PA House of Representatives Approves $27.3 Billion State Budget for FY 2011-2012

On May 24 the Pennsylvania House of Representatives voted 109-92 to approve a $27.3 billion state budget for fiscal year 2011-12. The vote was mainly along party lines with all Democrats and two Republicans voting against the bill. The House-approved budget bill maintains the total spending level requested by PA Governor Tom Corbett but reduces Governor Corbett’s proposed budget by $471 million for health and human services. The budget bill has been sent to the PA Senate which will consider the bill in June. Meanwhile, PARF is working with various statewide coalitions and urging Pennsylvania legislators to restore funding for services needed by people with disabilities, including health and human services and employment supports. PARF is requesting restoration of funding for hospital services, Medicaid-waiver home and community based services, and specialized health and employment programs. PARF members have been urged to contact their legislators and request that they take action to maintain funding for essential services. Contact information is available at www.legis.state.pa.us by clicking on the right side of the screen to find your legislator by address or county. FMI: For a copy of the House budget bill (HB 1485 PN 1880) see www.legis.state.pa.us and enter HB 1485. For a report by the PA House Republican Caucus on the budget vote in PA House of Representatives see http://www.pahousegop.com/NewsItem.aspx?NewsID=11485. For a summary by the PA House Democrats of the May 24 vote in the PA House of Representatives see http://www.pahouse.com/PR/033052411leadership.asp. For a comparison of the FY 2011-2012 General Fund budget proposals (HB 1485) and Governor’s Proposed FY 2011-2012 Budget see http://www.pennbpc.org/sites/pennbpc.org/files/PA-House-Budget-Analysis-Dept-Funding-Table.pdf. See the Pennsylvania Budget and Policy Center analysis of the House budget (House Bill 1485) at www.pennbpc.org. If more information is needed, please contact PARF at parfmail@parf.org.

PA Department of Revenue Reports $540 Million Surplus

On June 1 Pennsylvania Department of Revenue released its monthly report on revenue collections for May 2011 and said that there was a surplus for the current fiscal year and that it was growing. Revenue for May ($1.8 billion) was over official budget estimates for the month of May by 1.9 percent ($33.9 million) and for the fiscal year to date the Commonwealth had collected almost $24.3 billion, or 2.3 percent above the official estimate the budget. The Commonwealth is currently $539.4 million ahead of budget. Sales tax receipts, corporation tax revenue, inheritance tax revenue and personal income tax (PIT) revenue are above estimate for the fiscal year to date. Realty transfer tax revenue and other general fund tax revenue, including cigarette, malt beverage, liquor, and table games taxes are below estimate. However, the Commonwealth is still challenged by a projected budget deficit in the fiscal year beginning July 1. In response the PA House of Representatives has passed a $27.3 billion budget bill that does not increase taxes and does not significantly tap the surplus. FMI: See www.state.pa.us.
PA House Democrats Claim Funds Available to Offset Proposed Cuts in State Budget

On June 1 Representative Joseph Markosek (D), Chairman of the PA House of Representatives Committee on Appropriations, issued a General Fund Revenue Update saying that an additional $1 billion is available to offset the $2.6 billion in cuts proposed by Governor Corbett and by House Republicans. The estimate is based on additional revenues exceeding half a billion dollars for this year (FY 2010/11) that will also be carried forward into the base for next year’s (FY 2011/12) estimate. Representative Markosek said that the potential surplus grew again in May to over $539 million (even though May is one of the smallest revenue collection months) and that June is a much more significant month. He said that he anticipated that further surplus revenue will be posted. Representative Markosek also noted that six percent year over year growth in tax revenue for the fiscal year through May indicates that Pennsylvania’s economy is on the mend.

