PA State Budget Negotiators Face Deadline

Pennsylvania Governor Tom Corbett and Republican leaders in the PA House and Senator are continuing negotiations over the state budget. All parties say that they are aiming to come to agreement within a week in order to meet the June 30 budget deadline. This week public discussion was focused on reaching an agreement on the amount of revenue to be included in the budget. Currently, there remains a more than $250 million gap on state spending between GOP legislative leaders and the governor. PARF and other advocates for health and human services were urging the legislators and the Governor to support a FY 2012-13 state budget at a funding level of $27.65 billion – the amount being used by state legislative leaders and the projected by the Independent Fiscal Office to be available from existing taxes for next year’s budget. Legislative leaders are seeking to restore the cuts to colleges, to counties for programs for people with disabilities, and to the block grant program for early education. The fate of the Governor’s block grant proposal consolidating several designated grants into a single human services grant is still to be decided as legislative opposition to the block grant proposal remains strong. Meanwhile, negotiators say, before the budget negotiators can resolve budget differences, an agreement must be reached on charter school reform, teacher evaluation and education vouchers as well as the ethane cracker tax credit. FMI: Contact PARF at parfmail@parf.org. See www.papolitics.com.

PA Legislative Reapportionment Commission Passes Final Plan

The panel charged with redrawing state House and Senate maps passed its final plan Friday, voting 4-1 in favor of those submitted by Republican members. It’s the second time the Legislative Reapportionment Commission sent a proposal to the PA Supreme Court for approval. Its initial maps were rejected by the Court. See http://www.politicspa.com/redistricting-commission-passes-gop-maps/36535/. The high-resolution versions of the House map are at http://www.redistricting.state.pa.us/Resources/GISData/Districts/Legislative/House/2011-Revised-Final/PDF/2011-Revised-Final-Plan-Map-House.pdf. The Senate map is available at http://www.redistricting.state.pa.us/Resources/GISData/Districts/Legislative/Senate/2011-Revised-Final/PDF/2011-Revised-Final-Plan-Map-Senate.pdf. Republican legislative leaders said that their versions of the maps reduced municipal splits and respected partisan precedent. (See http://www.pasenategop.com/news/2012/0612/scarnati-060812.htm.) Democratic leader Senator Jay Costa called the map a total disappointment, saying that it contains way too many inexplicable and unnecessary partisan county splits that run afoul of the court and the constitution. (See comment from Democratic legislative leaders at www.pahouse.com and www.pasenate.com.) Critics of the map have a 30 day window to file a complaint before the Court can sign off on the maps. See http://www.pasenate.com/?p=10206.
PA Behavioral Specialist License Now Available

On June 13 the PA Department of State announced that children in Pennsylvania with autism spectrum disorders can now receive treatment from state-licensed behavioral specialists. The State Department noted that the state Board of Medicine, which will grant behavioral specialist licenses, has approved final regulations outlining the education and training needed for this license. These regulations have been published in the Pennsylvania Bulletin, as required by law, and individuals can now apply for behavioral specialist licenses. See www.pabulletin.com. See IRRC Regulatory page at http://www.irrc.state.pa.us/regulation_details.aspx?IRRCNo=2820. Behavioral specialist license applications are available at www.dos.state.pa.us. Select “Licensing”; “Health-Related Boards”; then “State Board of Medicine.” FMI: See http://www.portal.state.pa.us/portal/server.pt?open=514&objID=1052970&parentname=ObjMgr &parentid=384&mode=2.

PA House Committee Approves LPN IV Therapy Rules

On June 13 the PA House Committee approved the final regulation on IV Therapy Functions for Licensed Practical Nurses (Regulation #16A – 5122). The regulation establishes the requirements for licensed practical nurses to perform nursing functions involving intravenous access devices. The rule was first proposed by State Board of Nursing on Wednesday, April 21, 2010 and published in the PA Bulletin on May 1, 2010. A Final-Form Regulation was received on Wednesday, May 30, 2012. A Public Meeting Date is set for Thursday, July 19, 2012. The regulation provides guidance to LPNs and other health care practitioners of the authorized scope of practice for LPNs related to IV therapy procedures. In addition, the regulation updates existing provisions regarding the education and training LPNs must complete before providing IV therapy functions. There are 57,760 actively licensed LPNs in Pennsylvania. FMI: See www.irrc.state.pa.us and http://www.irrc.state.pa.us/regulation_details.aspx?IRRCNo=2840

