Dateline: July 22, 2011

PARF Seeks Nominations for 2011 Employer Awards

At its 2011 Annual Conference PARF will be offering its 2011 Employer Awards to PARF member organizations and their partners for promoting the employment of people with disabilities. The PARF 2011 Annual Conference will be held from Tuesday, September 20 to Friday, September 23, 2011, at the Nittany Lion Inn, State College, PA. For information on the conference see http://www.parf.org/uploads/2011-Conference-Registration-Brochure.pdf. Also, click on http://www.parf.org/site2/?page_id=11 and scroll down to 2011 Conference Registration Brochure and click on the title. The objective of the PARF employer awards program is to demonstrate how organizations and local employers are working together in assuring that people with disabilities have opportunities in the workplace. PARF is calling upon PARF member organizations and encouraging them to submit a one-page narrative demonstrating their work with a local employer in assisting people with disabilities to obtain and maintain employment. Please submit nominations by August 19, 2011 to PARF Education at parfeducation@parf.org or call PARF at (717) 657-7608.

Budget Briefing on MH and Substance Abuse Services Rescheduled to August 10

The briefing on the 2011-12 Pennsylvania state budget to be offered by the PA DPW Office of Mental Health and Substance Abuse Services (OMHSAS) originally scheduled for Tuesday, July 26 has been rescheduled to Wednesday, August 10 from 11:00 am to 12:00 p.m. Acting DPW Deputy Secretary of Mental Health and Substance Abuse Services Sherry H. Snyder will review the level of cuts in mental health funding in FY 2011-2012 that will impact state and county budgets for community services. The briefing will be held at the Clothes Tree Conference Center on the grounds of DGS Complex (the site of the former Harrisburg State Hospital.) To ensure adequate seating please RSVP to mocarter@state.pa.us. To join the audio conference only Call in the toll-free number (US/Canada): 1-866-699-3239. For toll-free dialing restrictions see http://www.webex.com/pdf/tollfree_restrictions.pdf. FMI: Contact PARF at parfmail@parf.org

Deadlines for PARF Annual Conference Near

Deadlines are nearing for the PARF 2011 Annual Conference to be held from Tuesday, September 20 to Friday, September 23, 2011, at the Nittany Lion Inn, State College, PA. The deadline for early bird registration and discounted rates is August 12. The special rates at the Nittany Lion Inn for room accommodations are available through Saturday, August 20, 2011. Registrants should identify themselves as a participant of the 2011 PARF Annual Conference (#MARD10C) to receive special rates. Hotel reservations should be made directly with the Nittany Lion Inn by calling 1-800-233-7505 or by visiting www.pshs.psu.edu/nittanylioninn. For information on the conference see http://www.parf.org/uploads/2011-Conference-Registration-Brochure.pdf.
SCSC Explains Civil Service Employment Process for Applicants with Disabilities

On July 20 the Pennsylvania State Civil Service Commission (SCSC) reported that it has placed on its Web site a PowerPoint presentation that explains the Civil Service employment process in general and services available to applicants with disabilities in particular. To access the presentation, SCSC said that viewers should visit the SCSC Web site at www.scsc.state.pa.us and click the Job Seekers tab on the home page. On the next page that appears choose General Information from the left navigation menu. This will be the third option on that left navigation menu. The next web page will have a top heading that reads Why Work For Us? From the left navigation menu on the page, choose the first option – Applicants with Disabilities at http://www.portal.state.pa.us/portal/server.pt/community/general_information/14274/applicants_with_disabilities/590786. On the page titled Applicants with Disabilities, scroll down that page to the section titled Examination Services and Testing Accommodations and find a link to the power point presentation at the end of the fourth paragraph in that section. State Civil Service Commission recruiter Paula Marinak advises that questions about the power point presentation for individuals with disabilities should be directed to SCSC. FMI: Contact pmarinak@state.pa.us.

PA State Civil Rights Commission Names Edwards as Executive Director

On July 20 the Pennsylvania Human Relations Commission (PHRC) Chairman Gerry Robinson announced that Jo Ann Edwards, of Lebanon, has been appointed as the agency’s new executive director. Edwards most recently served as corporate vice president for human resources at NHS Human Services, Philadelphia, PA. Edwards has more than 25 years of experience as a human resources executive in the non-profit sector and has been recognized for her leadership on the state and national levels. Edwards holds a master’s degree in human resources and industrial relations from St. Francis University in Loretto, Cambria County, and a bachelor’s degree from Penn State University. Edwards succeeds Homer C. Floyd, who retired in January after 41 years as the commission’s executive director. The Pennsylvania Human Relations Commission enforces the state’s antidiscrimination laws and promotes equal opportunity. FMI: See www.phrc.state.pa.us.

