Dateline: April 27, 2012

PA Brain Injury Rally on May 2

Supporters and advocates for people with brain injury will be joining in the 3rd Annual Brain Injury Rally on Wednesday, May 2 at 10 a.m. in Harrisburg at the Rotunda of the Capitol Building. The rally is being held to inform legislators about brain injury and its impact on people and families, to call for legislative action to prevent and treat brain injury and to obtain funding and support for the provision of services and supports needed by people with brain injury, their families, and their communities. The event is sponsored by PARF and the Acquired Brain Injury Network of Pennsylvania (ABIN-PA), Brain Injury Association of Pennsylvania (BIAPA) and Disability Rights Network of Pennsylvania (DRN). FMI: For more information, contact PARF or the Acquired Brain Injury Network of Pennsylvania (www.abin-pa.org) or Brain Injury Association of Pennsylvania (www.biapa.org).

PARF to Rally for Intellectual Disabilities Services on May 8

PARF-member community service organizations serving people with intellectual disabilities will be gathering for a legislative rally in the PA State Capitol Rotunda in Harrisburg, PA on Tuesday, May 8 in support of adequate funding for people with intellectual disabilities. The rally will begin on Tuesday, May 8 at 10:00 a.m. The May 8 rally is being held by PARF in partnership with Pennsylvania, Community Providers Association, The Arc of PA, PA Waiting List Campaign, and Vision for Equality to obtain legislative support for adequate funding for community programs for people with intellectual disabilities. The May 8 rally will call upon the PA legislature to provide state funding to maintain community services and to meet emergency needs. PARF maintains that without such funding those currently receiving care or support will have their services reduced or downgraded and their health and safety endangered and people with intellectual disabilities needing help in an emergency will have no help to participate in their communities. For more information on the May 8 PARF Legislative Day, contact PARF at parfmail@parf.org.

PARF Supports Petition to Stop Cuts in Funding

PA Governor Tom Corbett's proposed state budget eliminates state funding ($842 million) designated for seven county human service programs, including community mental health and developmental program services, and it establishes a block grant for human services that would reduce the current outlay to the counties by $168 million. As a result, services will be reduced significantly. PARF is urging members and the general public to call on the Pennsylvania legislature to use its power to stop the Governor’s proposed budget cuts and restore funding for Pennsylvania's behavioral health, intellectual disability, and autism services. PARF and other members of the Pennsylvania Behavioral Health, Intellectual Disability and Autism (BH/ID/A) Coalitions are urging citizens of Pennsylvania to sign the petition at http://www.thepetitionsite.com/654/600/747/protect-pennsylvanias-safety-net/.
DPW Sets Home Equity Limits for MA Long Term Services

In the April 28, 2012 edition of the Pennsylvania Bulletin, the PA Department of Public Welfare (DPW) published a notice on the excess home equity limits for individuals applying for or receiving Medical Assistance and payment of long-term care services. An excess home equity limit of $525,000 became effective January 1, 2012, as required under section 6014(f)(1)(C) of the Deficit Reduction Act of 2005. DPW says that it anticipates that there will be no fiscal impact of the new limits. The statements of policy provide guidance for determining disqualification for payment of long-term care services due to excess home equity. The standards are required to be published annually in the Pennsylvania Bulletin. They are available to the public upon request at the local county assistance office. Interested persons are invited to submit written comments, suggestions or objections regarding this information to the Department of Public Welfare, Office of Income Maintenance, Edward J. Zogby, Director, Bureau of Policy, Room 431, Health and Welfare Building, Harrisburg, PA 17120. FMI: See www.pabulletin.com.

DPW Decreases DSH Payments

In the April 28, 2012 edition of the Pennsylvania Bulletin, the PA Department of Public Welfare (DPW) published a notice on additional class of disproportionate share hospital (DSH) payments, announcing that DPW would decrease the funding allotted for Fiscal Year (FY) 2011-2012 for certain qualifying hospitals that provide a high volume of services to Medical Assistance (MA) eligible and low-income populations. DPW says that this decrease in funding is required to be consistent with the FY 2011-2012 appropriated amount for inpatient hospital services. DPW said that in making these payments, it will ensure that no acute care hospital will receive any DSH payment that is in excess of its hospital-specific limit and the Commonwealth will not exceed its aggregate annual DSH allotment. The FY 2011-2012 fiscal impact is $4.258 million ($1.913 million in State general funds and $2.345 million in Federal funds) pending approval by the Centers for Medicare and Medicaid Services. Interested persons are invited to submit written comments regarding this notice to the Department of Public Welfare, Office of Medical Assistance Programs, c/o Regulations Coordinator, Room 515, Health and Welfare Building, Harrisburg, PA 17120. Comments received within 30 days will be reviewed and considered for any subsequent revision of the notice. FMI: See www.pabulletin.com.

