**PARF NEWS**
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*Dateline: January 20, 2012*

**PA Senate and House Schedule Hearings on State Budget**

The Pennsylvania Senate and House of Representatives have scheduled Appropriation Committee hearing dates to review the Governor’s Proposed Commonwealth Budget for fiscal year 2012-2013. PA Governor Tom Corbett will be presenting his proposed budget to the Pennsylvania General Assembly on Tuesday, February 7. The PA House of Representatives Committee on Appropriations has scheduled its hearings on the budget from February 21 through March 8. It has scheduled hearings on Wednesday, February 29, at 1:30 p.m. for the Department of Health (including Bureau of Drug & Alcohol, if necessary) and at 3:00 p.m. for the Department of Aging. Hearings will also be held on Thursday, March 1 at 10:00 a.m. for the Department of Labor & Industry and on Wednesday, March 7 at 1:30 p.m. for the Department of Public Welfare. The Pennsylvania Senate has scheduled its hearings to be held from Monday, February 13 to Wednesday February 29. It will hold hearings on Tuesday, February 21 at 1:00 p.m. on the Department of Health budget and at 3:00 p.m. for the Department of Aging. It will also hold hearings on Thursday, February 23 at 3:00 p.m. for the Department of Labor & Industry and on Tuesday, February 28 at 9:30 a.m. for the Department of Public Welfare. FMI: See www.legis.state.pa.us and http://www.legis.state.pa.us/cfdocs/legis/home/session.cfm

**Legislation Introduced to Block PA Asset Test for Food Stamps**

On January 19 PA state Senator Anthony H. Williams announced the introduction of legislation (SB 1387) which would prohibit the implementation of regulations that would penalize Pennsylvanians who participate in the Supplemental Nutritional Assistance Program (SNAP). Senator Williams cited the Corbett Administration’s proposal to place an asset limit on Pennsylvania’s families to determine eligibility for food stamps. Williams noted that currently, Pennsylvanians who earn 160 percent of the federal poverty level ($22,350 for a family of four) or less are eligible for SNAP benefits. The policy change would deem a recipient under age 60 who has more than $2,000 in savings and assets ineligible. Senator Williams said that there is no evidence for waste, fraud or abuse to be at the basis of the proposal. FMI: See http://www.pasenate.com/?p=7100.

**Sharp Increase in Number of Children in PA Losing Medical Assistance**

On January 17 the Philadelphia Inquirer reported that more children lost Medicaid coverage in Pennsylvania in December than in the previous three months combined. The Inquirer cited new PA Department of Public Welfare numbers that show a total of 88,000 cut since August 2011. The Inquirer noted that the official numbers do not count an additional 23,000 children whose benefits were cut and eventually restored retroactively, often with legal help. The Inquirer said that child advocates believe thousands have no idea they are now uninsured. FMI: See http://articles.philly.com/2012-01-17/news/30635537_1_medicaid-policy-eligibility-entitlement-programs. See also http://insurancenewsnet.com/article.aspx?id=326204.
PA State Supreme Court to Hear Challenges to Legislative Redistricting Plan

On January 23 the Pennsylvania Supreme Court will hear oral arguments concerning the redistricting plan that would establish new district lines for Pennsylvania state senators and representatives. Senate Democrats and others have filed challenges to the new map which was drawn up by state legislative leaders and a fifth member chosen by the Supreme Court. The plan changes the districts in the state to account for changes in population according to the 2010 Census. FMI: See Pennsylvania Cable Network at www.pcntv.com.

PA House Approves Legislation to Cap Damages in Civil Liability Cases in LTC

On January 18 the PA House of Representatives approved in a 103-89 vote a bill that limits the amount of punitive damages that may be awarded in a civil liability cases against personal care homes, assisted living centers, and long term care nursing facilities. House Bill 1907 would limit the size of a punitive damage award to no more than 200 percent of the compensatory damages awarded in cases involving the facilities. The cap would not apply to cases in which intentional misconduct is alleged. Currently, the Medical Care Availability and Reduction of Error (MCare) Act contains a provision that limits the amount of punitive damages against physicians to 200 percent of the compensatory damages. House Bill 1907 would extend that same protection to nursing care facilities. House Bill 1907 now moves to the state Senate for consideration. See www.legis.state.pa.us See http://www.pahousegop.com/NewsItem.aspx?NewsID=13349

PA House Committee to Consider HR 225 on Description of Intellectual Disabilities

On January 24 the Pennsylvania House of Representatives Health Committee will meet to consider and vote on House Resolution 225 as introduced by Representative Brendan Boyle (D-170-Montgomery-Philadelphia). HR 225 urges Pennsylvanians to use the term "intellectually disabled" to describe individuals with a significant intellectual impairment. The resolution calls upon all Pennsylvanians to stop using the term “retarded” and to replace it with the term "intellectual disability" and to be mindful that words are powerful and can have a significant impact on people and how they are viewed by others as well as themselves. FMI: For a copy of House Resolution 225 see www.legis.state.pa.us.