DPW Revises PA Medicaid Budget Proposals

On May 26 the PA DPW Medical Assistance Advisory Committee (MAAC) received updates from officials of the Department of Public Welfare (DPW) concerning changes that DPW is making in its own FY 2011-2012 budget proposals and its proposed administrative procedures. Acting DPW Deputy Secretary for Medical Assistance Programs Izanne Leonard-Haak reported that after considering the feedback received on the proposal to limit preventive dental services for adults to one in 365 days and to eliminate coverage for crowns, periodontal services and dentures, DPW has revised its proposal to cover two exams and prophylaxis per year and to provide limited coverage of dentures (1 set per lifetime), except for persons in nursing homes, ICF/MRs and ICF/ORCs. Acting Deputy Secretary Leonard-Haak also said that as part of its budget proposal DPW had proposed to limit the pharmacy benefit for adult MA eligibles to no more than six prescriptions per month but that after considering the feedback received, DPW has decided to revise its proposal to provide for automatic point-of-sale exceptions for prescriptions, beyond six, for certain classes of drugs and certain conditions, e.g., asthma, diabetes, and certain behavioral disorders. DPW has not yet developed a final list of drug classes and conditions to which the automatic exception will apply. Acting Deputy Secretary Leonard-Haak said that persons receiving pharmacy services for the first time will have to comply with the formal exceptions process. All prior authorization requirements will still apply. She noted that both proposals still require approval before they can be implemented. If approved, the exception process will still apply in situations where it can be demonstrated that the policy will place the recipient’s life in jeopardy or result in rapid deterioration of the person’s health; an exception to the policy is more cost-efficient; or federal requirements supersede the policy. DPW will also have to comply with all notification requirements before implementation. Kevin Hancock (Acting Deputy Secretary of the Office of Long Term Living) reported that, under the Governor’s proposed budget, the Attendant care and the Independence/OBRA/COMCARE waivers received cuts. Hancock said OLTL is continuing to work on resolving issues related to rates and to address the enrollment backlog. FMI: See www.dpw.state.pa.us. Contact PARF at parfmail@parf.org.
DPW Anticipates Changes in RTF Rules and ACA Requirements

On May 26 PA Department of Public Welfare (DPW) officials reported to the PA DPW Medical Assistance Advisory Committee (MAAC) that DPW was proceeding with changes to rules that it has proposed or to those it will soon implement. Sherry Snyder (Acting DPW Deputy Secretary of Mental Health and Substance Abuse Services) reported that the proposed Residential Treatment Facilities (RTF) regulations are being revised. She said that the limitation on bed size will probably apply to new facilities only. Acting Deputy Secretary Snyder said that the Office of Mental Health and Substance Abuse Services (OMHSAS) will also be issuing soon a document on best practices in prescribing for children and adolescents. DPW representative Jolene Calla reported on DPW plans for assuring compliance with provider screening requirements under the Patient Protection and Affordable Care Act, noting that Pennsylvania expects to be in full compliance with the requirements by February 2012. For Medical Assistance programs, the provider screening requirements apply to referrers, prescribers and those ordering services as well as to service providers. Effective March 25, 2011 CMS mandated that all referring, prescribing, ordering and service providers must enroll in Medical Assistance and must be screened. In addition, monthly automated checks must be conducted against a variety of databases to ensure providers’ continued eligibility in the MA Program. Anyone with a five percent controlling interest will be subject to a background check. MA participating providers will be unable to accept orders, referrals or prescriptions from non-MA enrolled providers, if they wish to be reimbursed by MA. Calla said that guidance is still needed from CMS on several issues. FMI: See www.dpw.state.pa.us. Contact PARF at parfmail@parf.org.

