Dateline: May 13, 2011

PA House State Budget Bill Alters Governor’s Funding Proposals by Cutting DPW

On May 11 the PA House of Representatives took a major step in establishing a state budget for FY 2011-2012. The PA House of Representatives Appropriations Committee reported an amended budget bill (HB 1485 PN 1880) to the floor that restores funding to programs that were cut in Governor Corbett’s proposed state budget. The amended budget passed 20-13 on a party line vote. The proposal will be the subject of floor debate in the House beginning on May 23. The House budget incorporates Governor Tom Corbett’s plan to transfer revenue from the Tobacco Settlement Fund into the General Fund. Department of Public Welfare (DPW) programs, including Medical Assistance, County Child Welfare and Behavioral Health, are cut by $471 million from the Governor’s proposed budget. Pennsylvania House Democrats had earlier criticized Governor Tom Corbett and Republicans in the legislature for proposing a state budget that would make severe cuts to critical education and health care programs while refusing to use any of the state’s burgeoning surplus to ease the pain. FMI: See www.pahousegop.com and www.pahouse.com. See also an analysis by the Pennsylvania Budget and Policy Center http://www.pennbpc.org/sites/pennbpc.org/files/PA-House-Budget-Analysis-5-13-2011.pdf

PA House Budget Bill Targets Cuts in Medicaid

The FY 2011-2012 state budget proposal (HB 1485 PN 1880) advanced in the PA House of Representatives provides for a 4% cut in Medicaid funding related to Medicaid eligibility, fraud and abuse but does not affect many of the appropriations for mental health services and developmental programs that were recommended by Governor Corbett. The appropriations not affected by the proposed 4% cut are the appropriations for the Intellectual Disabilities (ID) waiver, the ID base appropriation, private ICF/ID appropriation, early intervention appropriation, and the community mental health appropriation. The Human Services Development Fund (HSDF) will receive an 85% restoration, with a funding level next year of $19,956,000 compared to $23,478,000 this year. However, appropriation of $52,220,000 for Behavioral Health Services (BHSI) will be cut by $4,312,000 (or 8.2%), and the Governor’s recommendation of $13,594,000 in state funds for Autism Intervention Services will be reduced by $2,745,000. A $27 million cut in food and housing costs for group homes that was proposed by Governor Corbett is retained in the House budget proposal. The budget approved by the House Appropriations Committee uses the 4% cut in Medicaid programs to increase funds for higher education above the level proposed by the Governor. Higher education programs receive $370 million above the Governor’s proposal. However, the funding restorations are not uniform. Despite restoring some of the Governor’s cuts, the plan would reduce current year higher education funding by $269 million. Only $243 million of the $1.2 billion in cuts to public schools are restored. The House budget adds back only $100 million of a $550 million cut to the basic education subsidy and $100 million of $259 million in Accountability Block Grant funding eliminated in the Governor’s budget. The House plan leaves intact a $224 million cut to the charter school reimbursement. FMI: See www.legis.state.pa.us for HB 1485 PN 1880. Contact PARF at parfmail@parf.org.
PA Senate Committee Recommends Gary Alexander as DPW Secretary

On May 11 the PA Senate Public Health and Welfare Committee voted unanimously to recommend to the full Senate the nomination of Gary Alexander as Secretary of the Department of Public Welfare. Governor Corbett announced the nomination on January 11. The confirmation goes to the full Senate for consideration. During the hearing the Senators questioned acting Secretary Alexander on the House Republican budget proposal and other funding issues. Alexander responded that he thought that savings could be achieved, but he said that he could not state the amount to be saved from reducing errors within the Medical Assistance program until a systematic and careful review of the department was completed. He said that such a review was underway and would be completed in the upcoming months so that the Legislature could make its decisions. Acting Secretary Alexander also commented on a budget proposal requiring monthly copayments from certain families of children with disabilities receiving Medical Assistance services. In response to question about application for a global waiver, he said that people with disabilities were not hurt or disadvantaged by the Medicaid global waiver that was implemented in Rhode Island. Concerning interest in development of statewide Medicaid managed care, he said that it is being actively considered. He said that he would take a hard look at considering ways to restore cuts in the Human Services Development Fund that are proposed in the Governor’s proposed FY 2011-2012 budget. Concerns about the state mental retardation centers and group homes were also raised. FMI: See www.legis.state.pa.us