HAP Webinar on Coding and Documentation for IRFs on January 31

On January 31 The Hospital & Healthsystem Association of Pennsylvania is hosting a webinar on coding and documentation for inpatient rehabilitation facilities. The webinar will address the complex billing and coding issues for the IRF staff, and the need for supporting documentation of patient resources. Strategies to ensure compliance will be presented. Additionally, current RAC (Recovery Audit Contractor), MIC (Medicaid Integrity Contractor), and private commercial audit findings and focuses will be reviewed. For a brochure and registration form see http://www.haponline.org/programs/details/a6gA98MXPSUVh74VHO8b. Any questions may be directed to Mary Barth, Member Relations and Education, at mbarth@haponline.org or (717) 561 5270. Contact: Education Services, The Hospital & Healthsystem Association of Pennsylvania 4750 Lindle Rd., Harrisburg, PA 17111.
ODP and OMHSAS Establish Joint Partnership on Services for People with Dual Diagnosis

On January 20 the PA Office of Developmental Programs (ODP) announced the establishment of a joint partnership with the Office of Mental Health and Substance Abuse Services (OMHSAS) to address models of support and services for persons with intellectual disabilities, autism and mental health issues. ODP said that Fred Lokuta will be leading the partnership on behalf of the Office of Developmental Programs (ODP), effective January 16. Lokuta has been Chairperson of the Statewide Behavior Support/Positive Practices Committee, Restraint Elimination Task Force, Leadership Development Institute, Change Development Initiative. FMI: Contact PARF at parfmail@parf.org.

OVR Issues Invitations for Bids to Develop Independent Living Projects

On January 18 the Pennsylvania Department of Labor and Industry Office of Vocational Rehabilitation (OVR) in conjunction with the PA Statewide Independent Living Council (PASILC) posted four (4) Invitations for Bid (IFB) to develop Independent Living Projects. The bid period closes on February 7, 2012 at 3:00 pm. Only electronic bids will be accepted by that date and time. The Announcement and all attachments and the Statement of Work for an IFB(s) are at the DGS web site at https://www.pasupplierportal.state.pa.us/irj/portal/anonymous. Bids will be completed through the DGS web site: All vendors wishing to do business with the Commonwealth must register at https://www.pasupplierportal.state.pa.us/irj/portal/anonymous. Those interested in the IFB must be a registered PA vendor in order to view, bid and receive a contract through this IFB process. Questions will be answered through the DGS web site. Assistance to become a registered PA vendor is needed may be obtained by calling the toll free number: 1-877-435-7363. If there are difficulties locating these IFBs or posting questions, contact Mary Ann McKinney, L&I Procurement Office at RA-li-OIT-BAS-Procur@state.pa.us. FMI: Contact PARF at parfmail@parf.org.

ODP Issues Memorandum on Impact of SSI Increase

On January 17, the PA Office of Developmental Programs (ODP) issued ODP Informational Memo # 002-12 to communicate that the federal Social Security Supplementary Income (SSI) payment amount has increased 3.6 percent, effective January 1, 2012. The increase impacts the amount that providers charge to waiver and base funded individuals for room and board costs and the amount submitted on claims for the ineligible portion of waiver-funded residential services. For information on SSI and ODP payments, see http://www.ssa.gov/OACT/COLA/SSI.html. See www.odpconsulting.net for ODP Informational Memo # 002-12.

