PARF NEWS
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PA House Committee Reviews Fiscal Stability of Developmental Programs

On December 13 the Pennsylvania House Human Services Committee, chaired by Representative Gene DiGirolamo (R-Bucks), held an informational meeting on the funding and payment policies of the Department of Public Welfare’s Office of Developmental Programs. The meeting provided an update to the committee on the new system of billing and reimbursement that the federal government directed in 2009. Providers, advocates, clients and families reported on the implementation of the changes that have had a very serious impact on the fiscal stability of the provider agencies as well as the safety of the individuals served. Testifying before the committee were Gene Bianco, PARF President and CEO and PARF board member Jim Bobeck, President/CEO, Step by Step. Also presenting were representatives of Family Links of Allegheny County; Pennsylvania Advocacy and Resources for Autism and Intellectual Disabilities (PAR); Access Services; Pennsylvania Community Providers Association (PCPA); Pennsylvania Waiting List Campaign; The Arc of Pennsylvania; Disability Rights Network of Pennsylvania; Mental Health and Mental Retardation Program Administrators Association of Pennsylvania; and the Pennsylvania Department of Public Welfare. Copies of the testimony are available from PARF. The meeting was streamed live at www.PAHouseGOP.com and www.GeneDiGirolamo.com.

DOH Issues Interim Regulations on Photo-ID Badges

In the December 10, 2011 edition of the Pennsylvania Bulletin the PA Department of Health issued a notice that it was implementing interim regulations on photo identification badge requirements that apply to employees that deliver direct care to a consumer outside of a health care facility or employment agency and to employees of the private practice of a physician. DOH noted that the provisions do not apply to employees that deliver direct care to a consumer at a health care facility until June 1, 2015. The interim regulations will affect employees who work for health care facilities, health care providers or employment agencies who provide direct care to a patient or consumer outside of the health care facility. The interim regulations will also affect health care practitioners and employees who provide direct care to a patient or consumer under the supervision of a health care practitioner. More than 81,000 individuals employed by home health care agencies, home care agencies and registries and hospices and 117,000 individuals in physician private practices will be affected. The cost of a photo identification badge could vary depending on the type and quality of the badge. The interim regulations will become effective upon publication in the Pennsylvania Bulletin. The interim regulations will expire 18 months following the effective date or upon promulgation of final regulations by the Department, whichever occurs first. Interested persons are invited to submit comments, suggestions or objections to the interim regulations to Susan Coble, Director, Bureau of Community Program Licensure and Certification, Department of Health, 132 Kline Plaza, Suite A, Harrisburg, PA 17104, (717) 783-8665 by January 9, 2012. DOH will consider the comments it receives in developing proposed regulations that will be published in advance of the Department adopting final regulations by July 22, 2012. FMI: See www.health.pa.us and www.pabulletin.org.
PA House Seeks Resolution of Contract Disputes between Providers and Insurers

On December 16 the PA House of Representatives voted to send to the PA Senate legislation aimed at preventing future disputes between hospitals and insurers. House Bill 2052 will empower the Pennsylvania Insurance Department with an effective means of assisting in the resolution of disputes between health care providers and insurers. Among its various provisions HB 2052 would: (a) require the department to hold investigative public hearings in the event that a dispute would arise; (b) call for the parties in a dispute to participate in mediation if the Insurance Department finds that the contract would substantially affect public health in the area serviced by the insurer; and, (c) submit the parties to binding arbitration if mediation fails and the Secretary of Health finds that termination or expiration of the contract would substantially disrupt the delivery of health care services in the area serviced by the insurer and that continuation of the contract is in the public interest. FMI: See www.legis.state.pa.us and enter HB2012. See also www.pahousegop.com.