DOH Encourages PREP Applications

The Pennsylvania Department of Health (DOH) has posted a Request for Applications (RFA) for the Personal Responsibility Education Program (PREP). The funding is to support personal responsibility education programs that replicate an evidence-based effective program model (either Rikers Health Advocacy Program or Street Smart) to change behavior (i.e., delaying sexual activity, increasing condom or contraceptive use for sexually active youth, or reducing pregnancy among youth). Applications will be accepted from: (1) licensed psychiatric residential treatment facilities (PRTFs); (2) licensed residential substance abuse treatment programs; and, (3) residential programs serving delinquent youth, which include: (a) residential programs serving delinquent youth licensed by the Department of Public Welfare (DPW) Office of Children, Youth and Families (OCYF), (b) OCYF Youth Development Centers (YDC), and (c) OCYF Youth Forestry Camps. Applications are due at the DOH no later than 2:30 pm on August 24, 2011. The RFA (RFA#10-07-06) can be found at the PA Department of General Services website at http://www.emarketplace.state.pa.us/GeneralEdit.aspx?SID=10-07-06. FMI: www.health.state.pa.us.
Funding Available for Transportation to Psychiatric Rehabilitation Services

On July 18 PA Office of Mental Health & Substance Abuse Services (OMHSAS) clarified the current status of PA Department of Public Welfare (DPW) funding for transportation to psychiatric rehabilitation services (PRS) throughout the state. Recent policy statements by DPW indicated that Medical Assistance Transportation Program (MATP) services would not be made available for transportation of clients to PRS programs because psychiatric rehabilitation services (PRS) are not Medicaid in-plan services. See MATP OPS #06-2011-023. Access to PRS for many of the more than 4,000 persons with serious mental illnesses receiving psychiatric rehabilitation services (PRS) throughout Pennsylvania would have been restricted by a loss of MATP services and supports. The policy also threatened the financial viability of PRS programs. In response, the PA Behavioral Health Coalition, including PARF, and its partners in early July 2011 called upon DPW, including Office of Mental Health & Substance Abuse Services (OMHSAS) and Medical Assistance Transportation Program (MATP), to act to assure access to services. On July 11 MATP issued a memo to its providers that services are to continue up to July 31, 2011, and, one week later, on July 18, OMHSAS issued a memorandum clarifying both the policy and intention on DPW support for transportation to psychiatric rehabilitation services. OMHSAS said that DPW will continue to pay transportation costs under the MATP for transportation to behavioral health services covered under the Medical Assistance State Plan approved by the Centers for Medicare and Medicaid Services (CMS). OMHSAS said that DPW has requested that the county MATP offices continue to coordinate trips to PRS until further notice. OMHSAS said that it is working with the affected counties and BH-MCOs to identify options for continuing transportation and using the most appropriate option(s) based on local resources. OMHSAS said that it is also working with county programs on PRS rate adjustments and reinvestment plans to cover the cost of transportation for PRS and that MATP will reimburse counties in the interim. OMHSAS has targeted close of business on July 31, 2011 as the date on which responsibility for PRS transportation will end for the MATP and coverage will begin for the affected county BH programs and BH-managed care organizations. The goal is to ensure that services remain uninterrupted. OMHSAS is requesting that the BH-MCOs and PRS providers coordinate efforts to insure that consumers impacted by these changes will know how they will continue to receive services. PARF members seeking to inquire or comment on the DPW statements should contact PARF at parfmail@parf.org.

DPW Seeks Comment on Shared Living Services

On July 18 the PA Department of Public Welfare announced that it had issued a Request for Information from all interested stakeholders and industry leaders to provide comments and feedback about Shared Living Services. The solicitation opened July 18, 2011 and will remain open until August 18, 2011 at 5 pm. DPW said that it is issuing this Request for Information (RFI) to solicit information concerning potential options for improving Pennsylvania’s Home and Community Based Services (HCBS) through implementation and expanded marketing of the existing Shared Living Program (SLP) for targeted Medical Assistance (MA) program participants. Respondents must submit RFI responses no later than August 18, 2011. DPW asked the public to submit responses electronically to Pam Kuhno at sharedliving@state.pa.us.
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Providers Asked to Offer Assistance in Proving Eligibility for Medicaid Benefits