PA Senate-Approved Workforce Development Bill Awaits Action in House

On May 9 the Pennsylvania Senate unanimously approved Senate Bill 552 to continue the Industry Partnerships program. SB 552 would amend Pennsylvania's Workforce Development Act to codify the Industry Partnerships program within the Department of Labor and Industry. The Industry Partnerships program allows a cluster of businesses and organizations within an industry to work together to identify and address common workforce needs. According to the Pennsylvania Department of Labor and Industry, more than 118,000 workers have received training through the program since its creation in 2005. The Senate approved similar legislation during the 2009-10 legislative session, but the House of Representatives did not consider the bill before the end of the two-year legislative session. Senate Bill 552 will now go to the House of Representatives for consideration. PARF members offering employment services should send letters and e-mails to the members of the House Labor & Industry Committee and their representatives asking them to support SB 552 without amendment. Send a letter/e-mail to your representatives and ask for an affirmative vote on SB 552 without amendment. See www.legis.state.pa.us for a list on members and their addresses. FMI: For a copy of the bill see www.legis.state.pa.us. For commentary see http://www.workforcepa.com/. See also www.pasenate.com and www.pasenategop.com.
Social Workers Licensing Bill Advances in PA House

On May 11 the PA House Professional Licensure Committee unanimously approved House Bill 816 that would clarify the experience requirements for clinical social workers, marriage and family therapists, and professional counselors. HB 816 would reduce the number of supervised experience hours required to obtain a license from 3,600 to 3,000 for marriage and family therapists and professional counselors and would remove the specified number of years. It would also extend a grandfathered provision of the law to allow applicants who graduated prior to June 30, 2009, to receive a license even if they were awarded a Master’s degree requiring less than 48 credits. The measure will now go before the full House for consideration. See www.legis.state.pa.us.

PA Develops Lifespan Respite Care Programs

The PA Department of Aging was awarded the Lifespan Respite Care Grant from the US Administration on Aging. Pennsylvania has received $187,000 in federal funds for caregiver support services offered through the 52 Area Agencies on Aging, the Department of Aging The federal grant, provided by the U.S. Department of Health and Human Services, was awarded to the Office of Long-Term Living to implement the Lifespan Respite Care Program. Pennsylvania was one of 12 states to receive the grant in 2010. OLTL says that the grant will enable the state to identify resources for caregivers and will also provide for the development of community-based respite care programs for caregivers in the form of stress-reduction instruction and hiring others to occasionally provide services for the care receiver. For information about the Family Caregiver Support Program and the Department of Aging, visit www.aging.state.pa.us or call 717-783-1549. See also http://archrespite.org/lifespan-programs. For a description of the grant program see http://www.portal.state.pa.us/portal/server.pt/community/pennsylvania_lifespan_respite_care_act_program_grant/20192?qid=76218827&rank=2.

National WISE Webinar on Ticket to Work for Beneficiaries with Mental Illness on May 25

The Social Security Administration (SAA) will be presenting a national WISE webinar tailored to SSI and SSDI beneficiaries with a mental illness on Wednesday, May 25, 2011 at 3:00 p.m. EST. The May 25 national WISE webinar Ticket to Work for Beneficiaries with a Mental Illness — Support on Your Journey to Employment will provide Ticket to Work program and Work Incentives information to help beneficiaries with a mental illness make informed decisions about going to work. Register online or call 866-968-7842 or 866-833-2967 (TDD). To register on line see http://chooseworkttw.net/wise/page/wise_meeting_info.action?selectedMeetingState=NW+-+National+Webinar
ODP Receives Approval of Amendments to PFDS and Consolidated Waivers