ODP Anticipates Waiver Approval by July 1

On April 26 the PA Department of Public Welfare (DPW) reported to its Medical Assistance Advisory Committee (MAAC) that the Office of Developmental Programs (ODP) Waiver renewal was submitted on March 1. ODP officials noted that Centers for Medicare and Medicaid Services (CMS) has 90 days to review the renewal but that based on a meeting with CMS in early April, it appears that CMS is pleased with the document despite a number of relatively minor questions. ODP anticipates the approved waiver will be implemented on July 1. ODP said that in anticipation of CMS approval, it is drafting policies, procedures and related documents necessary to implement the changes. DPW officials said that ODP expects that proposed rates will be issued in May 2012. See www.odpconsulting.net.
PA Insurance Department Extends Comment Period on Highmark Acquisition

In the April 28, 2012 edition of the Pennsylvania Bulletin, the Pennsylvania Insurance Department issued a notice extending the comment period on the Application for Approval to Acquire Control of Highmark, Inc. and its Pennsylvania Domiciled Insurance Subsidiaries. The Insurance Department held a public informational hearing on the filing in Pittsburgh on April 17, 2012. At the conclusion of the public informational hearing, the Department announced that the public comment period would remain open until June 1, 2012. The Department also announced that it would reopen the public comment period once again for a brief period once the Department's consultants have issued their reports. Written statements that are submitted to the Insurance Department on or before June 1, 2012 must include the name, address and telephone number of the interested party; identification of the application to which the statement is addressed; and a concise statement with sufficient detail and relevant facts to inform the Department of the exact basis of the statement. Written statements should be directed to Robert Brackbill, Chief, Company Licensing Division, Insurance Department, 1345 Strawberry Square, Harrisburg, PA 17120, fax (717) 787-8557 or rbrackbill@pa.gov. FMI: See www.pabulletin.com.

MIG Program Seeks Projects on Employment for Persons with Disabilities

On April 24 the Medicaid Infrastructure Grant (MIG) Works for Me Program announced that it is seeking to fund projects actively promoting employment for people with disabilities. Reimbursement will be provided up to $5,000 per award for the period of July 1, 2012, through October 31, 2012. This initiative is supported with funds from the CMS Medicaid Infrastructure grant (CFDA# 93.768). The Works for Me Program is seeking applicants to respond to the following initiatives: (a) To engage youth with disabilities and their families to raise awareness and prepare students for post-secondary education and/or employment by collaborating with students, families, education partners and/or businesses. Activities may include but are not limited to the following: Mentorship programs, career or motivational speakers, career fairs, college fairs, events with technical and trade schools, career speakers, character education, career guidance seminars, job shadowing opportunities, field trips, workshops for parents, business representatives at school events, business tours, forums and roundtables with students, families, businesses and educators, publications, and guides; (b) To engage adults with disabilities and employers to raise awareness to promote employment for people with disabilities. Proposals should seek to heighten the awareness of people with disabilities on the benefits of employment and businesses on the benefits of hiring individuals with disabilities. Activities may include but are not limited to career fairs, career or motivational speakers, career guidance seminars, job shadowing opportunities, field trips, breakfast meetings, luncheons, forums, roundtables, trainings, business organization presentations, mentoring events, business tours, workshops, info sessions, webinars, and publications. All proposals must be submitted electronically to Kiley Hassinger at c-khassing@pa.gov by Friday, June 15, 2012. Only electronic submissions will be accepted. Projects may commence upon notification but must be completed by October 31, 2012. Invoices and final reports must be submitted by November 15, 2012. Payments will follow. FMI: Please contact Kiley Hassinger at 1-877-268-9894 or email c-khassing@pa.gov. Projects will be evaluated by a review team and applicants will be notified via email on June 29, 2012.
DPW Reviews MA Initiatives