On July 22 the Pennsylvania Disability Rights Network (DRN) issued an alert calling on providers and supports coordinators to assist individuals with disabilities in completing paperwork that is required by PA Department of Public Welfare (DPW) to prove that the individual meets financial eligibility requirements for receiving Medicaid benefits. PARF members who provide services to Medicaid recipients should review their files to identify recipients whose redetermination for eligibility is due. DRN explained that each year DPW must assess whether individual Medical Assistance recipients continue to meet the financial eligibility requirements. This year DPW has directed the County Assistance Offices to review within the next month the files of thousands of Medical Assistance recipients whose time for re-evaluation of eligibility is overdue. Individuals who do not comply with the strict timelines in this process will have their Medical Assistance benefits -- including Waiver services -- terminated. DRN says that there are two groups of Medical Assistance beneficiaries who are at risk. They are: (a) Individuals who previously received a notice of renewal that requested information about their financial eligibility and (b) individuals who are overdue for eligibility reviews, but who were not sent a notice by DPW. Individuals who previously received notices from DPW of renewals and did not return their paperwork will be sent new notices that their Medical Assistance benefits will be terminated in 15 days. To maintain benefits they will have to file a notice of appeal within 13 days of the date of the notice and request aid pending appeal. DRN says that DPW will be sending notices of renewal to individuals who are overdue for eligibility reviews and who were not previously sent notices. DPW will give those individuals only 10 days to submit the requested financial information. If the information is not submitted within 10 days, those individuals' Medical Assistance benefits will be terminated with 15-days' notice. Anyone getting a notice of termination can maintain benefits by filing an appeal within 13 days. DRN says it is critical that individuals timely submit the renewal form and the requested information within 10 days. Therefore, DRN is asking supports coordinators and providers to assist individuals with disabilities to complete the renewal form and gather the requested documentation (including the most recent bank statement, cash value of life insurance, and any other resources that might have changed in the last year), and make sure that it is timely provided to DPW so that the individuals do not lose essential Medical Assistance benefits. See www.drnpa.org

ODP Issues Memo on Compliance Requirement for Electronic Claim Submissions

On July 22 the PA PW Office of Developmental Programs issued a memorandum (ODP Communication Number: Informational Memo 096-11) as an urgent reminder to certify now for the v5010, PES Users Upgrade to Version 3.57. The nature of the communication is technical and is intended for people who have a claims processing role in their organization. The memo informs people who submit Pennsylvania Medical Assistance (MA) electronic claims and support individuals who participate in the ODP Consolidated waiver, Person/Family Directed Support (P/FDS) waiver, and base programs that all electronic claim submissions must be v5010 compliant and certified before January 1, 2012 or else claims submitted January 1, 2012 and forward will be denied. SCOs and SCs will not have to certify for the v5010 with PROMISe™. More information is provided in ODP Informational Memo 096-11. See www.odpconsulting.net
ODP Issues Information Packet on Shared Living Services

On July 18 the DPW Office of Developmental Programs (ODP) made available an Informational Packet (ODP Communication Number: Packet 093-11) on “Commonwealth of Pennsylvania Shared Living Services - A Request for Information (RFI)” and informed all interested parties that the RFI about Shared Living Services has been posted to the PA E-marketplace website. *(See below for email address.)* The DPW announcement said that Commonwealth of Pennsylvania is soliciting information from all interested stakeholders and industry leaders to provide comments and feedback about Shared Living Services. DPW declared that Pennsylvania needs flexibility to bring innovation to its programs and greater choice to consumers. DPW says that programmatic and administrative flexibility will allow the Commonwealth to design the most appropriate consumer-driven program. The information from this request for information is to provide a framework that will drive participant choice, modernization, encourage best practices based on quality and prevention, and promote fiscal responsibility. DPW says that Pennsylvania has had a strong commitment to systems change and providing services in the most integrated settings possible and that the RFI is another step towards enhancing Pennsylvania’s commitment to reducing dependence on institutional settings. DPW declares that persons should not live in institution based settings for longer than is necessary based on lack of opportunities for personal care in small, homelike settings. PW said that it is also important to note historically long-term care services have been skewed towards high cost institutional based services. Thus, enhancing and broadening a Shared Living Program in Pennsylvania will give more persons the opportunity to live in family based or small home settings. A letter from DPW Secretary Gary Alexander and the RFI about Shared Living Services was included in the ODP packet. For more information about the Shared Living Services RFI, please click on [http://www.emarketplace.state.pa.us](http://www.emarketplace.state.pa.us).

ODP Issues Revised Licensing Inspection Instruments and Score Sheets

On July 22 the PA PW Office of Developmental Programs (ODP) issued an update on its work in implementing regulatory amendments to the 55 Pa. Code Chapters 2380, 2390, 6400 and 6500 that were announced on August 28, 2010, in the Pennsylvania Bulletin Volume 40, Number 35. *ODP Communication Number: Announcement 095-11* states that since the new regulations came into effect, the Office of Developmental Programs (ODP) has been working on revisions to the Licensing Inspection Instruments (LIIs) and Scoresheets. The latest version of these documents are now available. These documents are now available on the following websites: ODP Consulting System [http://www.odpconsulting.net](http://www.odpconsulting.net) (ODP Resources > Webcasts and Video Presentations > Regulation Amendment Webcast and Supporting Documents> Scoresheets> Licensing Inspecting Instruments). Documents will also be available at [http://www.dpw.state.pa.us/provider/doingbusinesswithdpw/developmentalprograms/developmentalprogramsproviderlicensing/index.htm](http://www.dpw.state.pa.us/provider/doingbusinesswithdpw/developmentalprograms/developmentalprogramsproviderlicensing/index.htm). ODP advises providers to contact the appropriate Regional ODP Licensing Administrator, the ODP Customer Service Line (1-888-565-9435) or send an email to the ODP Regulations Comments Mailbox (*ra-odpregscomments@state.pa.us*) with questions or for additional information. FMI: The full version of the amendments can be found at: [http://www.pacode.com/secure/data/055/055toc.html](http://www.pacode.com/secure/data/055/055toc.html); scroll down to see the individual chapters.
ODP Forms Available in Spanish