IRRC To Act on Electronic Prescribing of Controlled Substances

On June 13 the PA House of Representatives Committee approved the final regulation on electronic prescribing of controlled substances. Regulation #16A – 5428 brings the existing regulations promulgated by the State Board of Pharmacy into conformity with the federal regulations enacted by the Drug Enforcement Administration (DEA) of the U.S. Department of Justice. The public meeting date scheduled for review of Regulation #16A – 5428 by the Independent Regulatory Review Commission (IRRC) is Thursday, July 19, 2012. There are currently no legislative comments. Currently, Board regulations permit pharmacists to accept electronically transmitted prescriptions for any and all medications except Schedule II controlled substances. In March of 2010, the DEA amended its regulations to permit the electronic prescribing of Schedule II controlled substances. DEA’s regulations provide certain safeguards, such as the requirement that it certify any technical application selected by a pharmacy to receive these electronic prescriptions. In December 2010 the Pennsylvania Department of Health (DOH) published a notice in the Pennsylvania Bulletin (40 Pa. B. 7160) announcing its interpretation of its regulations to make them consistent with the new DEA regulations. The State Board of Pharmacy says that by this rulemaking it seeks to do the same. FMI: See www.irrc.state.pa.us and http://www.irrc.state.pa.us/regulation_details.aspx?IRRCNo=2949.
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**Dateline: June 15, 2012**

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**PHC4 Reports on Preventable Hospitalizations**

On June 7 the Pennsylvania Health Care Cost Containment Council (PHC4) released its report on preventable hospitalizations in 2010, indicating that approximately one (1) of every eight (8) adult inpatient stays in Pennsylvania general acute care hospitals in 2010 were potentially preventable and that the rate of such hospitalizations has declined over the past decade. PHC4 reported that many preventable hospitalizations involve chronic disease. PHC4 examined 12 conditions and found that during the previous decade the rate of potentially preventable hospitalizations in the state dropped from 231 per 10,000 residents in 2001 to 186.9 per 10,000 residents in 2010. For chronic conditions, the rate fell from 148.1 to 118.5 per 10,000 residents and for acute conditions from 83 to 68.4 per 10,000 residents. Overall, 185,190 of the approximately 1.5 million inpatient stays in 2010 (about 12.4%) fell into the potentially preventable classification. The three conditions with the highest percent of such hospitalizations were heart failure (24.8%), COPD or asthma in older adults at (21.1%), and bacterial pneumonia (17.4%). PHC4 found that of the adult residents with potentially preventable hospitalizations, 43% were between the ages of 65 and 84. Medicare fee-for-service (FFS) paid for 41.8% of potentially preventable hospitalizations in PA in 2010 at a cost of $480 million. Medicaid FFS paid for 3.4%, at a cost of $41 million. For copies of the report see [http://www.phc4.org](http://www.phc4.org).

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**Nominations for PA 2012 Supportive Housing Award**

Nominations are now being sought for Pennsylvania’s 2012 Supportive Housing Award recognizing individuals and organizations that are creating quality housing opportunities for Pennsylvanians with disabilities. Nominations are due by August 17. Sponsored by the departments of Public Welfare and Aging and the Pennsylvania Housing Finance Agency, the award recognizes significant efforts to increase the availability of supportive housing for individuals with disabilities, including older Pennsylvanians. Supportive housing is defined as: (a) Safe and secure; (b) Affordable to its target population (not exceeding 30-percent of monthly household income); (c) Capable of coordinating readily available, flexible and responsive services in the community; and (d) Accessible to older adults, those with disabilities and those with low incomes. The Supportive Housing Award recognizes those who have shown leadership and innovation in creating new housing models and strategies. Any individual or organization, public or private, including builders, architects, planners, public housing authorities, municipal governments, financial institutions and non-profits can apply for recognition. The award winner will be announced in December at the Housing Alliance of Pennsylvania annual conference in Harrisburg. FMI: Email: [RA-housingaward@pa.gov](mailto:RA-housingaward@pa.gov), FMI: See [http://www.portal.state.pa.us/portal/server.pt?open=514&objID=1052970&parentname=ObjMgr&parentid=384&mode=2](http://www.portal.state.pa.us/portal/server.pt?open=514&objID=1052970&parentname=ObjMgr&parentid=384&mode=2).

