Dateline: March 2, 2012

PA Senate Appropriations Committee Reviews DPW Budget for FY 2012-13

On February 28 the PA Senate Appropriations Committee members reviewed Governor Corbett’s Commonwealth budget proposal for FY 2012-2013 with PA Department of Welfare Secretary Gary Alexander. The committee reviewed several proposed funding and procedural changes, including elimination of the community base funding for community service programs and a new block grant funding, elimination of the General Assistance program, and Medical Assistance eligibility. Also discussed was: the fraud abuse probes, county assistance offices, use of the state computer network, electronic benefit cards, county Medical Assistance Transportation Program funding, pharmaceutical reimbursement under Medical Assistance, the assisted living waiting list, the need to provide aid to the truly needy and legally eligible, LIFE program and less costly alternatives to nursing homes, drug use among welfare recipients, and the food stamps assets test. The Appropriations Committee of the PA House of Representatives is scheduled to hold hearings on the DPW budget of the PA Department of Public Welfare on Wednesday, March 7 at 1:30 p.m. For a video of the PA Senate hearing see www.pasenategop.com and click on Budget Summaries. At http://www.pasenategop.com/budget-hearings/2012/summary.htm, scroll down to Public Welfare and click on Watch for video or Listen for an audio recording of the hearing.

Public Comment on DPW Regulations due on March 9

March 9 is the deadline for comment on regulations proposed by the PA Department of Public Welfare (DPW) that establishes new rules for programs and services offered through the offices of Medical Assistance Programs, Developmental Programs, and Mental Health and Substance Abuse Services. PARF members are encouraged to review and comment on the regulations which are posted at http://www.dpw.state.pa.us/publications/budgetinformation/act22-expeditedregulatorychangestothedpw/index.htm. All comments must be received by 4:00 p.m. on Friday, March 9. PARF members should forward comments to DPW and forward a copy of the comments to PARF at parfmail@parf.org.

PA Coalition Opposes Cuts in PA General Assistance Program

PA Cares for All Coalition is calling on PA legislative leaders to oppose human services cuts in the budget, especially cuts to the PA General Assistance (GA) program and to GA-related Medical Assistance. The campaign is also looking for people who receive (or have received) GA and who are willing to tell their stories of how the General Assistance program helped them. If you know of individuals who would be willing to tell their story, please notify Louise Hayes at lhayes@clsphila.org. The PA Cares for All coalition web-site is at www.PAcaresforall.org. From that web site individuals may click the "take action" link and be directed to the site of Project H.O.M.E. in order to send e-mails to legislators. You can also click the "join" link to stay connected to the PA Cares for All Coalition. FMI: If more information is needed, please contact PARF at parfmail@parf.org.
PA Revenue Picture Improves

On March 1 Pennsylvania Department of Revenue reported that it had collected $1.7 billion in General Fund revenue in February, which was $15.6 million, or 0.9 percent, more than anticipated. The major item contributing to this improved fiscal picture was revenue from personal income tax (PIT) revenue in February totaling $812.8 million, $36.2 million above estimate. Also, inheritance tax revenue for the month was $64.9 million, $1.8 million above estimate. However, all other items for February were below estimate: Sales tax receipts totaled $623.7 million, $6.5 million below estimate; corporation tax revenue of $64.2 million was $9.7 million below estimate; realty transfer tax revenue was $15.1 million ($1 million below estimate); Other General Fund tax revenue, including cigarette, malt beverage, liquor and table games taxes, totaled $107 million for the month – $300,000 below estimate; and, non-tax revenue totaled $15.6 million for the month, $4.9 million below estimate. February’s collections are moving the state fiscally in the right direction, but the numbers still fall short for the fiscal year. Fiscal year-to-date General Fund collections total $15.5 billion, which is $481.6 million, or 3 percent, below estimate. Although year-to-date sales tax collections total $5.8 billion, which is $35.7 million, or 0.6 percent, more than anticipated, other budget lines are still in the red. Year-to-date PIT collections are $6.5 billion, which is $175.3 million, or 2.6 percent, below estimate. Year-to-date corporation tax collections total $1.4 billion, which is $296.5 million, or 17.8 percent, below estimate. Inheritance tax revenue year-to-date totals $25.6 million, which is $9.5 million, or 1.8 percent, below estimate. The realty transfer tax revenue fiscal-year total is $190.6 million, which is $10.8 million, or 5.4 percent, less than anticipated. FMI: For more information, see www.revenue.state.pa.us.