On May 8 the PA DPW Office of Developmental Programs issued its Developmental Programs Bulletin 00-11-05 entitled, Person/Family Directed Support (PFDS) Waiver Amendment Effective July 1, 2009, and the corresponding attachments and its Developmental Programs Bulletin 00-11-04 entitled, Consolidated Waiver Amendment Effective July 1, 2009, and the corresponding attachments. ODP said that the purpose of the final bulletins is to transmit the Office of Developmental Programs Consolidated Waiver Amendment and Person/Family Directed Support (PFDS) Waiver Amendment, as approved by the Centers for Medicare and Medicaid Services (CMS), effective July 1, 2009. The approved amendments to the waivers include the information on the rate setting methodologies, clarification and updates to participant direction opportunities, revisions to the ODP Quality Management Strategy and performance measures for each assurance area, and updates to service definitions and provider qualification criteria. The statements in the waiver amendments related to revenue reconciliation (Page 241 of the approved Consolidated ID Waiver recently approved by CMS ) are general and do not contain any language that would suggest the need for any changes from existing ODP policies relating to revenue reconciliation. ODP has not yet announced final starting revenue targets plus Period 1 Adjustments to revenue targets nor issued a notice to providers of the amount of supplemental payments and recoupments relating to the first four months of the current fiscal year. See www.odpconsulting.net

ODP Webcast on Surrogate Health Care Decision Making

On May 13 the PA DPW Office of Developmental Programs (ODP) issued ODP Announcement 066-11 indicating that a webcast on Surrogate Health Care Decision Making was now available. ODP says that the 30-minute webcast discusses the ODP statement of policy regarding “Procedures for Surrogate Health Care Decision Making” found in Bulletin Number 6000-11-01 and attachments. The bulletin and statement of policy were released in January of 2011 to update the Department of Public Welfare’s interpretation of the laws and procedures for surrogate health care decision making for individuals receiving mental retardation services through the Department under Act 169 and other applicable law. The training is a required training for Supports Coordinators and SC Supervisors. The announcement provides specific information concerning the details of the required trainings and the other locations where the webcast is located. Provider agency staff can access the webcast from the home page of the ODP Provider Information Center at http://pic.odpconsulting.net/. Providers may log in utilizing user name and password and proceed to ODP Business Practice Information > Online Training and Professional Development > Surrogate Health Care Decision Making. FMI: See www.odpconsulting.net.

ODP Quality Reports Available

On May 13 the PA DPW Office of Developmental Programs (ODP) issued ODP Announcement 065-11 inform all interested parties that certain of its IM4Q reports have been added to the IM4Q section of the ODP Consulting System website. The reports are: 2009-2010 NCI State Report for Pennsylvania; the 2009-2010 NCI Consumer Survey Report; 2009-2010 NCI Adult Family Survey Report; and, 2009-2010 NCI Family Guardian Survey Report. The path to find these reports is: ODP Consulting Website, ODP Topic Information > IM4Q > National Core Indicators Reports > 2009-10 Reports. FMI: See www.odpconsulting.net.
PA Workers Compensation Bureau Hosts Repricer/Provider Trainings