Proposed Cap on Group Homes Opposed

On May 26 the PA House Democratic Policy Committee heard from advocates arguing for restoration of cuts proposed in human services. Ilene Shane, CEO, Disability Rights Network of Pennsylvania (DRN), presented testimony calling for the elimination of a proposed budget cap on payment for food and housing for people with intellectual disabilities living in group homes. In opposition to the proposed cuts Shane said that if the proposed cut is not withdrawn, many group homes may have to close their doors. In explaining the costs associated with maintaining special housing after homes are purchased and paid off, advocates have pointed out that homes may still incur many unique expenses related to unique fire safety standards and residents’ needs. Advocates said that the potential cap has already started affecting people because providers have said that they could not develop homes if the limit was imposed. Michael Stoll, spokesman for House Appropriations Committee Chair Representative William Adolph (R-Delaware), said the cap is an effort to increase efficiency in the program and is coming at a time when the program is losing $153 million in federal stimulus money. An additional $27 million would need to be added to this $846 million line item if the cap were removed. House Republican spokesman Steve Miskin said the budget was in the Senate’s hands now but his party would be working with the Senate and the Governor on a final budget. FMI: See www.pahouse.com. See webpage of House Democratic Policy Committee at http://www.pahouse.com/PolicyCommittee/. For testimony and materials see http://www.pahouse.com/PolicyCommittee/documents/2011/hdpc52611.pdf.
IDA Coalition Cites Need for One-Person Group Homes

The PA Intellectual Disabilities and Autism (IDA) Coalition released its white paper this week on the use of one-person group homes to meet the needs of individuals with intellectual disabilities. In its paper the IDA Coalition noted that less than 4% of the 15,582 people living in group homes in the ID waiver live in one-person settings. IDA also noted the cost of services in some one-person settings (W6090) is very inexpensive since cost is related to the degree of staffing support, not the size of the setting. In describing the use of the one person group home, the IDA said that most of the people served in one-person group homes have moderate retardation but serious behavioral health diagnoses and their services and support would cost even more money in a three-person group home. Recognizing the need for the one person group homes, the PA Disability Rights Network initiated litigation last week to force the PA Department of Public Welfare to comply with the requirements of its existing waiver agreement with the Centers for Medicare and Medicaid Services (CMS). PARF is a member of the IDA Coalition. FMI: Contact PARF at parfmail@parf.org.

PA Senate-Approved Workforce Development Bill Awaits Action by PA House

On May 9 the PA Senate unanimously approved legislation May 9 that would support workforce development efforts by continuing the state's Industry Partnerships program. Senate Bill 552 has been referred to the PA House of Representatives Labor and Industry Committee. SB 552, sponsored by Sen. Mike Brubaker (R-Lancaster), amends Pennsylvania's Workforce Development Act to codify the Industry Partnerships program within the PA Department of Labor and Industry. The Industry Partnerships program brings together employers, educators and workforce representatives to ensure that workers and job-seekers have the tools and training they need to keep pace with the growing demands of Pennsylvania businesses. The program allows a cluster of businesses and organizations within an industry to work together to identify and address common workforce needs. FMI: See www.legis.state.pa.us

PA House Passes Protections from Abuse and Neglect by Caretakers

On May 23 the Pennsylvania House of Representatives approved by a 198-0 vote HB 1053, a bill that would protect care-dependent people from abuse and neglect at the hands of those entrusted with their care. House Bill 1053 amends the Pennsylvania Crimes Code to include caretakers who intentionally or knowingly endanger the welfare of a care-dependent person in their care by failing to provide needed treatment, care or goods and services. The bill prohibits caretakers from physically or mentally abusing a care-dependent person. Care-dependent people may be elderly, disabled or have mental retardation. Private care residences are private residences whose owner or operator provides food, shelter, clothing and personal care or health care in the residence to no more than three non-relatives. Under HB 1053, a caretaker commits the offense of abuse of a care dependent person if he harasses, annoys or unduly alarms them. Among the actions that constitute abuse are physical harm, lewd or lascivious behavior and threats. HB 1053 also amends current language pertaining to neglect of a care-dependent person and provides for charges when a caretaker intentionally or knowingly endangers the welfare of a care-dependent person. A caretaker does so by failing to provide treatment, care, goods or services necessary for the person’s health, safety or welfare. HB 1053 now goes to the Senate for consideration. See www.pahousegop.com.
Kevin Friel to Lead DPW Office of Developmental Programs

On June 3 the Pennsylvania Department of Public Welfare (DPW) issued an official statement announcing that Kevin Friel had accepted the appointment as Deputy Secretary of the Office of Developmental Programs (ODP). Friel had been serving in 2011 as both the Interim Deputy Secretary DPW Office of Developmental Programs (ODP) and Acting Deputy Secretary for the Office of Administration. Friel has more than twelve (12) years of experience with DPW. From 1989 to 2004, he was an audit specialist/auditor-in-charge in the Bureau of Financial Operations. From 2004 until 2006 he served as the Director for the Operations Support Group in the Office of Administration. In 2007 Friel was appointed to the Director of the Bureau of Financial Operations. FMI: See www.state.pa.us.