PA Employment Picture Brightens in January 2012

The PA Department of Labor Industry reported that in January 2012 the Pennsylvania unemployment rate declined for the fifth consecutive month. Pennsylvania’s seasonally adjusted unemployment rate was 7.6 percent in January, down from 7.7 percent in December 2011. L&I also said that the state’s unemployment rate was down 0.4 percentage points from January 2011. Pennsylvania’s unemployment rate was below the U.S. rate of 8.3 percent and has been below the U.S. rate for 45 consecutive months and at or below the U.S. rate for 62 consecutive months. In its detailed report on current employment in PA L& I said that Commonwealth’s seasonally adjusted civilian labor force – the number of people working or looking for work – was down 7,000 in January to 6,381,000. Resident employment was down 2,000 to 5,896,000, and the number of unemployed residents fell 4,000 to 485,000. Pennsylvania’s labor force was 19,000 below its January 2011 level. Seasonally adjusted total nonfarm jobs in Pennsylvania were down 9,000 in January to 5,703,800. The January drop followed a December gain of 8,700 jobs. Goods producing industries added 8,900 jobs in January with increases in all three super-sectors. Losses were concentrated in service providing industries, which declined 17,900 over the month. Education & health services made up a large portion of the decline, down 14,600 in January. Pennsylvania’s job count was up 37,200 (0.7 percent) over the year while national total nonfarm jobs were up 1,953,000 (1.5 percent). A breakdown of Pennsylvania’s employment statistics is available on the Department of Labor & Industry’s website at www.dli.state.pa.us.
L&I Accepting Applications for Approval of Shared Work Programs

In the March 3, 2012 edition of the Pennsylvania Bulletin, the Pennsylvania Department of Labor and Industry (L&I) provided notice that it would be accepting applications from employers for approval of shared-work plans immediately. L&I said that it was moving forward because the United States Department of Labor (DOL) had approved new shared work provisions of the Pennsylvania Unemployment Compensation (UC) law which were signed into law on June 17, 2011. Under those recent amendments to the Pennsylvania Compensation Law in Act 6, if a qualified employer is facing temporary layoffs that would affect at least 10% of the employees in a department, shift or other unit, the employer may seek approval for a shared-work plan. Under the plan, the employer would reduce the work hours of all employees in that unit by a set percentage instead of laying-off any workers. The participating employees, if otherwise eligible for UC, would receive the same percentage of their UC benefit rate for each week covered by the plan. Federal law allows the state to moneys in its UC trust fund to pay benefits for shared work if the shared-work provisions of the state's UC statute are approved by the United States Department of Labor. Information about shared-work is available on the Department's web site at www.uc.pa.gov. Individuals may send questions regarding the shared-work program to the Department to RA-LI-UC-SharedWork@pa.gov or call (877) 785-1531.