Deadline Nears for MIG-Supported On-Line Courses in Supported Employment

The deadline for Virginia Commonwealth University (VCU) on-line spring registration for on-line courses for supported employment personnel that are supported by the PA Medicaid Infrastructure Grant (MIG) is fast approaching. Registration is due by January 27, 2012. Regarding the MIG reimbursement program, call Lori Tyndall, AHEDD (717) 763-0968 ext 130. For information on VCU-RRTC courses see www.worksupport.com/training/index.cfm. FMI: Contact John J. Miller, Vice President, AHEDD, Camp Hill, PA. Phone (717) 763-0968 ext 118. (866) 902-4333 TF, email john.miller@ahedd.org or see www.ahedd.org.
President Obama - and CBO - to Offer Updates on Federal Government Spending

On January 24 President Barack Obama is scheduled to present his State of the Union address to Congress, which will include an update on his spending priorities. The members of the House of Representatives and Senate will gather in the joint session on January 24 at 8:35 p.m. EST. One week later, on January 31, the Congressional Budget Office (CBO) will provide updated spending and economic projections for the next ten (10) years. The update will be offered by CBO in its release of its annual budget and economic outlook for fiscal years 2013-22. The report will be followed one week afterwards by the President’s federal fiscal year 2013 budget proposal which is expected to be published by February 6. It is anticipated that the administration’s budget request will abide by a $1.047 trillion discretionary spending cap for fiscal year 2013 established in the 2011 Budget Control Act. The President’s proposal will reportedly not include the $900 billion automatic cuts which are set to begin in January 2013. For the State of the Union address see www.whitehouse.gov/SOTU. For the updates on the President Obama’s budget proposal see http://www.whitehouse.gov/. For CBO reports see www.cbo.gov

CBO Finds Need for Substantial Changes to Medicare Payment and Delivery Systems

On January 18 the Congressional Budget Office (CBO) released an Issues Brief on Medicare demonstrations aimed at improving care delivery. The CBO Issue Brief reviews the outcomes of ten (10) major demonstrations—six disease management and care coordination demonstrations and four value-based payment demonstrations—that have been evaluated by independent researchers. CBO found that the projects have not reduced federal spending but offer lessons for such demonstrations in the future. According to report most demonstrations produced little or no savings for Medicare, but the results of the value-based payment systems demonstrations were mixed. In one of the four value-based payment systems demonstrations Medicare spending for those services was reduced by about 10 percent. The types of programs in those demonstrations could be implemented nationally either through the Centers for Medicare and Medicaid Services (CMS) Innovation Center or through further legislation. FMI: For a copy of the Issues Brief see http://www.cbo.gov/ftpdocs/126xx/doc12663/01-18-12-MedicareDemoBrief.pdf. See also http://www.cbo.gov/doc.cfm?index=12663. See www.cbo.gov.

White House Reports on State Implementation of Health Insurance Exchanges

On January 18 the White House released a report on the actions taken by states to establish health insurance exchanges. The White House says that the ten (10) states profiled are not necessarily the states most advanced in establishing an exchange; instead, they illustrate the diversity of approaches and progress being made. The report indicates that 44 states are participating in the new premium rate review system which requires insurers provide justification for any double-digit insurance premium increase. It also says that 28 states and the District of Columbia have begun establishing their own Affordable Insurance Exchange. The report indicates that Pennsylvania used the majority of its Exchange planning grant to award a contract to a consulting firm to conduct extensive background research, resulting in a comprehensive analysis of exchange governance models, business operations, structure, plan management and financial management. FMI: For a copy of the report see http://www.whitehouse.gov/sites/default/files/01-18-12_exchange_report.pdf.
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Presidential Offers Support for Randolph-Sheppard Vending Facility Program

On January 20 the U.S. White House Office of the Press Secretary issued to all executive departments and agencies a Presidential Memorandum on federal support for the Randolph-Sheppard Vending Facility Program. The memorandum praises the program administered by the Department of Education that individuals who are blind to operate food services and commercial ventures at federal, state, and private buildings and locations nationwide. In the memo President Obama notes that continued support and cooperation are needed from executive departments, agencies, and offices to extend the Randolph-Sheppard priority to qualified blind managers through the State licensing agencies that implement the program. Therefore, the President directs all agencies that have property management responsibilities to ensure that agency officials, when pursuing the establishment and operation of vending facilities (including cafeterias and military dining facilities) as defined in 20 U.S.C. 107e, issue permits and contracts in compliance with the Randolph-Sheppard Program and consistent with existing regulations and law. In the memo the President further directs the Secretary of Education, through the Commissioner of the Rehabilitation Services Administration, to submit a report to the President on agencies' implementation of the Randolph-Sheppard Program not later than 1 year from the date of the memorandum. The Secretary of Education is authorized and directed to publish this memorandum in the Federal Register. FMI: See http://www.whitehouse.gov/the-press-office/2012/01/20/presidential-memorandum-federal-support-randolph-sheppard-vending-facility and http://www.whitehouse.gov/the-press-office/2012/01/20/presidential-memorandum-federal-support-randolph-sheppard-vending-facility.