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**PA House of Representatives Approves Dental Benefit for Special Needs Patients**

On June 13 the PA House of Representatives approved legislation co-sponsored by Representative Tom Murt (R-Montgomery) to improve the quality of dental services received by special needs patients. House Bill 532 would require insurance companies to cover general anesthesia for special needs dental patients for routine care like cleanings, scalings and fillings. The legislation has been a priority for the special needs community. FMI: See [www.legis.state.pa.us](http://www.legis.state.pa.us) and enter HB 532 and see also [www.pahousegop.com](http://www.pahousegop.com).
PA House Approves Required Notice of Involuntary Relocation from LTC & PCH

On June 13 the PA House of Representatives approved legislation in a 196-2 vote to protect the residents in long-term care facilities. The bill has been referred to the PA Senate for consideration. House Bill 528 would require long-term care facilities, personal care homes, and domiciliary care programs to provide a written notice to a consumer and their designated person at least 30 days prior to an involuntary relocation of a consumer. The bill strengthens coordination with the local area agencies on aging and long term care ombudsmen. For more information, see www.legis.state.pa.us for HB 528. See also http://www.repboback.com/NewsItem.aspx?NewsID=14613 and http://www.pahousegop.com/NewsItem.aspx?NewsID=14613.

Governor Corbett Signs Unemployment Compensation Reform into Law

On June 12 PA Governor Tom Corbett signed into law Senate Bill 1310, a bill enabling repayment of an Unemployment Compensation (UC) Trust Fund debt to the federal government and changing provisions on UC benefits and eligibility. The new law allows refinancing of the UC Trust Fund debt through issuance of bonds, increases the taxable wage base from $8,000 to $10,000, lowers the State Adjustment Factor, increases the base-year wage requirement from an average of 37 percent outside the high quarter to at least 49.5 percent, and uses 5 percent of employee taxes collected to establish a re-employment fund for training initiatives. Opponents of the reforms said that the measure ensures an estimated $500 million in cuts to benefits and eligibility while keeping Pennsylvania’s taxable wage base among the nation’s lowest. FMI: See http://www.portal.state.pa.us/portal/server.pt?open=514&objID=1052970&parentname=ObjMgr &parentid=384&mode=2. See also http://www.pasenate.com/?p=10179 and http://www.pasenate.com/?p=10177.

PA House of Representatives Approves Prison Reform Bill

On June 14 the PA House of Representatives amended and then unanimously approved legislation to reform Pennsylvania’s state prison system. Senate Bill 100 now returns to the Senate for concurrence. SB 100 makes more nonviolent offenders eligible for Pennsylvania’s alternative sentencing programs, including county intermediate punishment, state intermediate punishment, state motivational boot camp, and the recidivism risk reduction incentive. SB 100 establishes the Safe Community Reentry Program and requires the PA Department of Corrections to establish a comprehensive program to reduce recidivism and ensure the successful re-entry and re-integration of offenders into the community. Reforms are expected to result in more than $300 million in savings. FMI: See http://www.pasenate.com/?p=10275 and http://www.pahousegop.com/NewsItem.aspx?NewsID=14618.

PA House Approves Modernization of Criminal History Checks for Care Facility Workers

On June 13 the PA House of Representatives approved House Bill 2407 enabling the PA Department of Aging to use digital fingerprinting technology when running criminal history checks for prospective employees at care facilities. With the new technology conduct a criminal history check is expected to be completed in a week or two. The bill now moves to the PA Senate for consideration. See www.legis.state.pa.us
Public Comment on PA 2012-2016 State Plan on Aging by June 29

A draft of the Pennsylvania Department of Aging 2012-2016 State Plan on Aging is now available to the public for comment. The goals and objectives set forth in the draft plan seek to ensure that Pennsylvanians will age and live well and that PA communities are places to age and live well. The plan also seeks to ensure that Pennsylvanians have access to care at the right time, with the right intensity and in the right setting. Comments will be taken until June 29, 2012. FMI: See www.aging.state.pa.us.