PA Insurance Department Schedules Public Hearing on Control of Highmark

In the March 3, 2012 edition of the Pennsylvania Bulletin, the PA Insurance Department issued notice that it will hold a public informational hearing on April 17 regarding the proposed acquisition of control of Highmark, Inc. and its Pennsylvania domiciled insurance subsidiaries by UPE, a newly-formed nonprofit corporation. The proposed restructuring of Highmark, Inc is needed for the acquisition of West Penn Allegheny Health System. The acquisition agreement is available for viewing on the Highmark website at https://www.highmark.com/hmk2/about/newsroom/2011/hmwp/forma.pdf. The affected Commonwealth domiciled insurance subsidiaries of Highmark include: First Priority Life Insurance Company, Inc., Gateway Health Plan, Inc., HM Health Insurance Company, HM Casualty Insurance Company, HM Life Insurance Company, Highmark Casualty Insurance Company, Highmark Senior Resources, Inc., HMO of Northeastern Pennsylvania, Inc., Inter-County Health Plan, Inc., Inter-County Hospitalization Plan, Inc., Keystone Health Plan West, Inc., United Concordia Companies, Inc., United Concordia Dental Plans of Pennsylvania, Inc. and United Concordia Life and Health Insurance Company. The application was received on November 7, 2011. Policyholders and interested persons are invited to attend and participate in the hearing to be held on Tuesday, April 17, 2012, at 9 a.m. with an evening session to begin at 7 p.m. The hearing will be held at the Westin Convention Center, 1000 Penn Avenue, Pittsburgh, PA 15222. Persons who are unable to attend the public informational hearing or would prefer to submit written comments in lieu of speaking at the hearing concerning the previously-referenced transaction, may do so by mailing or delivering a copy of the comments to Robert E. Brackbill, Jr., Chief, Company Licensing Division, Insurance Department, 1345 Strawberry Square, Harrisburg, PA 17120, fax (717) 787-8557 or rbrackbill@pa.gov. FMI: For more information on the announcement see www.pabulletin.com. For background information see http://www.post-gazette.com/pg/11313/1188429-28-0.stm#ixzz1o8Q4K9Yp.
PHFA Invites Comment on Plan to Use Funds for Affordable Housing

In the March 3, 2012 edition of the *Pennsylvania Bulletin*, the Pennsylvania Housing Finance Agency (PHFA) published an invitation for public comment on the proposed plan to administer the Pennsylvania Housing Affordability and Rehabilitation Enhancement Fund (PHARE Fund). The fund was established to provide a structure by which certain state and federal funds may be used to support affordable housing throughout Pennsylvania. PHFA administers the PHARE Fund. Under the recent enactment of the Marcellus Shale Impact Fee legislation, funds are expected to become available to the PHARE Fund. To administer the PHARE Fund, the Agency must adopt a plan after receiving public comment. The comment period will be open at least until April 15. The proposed plan is available at [www.phfa.org](http://www.phfa.org) or by contacting Bryce Maretzki at bmaretzki@phfa.org. FMI: See [www.pabulletin.com](http://www.pabulletin.com)

IRRC to Review Licensure Requirements for Behavior Specialists

In the March 3, 2012 edition of the *Pennsylvania Bulletin*, the PA Independent Regulatory Review Commission (IRRC) published notice that it had received Regulation 16A-4929 of the State Board of Medicine on the licensing of Behavior Specialists. The regulation is scheduled to be considered by the IRRC on April 5, 2012. This rulemaking implements licensure of behavior specialists as required by the Act 62 amendments to PA Insurance Law which requires insurance companies to cover diagnostic assessment and treatment of autism spectrum disorders for those under age 21 when provided by someone licensed or certified in Pennsylvania. The law requires the State Board of Medicine, in consultation with the PA Department of Public Welfare, to promulgate regulations to provide for the licensure or certification of behavior specialists. The Board of Medicine estimates that in addition to the approximately 300 persons in Pennsylvania certified by the Behavior Analyst Certification Board perhaps another few hundred persons will apply for licensure. The Board of Medicine notes that because licensure is not mandated, not all persons practicing as behavior specialists will be required to comply with the rulemaking. Licensed psychologists and licensed social workers who may provide these types of services and bill for those services under the licensee's existing license number need not become licensed as behavior specialists. See [http://www.irrc.state.pa.us/full_list.aspx?IRRCNo=2820&type=2](http://www.irrc.state.pa.us/full_list.aspx?IRRCNo=2820). See [http://www.irrc.state.pa.us/regulation_details.aspx?IRRCNo=2820](http://www.irrc.state.pa.us/regulation_details.aspx?IRRCNo=2820)

