy Richey (York County) offered the perspectives of people needing services. Shelia Stasko - Director, Pennsylvania Waiting List Campaign and Steve Suroviec, Executive Director, The Arc of PA reviewed the major funding campaign issues. PARF Chairperson and President/CEO of Horizon House Jeff Wilush highlighted the impact of funding cutbacks on people living in the community and those who may be forced out of their current homes due to newly proposed limits on costs of residences. PARF President Gene Bianco highlighted the theme of the rally Not Going Back, opposing a return to substandard care and supports. FMI: For copies of rally speeches by PARF representatives contact PARF at parfmail@parf.org. The video presenting the rally with remarks by Senator Andrew Dinniman is available at http://www.youtube.com/watch?v=QNJsm-N_WW0. See also www.pahouse.com.

More Cuts for DPW in PA House State Budget Plan

On May 6 the $27.3 billion state budget which Governor Tom Corbett proposed in March cutting state funding for education by $1 billion (including a $500 million cut in the state subsidy to school districts) and increasing state funding for health and human services programs by $600 million will be introduced in the PA House of Representatives. Shortly thereafter, House Republicans plan to introduce their own budget that would dramatically undo the Governor’s proposed plan. The budget to be advanced by House Republicans would provide substantially more funding to education than the Governor had proposed (near $733 million more has been identified for higher education and basic education) and cut the level of state funding for health and human services programs (near $470 million). Whereas Governor Corbett called for a 50 percent cuts in support to higher education, the House Republicans propose that state-owned universities receive 15 percent less and state-supported schools 25 percent less than current year. To partially offset that increase, the House Republican plan would cut a total of $470 million from the Corbett proposal for funding of public welfare programs. In addition, funding for inmate education programs and health-care costs within the state Department of Corrections would be cut. Meanwhile, the $506 million surplus in state tax revenues for YTD FY 2011 reported at the end of April is a new factor being considered by legislators as they debate over the budget. Democrats are asking why the surplus should not be used to offset proposed reductions. FMI: See www.pahousegop.com for update and comment on PA House Republican state budget plan and www.pahouse.com for responses and alternative proposals from PA House Democrats.
PA Races Ahead of FY 2011 State Budget by 2.3%

On May 2 the PA Department of Revenue reported that Pennsylvania’s revenue collections for the first ten months of FY 2011 are 2.3% higher than was budgeted. The year-to-date collections to support the state’s $28 billion budget have yielded $22.5 billion. Pennsylvania collected $3.3 billion in General Fund revenue in April, which was $273.2 million, or 9 percent, more than anticipated. Sales tax receipts totaled $725.7 million for April, $17.6 million above estimate. Year-to-date sales tax collections total $6.9 billion, which is $144.1 million, or 2.1 percent, more than anticipated. Personal income tax (PIT) revenue in April was $1.6 billion, $92 million above estimate. This brings year-to-date PIT collections to $8.7 billion, which is $210.4 million, or 2.5 percent, above estimate. April corporation tax revenue of $666.3 million was $196.5 million above estimate. Year-to-date corporation tax collections total $4.3 billion, which is $188.2 million, or 4.6 percent, above estimate. Inheritance tax revenue for the month was $60.1 million, $5.6 million below estimate, bringing the year-to-date total to $646.2 million, which is $18.5 million above estimate. Realty transfer tax revenue was $18.4 million for April, $4.8 million below estimate, bringing the fiscal-year total to $225.9 million, which is $38.2 million less than anticipated. Other General Fund tax revenue, including cigarette, malt beverage, liquor and table games taxes, totaled $133.1 million for the month, $6.1 million above estimate and bringing the year-to-date total to $1.2 billion, which is $13.6 million below estimate. In addition to the General Fund collections, the Motor License Fund received $207.6 million for the month, $37.8 million below estimate. Fiscal year-to-date collections for the fund total $2.1 billion, which is $127.4 million, or 6.5 percent, above estimate. For more information, visit www.revenue.state.pa.us.