On July 22 the PA PW Office of Developmental Programs (ODP) circulated ODP Communication Number: Announcement 094-11 informing all interested parties that the ODP forms listed below are now available on the ODP Consulting System website in Spanish. They are identified with the number of the form followed by an ‘S’ and the translated title. The forms include: DP 457-S Home and Community Based or ICF/MR Application and Service Delivery Preference Form; DP 458-S Fair Hearing Request Form Home & Community Based Waiver Services for Individuals with MR; DP 1001-S VF/EA Authorized Surrogate Designation Form; DP 1006-S AWC Authorized Surrogate Designation Form; DP 250-S Certification of Need for ICF/MR Level of Care; DP 251-S Annual Recertification of Need for ICF/MR Level of Care; and, DP 1019-S Supports Coordinator Choice Form. The path to find the reports is: http://www.odpconsulting.net/ > ODP Resources > ODP Forms. FMI: See www.odpconsulting.net.

HMS Issues Alert on Part A Physical/Occupational Therapy Services

On July 22 Highmark Medicate Services (HMS) issued an Alert on Part A Physical/Occupational Therapy Services. HMS said that as part of Highmark Medicare Services Affordable Care Act reprocessing efforts, some claims for Part A physical/occupational therapy services with 2010 dates of service where reprocessing was initiated between July 8th and July 13, 2011 were incorrectly rejected due to the beneficiary’s therapy cap having been met. HMS said that it is currently developing a corrective action plan and will update providers via its website. See https://www.highmarkmedicareservices.com/parta/alerts.html

PennWatch Promises Access to State Spending Data on Programs and Personnel

On June 30 PA Governor Tom Corbett signed legislation into law establishing the Pennsylvania Web Accountability, Transparency and Contract Hub (or PennWATCH). The website will be run by the Office of Administration under Governor Corbett. The website will allow people to go online and see details about every funding action or expenditure paid out with state or federal funds, including the name and address of recipients and the funding source. The site will also show how much state revenue was collected during the previous month. Every month, the site will report the name, position and salary of every employee. After January 1, 2013, it also will provide an annual listing for each employee’s total compensation, including any bonuses. The information has to remain online for eight years. There are exceptions for records that are not subject to disclosure under the Right-to-Know Law or that pertain to specific provisions of state laws governing the retirement systems for state employees and teachers. A second phase of implementation should result, by the end of 2014, in disclosure of descriptions of the programs being funded and performance measures. The Office of Administration has begun writing system requirements and putting together a project team, laying the groundwork to implement the law. The state court system has also begun looking at what the new law requires. In addition to the technical questions, some have raised concerns that it may improperly infringe on the judiciary’s independence. The courts will make a decision whether there are issues, either constitutional or practical, that need to be addressed. FMI: See http://www.pittsburghlive.com/x/pittsburghtrib/news/state/s_747188.html#ixzz1Snq6DvTD.
PA Department of Insurance Schedules Forums on Health Insurance Exchanges

On July 18 the Pennsylvania Insurance Department announced that it will hold three forums during August to gather public input on health insurance exchanges. Health insurance exchanges are a one-stop shopping resource for those who are looking to buy health insurance. They offer consumers and businesses a variety of choices when they are in the market for a health insurance plan. The Insurance Department said that it is actively seeking input from all parties impacted by the formation of health insurance exchanges. The forums will be held from 9 a.m. to 3 p.m. each day, with registration beginning at 8:30 a.m., as follows: (a) Tuesday, Aug. 9: Doubletree Hotel Pittsburgh/Monroeville Convention Center, 101 Mall Blvd., Monroeville, PA, 15146; (b) Thursday, Aug. 11: Crowne Plaza Liberty Convention Center, 260 Mall Blvd., King of Prussia, PA, 19406; and (c) Tuesday, Aug. 23: Sheraton Harrisburg Hershey, 4650 Lindle Road, Harrisburg, PA, 17111. Information about the upcoming forums and related materials are available online at www.insurance.state.pa.us; click on “Health Insurance Exchanges Forums.” Interested parties can also register for the forums and submit comments via that link. For those unable to attend, video of the forums will be available via the web at www.insurance.state.pa.us.