On April 26 the PA Department of Public Welfare (DPW) Medical Assistance Advisory Committee (MAAC) received an update from DPW Deputy Secretary Vincent Gordon of the Office of Medical Assistance (OMAP) on the status of several initiatives, including (a) the HealthChoices expansion, (b) expedited regulations under Act 22, (c) pharmacy benefit limits and (d) MA bulletins. Concerning HealthChoices expansion it was reported that the shifting of the seven counties is on track for July 1 and that managed care organizations (MCOs) are in the final stages of the readiness review while outreach and education of the stakeholders continues. Final selection of MCOs has been made in the new West and New East Zones. The MCOs are: Amerihealth, Coventry Care, Gateway, and UPMC (New West); Amerihealth, Coventry Care and Geisinger (New East). OMAP said that Access Plus will be phased out as implementation occurs in the new East and New West Zones. Concerning expedited regulations OMAP said that hospital-related regulations (the normal newborn payment policy and the payment policy for readmissions) are effective May 1, 2012 and are being implemented without any changes. In addition, amendments to copayment regulations will be implemented effective May 15 with no changes except that the copayments for non-emergency medical para-transit transportation services have been eliminated. OMAP also reported that the regulations on the payment methodology for pharmaceutical services will be implemented effective April 14, 2012 with the following changes: (a) The estimated acquisition cost for generic drugs will be calculated using the lowest wholesale acquisition cost listed in available national pricing services, rather than WAC minus 5% and (b) MA recipients with primary third party coverage will be required to pay a $.50 dispensing fee. On the pharmacy benefits limits, OMAP noted that currently there is a 10-day delay in reviews. However, DPW has been experiencing a decrease in call volume and increased efficiency in conducting reviews. It is expected that reviews will be conducted within the 72-hour timeframe in May. OMAP said DPW is providing education to pharmacies about their ability to dispense emergency supplies. Concerning upcoming MA bulletins, DPW said it will be issuing a bulletin to expand tele-health to include all physician specialties. Reimbursement will include an office visit and originating site fee. FMI: Contact PARF at parfmail@parf.org.

L&I Rescinds Current Rules on Restaurant and Food-Service Trainee Program

In the April 28, 2012 edition of the Pennsylvania Bulletin, the PA Department of Labor and Industry (L&I) issued final-omitted rulemaking that rescinds the current rules for a program under which new employees in the restaurant and food-service industries and their employers could voluntarily agree to a training program during which the employees would receive a training wage that was not less than the statutory minimum wage. Under the program, while the employees were being trained, the difference between their training wages and the employers' entry-level wages was to be deposited into an escrow account, and upon completion of the training program or the employees' promotion, these escrow payments were to be remitted to the employees in equal installments over a period equal to the period of training. The employees covered under these regulations were dishwashers, bus-persons, servers, sales staff, cooks, hostesses/hosts and cashiers. The regulations have been defunct for more than seven (7) years. The contact person for this final-omitted rulemaking is Eric Ramsay, Acting Director, Bureau of Labor Law Compliance, 1301 Labor and Industry Building, 651 Boas Street, Harrisburg, PA 17121, (717) 787-3681, eramsay@pa.gov. FMI: See www.pabulletin.com.
OMHSAS Reports on Progress in Block-Grants for County Programs

On April 26 the PA Department of Public Welfare (DPW) Office of Mental Health and Substance Abuse Services (OMHSAS) briefed the Medical Assistance Advisory Committee (MAAC) on negotiations between the Commonwealth and counties on the development of human services block grants to county governments. OMHSAS Deputy Secretary Blaine Smith described the conversations with representatives of PA county commissioners concerning implementation of the proposed human services block grant as productive. OMHSAS Deputy Secretary Smith said that agreements have been reached on several issues: (a) Payment of the block grant would be in quarterly installments; (b) No joinder program would be harmed; (c) All federal reporting requirements would be met; (d) There would be a county match; and, (e) OMHSAS would examine options for FY 2011-12 carryover funds to mitigate the reduction or to reduce risk. OMHSAS said that it has agreed that it will grant a waiver for counties that are ready. OMHSAS said that county planning process has been suspended and that planning would occur in conjunction with development of a county block grant plan. Meanwhile, OMHSAS has decided that it will rebid the 23 county Behavioral Health contract. FMI: Contact PARF at parfmail@parf.org.