PA House Adopts Informal Dispute Resolution Process for Long-Term Care Facilities

On December 16 the PA House of Representatives approved final amendments to a bill establishing an informal review process for long-term care nursing facilities and sent the bill to Governor Corbett to be signed into law. House Bill 1052 establishes an informal review process for long-term care facilities that enable facilities to use an independent agent to dispute allegations of non-compliance with federal and state regulations. The new dispute resolution process allows long-term care facilities the opportunity to dispute any allegations of noncompliance that may arise during the survey process before the findings are entered into the federal data systems. The legislation gives long-term care facilities the option to use the current review process through the Department of Health (DOH) or to choose a quality improvement organization at their own expense. FMI: See www.legis.state.pa.us and enter HB 1952. See also Latest News at www.pahousegop.com.

PA Senate Approves Limits on Publicly-Funded Transportation for Methadone Clients

On December 14 the Pennsylvania Senate approved legislation enacting limits on publicly funded transportation for methadone clients. The bill (Senate Bill 638) will be sent to Governor Corbett to be signed into law. Under the bill, the PA Department of Public Welfare (DPW) would require that individuals who receive methadone treatment services, covered by Medicaid under the Medical Assistance Transportation Program, receive treatment at the clinic closest to their residence if they are using para-transit services by taxi or bus or are being reimbursed mileage for using their own vehicles. The Medical Assistance Transportation Program (MATP) provides transportation to individuals who are receiving methadone treatments by either reimbursing those with private vehicles at a rate of 25 cents per mile or by providing rides in vans and taxis. FMI: See www.legis.state.pa.us and enter SB 638. See also www.pasenate.com and www.pasenategop.com.
PA Senate Updates Family Caregiver Support Program

On December 14 the Pennsylvania Senate approved legislation updating Pennsylvania’s Family Caregiver Support Program to include non-relative caregivers and bring the state program in line with its federal counterpart. Pennsylvania’s Family Caregiver Support Act, established in 1990, provides benefits and services for eligible caregivers who care for functionally dependent relatives 60 years of age and older, as well as adults with chronic dementia such as Alzheimer’s who are 18 years of age and older. HB 210 would increase the maximum amount allowable under the program for out-of-pocket expenses from $200 per month to $500 per month. In addition to out-of-pocket expenses, the program also provides grants of up to $2,000 for home modifications such as ramps and chair lifts. The bill alters the definition of caregiver to include non-relative caregivers. In addition, it removes the requirement that a caregiver must live with the care recipient. This brings the Pennsylvania program in line with what is offered through the National Family Caregiver Support Program. House Bill 210 also would officially change the name of the state program from the Family Caregiver Support Program to the Pennsylvania Caregiver Support Program. HB 210 has been sent to Governor Tom Corbett and is expected to be signed into law in the coming week. See www.legis.state.pa.us.

PennDOT Accepts Applications for Funding of Wheelchair-Accessible Transit Vehicles

In the December 17, 2011 edition of the Pennsylvania Bulletin, the Pennsylvania Department of Transportation (PennDOT) Bureau of Public Transportation published a notice that it is accepting applications for funding under the Section 5310 program for fiscal year 2011-2012. PennDOT noted that that under this program, private nonprofit organizations and designated public bodies may apply for Federal capital assistance to pay up to 80% of the purchase cost of new wheelchair accessible small transit vehicles and other equipment used to provide needed transportation services for senior citizens and persons with disabilities who cannot be reasonably accommodated by existing transportation providers. Additional information can be obtained by contacting Ben Brosius of the Bureau of Public Transportation, (717) 787-1211, bbrosius@pa.gov.

DPW Publishes Fees for Respite Services

In the December 10, 2011 edition of the Pennsylvania Bulletin the PA Department of Public Welfare (DPW) published its established fees for the ineligible portion of payment for respite services provided at waiver service locations. The statement of policy applies to administrative entity (AE) administrators or directors, county mental health and mental retardation (MH/MR) program administrators or directors, supports coordination organization directors and providers of services. DPW said that since in the waiver program only a portion of payment for specific respite services is eligible for Federal reimbursement, the Department-established fees cover the ineligible portion of these respite services. These Department-established fees are for service locations that serve both waiver individuals under the Consolidated and Person/Family Directed Support (P/FDS) waivers and based-funded individuals. The Department-established fees are effective July 1, 2011. The fees are also available through a link titled "Respite Ineligible Fees" at http://www.dpw.state.pa.us/provider/doingbusinesswithdpw/developmentalprograms/index.htm. Questions should be directed to the Regional Program Manager at the appropriate regional office.
IRRC Posts Comments on Physical Therapy Regulations