Governor Corbett Announces Additional Cabinet Confirmations

On May 3 PA Governor Tom Corbett announced several recent confirmations of his cabinet nominees by the Pennsylvania Senate. They were: Adjutant General/Department of Military & Veterans Affairs Major General Wesley Craig; Secretary of the Department of Aging Brian Duke; Secretary of the Department of Agriculture George Greig; Secretary of the Department of Banking Glenn Moyer; Secretary of the Department of Corrections John Wetzel; Secretary of the Department of Health Dr. Eli Avila; and Secretary of the Department of Revenue Daniel Meuser. See www.state.pa.us.

OMHSAS Issues Report on County Mental Health Plans for FY 2011-2012

On May 2 PA DPW Acting Deputy Secretary of Mental Health and Substance Abuse Services Sherry Snyder issued Blueprints of Change: Promoting Recovery Through Systems Transformation: A Summary Report of the Fiscal Year 2011-2012 County Mental Health Plans for Adults, Older Adults, and Transition-Age Youth with Serious Mental Illness and Co-occurring Disorders. Acting Deputy Secretary Snyder noted that many counties have been contending with limited resources and personnel shortages but have nonetheless continued to creatively and successfully implement transformational priorities, including: evidence based practices, housing and forensic initiatives, and employment training services. County Administrators were asked to share the report with county planners and stakeholder groups. FMI: Contact Jennifer Parker, OMHSAS Bureau of Policy, Planning, & Program Development at jenparker@state.pa.us.
Liberty Resources CIL Cuts 43% of Staff in Philadelphia and Allentown Areas

On May 5 a Philadelphia nonprofit serving 3,600 people with disabilities announced that it was laying off 132 employees because of funding cuts from the state. In a notice posted on its website Liberty Resources Inc. – Philadelphia’s Center for Independent Living (CIL) – said that funding cuts forced LRI to downsize its staff, many of whom have disabilities. The 132 members of the LRI staff who were laid off represent 43 percent of Liberty’s workforce in the Philadelphia and Allentown area. LRI said that it already had stopped accepting new clients because of a $13 million shortfall in its $89 million budget. Most of the employees in the layoff were coordinators of services for people living independently. On May 4, an attorney representing the Pennsylvania Council on Independent Living sent a letter to state officials urging "immediate and permanent modifications" to the new state funding policy. FMI: See http://www.libertyresources.org/.

PaRC Seeks Comment on OVR

Pennsylvania Office of Vocational Rehabilitation (OVR) and the Pennsylvania Rehabilitation Council (PaRC) need input and feedback about how to improve their services. OVR and PaRC have created five brief surveys that take approximately 10-15 minutes to complete. The results will be available in March of 2012 and will help OVR determine future programming and funding. Further details and contact information are available by contacting PARF at parfmail@parf.org.

PHFA Offers Website for Finding Affordable Housing

The Pennsylvania Housing Finance Agency and its partnering agencies announced the launch of www.PAHousingSearch.com, an online housing search tool that lets Pennsylvanians easily find apartments best suited to their particular housing needs. The new Web resource at www.PAHousingSearch.com replaces the earlier Pennsylvania Apartment Locator that previously was available on the PHFA Web site. PHFA says that the new Web-based housing locator service is easier for consumers and landlords to use, offers much more functionality, and is backed by a vendor with extensive experience that also provides a call center to help people using the site.

PA DOH Women’s Treatment Forum on May 10

The Pennsylvania Department of Health, Bureau of Drug and Alcohol Programs will host its Annual Women’s Treatment Forum at the Sheraton Harrisburg/Hershey, Harrisburg, PA on May 10 from 9:00 a.m. to 4:00 p.m. The Women’s Treatment Forum is a venue designed to educate and inform drug and alcohol treatment providers about the current gender-specific needs and issues impacting the women. It is an opportunity to bring treatment providers together annually to discuss women-centered and need-specific programming for women and children as well as share best practices for the provision of treatment services to women. There are still seats available for this training opportunity in the Harrisburg area. See www.health.state.pa.us
PHC4 Releases Financial Analysis of PA Acute Care Hospitals for FY 2010