The Pennsylvania L&I Bureau of Workers’ Compensation is presenting Repricer/Provider Training for those providers and vendors as well as self insured employers experiencing difficulties in obtaining timely and correct payment for services under the Pennsylvania worker’s compensation system. The PA Bureau of Workers’ Compensation will be providing training sessions in 2011 to assist self-insured employers, health care providers and vendors in understanding workers’ compensation medical billing and payment processes as well as the workers’ compensation fee schedule. These training sessions provide valuable information for all parties involved in the medical billing and payment aspects of workers’ compensation. Repricer Training Seminars are scheduled for September 27 and September 29. Provider Training Seminars will be held on October 4 and October 6. All sessions will be conducted via WebEx. To participate in a training session, you must have a computer with Internet access and an email address. To reserve your date for a training session email Karla Henneman at khenneman@state.pa.us. Questions can be directed to Karla Henneman at (717) 787-3486. There is no registration fee to participate in a WebEx session. Preregistration is required. Session times are as follows: Repricer sessions on September 27 are at 9:00 a.m. and on September 29 at 1:00 p.m. The Provider sessions are October 4 at 9:00 a.m. (and on October 6 at 1:00 p.m. End times will vary based on participant. The sessions will last 2 to 3 hours.

2011 Pennsylvania Community on Transition Conference in July

The PA Community on Transition will host its 2011 Conference Breaking Boundaries – Achieving Goals on July 20, 21 & 22, 2011 at the Penn Stater Conference Center & Hotel in State College, PA. The primary purpose of the conference is to expand the capacity of schools and communities, in partnership with youth, young adults and families, in promoting the transition of youth/young adults with disabilities to post-school outcomes of employment, post-secondary education and training, community participation and healthy lifestyles. Participants will learn about practices to assist youth/young adults with disabilities to break through boundaries and achieve their goals. Youth and family scholarships are available. For the conference brochure see http://www.pattan.net/files/Flyers11/Trans-Conf0720-2211.pdf. For information and forms on registration see https://www.solutionwhere.com/pattan/cw/showconference.asp?1623.

Work Incentive Seminar Events on June 1 and July 13

The Disability Rights Network (DRN) Work Incentives Planning and Assistance (WIPA) Team will host a Work Incentive Seminar Event (WISE) on June 1 and July 13 in the Philadelphia area. For information on the June 1 event to be held from 11:00 a.m. to 2:00 p.m. at the Philadelphia Office of Vocational Rehabilitation (OVR) see http://gallery.mailchimp.com/19e8ee8c57999492d1f109d2b/files/WIPAFlyerJune1.pdf. For information on the July 13 event from 11:00 a.m. to 2:00 p.m. at the Norristown OVR office) see http://gallery.mailchimp.com/19e8ee8c57999492d1f109d2b/files/WIPAFlyerJuly13.pdf. Register on line at www.socialsecurity.gov/work or phone 866-968-7842 or TDD 866-833-2967. Questions about these events should be directed to Larree Beilharz, DRN WIPA Program, at lbeilharz@drnpa.org or see www.drnpa.org.
Trustees Report on Financial Outlook for Medicare and Social Security

On May 13 the Centers for Medicare and Medicaid Services (CMS) issued the annual report by the Medicare trustees indicating that the financial outlook for Medicare deteriorated in the last year because of a sluggish economic recovery. The Trustees reported that Medicare hospital insurance trust fund will be exhausted in 2024, five years earlier than projected last year. The reports were signed by the six trustees: three cabinet officers, the Social Security commissioner and two public representatives. Chief Medicare actuary Richard S. Foster said that the financial projections shown in the report do not represent a reasonable expectation for actual program operations in the short term or the long range. The report says that projected Medicare costs over 75 years are about 25 percent lower because of the new health care law. The report on Social Security predicts that beneficiaries will receive a cost-of-living increase of seven-tenths of one percent in 2012. In the long-range outlook for Social Security, the trustees said the gap between income and costs over the next 75 years would be somewhat larger than projected in last year’s report. The trustees identified financial problems in Social Security’s disability insurance program and said that the trust fund for this program will be exhausted in 2018. They said legislative action will be needed as soon as possible. In its news releases CMS drew attention to the savings resulting from improvements to the Medicare program, including implementation of many provisions in the Affordable Care Act, from new tools and resources to help crack down on fraud, waste, and abuse in the Medicare system, to reforming payment systems to reward high quality care. CMS said that these efforts aimed at creating better health, better care, and lower costs for patients, providers, and taxpayers would save nearly $120 billion for Medicare over the next five years. FMI: For the full report, please visit: http://www.cms.gov/apps/files/medicare-savings-report.pdf. The report is also available at: http://www.cms.hhs.gov/ReportsTrustFunds/downloads/tr2011.pdf See also http://www.cms.gov/apps/media/press_releases.asp