Karen Deklinski Selected as DPW Deputy Secretary for Office of Administration

On June 3 the Pennsylvania Department of Public Welfare (DPW) announced that Karen Deklinski will be the DPW Deputy Secretary for the Office of Administration (OA). In state government in Pennsylvania she was the former Deputy Secretary for Administration in the Departments of Conservation and Natural Resources and Community Affairs. Deklinski also has business experience as the sole proprietor and owner/partner of a high end retail store. FMI: See www.state.pa.us.

Barbara Minzenberg Appointed Deputy Secretary of Child Development & Early Learning

On June 3 the Pennsylvania Department of Public Welfare (DPW) announced that Barbara Minzenberg would serve as the DPW Deputy Secretary for the Office of Child Development and Early Learning (OCDEL). Minzenberg has experience in special education, early childhood education and preschool intervention. At the Allegheny Intermediate Unit she has served in various capacities including the Assistant Executive Director for Early Childhood, Family & Community Programs, Senior Program Director, and Program Director for Preschool Early Intervention. For over 20 years she served in the Pittsburgh Public School District as a special education specialist and project director a federal systems change grant and a private corporation grant. FMI: See www.state.pa.us.

PA Developmental Disabilities Council Seeks Membership

The Pennsylvania Developmental Disabilities Council (PA DDC) is seeking nominations for membership of its committees. Committee members are appointed for one year terms by the Chairperson of the Council and form the group from which nominees for full Council membership are normally drawn. Committees include those on Advocacy, Quality, Inclusion, and Services and Supports. The Council is a 20 person body appointed by the Governor, authorized by federal law to engage in Advocacy, Systems Change and Capacity Building on behalf of people with Developmental Disabilities. PA DDC says that it is particularly interested at this time in membership from the rural parts of the state. PA DDC says that it has a strong preference for nominations from family members of people with developmental disabilities. To submit a nomination for committee membership please complete form available at www.paddc.org/pdf/nominationsform.pdf and return to PA DDC at the address provided. For more information see the PA DDC website at www.paddc.org.
DRN Files Suit to Assure Community Services to Individuals with ID/MH Diagnosis

On May 20 the Disability Rights Network of Pennsylvania (DRN) filed a federal lawsuit *Mumford v. Department of Public Welfare* on behalf of two individuals with dual diagnoses of intellectual disabilities and mental illness. The two plaintiffs are enrolled in the Consolidated Waiver but were admitted several months ago to inpatient psychiatric hospitals. DRN has said that although they no longer need inpatient treatment, they remain institutionalized because DPW has been unable to reach agreement with community providers to serve them. DRN says that the plaintiffs appear to be caught in a web created by DPW in its efforts to restrict the development of community residential habilitation services for people with challenging behavioral health needs and to reduce rates paid to providers for room and board. DRN contends that DPW violates the plaintiffs’ rights under the integration mandates of the Americans with Disabilities Act and Rehabilitation Act by failing to offer services to them in community settings. DRN further contends that DPW violates the plaintiffs’ rights under the federal Medical Assistance law by failing to provide them with community residential habilitation services to which they are entitled, by failing to provide those services with reasonable promptness, by failing to assure their health and welfare, and by failing to afford them a choice among services and between waiver and institutional services. To see a copy of the Complaint in *Mumford v. Department of Public Welfare*, visit www.drnpa.org.