On May 5 the Pennsylvania Health Care Cost Containment Council (PHC4) released its latest report – Financial Analysis 2010, Volume One. The report includes hospital-specific information on the financial health of Pennsylvania’s general acute care (GAC) hospitals for fiscal year 2010 (FY10). The PHC4 did find fewer general acute care hospitals in 2010 operating at financial losses. Thirty-eight (or 24 percent) of the 161 individually reporting hospitals reported a negative total margin in 2010, compared to 74 out of 166 hospitals (or 45 percent) in 2009. And for the first time in three years, the statewide total margin realized by Pennsylvania’s general acute care hospitals increased by 3.23 percentage points. Statewide total net income grew from $696 million in 2009 to $1.92 billion in 2010, due mostly to a rebound in investment performance. Improved operating margins, though, did contribute to the overall fiscal health of the state’s hospitals: Statewide operating income - what hospitals earn from reimbursements for patient care and related operations - increased from $1.23 billion in 2009 to $1.58 billion in 2010. According to the new figures the amount of uncompensated care hospitals provided in 2010 increased 8 percent over the prior year. The amount of uncompensated care increased to $891 million, up from $825 million. The report also found that uncompensated care as a percentage of net patient revenue increased from 2.48 percent in 2009 to 2.59 percent in 2010, which the report noted is the highest percentage reported during the last decade. Additional information about the financial health of ambulatory surgery centers and non-GAC facilities (psychiatric, long-term acute, rehabilitation and specialty hospitals) will be reported later in the year. The Volume One report is available online at: http://www.phc4.org/reports/fin/10/default.htm. FMI: If you have questions about this report or other Council activities, please do not hesitate to contact PHC4 at (717) 232-6787.

ODP Issues Health Alert on Toxic Household Substances

On April 29 the PA DPW Office of Developmental Programs issued a Health Alert related to toxic household substances. The alert is available on OCS Consulting at: http://www.odpconsulting.net/index.php?option=com_content&task=view&id=61&Itemid=55 under Health and Safety Topics entitled: Poison Prevention Alert. The health alert addresses how to protect people from accidentally drinking or eating a potentially toxic product. ODP says that part of each person’s Individual Support Plan (ISP) should be to identify whether or not they know the difference between something that is edible and something that is not. If they are unable to do this, then all toxic products should be kept locked. Tips that may be helpful to prevent poisonings with household products are provided.
ODP Releases FY 2012 Provider Agreement

On May 5, the PA Office of Developmental Programs’ (ODP) released its Provider Agreement for Participation in Pennsylvania’s Consolidated and Person/Family Directed Support Waivers (Provider Agreement) that will serve as the statewide agreement between Waiver Providers and the Department of Public Welfare. The Provider Agreement will have an effective date of July 1, 2011, and will replace the current Provider Agreement for Participation in Pennsylvania’s Consolidated and Person/Family Directed Support Waivers, in effect from July 1, 2009 to June 30, 2011. ODP said that the Provider Agreement contains no revisions from the current Agreement, with the exception of the effective date and the addition of condition number (4) four. The signed Provider Agreement must be received by ODP no later than close of business on June 1, 2011 so that ODP can validate providers as eligible waiver providers effective July 1, 2011. Every waiver provider including Supports Coordination Organizations (SCO) and Agency with Choice (AWC) providers must submit the Provider Agreement to ODP via email at ra-odpprovideragreement@state.pa.us.

ODP Explains Administrative Fee Services Related to the Delivery of Vendor Services

On May 2, the PA DPW Office of Developmental Programs (ODP) distributed ODP Informational Packet # 060-11 on Administrative Fee Services Related to the Delivery of Vendor Services. The ODP packet is intended to: (a) Outline changes related to vendor services and the applicable administrative procedure codes for Consolidated and Person/Family Directed Support (P/FDS) waiver-funded and non waiver-funded vendor services for non-self-directing individuals (These changes are effective July 1, 2011; however, the changes should be implemented during the development of Fiscal Year (FY) 2011-2012 Individual Support Plan (ISP) Renewals.); (2) provide instructions to providers of vendor services, SCOs and AEs related to the work that will need to be performed by each of these entities beginning April 2011; and, (3) communicate that the Home and Community Services Information System (HCSIS) functionality related to some of the changes will not be automated until after the July 2011 HCSIS release although the Provider Reimbursement and Operations Management Information System in electronic format (PROMiSe™) changes have already been modified to support billing for dates of service rendered and utilized July 1, 2011 and forward. FMI: See www.odpconsulting.net.