HHS Unveils New Interactive Video to Prevent Healthcare-Associated Infections

On May 13 the U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Health released Partnering to Heal: Teaming Up Against Healthcare-Associated Infections, an interactive computer-based video-simulation training program. This training program helps support the goals of the Partnership for Patients, a new public-private partnership that HHS says will help to improve the quality, safety and affordability of health care for all Americans. It is designed to be used by students in the health professions, early-career clinicians, and other healthcare personnel, as well as patients and families to help prevent infections acquired in hospitals and other healthcare settings. Available online at no cost, Partnering to Heal is designed to increase knowledge, alter attitudes, and shift the behaviors of clinicians and patients by focusing on principles of teamwork, communication, hand washing, flu vaccination, and the appropriate use of antibiotics and medical devices. Partnering to Heal is designed to be used as a facilitated training session or by individuals as a self-paced learning tool. To access the Partnering to Heal training video, see http://www.hhs.gov/partneringtoheal. For more information about Partnership for Patients visit http://www.HealthCare.gov/center/programs/partnership
HHS Announces Initiatives on Care Coordination for Medicare-Medicaid Enrollees

On May 11 the U.S. Department of Health and Human Services (HHS) announced a series of initiatives to work with states to save money and better coordinate care for Medicare and Medicaid enrollees. The new initiatives include better access to Medicare data and better coordination of health care between Medicare and Medicaid. The initiatives will be led by the new Federal Coordinated Health Care Office (the Medicare-Medicaid Coordination Office), which was created by the Affordable Care Act to help make the two programs work together more effectively to improve patient care and lower costs. The Medicare-Medicaid Coordination Office launched the Alignment Initiative, an effort to more effectively integrate benefits under the two programs. The Medicare-Medicaid Coordination Office is seeking input and ideas about how to align in six areas: care coordination, fee-for-service benefits, prescription drugs, cost sharing, enrollment, and appeals. Better alignment in these areas can reduce costs by improving health outcomes and making care coordination more efficient. HHS also announced a new process that provides faster state access to Medicare data to support care coordination. The first step in Alignment Initiative is a notice for public comment that will be displayed in the Federal Register. The notice requests public input on priorities and key goals. Individuals wishing to submit comments have until July 11, 2011 to do so. For more information on the Alignment Initiative notice for comment, visit: www.ofr.gov/inspection.aspx. The Medicare-Medicaid Coordination Office will continue to engage with local stakeholders around the country on the Alignment Initiative through regional listening sessions. The announcement of the new policy on state Medicare data for enrollees in Medicare and Medicaid was published in a Center for Medicaid, CHIP and Survey & Certification (CMCS) Informational Bulletin. The Bulletin is available at: www.cms.gov/CMCSBulletins/CMCSB/list.asp#TopOfPage. See http://www.cms.gov/CMCSBulletins/downloads/Coordinated-Care-Info-Bulletin.pdf The informational bulletin on the new initiatives can be accessed at http://www.cms.gov/CMCSBulletins/downloads/Info-Bulletin-4-14-11.pdf. For more information about these announcements, visit: www.cms.gov/medicare-medicaid-coordination/