US Department of Education Stresses Commitment to Students with Disabilities


DOL Releases Guidance on Social Security COLA

On January 5, the Department of Labor’s Employment (DOL) and Training Administration (ETA) released 2012 guidance to states on cost of living adjustments (COLA) in calendar year 2012 for social security annuities and federal civilian pensions. See http://wdr.doleta.gov/directives/attach/UIPL/uipl04-12.pdf
Social Security Disability Applications Continue Slight Decline

After climbing for four consecutive quarters, the unemployment rate for people with disabilities dropped in the final quarter of 2011 to the lowest rate since the fourth quarter of 2008, according to a study by Allsup, a nationwide provider of Social Security Disability Insurance (SSDI) representation and Medicare plan selection services. Nonetheless, the Allsup Disability Study: Income at Risk shows that people with disabilities experienced an unemployment rate more than 60 percent higher than the rate for people with no disabilities for the fourth quarter of 2011. Specifically, the unemployment rate averaged 13.2 percent for people with disabilities and 8.1 percent for people with no disabilities during the fourth quarter of 2011. This compares to 16.3 percent for people with disabilities and 8.8 percent for people with no disabilities during the third quarter of 2011. These figures are based on non-seasonally adjusted data from the U.S. Bureau of Labor Statistics. The Allsup Disability Study: Income at Risk also shows that 660,712 people with disabilities applied for SSDI during the fourth quarter of 2011, down from 737,468 for the previous quarter. For 2011 overall, nearly 2.88 million people filed disability claims, compared with nearly 2.94 million applicants in 2010, a decrease of 1.98 percent year to year. However, nearly 1.8 million SSDI claims are pending with an average cumulative wait time of more than 800 days. Many people with disabilities awaiting SSDI benefits fall below the national poverty line and face significant financial peril. A 2009 study by Allsup of nearly 300 awarded claimants found that 35 percent drained their retirement or savings accounts; 14 percent missed mortgage payments; 31 percent missed payments other than mortgage payments; and 9 percent had their utilities turned off while waiting to receive their Social Security disability benefits. Details on the Allsup Disability Study: Income at Risk are available at http://www.allsup.com/Portals/4/allsup-study-income-at-risk-q4-11.pdf

AHRQ Reports on QI Measurement and TBI Post-Acute Rehab Open for Public Comment

AMRPA Hosts Webinar on Compliance and Medical Necessity

On Thursday, February 9, 2012 from 2:00 to 3:00 p.m. EST, AMRPA is hosting a session on Compliance and Medical Necessity – Where is Inpatient Rehabilitation on your Organization’s Compliance Plan? This webinar series is designed for directors of rehabilitation, vice-presidents of post-acute care/continuing care, compliance officers, physicians and therapy directors. The webinar will review the compliance issues for inpatient rehabilitation: how to successfully identify specific compliance risks and the financial impact of those risks if demonstration of the regulations is not achieved. Participants will gain an understanding of the definition of a compliance issue, how to identify those issues and how to determine the financial impact of non-compliance on the bottom line of the organization. The webinar is presented by Jane Snecinski, FACHE, President of Post Acute Advisors. Snecinski has over 17 years of experience in hospital administration and management and 14 years of experience in health care consulting, focusing on post acute care specializing in post acute care consulting in the areas of compliance, clinical operations (including documentation and education) and accreditation. Registration fee for individuals (AMRPA Members: $59 per person; Non Members: $79 per person). Group Rate: Register five or more individuals from the same organization and reduce the price for all to $45 per person for AMRPA Members and $65 per person for Non Members. Group Rates are based on one webinar connection. All group participants must view the webinar from the same site and telephone connection. FMI: Contact Kimberely Little klittle@firminc.com, Phone 217-753-1190 ext. 112.

HHS-OIG Launches Compliance Program Basics Training Video

On January 20 the Department of Health and Human Services (HHS) Office of Inspector General (OIG) launched its "Compliance Program Basics" HEAT Provider Compliance Training Video with an accompanying audio podcast. HHS OIG issued the 7th of 11 free videos and audio podcasts in the Compliance Program Basics series. The 11 videos cover major health care fraud and abuse laws, the basics of health care compliance programs, and what to do when a compliance issue arises. These video installments are the latest from OIG's award-winning Health Care Fraud Prevention and Enforcement Action Team (HEAT) Provider Compliance Training initiative. FMI: Access the new video and audio here: http://go.usa.gov/RvQ.