MH/MR Voter Registration Responsibilities Outlined

On May 4, the PA Office of Developmental Programs (ODP) issued ODP Communication Memo 063-11 on MH/MR Voter Registration Responsibilities, informing mental health/mental retardation (MH/MR) offices of their responsibilities pertaining to voter registration. The memo includes details related to roles and responsibilities, timelines for submission to ODP and resources that are posted for voter registration site coordinators. ODP explains that all offices primarily engaged in providing services to persons with disabilities must offer the individual the opportunity to register to vote, as required by National Voter Registration Act (NVRA) of 1993 and NVRA and Pennsylvania Voter Registration Act (PVRA) of 1995. ODP is such an agency, and therefore must comply with the laws. The goal of the requirements is to establish procedures that will increase the number of eligible citizens who register to vote in elections for Federal, State, and Local governments. FMI: See www.odpconsulting.net
Voters Reminded of Approaching Deadline for Civilian Absentee Ballot

The PA Department of State has alerted voters that May 10 is the deadline for most Pennsylvania residents to apply for civilian absentee ballots for the May 17 primary election. Voters should apply for absentee ballots with their county’s board of elections. Voters who become ill or are called away from home by business or duties between May 10 and 13 may request an emergency application for an absentee ballot from their county board of elections by 5:00 p.m. on May 13. Voters becoming ill or who are called away after May 13 may request an absentee ballot from the county court where they live up until 8:00 p.m. on primary election day. Residents can find contact information for their county board of elections by visiting www.votesPA.com, clicking on county contacts and websites, and choosing the county in which they live.

DPW Corrects Notice on Fire Safety Letters for Personal Care Homes

On May 4 the PA Department of Public Welfare (DPW) issued a notice on its enforcement of fire safety rules for personal care homes. DPW said that in the past, personal care homes may have been informed that fire safety letters produced by Preparedness Solutions Associates, LLC were not accepted by DPW in terms of satisfying the regulation at § 600.132(d). DPW said that it was now advising personal care homes that Preparedness Solutions Associates, LLC does employ a fire safety expert, and although this does not constitute an endorsement, personal care homes will not be penalized by DPW for using Preparedness Solutions Associates, LLC. DPW said that it is taking steps to rectify the information on its website to reflect this new information. Specifically, two regulatory Q/As were released in November 2009 and posted on the DPW website, stating that training for administrators and direct care staff offered by Preparedness Solutions Associates, LLC was not approved by the Department. DPW said that the website would be corrected, and the two Q/As would be removed and a What’s New entry would be posted stating the change to the website. FMI: See www.dpw.state.pa.us or call the DPW Operator Support Hotline.

Senate Passes Erickson’s Community-Based Health Care Clinics Initiative

On May 3 the PA Senate passed legislation sponsored by Sen. Ted Erickson (R-26) to help develop and expand community-based health care clinics. Senate Bill 5 would create the Community-Based Health Care Program in the Department of Health to provide grants to community-based health care clinics. Senate Bill 5 was sent to the House of Representatives for consideration. FMI: See www.pasenategop.com

House Passes Resolution to Recognize Post-Traumatic Stress in Veterans

On May 5 the PA House of Representatives passed a resolution introduced by Representative Tom Murt (R-Montgomery/Philadelphia) to recognize the sacrifice of our veterans has passed the House. Murt’s resolution designating May as “Military Service-Related Post-Traumatic Stress Disorder Awareness Month” in Pennsylvania received overwhelming support. The medical community estimates that as many as a third of the veterans from the current conflicts are suffering symptoms of post traumatic stress and other mental illnesses. See www.pahousegop.com.
PA House Approves New Guidelines on Medical Assistance Transportation