OMHSAS Issues Bulletin on Mental Health Targeted Case Management Documentation

The PA DPW Office of Mental Health and Substance Abuse Services (OMHSAS) has issued a bulletin is to emphasize the documentation requirements for Mental Health Targeted Case Management service providers. The requirements outlined are applicable in both the Managed Care and Fee-For-Services Programs and are effective June 14, 2012. Targeted Case Management (TCM) services, authorized under Section 1915(g) of the Social Security Act, assist adults and children with serious mental illnesses or emotional disorders to gain access to needed resources and services. The Medical Assistance program covers TCM services under several levels of care: Intensive Case Management (ICM), Resource Coordination (RC), and Blended Case Management (BCM). These services are delivered as per the requirements specified in ICM regulation (Title 55, Chapter 5221of the Pennsylvania Code), RC bulletin (OMH-93-09), and BCM Bulletin (OMHSAS-10-03) respectively. See the Bulletin at http://services.dpw.state.pa.us/olddpw/bulletinsearch.aspx?BulletinDetailId=4829

OLTL HCSSIS Project Update

On June 15 the PA Department of Public Welfare (DPW) circulated the HCSSIS Project Update - May 2012, including an announcement from the PA Office of Long Term Living (OLTL) on service offerings/providers currently unavailable for FY2012/2013 plan creation. DPW urged wide circulation of the HCSSIS Update. In the announcement OLTL noted that outdated information that existed in HCSSIS has interfered with the most recent updates and system changes related to the proposed regulations. As a result, OLTL said, several providers can no longer be chosen to provide services. OLTL reported that it is currently working to resolve this issue as quickly as possible but in the meantime, OLTL advised, supports coordination (SC) entities could be affected. OLTL said that some service coordination entities will be unable to choose themselves or affected direct service providers to add to service plans. Unfortunately, OLTL said, this means that those Service Coordination entities must stop creating and submitting service plans for FY12/13 immediately. OLTL said that it will contact affected Service Coordination entities to review options and it understands that this delay will require the submission date of June 15, 2012 to be adjusted to a later date. OLTL also said that other Service Coordination entities may be able to choose themselves but will be unable to choose some direct service providers to add to service plans. OLTL advised that if the Service Coordination entity is able to add to service plans in HCSSIS, annual service plans may be submitted for FY12/13 as previously directed. If a particular direct service provider does not appear in HCSSIS as a choice, OLTL said that that service may be off the service plan at this time and the plan be submitted for approval of all other services. OLTL also said that alternatively a plan may not be submitted until the service is available to add to the plan. For more information, contact PARF at parfmail@parf.org.
Senate Appropriations Committee Approves FY 2013 HHS-Ed Spending Bill

On June 14 the U.S. Senate Appropriations Committee approved a fiscal year 2013 Labor, Health and Human Services (HHS), and Education, and Related Agencies Appropriations bill that provides $158.8 billion in current year discretionary funding, including offsets and cap adjustments. The bill would increase funding for child care and Head Start (nearly doubling the funding to curb healthcare fraud), increase the maximum Pell Grant award, assist young people with disabilities to find employment, and promote the prevention of chronic diseases like diabetes. The bill includes $610 million for Health Care Fraud and Abuse Control, nearly double the FY2012 level of $310 million. The bill provides $10 million to research and implement evidence-based approaches to preventing elderly falls. The bill includes nearly $12 million and the authority to allocate unspent vocational rehabilitation State grant funds within the Department of Education in addition to $7.2 million at SSA for PROMISE, an interagency effort to improve outcomes for children, and the families of children, receiving Supplemental Security Income (SSI) benefits. This program will encourage State-level innovations that can help young people with disabilities enter and succeed in competitive, integrated employment. The bill provides $37.5 million, an increase of $4.7 million, for State assistive technology programs. The bill includes a combined increase of $40 million for the Community Mental Health Services Block Grant and the Substance Abuse Prevention and Treatment Block Grant in recognition of the severe budget cuts taking place to public mental health and substance abuse treatment systems nationwide. The bill will now go to the full Senate for consideration. FMI: Summaries are available at http://www.appropriations.senate.gov/ and http://www.appropriations.senate.gov/news.cfm?method=news.view&id=ced39be3-f09e-4d48-9a03-621f3c227a59

CMS Announces 81 Projects to Round Out Health Care Innovation Awards

On June 15 the Centers for Medicare and Medicaid Services (CMS) Innovation Center announced the second and final batch for the Health Care Innovation Awards (HCIA) funding opportunity. The awards will support an additional 81 innovative projects nationwide designed to deliver high-quality medical care, enhance the health care workforce, and lower costs through continuous improvement. Combined with the awards announced last month, the Innovation Center will fund a total of 107 projects that represent health care innovators from all 50 states, the District of Columbia, and Puerto Rico. The Innovation Center received nearly 3000 applications. To learn more about the Health Care Innovation Awards or about other initiatives from the CMS Innovation Center please visit www.innovation.cms.gov.