OLTL Releases Preliminary Rates for MA Waiver Programs

At the April 26 meeting of the Pennsylvania DPW Medical Assistance Advisory Committee, the PA Office of Long Term Living (OLTL) reported that OLTL is still conducting its internal review of comments on the expedited regulations that it had issued under Act 22. PARF had submitted lengthy comments on the OLTL expedited regulations per the DPW invitation to comment. OLTL also reported that on April 20 it had issued a notice of preliminary rates. OLTL said the notice would allow providers time to make appropriate business decisions in view of the conflict-free requirements. OLTL noted that due to IT changes relating to rates, service coordinators were asked to not make changes in service plans. OLTL also reported that progress is being made on the Global Corrective Action Plan. OLTKL said that a number of the items will be addressed by implementation of the expedited regulations. The Corrective Action Plan is at http://www.portal.state.pa.us/portal/server.pt/gateway/PTARGS_0_2_1204529_0_0_18/OLTL%20Corrective%20Action%20Plan%202011.pdf. OLTL also provided an overview of the Waiver Amendments currently being reviewed by CMS. The first set of amendments related to the standardization of services definitions and the rate setting methodology for the Aging, Attendant Care, Independence, OBRA and COMMERCARE Waivers. Additional amendments to the Attendant Care and Independence waivers addressed changes in service plan development and reviews. These amendments were submitted to CMS in March 2012 and are projected to become effective in early June 2012. The second set of amendments dealt with service coordination and establishing consistency with regulations. These amendments addressed such topics as qualifications; defining a standardized unit of 15 minutes; and conflict free case management. FMI: For related documents contact PARF at parfmail@parf.org.
ODP Announces Mileage Rate Change

On April 25 the PA DPW Office of Developmental Programs (ODP) issued ODP Announcement 033-12 on the Mileage Rate Change effective April 17, 2012. In the announcement ODP says that based on the mileage reimbursement rate change implemented by the US General Services Administration, the Office of Developmental Programs (ODP) is changing its rate for reimbursement of transportation mile procedure code W7271 to $0.555 per mile, effective April 17, 2012. ODP said that supports coordinators should ensure that individuals who receive the transportation mile service are notified of the change in the reimbursement rate for procedure code W7271. ODP said that supports coordinators need to complete critical revisions when needed for Individual Support Plans that contain transportation mile procedure code W7271 per ODP Bulletin # 00-10-12, Individual Support Plans. The Department of Public Welfare (DPW) web site at www.dpw.state.pa.us will be updated to reflect the change to the reimbursement rate for transportation mile. ODP says that questions regarding this announcement should be addressed to the appropriate ODP Regional Program Managers. FMI: See www.odpconsulting.net.

ODP Revises Terms for Illness and Hospitalization

On April 25 the PA DPW Office of Developmental Programs (ODP) issued ODP Announcement 032-12 stating that effective May 3, 2012, “Illness” is no longer a secondary category under the primary category of Hospitalization on the HCSIS. ODP said that it has examined the use of Illness compared to Illness – new as a secondary category of Hospitalization and discovered that reporters use those terms interchangeably. According to ODP based on that redundancy, an upcoming HCSIS update would remove Illness from the list, leaving the choices of Illness – new or Illness-chronic, which ODP says allow accurate categorization of hospitalizations. Closed incidents with Hospitalization, illness will change to Hospitalization, illness – new. For questions regarding this communication or incident management, ODP urges providers to contact the ODP Risk Manager assigned to the region. FMI: See www.odpconsulting.net.