ODP Uses Alternatives for Notice of Medicaid Waiver Renewals & Approvals

On December 5 the PA DPW Office of Developmental Programs (ODP) issued *ODP Announcement 163-11* concerning approval by the Centers for Medicaid and Medicare Services (CMS) of ODP Waiver Amendments. ODP said that it intended to keep all interested parties informed about approvals of the Office of Developmental Programs’ (ODP) Consolidated and Person/Family Directed Support (P/FDS) Waiver Amendments, effective November 15, 2011 and so was reporting that it will no longer issue an ODP policy bulletin to communicate the approval of a waiver amendment or a waiver renewal. Instead, alternative ODP communications will be used to provide notification of waiver amendment or waiver renewal approvals. In its alert ODP said that the Centers for Medicare & Medicaid Services (CMS) had most recently approved the waiver amendments for the Consolidated and Person/Family Directed Support Waivers. These amendments consist of modifications to the list of fee schedule services in the rate setting section and other modifications to the language related to the Medical Assistance (MA) Fee Schedule rate development process. The approval also allows updates to Appendix C-1/C-3 by removing the rate information included in the definition of transportation “mile.” Information on the Consolidated and P/FDS Waivers can be found on the DPW Website ([www.dpw.state.pa.us](http://www.dpw.state.pa.us)); learn about DPW > Waiver Information > Consolidated Waiver for Individuals with Intellectual Disabilities or Person/Family Directed Support Waiver. FMI: See Consolidated Waiver Amendment Effective November 15, 2011 at [http://www.dpw.state.pa.us/ucmprd/groups/webcontent/documents/py/p_011855.pdf](http://www.dpw.state.pa.us/ucmprd/groups/webcontent/documents/py/p_011855.pdf) and the P/FDS Waiver Amendment Effective November 15, 2011 at [http://www.dpw.state.pa.us/ucmprd/groups/webcontent/documents/webcopy/p_011857.pdf](http://www.dpw.state.pa.us/ucmprd/groups/webcontent/documents/webcopy/p_011857.pdf).

ODP Deadline Nears for Provider Submission of Self-Reporting Tool

On December 13 the PA DPW Office of Developmental Programs (ODP) issued ODP Announcement 170-11 to remind all ODP providers that the deadline for submitting the Provider Self-Reporting Tool is Friday, December 30, 2011 at 5:00 PM. The self-reporting tool is designed to assist providers with assessing their compliance with ODP requirements. ODP is using the data collected from the Provider Self-Reporting Tool as a benchmark to determine future developments needed in areas such as training, technical assistance and the crafting or reviewing of policy and procedures. ODP recommends that each provider complete the Self-Reporting Tool, dated October 3, 2011. The tool must be submitted as a Zoomerang Survey. To obtain answers to questions or concerns about the tool, contact the ODP Provider Monitoring mailbox at ra-odpprovidermonito@pa.gov. FMI: See [www.odpconsulting.net](http://www.odpconsulting.net)
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CARF Training on Accreditation of Brain Injury HCBS Services on January 23-24

PARF will be hosting two days of training on CARF Accreditation of Brain Injury Residential Rehabilitation and Home and Community Based Services on January 23 and January 24, 2012. The two day training program to be held at Dixon University in Harrisburg, PA will address the needs of brain injury service providers offering services in Pennsylvania’s Medicaid waiver program for brain injury (CommCare). The training is designed to prepare providers for the accreditation of services and programs required in the CommCare program. In the event that the training program on January 23rd & 24th is not offered due to inclement weather and needs to be rescheduled, the two day session will be held on Monday, January 30th & Tuesday, January 31st, 2012. For more information and to register for the event, please see the brochure and registration form at www.parf.org. If more information is needed, please contact PARF at parfmail@parf.org.

