Dateline: July 6, 2012

PA Governor Corbett Approves FY 2012-13 State Budget Bills

On June 30 Pennsylvania Governor Tom Corbett signed into law the state budget bill as well as several other bills related to the passage of the FY 2012-13 Commonwealth budget. The budget bill is Senate Bill 1466 (PN 2335) which provides revenue from the General Fund for the expenses of the executive, legislative & judicial branches of state government, the public debt & the public schools for the fiscal year July 1, 2012 to June 30, 2013. The bills related to passage of SB1466 are: (a) House Bill 1026 (PN 3876) amending Title 42 (Judiciary) further providing for oaths and acknowledgments, for senior judge operational support grants and for expiration of provisions relating to access to justice; (b) House Bill 1261 (PN 3884) amending the Public Welfare Code, in general powers and duties of DPW, providing for county human services consolidated planning and reporting; in public assistance, cessation of general assistance cash program, establishment of RESET; (c) House Bill 1893 (PN 3877) amending Title 18 (Crimes and Offenses) further providing for gambling devices, gambling, etc.; (d) House Bill 1901 (PN 3885) amending the Public School Code for background checks; for adjustments on CPI & Keystone Exams; moratorium on data collection; school security & safety; building projects & bids; in PASSHE, for contracts & powers; public libraries; and attendance; (e) House Bill 1934 (PN 3589) amending the Municipal Waste Planning, Recycling and Waste Reduction Act, in recycling and waste reduction, further providing for municipal implementation of recycling programs. FMI: See www.state.pa.us. To read any of the bills, see www.legis.state.pa.us and enter bill numbers.

Governor Corbett Signs Health and Human Services Legislation

On July 5 PA Governor Tom Corbett signed into law several bills that affect the provision of rehabilitation services and supports for people with disabilities. The bills include: (a) House Bill 48 (PN 3846) amending the Medical Practice Act, adding definitions; and providing for licensure of prosthetists, orthotists, pedorthists and orthotic fitters; (b) House Bill 1539 (PN 3790) amending the Workforce Development Act changing the title of the act and establishing the Keystone Works Program; (c) House Bill 1720 (PN 2589) amending Title 20 (Decedents, Estates and Fiduciaries) providing for uniform adult guardianship and protective proceedings jurisdiction; (d) House Bill 1960 (PN 2674) amending the Prescribed Pediatric Extended Care Centers Act further providing for definitions and for regulations; (e) Senate Bill 8 (PN 2269) establishing the PA eHealth Partnership Authority & PA eHealth Partnership Fund; providing for consent & confidentiality of health information and establishing civil immunity under certain circumstances; (f) Senate Bill 1174 (PN 2350) amending the Housing Authorities Law further providing for appointment of members, qualifications, tenure, compensation and organization, a whistleblower hotline, and requirements for tenants & landlords in first class cities and reporting; and, (g) Senate Bill 1528 (PN 2213) amending the Occupational Therapy Practice Act providing for definitions, creation of a board, licensure requirements, practice and referral, license renewal and refusal suspension or revocation; and for an impaired professionals program. To read the full text of any of these bills, visit the General Assembly’s website at www.legis.state.pa.us.
PA Governor Publishes Regulatory Agenda for July-December 2012

In the July 7, 2012 edition of the Pennsylvania Bulletin the PA Governor’s Office published its semi-annual regulatory agenda for the period July 1, 2012 through December 31, 2012. Executive Order 1996-1 requires all agencies under the jurisdiction of the Governor to submit for publication an agenda of regulations under development or consideration. The agenda represents the administration's present intentions regarding future regulations. Agency contacts should be contacted for more information regarding the regulation and the procedure for submitting comments. The publication lists the regulation being considered, the proposed date of promulgation, the need and legal basis for action, and the agency contact. The listing of regulations to be advanced includes regulations concerning: (a) protective services for older adults (Department of Aging); (b) disease control measures for the prevention of communicable and non-communicable diseases (Department of Health); photo identification tags to be worn by health care workers employed in health care facilities and physician practices (Department of Health); (c) coverage for mental health services to children under 21 years of age that are provided in a residential treatment facility (Department of Public Welfare); (d) the minimum standards for the delivery of Psychiatric Rehabilitation Services (PRS) for adults (Department of Public Welfare); (e) benefit packages for pharmacy services for medical assistance recipients twenty-one years of age or older, and exceptions to such benefit packages (Department of Public Welfare); (f) benefit packages for dental services for medical assistance recipients 21 years of age or older and any exceptions (Department of Public Welfare); (g) payment for nursing facility services provided by special rehabilitation nursing facilities (Department of Public Welfare); DPW hearing and appeals process (Department of Public Welfare).