Highmark Medicare Services Changes Name to Novitas Solutions

Effective January 1, 2012, Diversified Service Options, Inc. (DSO), a wholly-owned subsidiary of Blue Cross and Blue Shield of Florida Inc., acquired Highmark Medicare Services (HMS) from its parent company, Highmark Inc. As a result, HMS changed its name to Novitas Solutions, Inc. (Novitas). Novitas will continue to be the Medicare Administrative Contractor (MAC) for J12 and the Section 1011 Administrative Contractor. Novitas will provide additional announcements and frequently asked questions (FAQs) on its current website at [https://www.highmarkmedicareservices.com/index.html](https://www.highmarkmedicareservices.com/index.html). However, the website domain name will be changed in the near future to [http://www.novitas-solutions.com](http://www.novitas-solutions.com), and Novitas will announce the change in advance through a Web alert and listserv notice. FMI: See [https://www.highmarkmedicareservices.com/partb/info-alerts.html](https://www.highmarkmedicareservices.com/partb/info-alerts.html).
Grant to Lead Governor’s Cabinet and Advisory Committee for People with Disabilities

On February 27 the PA Department of Public Welfare (DPW) announced that Devon Grant will serve as the new executive director of the Governor’s Cabinet and Advisory Committee for People with Disabilities. Prior to his appointment he served as Administrative Law Judge at PA Department of Public Welfare. Prior to entering public service, Grant was an attorney for Vogt & Resnick in California. Grant received his Bachelor of Science degree at Wheaton College and his law degree from Western State University. Grant succeeds Ed Butler who served as the executive director of the Governor’s Cabinet and Advisory Committee for People with Disabilities which was established by Governor Ed Rendell in November 2006 through Executive Order 2006-09. The Governor’s Cabinet and Advisory Committee for People with Disabilities consists of 25 members that make recommendations to the governor on policies, procedures, regulations and legislation involving people with disabilities. The panel serves as a liaison to people with disabilities and also serves a resource for state agencies under the governor’s jurisdiction.

Pennsylvania eHealth Collaborative Advisory Committee Formed

On February 27 PA Governor Tom Corbett announced the formal creation of the Pennsylvania eHealth Collaborative Advisory Committee which was established in July 2011 through Executive Order. Pennsylvania was awarded $17 million under the American Reinvestment and Recovery Act (ARRA) to help advance health information exchange. The act provides incentives to physicians and hospitals to adopt electronic health records. The committee consists of the state health information technology coordinator and members appointed by the Governor. The objective of health information exchanges is to allow healthcare providers, such as hospitals, clinics and physicians, to share patient information securely from multiple sources, including other hospital systems, labs and pharmacies. FMI: See www.paehealthcollab.com

DPW Software Product Receives NGA Association Honor

On February 28 the PA Department of Pubic Welfare (DPW) announced that its Medical Assistance Provider Incentive Repository (MAPIR) software product was recognized at the recent National Governors Association winter meeting in Washington, D.C. HP Enterprise Services, which developed MAPIR at the request of DPW, accepted the sixth Annual Public-Private Partnership Award for creating the software now being used in Pennsylvania and 12 collaborating states. For more information, see www.dpw.state.pa.us.

Pennsylvania Autism Training Conference on June 12-14

The PA DPW Bureau of Autism Services has announced that the Pennsylvania Autism Training Conference will be held on June 12-14 in Lancaster, PA. Keynote speakers are Peter Gerhardt on Community Integration & Employment Transitions and Dennis Debbautd on Autism Risk & Safety Management. Breakout session topics include: Managing anxiety/depression; social skills across the lifespan; justice intersections/sexuality; national trends in genetic research; self-advocacy/bullying; adult diagnosis; sibling research/personal perspectives; community inclusion case studies; and, ASERT Projects and Needs Assessment findings. Information about registration, costs, sessions and exhibitors will be posted to www.autisminpa.org and http://bastraining.tiu11.org as it becomes available.
President Obama Signs the Middle Class Tax Relief and Job Creation Act of 2012