PA Statewide Hearings Scheduled to Update 12-Year Transportation Blueprint

On July 15 Pennsylvanians were invited to share their ideas for highway planning during a series of public hearings to update the state’s 12-Year Transportation Program. Updated every two years, the Transportation Program serves as a “blueprint” of prioritized transportation projects. The update is overseen by the 15-member State Transportation Commission (STC), which includes the Transportation Secretary, ten (10) private citizens appointed by the governor, and the majority and minority chairs of the state Senate and House Transportation Committees. PennDOT is required by law to prepare and submit to the STC a program of transportation improvements which it recommends be undertaken during the next 12 years, listing only those programs and projects that are reasonably expected to be funded. The Department of Transportation and its 23 regional Planning Partners will administer the hearings on the following dates (specific start and end times will be set closer to the hearing dates): (a) Thursday, August 11 at the Ramada Altoona Conference Center, 1 Sheraton Drive, Altoona, PA 16601 (public hearing/business meeting); (b) Thursday, August 25 at the Marriott Pittsburgh North, 100 Cranberry Woods Drive, Cranberry Township, PA 16066; (c) Friday, August 26 at Wyndham Gettysburg, 95 Presidential Circle, Gettysburg, PA 17325; (d) Thursday, September 15 at Shawnee Inn, One River Road, Shawnee on Delaware, PA 18356; and, (e) Friday, September 16 at the Delaware Valley Regional Planning Commission, 190 North Independence Mall West, Philadelphia, PA 19106. Citizens planning to attend a hearing should contact the STC Office at 717-787-2913 at least 24 hours in advance. Anyone wishing to schedule a five-minute time slot to present oral testimony should contact the STC Office at least one week before the public hearing date. Residents can submit written testimony via email, fax, mail, or by completing the “Project Abstract Form” found at www.dot.state.pa.us. Written testimony can be sent directly to STC via email at RAPennDOTSTC@state.pa.us, faxed to 717-787-5247, or mailed to: State Transportation Commission, P.O. Box 3633, Harrisburg, PA 17105-3633. All written testimony must be received by September 30 to be considered for the 2013 Transportation Program. FMI: See www.dot.state.pa.us and click on the “Public Participation 2013 Program Update” hyperlink.
HHS OIG Seeks Return of $1.7M in Federal Funds from PA Direct Care Worker Initiative

On July 19 the U.S. Department of Health and Human Services Office of Inspector General (HHS OIG) sent to the PA Department of Public Welfare (DPW) its report entitled Review of Medicaid Administrative Costs Claimed for the Pennsylvania Department of Aging Direct Care Worker Initiative (A-03-10-00206). HHS OIG found that the state (Pennsylvania) did not comply with federal requirements when it claimed Medicaid administrative costs for its Direct Care Worker Initiative (Initiative) in 2007 through 2009. The claimed costs were supplemental to payments to direct care workers for direct medical services and included training and other non-administrative expenses. HHS OIG claims that these costs were not incurred to operate the Medicaid program and that the Centers for Medicare & Medicaid Services specifically prohibits claiming them as administrative costs. Accordingly, HHS OIG claims, the state claims totaling $3.5 million ($1.7 million Federal share) in unauthorized Initiative costs for State fiscal years 2007 through 2009 were unallowable. HHS OIG maintains that federal law permits states to claim federal reimbursement for Medicaid administrative costs and that these costs must be “for the proper and efficient administration of the State plan.” In a December 1994 letter to State Medicaid directors, the Centers for Medicare & Medicaid Services (formerly the Health Care Financing Administration) clarified its position on State claims for administrative costs, stating that “allowable claims … must be directly related to the administration of the Medicaid program.” HHS OIG recommended that the Pennsylvania (1) refund $1.7 million in federal funds for unallowable Initiative costs, (2) refund the federal share of unallowable Initiative costs claimed after the audit period, and (3) discontinue all future claims of Initiative costs. In a June 1, 2011 letter to HHS OIG, DPW said that the PA Department of Aging continues to believe these activities are directly related to the administration of the Medicaid program and are thereby allowable. In its summary of state responses to a draft report, HHS OIG said that the state (Pennsylvania) did not directly address its recommendations. FYI: For a copy of the HHS OIG report click on http://go.usa.gov/By6 or http://oig.hhs.gov/oas/reports/region3/31000206.pdf.

HHS OIG Calls for $1.2M Refund from PA Department of Aging Healthy Steps Program

On July 15 the U.S. Department of Health and Human Services Office of Inspector General (HHS OIG) forwarded to the PA Department of Public Welfare (DPW) its report entitled Review of Medicaid Administrative Costs Claimed for the Pennsylvania Department of Aging Healthy Steps Program (A-03-10-00205). In its report HHS OIG said that Pennsylvania did not comply with federal requirements when it claimed Medicaid administrative costs for the Healthy Steps for Older Adults program (Healthy Steps). HHS OIG said that the claimed costs were for Department of Aging payments for services to help older adults remain active and not for the administration of the Medicaid program. Accordingly, the State’s claims of $2.4 million ($1.2 million Federal share) in Healthy Steps costs for State fiscal years 2007 through 2009 were unallowable. HHS OIG recommended that the Commonwealth of Pennsylvania (1) refund $1.2 million in federal funds for unallowable Healthy Steps costs, (2) refund the Federal share of unallowable Healthy Steps costs claimed after its audit period, and (3) discontinue all future claims for Healthy Steps costs. HHS OIG said that the state did not comment on its recommendations. FYI: For a copy of the report see http://go.usa.gov/Byt or http://oig.hhs.gov/oas/reports/region3/31000205.pdf.
U.S. Senate Gang-of-Six Plan Includes Medicare Cuts