CMS ICD-10 Conversion Activities National Provider Teleconference on May 18

On May 13, 2011 the Centers for Medicare & Medicaid Services (CMS) issued an alert to providers to register for the CMS ICD-10 Conversion Activities National Provider Teleconference, Including a Lab Case Study. 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 (NCDs). A question and answer session will follow the presentations. The teleconference will be held on Wednesday, May 18, 2011 from 1:00 p.m. to 2:30 p.m. ET. The following topics will be discussed: ICD-10 overview; Lab NCDs conversion process from ICD-9-CM to 1CD-10-CM; Home health conversion; OASIS and procedure code reporting; Update on claims spanning the implementation date; National ICD-10 implementation issues; Registration information: 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. Please register early. To register for this session, see http://www.cms.gov/ICD10/Tel10/itemdetail.asp?itemID=CMS1246998 on the CMS website.
HHS Affordable Care Act Grants Aim at Reduction of Chronic Disease

On May 13 the U.S. Department of Health and Human Services (HHS) announced the availability of over $100 million in funding for up to 75 Community Transformation Grants. Created by the Affordable Care Act, these grants are aimed at helping communities implement projects proven to reduce chronic diseases – such as diabetes and heart disease. By promoting healthy lifestyles and communities, especially among population groups experiencing the greatest burden of chronic disease, these grants will help improve health, reduce health disparities, and lower health care costs. Consistent with the law, these grants will focus on five priority areas: 1) tobacco-free living; 2) active living and healthy eating; 3) evidence-based quality clinical and other preventive services, specifically prevention and control of high blood pressure and high cholesterol; 4) social and emotional wellness, such as facilitating early identification of mental health needs and access to quality services, especially for people with chronic conditions; and 5) healthy and safe physical environments. Successful applicants must use evidence-based strategies and ensure that their activities not only have broad population impact, but also help address health disparities. Examples of projects that could qualify for grants include eliminating food deserts and increasing access to healthy food options, including efforts to improve school nutrition or bring healthier food to corner markets in urban areas. Other examples include promoting blood pressure and cholesterol screenings. Communities may also address additional areas of disease prevention and health promotion that will contribute to the overall goal of reducing chronic disease rates. These areas include adolescent health; arthritis and osteoporosis; cancer; diabetes; disabilities and secondary conditions; educational and community-based services; environmental health; HIV; injury and violence prevention; maternal, infant, and child health; mental health and mental disorders; health of older adults; oral health; and sexually transmitted diseases. State and local government agencies, tribes and territories, and state and local non-profit organizations are eligible to apply for Community Transformation Grants. At least 20-percent of grant funds will be directed to rural and frontier areas. Applications are due to the Centers for Disease Control and Prevention in July 2011, with awards expected to be announced near the end of summer. The grants are expected to run for five years, with projects expanding their scope and reach over time as resources permit. The official funding opportunity announcement for the Community Transformation Grants can be found at www.Grants.gov by searching for CFDA 93.531. FMI: For more information on finding see www.healthcare.gov/news/factsheets/grants05132011a.html or www.cdc.gov/communitytransformation.

Hospital, Hospital Quality Open Door Forum on June 1

The next The Centers for Medicare & Medicaid Services (CMS) Hospital, Hospital Quality Open Door Forum is scheduled for Wednesday, June 1, 2011 from 2pm-3pmET. If you wish to participate, dial 1-800-837-1935 Conference ID 59671304. This call will be Conference Call Only. FMI: See http://www.cms.gov/OpenDoorForums/18_ODF_Hospitals.asp
HHS OIG Reviews Physician Therapy Services in Home Health in 2008

On May 13 the U.S. Department of Health and Human Services Office of Inspector General (OHHS OIG) issued its Review of Physician Therapy Services Provided During Home Health Episodes in Calendar Year 2008 (A-01-09-00530). HHS OIG noted that the Centers for Medicare & Medicaid Services (CMS) includes in the home health prospective payment system (HH PPS) base rate reimbursement to home health agencies for physician-provided therapy services that are not subject to the consolidated billing requirement and are billable by physicians. Beginning in 2014, CMS must rebase home health payments to improve payment accuracy for home health agencies. In its review HHS OIG included an analysis of the development of the home health prospective payment system (HH PPS) base rate and of updates through 2010. HHS OIG recommended that CMS eliminate any duplicate payments when rebasing home health payments by adjusting the HH PPS rate to exclude physician-provided therapy services or by making physician therapy services subject to the consolidated billing requirement. CMS agreed with the HHS OIG recommendation and provided information to HHS OIG on action that it planned to take to address the recommendation. FMI: For a copy of the HHS OIG review (A-01-09-00530) see http://go.usa.gov/jjI.