On February 22 President Obama signed into law the Middle Class Tax Relief and Job Creation Act of 2012 (Job Creation Act). The new law prevents a scheduled payment cut for physicians and other practitioners who treat Medicare patients from taking effect on March 1, 2012. The new law extends the current zero percent update for such services through December 31, 2012. The new law extends several provisions of the Temporary Payroll Tax Cut Continuation Act of 2011. The existing 1.0 floor on the physician work geographic practice cost index is extended through December 31, 2012. Section 3001 extends Section 508 reclassifications and certain special exception wage indexes from December 1, 2011, through March 31, 2012. Section 3002 extends outpatient hold harmless payments for rural hospitals and sole community hospitals with 100 or fewer beds through December 31, 2012. However, hold harmless payments for sole community hospitals with more than 100 beds were not extended by this provision and are set to expire on February 29, 2012. Section 3005 extends the exceptions process for outpatient therapy caps from March 1, 2012, until December 31, 2012, with some modifications to current therapy policies. Section 3006 extends the moratorium on qualified pathologists and independent laboratory billing for the technical component of physician pathology services furnished to hospital patients through June 30, 2012. Section 3007 extends through December 31, 2012, certain ambulance payment provisions. The new law does not extend Sections 307 and 309 of the Continuation Act, the five percent physician fee schedule mental health add-on payment and the special 2011 payment rates for bone mass measurement, respectively. FMI: See www.senate.gov

New Medicare Rules on Therapy for Hospital Outpatient Departments

The Middle Class Tax Relief and Job Creation Act of 2012 signed into law on February 22 changes current Medicare policies affecting providers of rehabilitation therapy services and will affect hospital outpatient departments (OPD). The Centers for Medicare and Medicaid Services (CMS) says that more information about the changes affecting the hospital OPD will be forthcoming in a future issuance. Additional information about the exception process for therapy services may be found in the Medicare Claims Processing Manual, Pub.100-04, Chapter 5, Section 10.3. See http://www.cms.gov/manuals/downloads/clm104c05.pdf. The new law requires that providers of outpatient therapy services submit the KX modifier on their therapy claims, when an exception to the cap is requested for medically necessary services furnished through December 31, 2012. For physical therapy and speech language pathology services combined, the 2012 limit for a beneficiary on incurred expenses is $1,880. There is a separate cap for occupational therapy services which is $1,880 for 2012. Deductible and coinsurance amounts applied to therapy services count toward the amount accrued before a cap is reached, and also apply for services above the cap where the KX modifier is used. Section 3005 mandates that Medicare perform manual medical review of therapy services furnished beginning on October 1, 2012, for which an exception was requested when the beneficiary has reached a dollar aggregate threshold amount of $3,700 for therapy services, including hospital outpatient department (OPD) therapy services, for a year. There are two separate $3,700 aggregate annual thresholds: (1) physical therapy and speech-language pathology services, and (2) occupational therapy services. Section 3005 requires that all claims for therapy services furnished on or after October 1, 2012, include the National Provider Identifier of the physician who reviews the therapy plan. FMI: See www.cms.gov. FMI: See https://www.cms.gov/TherapyServices/01_overview.asp#TopOfPage.
SSA Publishes Final Rule on Collection and Consideration of Evidence of Disability

On February 23 Social Security Administration published a final rule on its collection and consideration of evidence in deciding on disability. The rules are effective March 26, 2012. SSA says that with regard to Social security Supplemental Security Income (SSI) it is modifying the requirement to re-contact the applicant’s medical source(s) first when SSA needs to resolve an inconsistency or insufficiency in the evidence he or she provided. Depending on the nature of the inconsistency or insufficiency, SSA says that there may be other, more appropriate sources from whom SSA could obtain the information it needs. SSA says that by giving adjudicators more flexibility in determining how best to obtain this information it will be able to make a determination or decision on disability claims more quickly and efficiently in certain situations. For a copy of the rule see https://federalregister.gov/a/2012-4177.