DPW Agrees to Offer Community Services to Residents of State MR Centers

The Disability Rights Network of Pennsylvania (DRN) has announced that the parties in *Benjamin v. Department of Public Welfare* have entered into a Settlement Agreement to resolve this class action lawsuit. DRN filed *Benjamin v. DPW* on behalf of residents of state mental retardation institutions who are appropriate for and not opposed to community placement. DRN reports that after intensive negotiations the parties have reached an agreement. Under the Settlement Agreement, DPW will create, maintain, and update a Planning List that identifies class members. All residents of the state mental retardation institutions who are not opposed to living in the community will be on the Planning List. If a person does not express a preference for community living and has involved family members or guardians who are opposed to community living, the person will not be on the Planning List. So, too, individuals who do express a preference for community living will not be placed on the Planning List if they have guardians who are opposed to community living. The Agreement also requires DPW to provide education about community services and one-to-one outreach to inform residents of the institutions, their families, and guardians about community options. The Agreement requires DPW to develop and implement an Integration Plan. Under the Plan, between 50 and 100 persons on the Planning List will move to the community each year between July 1, 2011 and June 30, 2016. During that time, a total of 400 people will move to the community if the Planning List has that many people on it. If there are more people on the Planning List after June 30, 2016, DPW will provide community services to 75 persons on the List each year until all persons on the Planning List have moved to the community. Since this case is a class action, the Court must approve the Settlement Agreement after class members, families, and guardians are provided with notice and after a hearing is held to determine if the Agreement is fair, adequate and reasonable. FMI: A copy of the Notice of Class Action Proposed Settlement and Hearing, as well as the Settlement Agreement, is posted on the DRN website at www.drnpa.org.
HAP Presents Care Transitions Forum on June 21

The Hospital & Healthsystem Association of Pennsylvania (HAP) is hosting the Care Transitions Forum on June 21 at the Holiday Inn, Harrisburg-Hershey in Grantville, PA. The forum will present the work of several Pennsylvania regional collaboratives that have been focusing on improving care transitions and decreasing readmissions. The conference is designed for nurses, physicians, discharge planners, case managers, emergency department staff, home health executives, quality leaders, pharmacists and any health professionals interested in improving care transitions across the continuum including hospitals, home health agencies, skilled nursing facilities, rehab hospitals, hospices, physician practices, and numerous other providers and community organizations that support care delivery. For a brochure and registration form click on http://www.haponline.org/programs/details/6fCQe2D0hY71NS5Y36V2. Any questions may be directed to Mary Barth, Member Relations and Education, at mbarth@haponline.org or (717) 561-5270.

HAP Publishes Report on Quality Initiatives


PA Statewide Conference on Cultural Competence on October 5

A statewide, cross-disability conference looking at the challenges faced by immigrants and culturally diverse individuals with disabilities in Pennsylvania will be held on October 5 at Temple University, Philadelphia, PA. The statewide, cross-disability conference Empowering the Forgotten Ones through Systems Change will look at the challenges faced by immigrants and culturally diverse individuals with disabilities in Pennsylvania. PARF is among the Conference co-sponsors. Funding for this conference is provided by the Pennsylvania Developmental Disabilities Council and the (CMS) Medicaid Infrastructure Grant in conjunction with the PA Department of Public Welfare. Conference logistics are being handled by PARF and Diversity Dynamics, LLC. FMI: See the Conference website at http://events.constantcontact.com/register/event?llr=zoiszwacab&oecd=a07e3qxi8age0c6fb18. For additional information, please contact Nick Montalto at nvmontalto@comcast.net.

PA Governor’s Advisory Committee for People with Disabilities on July 8

The Governor’s Advisory Committee for People with Disabilities meeting will convene on Friday, July 8, 2011 from 9:30 a.m. until 3:30 p.m. at the Pennsylvania Department of Education, 333 Market Street, Honors Suite, Harrisburg, Pennsylvania 17126. Additional meeting dates in 2011 are: Friday, September 9, 2011 and Friday, November 18, 2011.
CMS Offers General Equivalence Mappings

The Centers for Medicare & Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) created the national version of the General Equivalence Mappings (GEMs) to ensure that consistency in national data is maintained. The GEMs are tools that act mainly as a crosswalk between the ICD–9 and ICD–10 codes. You can look up an ICD–9 code and be provided with the most appropriate ICD–10 matches and vice versa. They are not a substitute for learning the new ICD–10 codes; however, they can assist users doing the following: Translating lists of codes, code tables, or other coded data; converting a system or application containing ICD–9–CM codes; creating a “one-to-one” applied mapping (aka crosswalk) between code sets that will be used in an ongoing way to translate records or other coded data; and, studying the differences in meaning between the ICD–9–CM classification systems and the ICD–10-CM/PCS classification systems by looking at the GEMs entries for a given code or area of classification.