Pennsylvania Case Management Conference on June 22

The Western Psychiatric Institute and Clinic Office of Education and Regional Programming and the Pennsylvania Department of Public Welfare Office of Mental Health and Substance Abuse Services are hosting 19th Pennsylvania Case Management Conference on June 22 at the Doubletree Hotel, Monroeville, PA. The theme of the conference is “Case Management – The Common Thread.” The keynote address will provide an overview of Health Transitions Initiatives and models of collaboration and cooperation between youth and adult consumers. Motivational interviewing, addiction free pain management, recovery-oriented crisis intervention, hearing voices simulation, measuring case management effectiveness, and accountability are among the conference topics. Case managers, supervisors, peer specialists, family members, representatives from managed care organizations, policy makers, and other behavioral health/allied health professionals are encouraged to attend. FMI: Contact Maria Peña-Jordan OERP/WPIC, 4601 Baum Building, Room 179, 3811 O’Hara Street, Pittsburgh, PA 15213 Phone 412-802-6917 Fax: 412-802-6910 Email penajordanmi@upmc.edu. See www.wpic.pitt.edu/oerp.
CMS Issues IPPS & LTCH Payment Rules

The FY 2013 proposed Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals (IPPS) and the Long-Term Care Hospital Prospective Payment System (LTCH PPS) rules were announced and published in the Federal Register on April 27, 2012. The LTCH PPS rule includes a separate new market basket, a net update of 1.9% and several new quality reporting measures for FY 2016. CMS will accept comments on the proposed rule until June 25, 2012, and will respond to all comments in a final rule to be issued by August 1, 2012. The Centers for Medicare and Medicaid Services (CMS) has notified the American Rehabilitation Providers Association (AMRPA) that there will not be a FY 2013 Inpatient Rehabilitation Facility Prospective Payment Systems (IRF PPS) Rule. Instead, CMS will issue an update notice before August 1, 2012. CMS said that it would be publishing the Update Notice for the IRF PPS for FY 2013 on or before August 1, 2012. FMI: The proposed IPPS and LTCH rule can be downloaded from the Federal Register at: https://s3.amazonaws.com/public-inspection.federalregister.gov/2012-09985.pdf. See also http://www.ofr.gov/inspection.aspx?AspxAutoDetectCookieSupport=1

Report Issued on Aging and Developmental Disabilities Service Networks

The newly released report Bridging Aging and Developmental Disabilities Service Networks: Challenges and Best Practices produced by the Institute on Disability and Human Development, University of Illinois at Chicago, identifies policy and service delivery issues pertaining to older adults with developmental disabilities and their families. The report recommends opportunities to enhance collaboration among the aging, disability, and long-term care networks. Key policy initiatives addressed include the Aging and Disability Resource Centers, the Lifespan Respite Act, the National Alzheimer’s Project Act, and the Patient Protection and Affordable Care Act. Please visit www.rrtcadd.org to download a Word version of the report. For a pdf version please visit http://rrtcadd.org/resources/Research/Health-Promotion/Bridging-Report.pdf

D.C. Circuit Court Postpones Rule on NLRB Employee Rights Posting

On April 17 the U.S. Court of Appeals for the District of Columbia Circuit granted an emergency injunction blocking the implementation of the National Labor Relations Board (NLRB) rule requiring the posting of employee rights. The new rule requires employers to place a poster at the workplace that notifies employees of the rights guaranteed to them under the National Labor Relations Act (NLRA). The law was to be implemented on November 14, 2011, but was postponed to January 31, 2012 and April 30, 2012. It is now on hold until the fall of 2012. For now, employers do not have to post at the workplace notice to employees about their right to unionize. FMI: www.nlrb.gov
PARF NEWS
Dateline: April 27, 2012

CMS Delays Compliance Date for ICD-10 to October 1, 2014

On April 17 the U.S. Department of Health and Human Services (HHS) published its proposed rule delaying the compliance date for ICD-10 from October 1, 2013 to October 1, 2014. Comments are due by 5:00 pm ET on May 17, 2012. See http://www.gpo.gov/fdsys/pkg/FR-2012-04-17/pdf/2012-8718.pdf. The proposed rule changing the compliance date for ICD-10, as proposed in the rule, is intended to offer providers and other covered entities more time to prepare and fully test their systems. Comments may be provided in the following ways: (a) Electronically by following the “Submit a comment” instructions on the Regulations.gov website at http://www.regulations.gov/#!home and (b) by regular mail to be sent to: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS–0040–P, P.O. Box 8013, Baltimore, MD 21244–8013. A news release on the proposed rule may be viewed at http://www.hhs.gov/news. More information about the proposed rule can be found in the One-Year Delay of ICD-10 Compliance Date fact sheet, which outlines the background of the ICD-10 compliance date, and highlights provisions of the proposed rule and standards compliance date. See http://www.cms.gov/apps/media/fact_sheets.asp. A news release on the proposed rule may be viewed at http://www.hhs.gov/news