On May 2 the PA House of Representatives passed legislation to implement new administrative guidelines and restrictions for Pennsylvania’s Medical Assistance Transportation Program (MATP). House Bill 1301 would require the Department of Public Welfare (DPW) to enforce certain regulatory parameters in administering MATP: (a) Transportation services or mileage reimbursement must be pre-authorized by the MATP office. (b) Transportation services or mileage reimbursement can be authorized only to MA providers. (c) The MATP office will authorize transportation services or mileage reimbursement for the closest available medical service provider and the least expensive mode of transportation that is appropriate for the recipient’s medical condition and physical capability. (d) Mileage reimbursement will be calculated as equal to the lesser distance from the individual’s residence to the closest available medical services provider or 50 miles. (e) DPW is also required to develop a standard attestation form to ensure that MATP recipients actually attend their medical appointments. (f) Transportation service providers will have to record and submit important tracking information, including name, address, pickup and drop-off locations of MATP clients. (g) In order to receive mileage reimbursement, MATP providers must record their name, address, odometer readings, vehicle make and model, and the names of any passengers on the completed and signed DPW attestation form. (h) Future transportation services cannot be authorized unless the MATP recipient has submitted a completed and signed attestation form documenting all previous trips within 15 days. House Bill 1301 moves to the Senate. FMI: See www.pahousegop.com.

PA House Approves Prosthetics Licensure

On May 2 the PA House of Representatives approved legislation that would require state licensure for health care professionals providing patients with prosthetics, orthotics and therapeutic footwear. House Bill 48 requires at least four years of education – a bachelor’s degree in prosthetics or orthotics – or an associate degree and two or more years of education, training and work experience. A minimum of two years or 3,800 hours of direct patient care is also required. Individuals in the field of prosthetics, orthotics, pedorthics or orthotic fitting would be licensed by the PA State Board of Medicine. The bill sets standards of professional conduct and requires practitioners to fulfill all educational, certification and training required by national organizations. To be licensed, prosthetists, orthotists, pedorthists and orthotic fitters would have to pass all exams and meet all requirements established by the board. Credentialing would have to be recognized by the National Organization for Competency Assurance (NOCA) and accredited by the National Commission for Certifying Agencies (NCCA). There is a grandfather clause for current practitioners who have a two-year window from the act’s effective date to acquire licensure by the board if they meet one of the following requirements: (1) currently hold national certification as a prosthetist, orthotist, pedorthist or orthotic fitter; or (2) have been in active, continuous practice for the immediate three preceding years. The Board of Medicine would establish the scope of practice of an orthotic fitter, require a minimum of $1 million in professional liability insurance coverage for all licensees, and publish final regulations within two years of the bill becoming law. Practitioners would have to require patients to have a prescription or work order from a physician, podiatrist, certified nurse practitioner or physician assistant to meet licensure conditions of this legislation. The bill now goes to the state Senate for further consideration. See www.legis.state.pa.us.
CMS National Provider Call on Medicare and Medicaid EHR Incentive Programs

The Centers for Medicaid and Medicare Services (CMS) is hosting a National Provider Call on the Medicare and Medicaid EHR Incentive Programs: Understanding Meaningful Use on Thursday, May 19, 2011 from 2:30 p.m. to 3:45 p.m. ET. CMS will hold the national provider education call to address the definition of meaningful use, the requirements for Stage 1 of meaningful use (2011 and 2012), how to attest to having met meaningful use. An overview of the meaningful use objectives specification sheets will be provided. In order to receive the call-in information, you must register for the call. Registration will close at 2:30 p.m. ET on May 18, 2011, or when available space has been filled. No exceptions will be made, so please be sure to register prior to this time. To register, visit http://www.eventsvc.com/palmettogba/051911. Fill in all required information and click “Register.” You will be taken to the “Thank you for registering” page and will receive a confirmation email shortly thereafter. Please save this page in case your server blocks the confirmation emails. (If you do not receive the confirmation email, check your spam/junk mail filter as it may have been directed there.) If assistance for hearing impaired services is needed, please email medicare.ttt@palmettogba.com no later than 3 business days before the call. Prior to the call, presentation materials will be available in the “Upcoming Events” section of the Spotlight Page on the CMS EHR website.