On July 22, a week of intense negotiation plans between the President and Congressional leaders over debt limits and deficit reduction ended with Speaker of the House of Representatives breaking off talks with the White House. The fate of the proposals which had seemed to advance the discussion during the week was uncertain. On July 19 the U.S. Senate's Gang-of-Six (six Republican and Democratic senators) unveiled its 10-year, $3.7 trillion deficit reduction plan. The plan received a warm, bipartisan reception in the Senate. The senators backing the new Gang-of-Six proposal said 74 percent of the deficit reduction would come from spending cuts and 26 percent from new taxes. President Barack Obama, in a last-ditch bid for a bipartisan "grand bargain" on the budget, threw his weight behind the $3.7 trillion deficit-reduction plan. The proposal calls for $500 billion in immediate savings and requires lawmakers in the coming months to cut agency spending, overhaul Social Security and Medicare, and rewrite the tax code to generate more than $1 trillion in fresh revenue. It would make changes in Social Security to make the program solvent over 75 years. It would direct congressional committees to reduce the deficit by specific levels in their areas of jurisdiction, likely including Medicare and Medicaid. Meanwhile, the House of Representatives passed in a largely symbolic vote "cut, cap and balance" measure, which the White House has called "unacceptable." Cut, Cap and Balance legislation would condition a debt ceiling increase on passage of a controversial balanced budget constitutional amendment. The House passed that measure on a largely party-line vote of 234 to 190. The White House said the bill sets up an "unacceptable choice" between lifting the debt ceiling or passing a balanced budget amendment that would cut Medicare and Social Security too deeply. The Obama administration has repeatedly urged Congress to raise the $14.3 trillion debt ceiling by August 2 or else the government will face default on its obligations. FMI: To obtain daily updates from various news sources see http://www.kaiserhealthnews.org/ and http://www.kaiserhealthnews.org/Topics/Politics.aspx.

Limitations on Medicaid Enrollees and Spending Introduced in U.S. Senate

On July 19 Senators Michael Enzi (R-WY) and Ben Nelson (D-NE) introduced separate, but nearly identical bills that would narrow the pool of people who could qualify for Medicaid beginning in 2014. The measures are in response to concerns that early retirees could qualify for the program because their Social Security benefits are not included in calculations of their income. The bills would require Social Security benefits to be counted when determining eligibility for Medicaid, as well as the tax credits individuals can receive for purchasing private insurance in the state exchanges. Both bills would save $13 billion from 2014 to 2021, according to the Congressional Budget office and the Joint Committee on Taxation. U.S. Department of Health and Human Services Department (HHS) officials have said that they are open to discussing ways to change the formula. Additionally, on July 15, Senators Scott Brown (R-MA), Ron Wyden (D-OR) and John McCain (R-AZ) introduced bipartisan legislation encouraging states to take advantage of cost-saving generic drugs. The Affordable Medicines Utilization Act of 2011 offers states incentives to use generic drugs by allowing states to temporarily keep a portion of the savings. FMI: See www.senate.gov
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DOL Seeks Comments on State Integrated Workforce Plans

On July 19 the U.S. Department of Labor (DOL) Employment and Training Administration (ETA) requested comments on its new State Integrated Workforce Plan Requirements. The State Integrated Workforce Plan provides a framework for the collaboration of governors, local elected officials, businesses, and other partners to continue the development of workforce investment systems. The new requirements would substantially revise and replace the former Workforce Investment Act and Wagner-Peyser planning guidance and will provide an option for states to integrate DOL-funded programs into a single plan that includes data collection for the Migrant and Seasonal Farm worker Annual Outreach Plan, Trade Adjustment Assistance, and Senior Community Service Employment Program State Plans. Comments are due on September 20. See http://www.doleta.gov/usworkforce/whatsnew/eta_default.cfm?id=5451

DOL Releases Guide for Service Providers Helping Women Veterans

On July 20 U.S. Department of Labor (DOL) released a new online publication, "Trauma-Informed Care for Women Veterans Experiencing Homelessness: A Guide for Service Providers." Available on the website of the U.S. Department of Labor's Women's Bureau at http://www.dol.gov/wb/trauma/, the guide explains the unique experiences and needs of women veterans, and provides organizational self-assessment tools to aid service providers, such as social workers and community service organizations. The guide addresses the challenges of homelessness, helping women veterans find jobs and successfully reintegrate into civilian life, and the development of quality resources for the community-based organizations that serve women veterans. More information on the listening sessions can be found at http://www.dol.gov/wb/programs/listeningsessions.htm. DOL says that the female veteran population is estimated to grow from 1.8 million in 2010 to 2.1 million by 2036, resulting in a greater likelihood that more women veterans will need physical and psychological services. Service providers with additional questions about the guide and other Women's Bureau resources for women veterans experiencing homelessness can call 202-693-6710 or visit http://www.dol.gov/wb/. FMI: See http://www.dol.gov/opa/media/press/wb20111058.htm.