DOL ODEP Signs Alliance Agreement with National Industry Liaison Group

On April 26 the US Department of Labor (DOL) Office of Disability Employment Policy (ODEP) announced the signing of an alliance agreement to promote the hiring of individuals with disabilities by the federal contractor community. ODEP signed the agreement with the National Industry Liaison Group — an employer association representing federal contractors across the United States. The National Industry Liaison Group fosters voluntary partnerships of public and private sector entities to identify effective approaches on legal and regulatory issues regarding affirmative action and equal employment. By signing the alliance agreement, the NILG commits to work together with ODEP and local liaison groups to advance the employment of workers with disabilities more effectively than ever before. FMI: http://www.dol.gov/opa/media/press/odep/ODEP20120811.htm

CMS Inpatient Rehabilitation Facility Software Webpage Updated

The Centers for Medicare and Medicaid Services (CMS) IRF Software webpage has been updated with a note about the version 1.10 data specifications, information about using the current CMG grouper and a set of XML test records for vendor use. Call notes and Questions & Answers from the IRF Vendor Call on February 23 are posted on the QIES Technical Support Office (QTSO) webpage. FMI: See http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientRehabFacPPS/Software.html. See also https://www.qtsoc.com/vendorirf.html.
Dateline: April 27, 2012

CMS Issues Rules on Medicaid Home and Community-Based Services

On April 26 the Centers for Medicare and Medicaid Services (CMS) released a final rule and a proposed rule designed to expand State Medicaid coverage for home and community-based services (HCBS). The rule provides additional guidance to states regarding the 1915(i) option first authorized in 2005 and enhanced by the Affordable Care Act. This option permits States to offer home and community-based services without the use of a waiver. Under 1915(i), States can receive federal reimbursement for services that were previously only eligible for federal funding through a waiver or demonstration. The 1915(i) option makes these services more accessible by not requiring that an individual meet an institutional level of care in order to receive these services when they are offered by a State. Additionally, because it is a state plan benefit, cost neutrality as compared to institutional services is not required, as it would be under the previous waiver or demonstration authority. CMS says that as a result states will have the ability to provide a full array of home and community based services to individuals who do not qualify for an institutional level of care but have significant services needs, which can include individuals with mental health conditions, autism spectrum disorder, acquired immune deficiency syndrome, or Alzheimer’s disease. States are permitted to design targeted benefits to meet the needs of individuals with these conditions or other special needs. Many of the services individuals will be able to receive under this option are services that have been available through home and community-based services waivers, such as personal care and homemaker services that assist individuals with their activities of daily living and in maintaining their living space, day treatment programs, case management services, and respite care services. This rule also introduces a less burdensome process for states to amend their programs to provide these services. The rule also contains other provisions related to home and community-based services. The rule proposes a definition of home and community-based settings that will serve as a common definition for services offered through the Community First Choice (CFC) option and the 1915(i) State plan option. The CFC statute specifies that home and community-based settings do not include a nursing facility, institution for mental diseases, or an intermediate care facility for the mentally retarded. Based on comments CMS received on this issue in the CFC proposed rule, CMS decided to revise the setting provision and allow for additional public comment before finalizing. This proposed rule includes that new language and requires that home and community-based settings must exhibit specific qualities. http://www.cms.gov/apps/media/fact_sheets.asp

National WISE Webinar on May 9

On Wednesday, May 9, 2012 at 3:00 p.m. EST the national WISE webinar will present information about special Social Security programs and rules that may apply to Social Security disability beneficiaries who want to make more money through work. The webinar will explain how the Ticket to Work can provide the support needed to transition to greater financial independence and self-sufficiency. Experts will discuss Ticket to Work & Work Incentives, frequently asked questions, and sources of additional information. Register online at http://www.choosework.net/wise or call 1-866-968-7842 (V) or 1-866-833-2967 (TTY/TDD). Approximately 2 days before the event, registrants will receive an email with instructions on how to log in to the webinar. Registration information will also be available online the day of the webinar. FMI: Email support@chooseworkttw.net or call 1-866-968-7842 (V) or 1-866-833-2967 (TTY/TDD).