Training on Cultural Competence and LGBTQI

A free training on the cultural competence and effective practices for welcoming persons who are lesbian, gay, bi-sexual, transgender, questioning, intersex (LGBTQI) will be held on January 25, 2012 from 9:00 am to 4:00 pm. the training will be held at The Family Retreat Center, 1100 Freeport Road, Mars, PA 16046. Anyone wishing to become more aware of issues faced by persons referred to as sexual minorities is encouraged to attend. This 5-hour seminar is presented by Keystone Pride Recovery Initiative, Pennsylvania Mental Health Consumers’ Association and Persad Center. The seminar will explore the effects of language, culture, and power dynamics on the developing personhood of individuals identified as belonging to a sexual minority. The seminar will also examine the attitudes, values and thinking of participants in considering gender identity. The focus will be on ways to become more truly welcoming and affirming to all persons and to learn from them how to be helpful as part of a healing community of support. Registration must be received by close of business on January 16, 2012. FMI: Contact Pennsylvania Peer Support Coalition at PMHCA, 4105 Derry Street, Harrisburg, PA 17111, Phone 1-800 887-6422. See www.papeersupportcoaliton.com.

Proposals for 2012 PA Community on Transition Conference Due in January

A call for proposals for the 2012 PA Community on Transition Conference has been issued, and the deadline for submission of proposals has been extended to January 20, 2012. The PA Community on Transition Conference for 2012 is entitled “Empowerment in an Environment of Change.” The conference will be held July 25 through July 27, 2012 in State College, PA. The Office of Developmental Programs had issued an ODP Communication Packet 165 11 with a description of the proposal requirements The primary purpose of the conference is to expand the capacity of local education agencies and communities, in partnership with youth, young adults and families, in promoting the successful 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 have the opportunity to learn about effective practices to assist youth/young adults with disabilities to be empowered in an environment of change. FMI: See the ODP Communication Number: Packet 165 11 at www.odpconsulting.net for a description of the conference and proposal requirements. For additional information see the PaTTAN website at www.pattan.net.
US Senate Set to Approve Freezing Medicare Payments to Physicians

On December 16 the US Senate was set to act on a payroll tax bill that the House of Representatives approved earlier in the week. Legislation would extend a payroll tax holiday and would address Medicare reimbursement levels for physicians and prevent a 27.4% cut that is scheduled to take effect on January 1. The bill would also address Medicare and health-related provisions that are also set to expire at the end of the year. These provisions include increased reimbursement for ambulance services, increased payment for mental health services, the qualifying individual (QI) program, the outpatient “hold harmless” provision, and transitional medical assistance, which provides Medicaid benefits for low-income families who are transitioning from welfare to work. Healthcare associations, including PARF, are urging members of Congress to act on commitments to repeal the Medicare physician payment formula.

HHS Allows States to Define Essential Health Benefits under Affordable Care Act

On December 16 the U.S. Department of Health and Human Services (HHS) released a bulletin outlining proposed policies that will give states flexibility and freedom to implement the Affordable Care Act. The new law lists 10 categories of “essential health benefits” that must be provided by insurance offered in the individual and small-group markets, starting in January 2014. These include preventive care, emergency services, maternity care, hospital and doctors’ services, and prescription drugs. HHS had been expected to provide details of what services and benefits must be provided in each category. Instead, in its December 16 bulletin HHS said the federal government would respect the states’ role, giving them “the flexibility to design coverage options that meet their unique needs.” Under this approach, each state would designate an existing health insurance plan as a benchmark. The benefits provided by that plan would be deemed essential, and all insurers would have to provide benefits of the same or greater value. Plans could modify coverage within a benefit category so long as they did not reduce the value of coverage. Each state would choose one of the following health insurance plans as a benchmark: (a) One of the three largest small-group plans in the state; (b) One of the three largest health plans for state employees; (c) One of the three largest national health insurance options for federal employees; and, (d) The largest health maintenance organization operating in the state’s commercial insurance market. Public input on this proposal is encouraged. Comments are due by January 31, 2012 and can be sent to EssentialHealthBenefits@cms.hhs.gov. For the essential health benefits bulletin, visit http://cciio.cms.gov/resources/regulations/index.html#hie. For a fact sheet on the essential health benefits bulletin, visit: http://aspe.hhs.gov/health/reports/2011/IndividualMarket/ib.shtml For information comparing benefits in small group products and state and Federal employee plans, visit: http://aspe.hhs.gov/health/reports/2011/MarketComparison/rb.shtml For a summary and comments, see http://www.nytimes.com/2011/12/17/health/policy/health-care-law-to-allow-states-to-pick-benefits.html?_r=1&nl=todaysheadlines&emc=tha2
MedPAC Recommends FY 2013 Zero Update for IRFs