Next White House Disability Monthly Call on July 27

The White House is hosting monthly calls to provide updates on various disability issues as well as to introduce persons who work on disability issues in the Federal government. The call is open to everyone. To obtain information and to be added to the White House Disability Group email distribution list, please visit the White House website at http://www.whitehouse.gov/disability-issues-contact and fill out the contact form in the disabilities section or email disability@who.eop.gov and provide full name, city, state, and organization. The next call will take place on Wednesday, July 27 at 1:00 p.m. Eastern. The call will feature information on technology, Section 508 of the Rehab Act, independent agencies, emergency preparedness, employment, budgetary issues and other topics. To participate on the conference call dial-in (866) 298-7926 for the White House Disability Call (use instead of code). Callers are advised to dial in 5 minutes early at 12:55 p.m. For live captioning, at the start time of the event, please login by clicking on http://www.fedrcc.us//Enter.aspx?EventID=1796804&CustomerID=321.
CMS Proposes Medicare Coverage for Screening for Alcohol Misuse & Depression

On July 19 the Centers for Medicare & Medicaid Services (CMS) proposed to add alcohol screening and behavioral counseling and screening for depression to the comprehensive package of preventive services now covered by Medicare. The proposed national coverage determinations (NCD) are issued under authority granted by the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA), which allows CMS to add coverage of new preventive benefits that are recommended by the U.S. Preventive Services Task Force and are appropriate for Medicare beneficiaries. Under the new proposals, Medicare would cover an annual alcohol misuse screening by a beneficiary’s primary care provider. The benefit would also include four behavioral counseling sessions per year if a beneficiary screens positive for alcohol misuse. Medicare would also cover an annual screening for depression in primary care settings that offer staff-assisted depression care, so beneficiaries can receive an accurate diagnosis, effective treatment, and follow-up. Public comments are invited for 30 days. CMS will issue final coverage decisions later this year. FMI: The proposal for screening and counseling for alcohol misuse is available on the CMS website at: www.cms.gov. See http://www.cms.gov/medicare-coverage-database/reports/national-coverage-whats-new-report.aspx?TimeFrame=7&DocType=All&bc=AgAAQAAAAAAA&#ResultsAnchor.


CMS National Call on Meaningful Use in Medicare and Medicaid EHR Incentive Programs

On August 18 from 1:30pm to 3:00 pm ET the Centers for Medicare & Medicaid Services (CMS) will host a National Provider Call on Medicare and Medicaid EHR Incentive Programs. The National Provider Call on the Medicare and Medicaid EHR Incentive Program will focus on meaningful use requirements. The agenda topics include: Defining “Meaningful Use,” requirements for Stage 1 of Meaningful Use (2011 and 2012), attestation for meaningful use, goals of the Meaningful Use Objectives Specification Sheets, and Stage 1 EHR Meaningful Use Specification Sheets for Eligible Professionals. See https://www.cms.gov/EHRIncentivePrograms/Downloads/EP-MU-TOC.pdf. See also Stage 1 EHR Meaningful Use Specification Sheets for Eligible Hospitals at https://www.cms.gov/EHRIncentivePrograms/Downloads/Hosp_CAH_MU-TOC.pdf. Registration information will be made available soon, and will be shared via listserv announcement and the Spotlight and Upcoming Events Page of the EHR Incentive Programs website. FMI: See www.cms.gov.
Webcast on Center for Medicare and Medicaid Innovation (CMMI) Center

A webcast is now available on the new Center for Medicare and Medicaid Innovation (CMMI) Center which seeks to test new health care payment and service delivery models that can potentially enhance quality of care for beneficiaries while reducing costs. The new webcast on The Innovation Center: How Much Can It Improve Quality and Reduce Costs - and How Quickly? is available at http://www.kff.org/ahr071811video.cfm. The webcast is produced by The Alliance for Health Reform and The Commonwealth Fund. The briefing addresses questions such as: How is the agency planning to administer its $10 billion in funding? What early projects is the center undertaking? Is there private sector evidence that its goals can be achieved? What will happen to existing innovations now being rolled out by providers and hospitals? A podcast is also available. FMI: See http://www.kff.org/ahr071811video.cfm.