The 2011 GEMs are posted to the CMS ICD–10 website. If you plan to use a GEM, per the Affordable Care Act, you must use the GEMs posted to the CMS website. For more information on the GEMs, look at the GEMs Fact Sheet and the GEMs pages of the ICD–10 website. Because continuous updates and changes to the existing code sets has the potential to make the transition to ICD–10 difficult, CMS will be implementing a partial code freeze on October 1, 2011. This is the last day for regular updates to both the ICD–9 and ICD–10 code sets. Starting October 1, 2012 there will be only limited code updates to ICD–9–CM and ICD–10 code sets to capture new technology and new diseases. There will be no updates to ICD–9–CM on October 1, 2013 as the system will no longer be a HIPAA standard. FMI: See www.cms.gov/ICD10.

CMS Hosts Special Open Door Forum on Advance Payment Initiative

The Centers for Medicare & Medicaid Services (CMS) will hold a Special Open Door Forum: The Advance Payment Initiative on Tuesday, June 14, 2011 from 2:00 p.m. to 3:30 p.m. The CMS Innovation Center is considering an Advance Payment Initiative for those ACOs entering the Medicare Shared Savings Program to test whether and how pre-paying a portion of future shared saving could increase participation in the Medicare Shared Savings Program. More information is available on the Innovation Center website at www.innovations.cms.gov. Following the presentation, the telephone lines will be opened to allow participants to ask questions of the CMS subject matter experts. To participate, dial 1-866-501-5502 and enter Conference ID 71725238. TTY Communications Relay Services are available for the Hearing Impaired. For TTY services dial 7-1-1 or 1-800-855-2880 and a Relay Communications Assistant will help. An audio recording and transcript of this Special Forum will be posted to the Innovation Center website at http://www.innovation.cms.gov when it becomes available.

CMS Physician, Nurses and Allied Health Professionals Open Door Forum on June 28

The next Physician, Nurses and Allied Health Professionals Open Door Forum is scheduled for Tuesday, June 28, 2011 from 2:00 p.m. to 3:00 p.m. ET. If you wish to participate, dial 1-800-837-1935 and enter Conference ID 59680265. This call will be conference call only. FMI: See Downloads section for the full participation announcement at http://www.cms.gov/OpenDoorForums/23_ODF_PNAHP.asp.
DOL Seeks Public Comment on Plan for Regulatory Changes

On June 2 U.S. Department of Labor announced a one-month period for public comment on a preliminary plan to revise department regulations. Members of the public who wish to provide feedback on the "Preliminary Plan for Retrospective Analysis of Existing Rules" are encouraged to do so via a recently launched Web page — [http://www.dol.gov/regulations/regreview.htm](http://www.dol.gov/regulations/regreview.htm) — established for that purpose. The preliminary plan takes into account public feedback collected through the same online tool. Comments must be received no later than Friday, July 1, at 11:59 p.m. EDT.