CMS Announces Final Regulation on Hospital Value-Based Purchasing Program

On April 29 the Centers for Medicaid and Medicare Services (CMS) announced its final regulation for the Hospital Value-Based Purchasing Program. Under the program hospitals will receive payments for quality provided in inpatient acute care services instead of the quantity of services they provide. Quality will be measured based on how closely hospitals adhere to certain clinical practices and the patients' ratings of experiences of care, with clinical measures making up 70 percent of the evaluation and patient experience 30 percent. Some of the quality indicators that will be tracked include whether: patients who may have had a heart attack receive care within 90 minutes; surgery patients get follow-up care within 24 hours to prevent blood clots; hospitals communicate discharge instructions to heart failure patients; and facilities are clean and well-maintained. The rule will go into effect for hospital discharges beginning in October 2012, at which point hospitals will face an across-the-board 1 percent reduction in Medicare payments under the Inpatient Prospective Payment System. This money will then be used to give bonuses to high-performing hospitals. In 2015, hospitals that are not meeting the quality care and patient satisfaction benchmarks will face a cut in reimbursement. FMI: For CMS press release see http://www.hhs.gov/news/press/2011pres/04/20110429a.html. See also See www.cms.gov.
CMS Proposes FY 2012 IPPS and LTCH PPS Rules

On May 5 the Centers for Medicaid and Medicare Services (CMS) published Proposed Changes to the Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Fiscal Year 2012 Rates. The proposed rules were published in the Federal Register (Volume 76, Number 87), pages 25788-26084. The CMS proposed rule revises the Medicare hospital inpatient prospective payment systems (IPPS) for operating and capital-related costs of acute care hospitals for discharges occurring on or after October 1, 2011. CMS is proposing to update the payment policy and the annual payment rates for the Medicare prospective payment system (PPS) for long-term care hospitals (LTCHs) and implement certain statutory changes made by the Affordable Care Act, applicable to discharges occurring on or after October 1, 2011. Comments must be no later than 5 p.m. EDT on June 20, 2011. FMI: http://www.regulations.gov/#!documentDetail;D=CMS-2011-0053-0002

CMS Proposes Methods for States to Assure Access to Covered Medicaid Services

On May 6 the Centers for Medicaid and Medicare Services (CMS) published in Federal Register (Volume 76, Number 88) a proposed rule entitled “Medicaid Program: Methods for Assuring Access to Covered Medicaid Services” (pages 26342–26362). The new rule provides federal guidance on how states can assure access to services. Federal officials said that the rule was needed to fulfill the promise of federal law, which says Medicaid recipients should have access to health care at least to the same extent as the general population. The proposed rule would make it much more difficult for states to cut Medicaid payments to providers and put pressure on some states to increase Medicaid payment rates. Several state officials expressed concerns.

Under the new rule states must document in their access review, using data trends and factors, an analysis that demonstrates sufficient access to care. The review must, at a minimum, describe the specific measures that the state uses to analyze access to care and any issues with access that are discovered as a result of the review. The rule states that the experience of Medicaid recipients is “the most important indicator of whether access is sufficient.” The rule also includes provisions addressing the adequacy of payment to providers and requires that any reduction is subject to review and comment by stakeholders. The rule says that states should compare Medicaid payment rates with the amounts paid by Medicare or commercial insurers, with providers’ costs or with their customary charges. Comments are due July 5, 2011. FMI: See www.regulations.gov. See http://www.regulations.gov/#!documentDetail;D=CMS-2011-0062-0001.