CMS National Provider Call on ICD-10 Implementation Strategies for Physicians

On August 3 from 1:30 pm to 3:00 pm ET the Centers for Medicare & Medicaid Services (CMS) will host a National Provider Call on ICD-10 Implementation Strategies for Physicians. CMS experts will discuss ways that physician offices can prepare for the change to ICD-10 for medical diagnosis and inpatient procedure coding. Topics include: ICD-10 requirements and resources overview, implementation strategies for physician offices, update on coverage conversion activities, national ICD-10 implementation issues, update on bill processing, including claims that span the implementation date, and an update on Home Health Agency Home Health Resource Grouper. To register see http://www.cms.gov/ICD10/Tel10/itemdetail.asp?itemID=CMS1249632 on the CMS website. Registration will close on Tuesday August 2 at 1:00 p.m. ET or when available space has been filled. No exceptions will be made.

CMS to Move Forward on Medicare Bundled Payments Sooner than 2013 Deadline

On July 18 Dr. Richard Gilfillan, acting director of the new Center for Medicare and Medicaid Innovation at the CMS, said in a session on Medicare Bundled Payments held at the Center for American Progress that the rules implementing bundled payments for Medicare providers will be in place long before their 2013 deadline. In addition, Gilfillan said that he expects bundled payments to initially focus on the acute- and post-acute-care segments because private-sector initiatives have already succeeded in those areas. In answer to a question from Kaiser Health News (Question: “Under the law, the bundle payments pilot was going to start in 2013 but now you’re talking about starting a program much earlier than that. Could you clarify?”) Dr. Gilfillan said that “we [at CMS] are moving forward sooner with a program that addresses bundle payments for care improvement. So we are interested in getting going.” Dr. Gilfillan did note that his concern about the post-acute-only bundle is that “if you don’t include the acute phase, then you can have some potential negative arbitrage tradeoffs.” Dr. Gilfillan was CEO of the Geisinger Health Plan (2005 to 2009). FMI: For a transcript of the Center for American Progress session on Lowering Costs and Improving Quality in Health Care: Bundling as a Payment Reform Innovation see http://www.americanprogress.org/events/2011/07/av/bundlingtranscript.pdf. See also http://smtp01.kaiserhealthnews.org/t/22670/350492/21452/0/.
U.S. Senate HELP Committee Holds Hearing on Employment for People with Disabilities

On July 14 the Senate Committee on Health, Education, Labor and Pensions (HELP) held a hearing on “Lessons from the Field: Learning from What Works for Employment for Persons with Disabilities.” On August 3 the Senate HELP Committee will convene in executive session to consider the Workforce Investment Act Reauthorization of 2011. At the July 14 hearing the committee sought to learn about proven strategies that have a positive impact on employment outcomes for all people with disabilities, including young adults and veterans. Witnesses included: The Honorable Kathy Martinez, Assistant Secretary of Labor, Office of Disability Employment Policy, U.S. Department of Labor; Governor Tom Ridge, Chairman, National Organization on Disability; Deborah Dagit, Vice President and Chief Diversity Officer, Merck; and Amelia Wallrich, Law Student, Northwestern University. Witnesses highlighted the extremely high rates of unemployment and underemployment among people with disabilities, and discussed successful strategies including customized employment, workplace accommodations, and transition planning for youth with disabilities. FMI: See http://help.senate.gov/hearings/hearing/?id=ffc34a32-5056-9502-5dd8-b6276d41f1df
For statement of Senate HELP Committee Chair Tom Harkin (D-IA) see http://help.senate.gov/newsroom/press/release/?id=5ff262eb-c849-4aaa-97bf-b9c3293a9f7c&groups=Chair. For background on WIA Reauthorization see http://archive.constantcontact.com/fs058/1102452069849/archive/1106557929543.html.

Subminimum Wage Guidelines & Protections at Issue in WIA Reauthorization

On August 3 a proposal on use of the subminimum wage will be considered by U.S. Senate Committee on Health, Education, Labor and Pensions (HELP) in an executive session on the Workforce Investment Act Reauthorization of 2011. The proposal has not yet been publicly introduced. Under the draft proposal, individuals with disabilities could work for subminimum wage if they meet certain age-related requirements and if they do so while receiving job training designed to prepare them for competitive employment. Workers are not supposed to remain in subminimum wage situations for longer than six months unless they wish to. A hearing to consider the bill has been postponed at least twice in part due to continuing discussions about the legislation. Chairman Tom Harkin (D-IA) has stated publicly numerous times over the past two years his intent to restrict the use of subminimum wage especially among youth with significant disabilities. A draft copy circulated on Capitol Hill is being debated by advocacy groups. The Arc calls the current proposal a step forward because it creates guidelines and protections for workers with disabilities. The Employment, Training, and Wages Legislative Agenda for the 112th Congress (2011-2012) enumerating the positions of The Arc is posted at http://www.thearc.org/page.aspx?pid=3002. The National Federation of the Blind opposes the subminimum wage proposal. See www.nfb.org. On July 20 the National Federation of the Blind (NFB) announced that its members will conduct informational protests at the district office locations of United States Senators serving on the Senate HELP Committee. FMI: See http://www.disabilityscoop.com/2011/07/19/plan-subminimum-wage/13562/. See also www.senate.gov.