NIDRR Funding Opportunity for TBI Research

In the June 11, 2012 Federal Register, National Institute on Disability and Rehabilitation Research (NIDRR) announced a new funding opportunity for the National Institute on Disability and Rehabilitation Research (NIDRR)—Disability and Rehabilitation Research Projects and Centers Program—Disability and Rehabilitation Research Projects (DRRPs)—Traumatic Brain Injury Model Systems Centers (TBIMS). Applications are due by August 10. FMI: See http://www2.ed.gov/about/offices/list/osers/nidrr/index.html See also https://www.federalregister.gov/articles/2012/06/11/2012-14130/applications-for-new-awards-disability-and-rehabilitation-research-projects-and-centers-program.
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CMS Seeks Applications for Advance Payment ACOs

The Centers for Medicare and Medicaid Services (CMS) Innovation Center has announced that beginning August 1, 2012, it will be accepting applications for an additional round of Advance Payment ACOs set to start on January 1, 2013. CMS announced last October that applications would only be accepted for April 1, 2012 and July 1, 2012 start dates. The Advance Payment ACO Model is an Innovation Center initiative for participants in the Medicare Shared Savings Program. It is designed for physician-based and rural providers who have joined together voluntarily to offer coordinated high quality care to their Medicare patients. Through the Advance Payment ACO Model, selected participants will receive upfront and monthly payments, which can be used to make important investments in their care coordination infrastructures. Organizations interested in the Advance Payment ACO Model should begin their application process by submitting a Notice of Intent (NOI) to apply for the Medicare Shared Savings Program performance period that begins January 1, 2013. This Notice of Intent is due June 29, 2012. Organizations that submit this Notice of Intent (NOI) will have the opportunity to submit applications to both the Medicare Shared Savings Program and the Advance Payment ACO Model. FMI: See www.cms.gov

CMS Open Door Forums Scheduled

The Centers for Medicare and Medicaid Services has scheduled various open door forums during June and July 2012. They include: (a) June 28, 2012 CMS Special Open Door Forum: Medicare’s Prior Authorization for Power Mobility Devices Demonstration. The session is to be held on June 28, 2012 from 3:00-4:30 PM Eastern. Please dial in at least 15 minutes prior to call start time. To participate by phone: Dial: 1-800-837-1935 & Reference Conference ID: 61960445. TTY Communications Relay Services are available for the Hearing Impaired. For TTY services dial 7-1-1 or 1-800-855-2880. A Relay Communications Assistant will help. To read more about the Demonstration, visit http://www.cms.gov/Research-StatisticsData-and-Systems/MonitoringPrograms/CERT/index.html?redirect=/CERT/03_PADemo.asp. (b) July 11 CMS Home Health, Hospice, & DME Open Door Forum. The forum is to be held on July 11, 2012 at 2:00 PM Eastern. Please dial in at least 15 minutes prior to call start time. To participate by phone: Dial: 1-800-837-1935 & Reference Conference ID: 76228833. TTY Communications Relay Services are available for the Hearing Impaired. For TTY services dial 7-1-1 or 1-800-855-2880. A Relay Communications Assistant will help. (c) July 17 Physicians, Nurses & Allied Health Professionals Open Door Forum. The forum is to be held on July 17, 2012 from 2:00-3:00 PM Eastern. Please dial in at least 15 minutes prior to call start time. To participate by phone: Dial: 1-800-837-1935 & Reference Conference ID: 76249808. TTY Communications Relay Services are available for the Hearing Impaired. For TTY services dial 7-1-1 or 1-800-855-2880. A Relay Communications Assistant will help. (d) July 18 CMS Hospital & Hospital Quality Open Door Forum. The forum is to be held on July 18, 2012 at 2:00 PM Eastern. Please dial in at least 15 minutes prior to call start time. To participate by phone: Dial: 1-800-837-1935 & Reference Conference ID: 52261655. TTY Communications Relay Services are available for the Hearing Impaired. For TTY services dial 7-1-1 or 1-800-855-2880. A Relay Communications Assistant will help. FMI: See www.cms.gov.