DOL to Fund States Improving Employment Outcomes for People with Disabilities

On May 31 the U.S. Department of Labor (DOL) announced the availability of approximately $20 million to fund programs that will improve education, training and employment opportunities for adults and youth with disabilities. A solicitation for grant applications is published in the May 31, 2011 edition of the Federal Register. Grantees under the Disability Employment Initiative are state workforce agencies. The Disability Employment Initiative is a joint project of the Labor Department's Employment and Training Administration and its Office of Disability Employment Policy. Programs to be funded will serve individuals who are unemployed, underemployed and/or receiving Social Security disability benefits. The goals of the project are to improve coordination and collaboration across multiple service delivery systems, build effective partnerships that leverage public and private resources to better serve people with disabilities and, ultimately, improve employment outcomes of people with disabilities. This solicitation for applications represents a second round of funding; agencies in 41 states, including Pennsylvania, are eligible to apply. Recipient state workforce agencies will collaborate with workforce investment boards and local agencies. Awards will range from $1.5 to $6 million each to be spent over a three-year period. Cooperative agreements will be used to expand service delivery through the public workforce system to job seekers with disabilities. The programs will build upon the Labor Department's Disability Program Navigator initiative and other model service delivery strategies. FMI: The complete solicitation for applications is available at [http://www.doleta.gov/grants](http://www.doleta.gov/grants).

New 2011 Edition of States of the States in Developmental Disabilities

CMS Teleconference on Medicare Shared Savings Program Proposed Rule Available

On May 24 the Centers for Medicare & Medicaid Services (CMS) held a national provider teleconference on the Medicare Shared Savings Program proposed rule CM-1345-P, which implements the Shared Savings Program and establishes the requirements for Accountable Care Organizations (ACO) established under section 3022 of the Affordable Care Act. The transcript is now available at http://www.cms.gov/sharedsavingsprogram/40_Events.asp on the CMS website. Once on the webpage, viewers may click on the teleconference title to access the full transcript. This teleconference was one in a variety of teleconferences and listening sessions held by CMS during the proposed rule 60 day comment period. The public comment period on this proposed rule ended on Monday, June 6. FMI: See the Shared Savings Program website at http://www.cms.gov/sharedsavingsprogram.

HHS Inspector General Audits, Legal Actions May Net Up to $3.4 Billion

The Office of Inspector General (OIG), Department of Health & Human Services (HHS), today announced $3.4 billion in new expected recoveries (in accounting terms "receivables") related to its investigations, audits, and other reviews, mainly of Medicare and Medicaid. These expected recoveries are largely made up of restitutions, fines, penalties, other assessments, and settlements. This announcement was made in connection with presenting OIG's Semiannual Report to Congress for October 2010 through March 2011. See http://oig.hhs.gov/newsroom/news-releases/2011/sar_release.asp. The Office of Inspector General's (OIG) Semiannual Report to Congress keeps the Secretary of the Department of Health & Human Services and Congress currently informed about the most significant findings, recommendations, and activities of the HHS OIG for specific 6-month periods. Learn more at http://oig.hhs.gov/reports-and-publications/semiannual/index.asp.

HHS OIG Calls for Refund of Medicaid Payments for NY TBI Waiver Services

On June 2 U.S. Department of Health and Human Services Office of Inspector General (HHS OIG) posted its Audit of Medicaid Payments for Services provided by NY TBI Waiver at Venture Forthe, Inc. from January 1, 2005, through December 31, 2007 (A-02-09-01005). HHS OIG estimates that the State of New York improperly claimed approximately $3.2 million in Federal Medicaid reimbursement for traumatic brain injury (TBI) waiver program services provided by Venture Forthe, Inc. that did not comply with Federal and State requirements during calendar years 2005 through 2007. In addition, HHS OIG estimated that the state claimed $353,000 in federal Medicaid reimbursement for services provided by Venture that may not have complied with federal and state requirements. HHS OIG recommended that the State (1) refund $3.2 million to the federal government; (2) work with the Centers for Medicare & Medicaid Services to resolve the claims, totaling $353,000, for which Medicaid reimbursement may have been unallowable; (3) require the centers to ensure and document that all beneficiaries approved for services have been assessed by certified individuals and are eligible for TBI waiver program services; (4) provide adequate training to assessors on the Federal and State requirements for the TBI waiver program; and (5) require Venture to ensure that it documents services billed and claims reimbursement only for allowable TBI waiver program services. The State disagreed with the first recommendation made by HHS OIG and generally disagreed with its findings. See http://oig.hhs.gov/oas/reports/region2/20901005.pdf or http://go.usa.gov/D0p