CMS Issues Final Rule on Telemedicine

On May 2 the Centers for Medicaid and Medicare Services (CMS) issued a final regulation for telemedicine services in rural or remote areas that relaxes the process for using certain types of electronic communication. Prior to the new regulation, CMS required hospitals to grant practice privileges to remote-site physicians and other practitioners who were already credentialed in distant-site facilities after they considered qualifications on a practitioner-by-practitioner basis. The regulation will allow physicians to connect with expert specialists even when the patient and specialist are great distances away. FMI: More information about the finalized rule is available on CMS’ website at http://www.cms.gov/CFCsAndCoPs/06_Hospitals.asp and http://www.cms.gov/CFCsAndCoPs/03_CAHs.asp. For the CMS press release see May 2, 2011 entry at http://www.cms.gov/apps/media/press_releases.asp.
National Provider Teleconference on CMS ICD-10 Conversion Activities

On May 18 the Centers for Medicare & Medicaid Services (CMS) will host a national provider teleconference from 1:00 p.m. to 2:30 p.m. ET on "CMS ICD-10 Conversion Activities." Subject matter experts will discuss the ICD-10 conversion process currently taking place within CMS, including a case study from the CMS Coverage and Analysis Group on their transition to ICD-10 for the lab national coverage determinations (NCD). A question and answer session will follow the presentations. The target audience includes: Medical coders, physician office staff, provider billing staff, health records staff, vendors, educators, system maintainers and all Medicare fee-for-service (FFS) providers. Topics to be discussed are: ICD-10 overview, lab NCD conversion process from ICD-9-CM to ICD-10-CM; home health conversion; OASIS and procedure code reporting, and claims spanning the implementation date. To register, go to the CMS website at http://www.cms.gov/ICD10/Tel10/itemdetail.asp?filterType=none&filterByDID=0&sortByDID=1&sortOrder=descending&itemID=CMS1246998&intNumPerPage=10. Registration will close at 1:00 p.m. ET on May 17, 2011, or when available space has been filled. No exceptions will be made. The next ICD-10 national provider teleconference will be held on Wednesday, August 3. Registration information will be posted to the CMS ICD-10 Teleconferences web page at http://www.cms.gov/ICD10/Tel10/list.asp.

SSA Releases Update on Employment Networks

The U.S. Social Security Administration (SSA) Ticket to Work and Self-Sufficiency Program has released a new Employment Network (EN) Request for Quotation (RFQ) package that explains the duties of an EN, requirements for award consideration, and directions for submitting a quotation. To learn more and access the RFQ, see http://www.socialsecurity.gov/work/enrfp.html. In the near future all current ENs will receive from SSA’s Office of Acquisition and Grants a modification to their existing EN contracts that will reflect most of the changes highlighted in the RFQ. In addition, SSA is developing a process and a timeframe for “converting” current EN contracts to EN agreements under the new RFQ. Please direct any questions you may have to the Employment Network Contracts Team at email: ENcontracts@ssa.gov. The Toll Free phone number is 866-584-5180. Contact the Technical Assistance and Support Center, MAXIMUS Ticket to Work, at 1-866-949-ENVR or Fax: 703-893-4149. See www.yourtickettowork.com.

Report on Medicaid State Ranking for People with ID/DD Released

United Cerebral Palsy has released its annual report Case for Inclusion 2011: An Analysis of Medicaid for Americans with Intellectual and Developmental Disabilities. The report ranks states, including Pennsylvania, on several factors including the percentage of Medicaid devoted to home and community based services, the number of people in supported or integrated employment, and the size of their waiting lists for services. Among the key findings: 1) there still remain 162 large state institutions in the nation (only one closed since last year’s report), housing 32,909 Americans; 2) waiting lists nationwide have increased dramatically overall, but performance is quite mixed by state. The UCP report placed Pennsylvania on its list of movers and shakers, noting that Pennsylvania had improved dramatically from 2007 to 2011 due to substantial improvement in several areas, moving from 29th in the nation to 15th in the rankings. The UCP 2011 report is available at http://medicaid.ucp.org/pdf/Case_For_Inclusion_Report_2011.pdf.