MLN Guided Pathways Provider-Specific Resource Booklets Revised

On January 19 Centers for Medicare and Medicaid Services (CMS) announced that the Medicare Learning Network (MLN) Guided Pathways (Basic, A, and B) Provider-specific Resource Booklets have been revised. The revised MLN Guided Pathways curriculum is designed to allow learners to easily identify and select resources by clicking on topics of interest. The curriculum begins with basic knowledge for all providers and then branches to information for either those enrolling on the 855B, I, and S forms or on the 855A form (or Internet-based PECOS equivalents). The resource booklets are: (1) MLN Guided Pathways to Medicare Resources – Basic Curriculum for Health Care Professionals, Suppliers, and Providers; (2) MLN Guided Pathways to Medicare Resources Intermediate Curriculum for Health Care Providers (Part A); and, (3) MLN Guided Pathways to Medicare Resources Intermediate Curriculum for Health Care Professionals and Suppliers (Part B). All of the MLN Guided Pathways booklets above are available at http://www.CMS.gov/MLNEdWebGuide/30_Guided_Pathways.asp.
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**CMS CoP Requirement on Medical Privileges and Hospital Rehab Challenged**

On January 20 the American Medical Rehabilitation Providers Association (AMRPA) reported that national efforts by associations and professional groups are making the Centers for Medicare and Medicaid Services (CMS) aware of the negative implications of its *CMS Transmittal 72* issued on November 18, 2011. *CMS Transmittal 72* entitled *Revised Appendix A: Conditions of Participation and Interpretive Guidelines for Hospitals* includes interpretive hospital survey guidelines that negatively impact the provision of rehabilitative services in outpatient hospital departments. AMRPA says that along with other associations it is recommending that CMS rescind the current interpretive guidelines affecting hospital rehabilitation programs and meet with relevant stakeholders to ensure that inappropriate guidelines such as those found in *CMS Transmittal 72* are not promulgated in the future. The current CMS guidelines state that rehabilitative services must be ordered by a physician or other licensed and qualified practitioner (physician assistant, nurse practitioner, or clinical nurse specialist as allowed under state law) that has medical privileges at the hospital to which he or she refers a patient. PARF is supporting the efforts of AMRPA and other state and national associations encouraging CMS to rescind the new interpretative guidelines affecting hospital rehabilitation services. FMI: Contact PARF at parfmail@parf.org.

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**CMS ICD 10 National Provider Call Video Slideshows Available**

Video slideshow presentations from several Centers for Medicare and Medicaid Services (CMS) National Provider Calls are now available on the CMS YouTube Channel. These video slideshows include the call slide presentation and audio with captions; each call includes presentations by CMS subject matter experts, followed by a question and answer session. CMS has created several outlets, including the CMS YouTube channel and two Twitter accounts: @IKNGov and @CMSGov. The CMS YouTube channel features a catalog of educational videos on an array of healthcare-related topics. Both CMS Twitter accounts will tweet late-breaking news and educational resources regularly. FMI: See [http://www.youtube.com/user/CMSHHSgov](http://www.youtube.com/user/CMSHHSgov). See also [www.cms.gov](http://www.cms.gov).

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**Deadlines for Professionals in Medicare Electronic Health Record Incentive Program**

The Centers for Medicare and Medicaid Services (CMS) is reminding eligible professionals (EPs) participating in the Medicare Electronic Health Record (EHR) Incentive Program of several important deadlines. On Saturday, December 31, 2011, the reporting year ended for EPs who participated in the Medicare EHR Incentive Program in 2011. Participating EPs must have completed their 90-day reporting period by the end of 2011. However, EPs have until Wednesday, February 29, 2012 to actually register and attest to meeting meaningful use to receive an incentive payment for CY2011 through the Medicare & Medicaid EHR Incentive Program Registration and Attestation System. See [https://ehrincentives.cms.gov/hitech/login.action](https://ehrincentives.cms.gov/hitech/login.action), Wednesday, February 29, 2012 is also the deadline for EPs to submit any pending Medicare Part B claims from CY2011, as CMS allows 60 days after Saturday, December 31, 2011 for all pending claims to be processed. EPs have 60 days in 2012 to submit claims for allowed charges incurred in 2011. For more information about the EHR Incentive Programs, see the EHR Incentive Programs website at [http://www.cms.gov/EHRIncentivePrograms/](http://www.cms.gov/EHRIncentivePrograms/).