CMS Reviews Summit on Family Caregivers and the Direct Service Workforce

The Centers for Medicare and Medicaid Services (CMS) will host a webinar on June 3, 2011 from 1:00 p.m. to 2:30 p.m. Eastern Time to hear about – and discuss reactions to – the CMS Leadership Summit on Building Capacity and Coordinating Support for Family Caregivers and the Direct Service Workforce. Please register in advance for the webinar at https://www1.gotomeeting.com/register/52794336. Call-in 1-800-260-0702 (Access Code: 204581). CMS will focus on its Policy Recommendations from the 2010 CMS Leadership Summit on Building Capacity and Coordinating Support for Family Caregivers and the Direct Service Workforce that was released on March 31, 2011. The CMS Leadership Summit on Building Capacity and Coordinating Support for Family Caregivers and the Direct Service Workforce was held in September 2010. The event brought together leaders in the field of caregiving to identify areas of policy intersections and develop recommendations for action for working together to address cross-cutting issues. Invited participants included national leaders in the fields of family caregiving, direct service workforce development, policy makers, consumers of long-term services and supports, caregivers, workers, and advocates. A focus group/think tank model was used to help participants make connections, find commonalities and differences, and establish a set of agreed upon goals. From these discussions, consensus emerged that a high degree of commonality exists across caregivers in terms of their contribution to and significance in the lives of people with disabilities and their needs. Furthermore, discussions showed that the needs and interests of caregivers cannot fully be separated from the needs and interests of the people they support. To the extent that public policies support the interests of people with disabilities, caregivers benefit, and to the extent that caregivers are supported, people with disabilities benefit. FMI: See http://www.dswresourcecenter.org/tiki-index.php. For a copy of the March 31 Report see http://www.dswresourcecenter.org/tiki-index.php?page=Whats%20New.
PARF NEWS
Dateline: May 13, 2011

FY 2012 Defense Act Amendment on Post-Acute TBI Treatment Guidelines

On May 11, 2011, Representative Todd Russell Platts (R-PA), co-chair of the Congressional Brain Injury Task Force, working in collaboration with the office of Congresswoman Gabrielle Giffords (D-AZ), Task Force members and the Brain Injury Association of America, introduced an amendment to the National Defense Authorization Act that authorizes $1 million for the development of treatment guidelines for post-acute rehabilitation of traumatic brain injury. The amendment was adopted en bloc by the Full House Armed Services Committee by voice vote. Currently, there is no compilation of the published evidence and professional consensus to ensure that people who sustain brain injuries in the U.S. receive the highest quality, most effective post-acute rehabilitation. Medical treatment guidelines for post-acute rehabilitation of moderate and severe TBI do not exist. FMI: See www.biausa.org.