On December 15 and 16 the Medicare Payment Advisory Commission (MedPAC) met to discuss Medicare provider payment updates for fiscal year (FY) 2013, including payment adequacy for inpatient rehabilitation hospitals and units (IRH/Us) and recommendations for FY 2013. MedPAC recommended a zero update for IRFs for FY 2013. It estimates FY 2010 margins for IRH/Us at 8.8%, up from 8.4% in FY 2009. The projected FY 2012 aggregate Medicare margin is 8.0%. MedPAC reviewed two new factors to be used in determining IRF payment update recommendations: (a) Risk adjusted quality measures, including IRF readmissions to acute care and skilled nursing facilities within thirty (30) days of discharge to the community and (b) costs and other characteristics of rehabilitation units. MedPAC also considered draft recommendations for Medicare payment updates to skilled nursing facilities, home health, and inpatient and outpatient hospitals. Concerning inpatient and outpatient hospitals, MedPAC recommended that Congress increase the payment rate for inpatient and outpatient hospital services by 1 percent and that Congress require the Department of Health and Human Services (HHS) beginning in 2013 to use the difference between the payment increase under current law (2.9 percent) and the recommended 1 percent update to recover overpayments due to documentation and coding changes. MedPAC also recommended that Congress direct HHS to reduce payment for mid-level evaluation and management (E&M) services provided in the outpatient department to be equal with the payment for E&M in a physician office. FMI: See www.medpac.gov. See http://www.medpac.gov/meeting_search.cfm?SelectedDate=12/16/2011&t=m&month=2011-12

IRF PPS PC Pricer Updated

On December 5 the Centers for Medicare and Medicaid Services issued a notice that the FY 2011 Inpatient Rehabilitation Facility (IRF) Prospective Payment System (PPS) PC Pricer has been updated with October provider data. The FY 2012 Inpatient Rehabilitation Facility (IRF) Prospective Payment System (PPS) PC Pricer has also been added. The PC Pricers may be downloaded from the Centers for Medicare & Medicaid Services (CMS) web page at http://www.cms.gov/PCPricer/06_IRF.asp. Individuals using the IRF PPS PC Pricers should go to the page above and download the latest version of the FY 2011 (updated 12/03/2011) and FY 2012 IRF PC Pricers (posted 12/05/2011) in the Downloads section.

DOL Proposes Changes to Companionship and Live-In Worker Regulations

On December 16 US Department of Labor (DOL) Wage and Hour Division (WHD) published a Notice of Proposed Rulemaking to Amend the Companionship and Live-In Worker Regulations. The proposed changes to the companionship and live-in worker regulations under the Fair Labor Standards Act are designed to more clearly define the tasks that may be performed by an exempt companion and to limit the companionship exemption to companions employed only by the family or household using the services. Third party employers, such as in-home care staffing agencies, could not claim the exemption, even if the employee is jointly employed by the third party and the family or household. The NPRM that appears in the Federal Register specifies the dates of the public comment period. Interested parties are invited to submit written comments on the proposed rule at www.regulations.gov. FMI: See http://www.dol.gov/whd/flsa/companionNPRM.htm.