CMS Publishes Rule on Public Input Required on Section 115 Medicaid Demonstrations

On February 27, the Centers for Medicare & Medicaid Services (CMS) published a final rule in Federal Register (Volume 77, Number 38) establishing a process to promote State and Federal transparency for Medicaid and Children’s Health Insurance Program (CHIP) Demonstrations. The rule is designed to ensure public input in the development, review, and approval (or extension) of Medicaid and CHIP demonstration projects under section 1115 of the Social Security Act. Section 1115 permits the Secretary of Health and Human Services to waive selected provisions of the Social Security Act to enable States to test new approaches to delivering Medicaid and CHIP services and to pay for coverage or services that otherwise would not be paid for under Medicaid and CHIP. These projects, known as demonstrations, can be used by States to modernize these programs and improve the value of health care provided by health care providers to consumers. This final regulation codifies the provisions of section 10201(i) of the Affordable Care Act of 2010. The proposed rule was published on September 17, 2010. This final rule incorporates comments obtained from States, provider advocacy groups, and community stakeholders. The final rule sets standards to make information about Medicaid and CHIP demonstration applications and approved demonstration projects publicly available at the State and Federal levels. It also makes sure that the public will have an opportunity for comment. At the same time, the final rule also ensures that the development and review of demonstration applications will proceed in a timely and responsive manner. The rule provides that the public notice period must be for at least 30 days. As part of the public comment process, States that are considering demonstrations must convene at least two public hearings. The hearings can be convened through the State’s Medical Care Advisory Committee, a State legislative process, or any other similar process for public input that would allow an interested party to learn about and comment on the demonstration application. In order to facilitate statewide participation, the state must provide teleconferencing and/or web-conferencing capability for at least one of the public hearings. To preserve an opportunity for the State to consider the comments received, public hearings need to take place at least 20 days before a state submits its application to CMS. For a copy of the final rule see https://www.federalregister.gov/public-inspection. FMI: See http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/Section-1115-Demonstration.html.
CMS Proposes Rules on Stage 2 Meaningful Use of EHR

On February 28 Centers for Medicaid and Medicare Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC) issued proposed rules on the use of electronic health records. The CMS proposed rule would specify the Stage 2 criteria for “meaningful use” to include standards such as online access for patients to their health information and electronic health information exchange between providers. Eligible providers must meet the stage 2 criteria in order to qualify for Medicare and/or Medicaid electronic health records (EHR) incentive payments. The criteria specify Medicare payment adjustments that, beginning in 2015, providers will face if they fail to demonstrate meaningful use of certified EHR technology and to meet other program participation requirements. In addition, Stage 1 has been extended an additional year for providers who attested in 2011 meaning that these providers will have to attest to Stage 2 in 2014 instead of in 2013. At Stage 1 (which began in 2011 and remains the starting point for all providers) “meaningful use” consists of transferring data to electronic health records and being able to share information, including electronic copies and visit summaries for patients. The proposed rule announced by Office of the National Coordinator for Health Information Technology (ONC) identifies standards and criteria for the certification of EHR technology, so eligible professionals and hospitals can be sure that the systems they adopt are capable of performing the required functions to demonstrate either stage of meaningful use that would be in effect starting in 2014. CMS says that together these rules will encourage even more providers to participate and support more coordinated, patient-centered care. For details on the announcement, see http://www.cms.gov/apps/media/press_releases.asp. FMI: See http://www.cms.gov/apps/media/factsheets.asp. See also www.healthit.gov/policy-research.