RSA Considers Funding Cuts, Plans for Monitoring State VR Programs

Rehabilitation Services Administration (RSA) Commissioner Lynnae Rutledge has published the May 2011 RSA Commissioner’s Update. In the update on the federal budget, the Commissioner reported that the Administration is still deliberating cuts required to reach the total of $31 million plus .2% rescission across-the-board reductions, excluding the VR program. The RSA Commissioner also reported on its focus for state monitoring and program improvement activities related to Section 107 of the Rehabilitation Act of 1973, as amended, which requires the Commissioner of RSA to conduct annual reviews and periodic on-site monitoring of programs to determine whether a vocational rehabilitation (VR) agency is complying substantially with the provisions of its State Plan under Section 101 of the Rehabilitation Act and with the evaluation standards and performance indicators established under Section 106. The Commissioner said that to fulfill this requirement, RSA has developed the Vocational Rehabilitation Program FY 2011 Monitoring and Technical Assistance Guide (MTAG) to assess the performance of the VR agencies in the operation of the program and their compliance with pertinent federal programmatic and fiscal requirements. In fiscal year (FY) 2011 RSA’s State Monitoring and Program Improvement Division (SMPID), will implement the MTAG to review the administration and operation of the VR program by 10 agencies in eight states. This implementation is intended as a pilot and the experiences of its staff and that of the VR agencies will provide RSA with information that it can use to improve the process for the monitoring cycle beginning in FY 2012 and ending in FY 2016. The specific programs covered under this MTAG include: (1) the VR program, established under Title I of the Rehabilitation Act and (2) the supported employment (SE) program, authorized pursuant to Title VI, Part B, of the Rehabilitation Act. The Commissioner said that to align its monitoring activities with the priorities SMPID will include in its monitoring of the VR and SE programs three focus areas to be used when reviewing the performance and compliance of each agency. These focus areas cover: (1) organizational structure requirements of the designated state agency (DSA) and designated state unit (DSU); (2) transition services and employment outcomes for youths with disabilities; and (3) the fiscal integrity of the VR program. RSA-MIS Website http://www.rsa.ed.gov
FEMA Issues Bulletin on Inclusion of People with Disabilities in Disaster Planning

On May 13 the Federal Emergency Management Agency (FEMA) issued Grant Programs Directorate Information Bulletin No. 361 on Integrating Disability Access and Functional Needs Efforts in Grant Applications. FEMA said that it intended to emphasize the importance and heighten the awareness of integrating those with disabilities, and others with access and functional needs into local and state government homeland security and emergency preparedness programs. As required by the ADA, homeland security and emergency managers at all levels are to plan for the whole community by integrating and coordinating emergency preparedness, response and recovery for children and adults with disabilities and others with access and functional needs. FEMA said that the Grant Programs Directorate supports FEMA’s Office of Disability Integration and Coordination (ODIC) efforts in this area. FEMA said that as grantees developed grant applications for FY 2011 the agency strongly encourages grantees to address how the grantee investments will increase the effectiveness of emergency preparedness planning and response and to increase the involvement of disability inclusion experts as partners across all aspects of emergency management. FEMA expects that integration occurs at all levels from planning, to purchasing of equipment and supplies and exercises/drills. In order to assist state, local and tribal governments, FEMA has updated allowable grant expenditures for planning and purchases under the State Homeland Security Program (SHSP), Urban Areas Security Initiative (UASI), Metropolitan Medical Response System (MMRS), Citizen Corps Program (CCP), Tribal Homeland Security Grant Program (THSGP), and the Emergency Management Performance Grant Program (EMPG). FEMA said that efforts to develop plans, and making decisions to purchase equipment and supplies should be done by including the whole community through meaningful dialogue and inclusion on planning committees. The information bulletin offers examples that demonstrate the integration of disability access and functional needs efforts in emergency planning and response. Questions regarding this IB may be directed to the assigned Program Analyst or the Centralized Scheduling and Information Desk at askcsid@fema.gov or 1-800-368-6498.

CMS Forum on 2011 Physician Quality Reporting System and eRx Incentive Programs

The Centers for Medicare & Medicaid Services (CMS) Special Open Door Forum on 2011 Physician Quality Reporting System (previously known as the Physician Quality Reporting Initiative or PQRI) and Electronic Prescribing (eRx) Incentive Programs: ICD-10 Conversion and E-Prescribing (eRx) Incentive programs will be held on Thursday, May 26, 2011, from 2:30pm to 3:30pm ET. This Special Open Door Forum will focus on ICD-10 Conversion. If you wish to participate, dial 1-800-837-1935 Conference ID 44767414. Please see the full announcement in the Downloads section at http://www.cms.gov/OpenDoorForums/18_ODF_Hospitals.asp.