HHS Assists States in Developing Health Insurance Exchanges

On February 22 the U.S. Department of Health and Human Services (HHS) announced more assistance to states in implementing the Affordable Care Act. Pennsylvania is among the states receiving funding to establish a health insurance exchange. Other states include: Arkansas, Colorado, Kentucky, Massachusetts, Minnesota, Nevada, New Jersey, New York, Pennsylvania, and Tennessee. The HHS announcements offer help to states by (a) providing a new round of Affordable Insurance Exchange Establishment Grants, totaling $229 million to 10 states, to help states build new health insurance marketplaces; (b) promoting transparency and meaningful public input into the Medicaid demonstration process; (c) streamlining the federal-state consideration process as states test new models of care; (d) supporting innovation; and, (e) implementing the health care solutions best for them. HHS announced the award of $229 million in Affordable Insurance Exchange grants to 10 states to help them create Exchanges, giving these states more flexibility and resources to implement the Affordable Care Act. The awards bring to 34 (including the District of Columbia) the number of states that are making significant progress in creating Affordable Insurance Exchanges. For more information on the Affordable Insurance Exchanges see http://www.healthcare.gov/news/factsheets/2011/05/exchanges05232011a.html
IRF-PAI Train-the-Trainer Conference on May 2

To support the implementation of the Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP), for which data collection begins October 1, 2012, CMS is hosting the IRF-PAI Train-the-Trainer Conference in May 2012. The IRF-PAI Train-the-Trainer Conference will take place on May 2, 2012 at the Sheraton Baltimore City Center Hotel. This conference is open to all Inpatient Rehabilitation Facility providers, associations and organizations that support quality care in the inpatient rehabilitation facilities. The goals of the conference are to: (a) Introduce the Quality Indicator item set that has been added to the IRF-PAI; (b) discuss assessment procedures and coding for the 2 quality measures: Catheter Associated Urinary Tract Infections (CAUTI) and Pressure Ulcers; and, (c) discuss data submission specifications. Presentations by the Centers for Disease Control and Prevention on the Catheter Associated Urinary Tract Infection, and the use of the National Health Safety Network for submitting data associated with this measure. Open registration for the conference will begin March 1st and ends March 16th 2012. Hotel registrations for the conference will not be accepted until open registration has closed. At that time, reservations may be made by phone or online. Each participant will be limited to one room reservation. Information about the conference will be posted to the conference web site at the following URL: [http://totalsolutions-inc.com/natconference](http://totalsolutions-inc.com/natconference). Questions concerning the conference may be submitted to: [conference2@totalsolutions-inc.com](mailto:conference2@totalsolutions-inc.com). Contact information for the Sheraton Baltimore City Center Hotel, 101 West Fayette St., Baltimore, MD 21201 is available by phoning 410-742-1100.

NCD to Review Opportunities for Employment of People with Disabilities

On March 9 National Council on Disability will hold a quarterly meeting to review its annual progress and to discuss several funding proposals, including a project focused on the subminimum wage and competitive integrated employment. A public comment session is also scheduled from 1:30 p.m. until 2 p.m. Peter Blanck, Chairman of the Burton Blatt Institute at Syracuse University, will provide an update on emerging issues in regards to disability law, policy, and research such as equal access to technology and opportunities for competitive integrated employment. Interested parties may join the meeting in a listening-only capacity (with the exception of the public comment period) using the following call-in information: Call-in number: 888-428-9505. The pass-code is "NCD Meeting." Written comments on disability-related issues of concern or interest may be mailed to the NCD office at 1331 F Street NW., Suite 850 Washington, DC 20004 or faxed to the NCD office at (202) 272-2022. Comments may also be emailed to: PublicComment@ncd.gov at any time. Contact Person for more information is Lawrence Carter-Long, NCD, 1331 F Street NW., Suite 850, Washington, DC 20004; 202-272-2004 (V), 202-272-2074 (TTY). FMI: See the NCD meeting announcement at [http://www.gpo.gov/fdsys/pkg/FR-2012-02-27/pdf/2012-4714.pdf](http://www.gpo.gov/fdsys/pkg/FR-2012-02-27/pdf/2012-4714.pdf). See also [http://www.ncd.gov](http://www.ncd.gov).