PA Governor and U.S. Senators Comment on U.S. Supreme Court Healthcare Decision

Comments from Pennsylvania political leaders on June 28 concerning the Supreme Court decision on the Affordable Care Act (ACA) reflected the sharp divisions in Pennsylvania on the health care law. PA Governor Tom Corbett said that he was disappointed in the U.S. Supreme Court ruling upholding the Affordable Care Act. Governor Corbett invoked the opinion expressed in the Court decision that the ACA imposes a tax. Governor Corbett also said that the ACA increases national medical spending and expands Medicaid to unsustainable levels. The Governor said that he believes the ACA will be unaffordable to citizens, raise healthcare costs for our families, and harm efforts to recover from the recession. Governor Corbett said that his administration would do all that it can to minimize any adverse effects of the law. U.S. Senator Pat Toomey sounded the same themes as Governor Corbett, saying that he was extremely disappointed. Senator Toomey said that the health care law would impose new taxes, increase the cost of health care and cost our country jobs. Senator Toomey called for the repeal of the ACA. U.S. Senator Robert Casey, Jr. viewed the Supreme Court decision positively, saying that decision to uphold the law means that Pennsylvanians will not lose their health insurance coverage due to preexisting conditions, young adults will be allowed coverage under a parent’s plan and older Americans will not have to face substantial increases in prescription drug costs. Senator Casey emphasized that Democrats and Republicans should work together on reform. See related story below U.S. Supreme Court Decides Affordable Care Act is Constitutional

PARF NEWS
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PA Establishes Tax Credit Program for Contributions to MH/MR Service Providers

On June 29 the PA Legislature included in the tax code (legislation passed in conjunction with the general appropriations legislation) the text of legislation that had earlier been proposed to establish a tax credit program for businesses that make contributions (cash, personal property, or services) to nonprofit entities providing community-based MH/MR services. Qualifying businesses will receive a 50 percent tax credit for a one year contribution, and a 75 percent for contribution in two or more years. A cap of $3 million in tax credits is in place for each fiscal year. The grant program will be administered through the state's Department of Community and Economic Development. FMI: See http://www.pahousegop.com/NewsItem.aspx?NewsID=14795 See www.pahousegop.com.

PA Senate Approves Prison Reform

On June 25 the Pennsylvania Senate approved unanimously House amendments to SB 100, The Criminal Justice Reform Act, sending the bill to the Governor's desk. Since being introduced in January of 2011, SB 100 has been considered the main vehicle for prison reform in the Pennsylvania Legislature, including several proposals in one bill. SB 100 seeks to further reduce Pennsylvania's inmate population and attempts to eliminate the need for new prisons. The bill’s prime sponsor Senator Stewart Greenleaf said that the passage of SB 100 is one of the most important successes thus far in Pennsylvania's prison reform movement and that it “realizes that punishment without rehabilitation is a failed policy.” SB 100 calls for a comprehensive community re-entry program that will be a collaboration between the Department of Corrections and the Parole Board and will use community based organizations. The bill will expand the use of Pennsylvania's alternative sentencing programs. The state's pre-release program will be phased out in favor of using community corrections centers or facilities for technical parole violators. Low-level offenders (third degree misdemeanors) will no longer go to State prison. FMI: See www.pasenategop.com.

PA Senate Passes Legislation to Require Licensure of Prosthetists & Orthotists

On June 29 the Pennsylvania Senate passed (49-0) legislation to require licensure of prosthetists & orthotists, pedorthists and orthotic fitters. The PA House of Representatives concurred in the amendments on that same day by a vote of 182-18. House Bill 48 amends the Medical Practice Act to require at least four years of education – a bachelor's degree in prosthetics or orthotics – or an associate degree and two or more years of education, training and work experience for these professionals. This legislation also requires a minimum of two years or 3,800 hours of direct patient care from a health care professional. Individuals in the field of prosthetics, orthotics, pedorthics or orthotic fitting would need to be licensed by the Pennsylvania State Board of Medicine. More than a dozen states regulate the practice of prosthetics, orthotics and pedorthics. For more legislative information, see www.legis.state.pa.us and enter HB 48.
New Name Proposed for PA Department of Public Welfare

On June 28 PA Representative Thomas Murt (R-Montgomery) introduced a bill in the House of Representatives to rename the Department of Public Welfare. House Bill 2532 would rename DPW to the Department of Human Services. Representative Murt said that the change in the name of the Department of Public Welfare to the Department of Human Services would better reflect the wide range of services that the department provides. To assure that the change is economical the bill stipulates that the Department of Human Services shall exhaust existing supplies of stationery and publications before ordering supplies with the re-designated name and that existing signage at department locations would not be replaced with the re-designated name until the signs are worn and in need of replacement. The bill has been referred to the House Human Services Committee. FMI: See www.legis.state.pa.us and enter HB 2532.

PA Revenue Department Releases FY 2011-12 Collections – Budget Gap Nearly Closed

On July 2 the PA Department of Revenue released its fiscal year-end report on revenues in FY 2011-12, saying that Pennsylvania collected $2.8 billion in General Fund revenue in June, which was $170.1 million, or 6.5 percent, more than anticipated. Fiscal year 2011-12 General Fund collections totaled $27.7 billion, which was $162.8 million, or 0.6 percent, below estimate. The fiscal year ended June 30. (The Department of Revenue cautioned that the 2011-12 fiscal year General Fund revenue collections that it reported are preliminary, pending a final revenue deposit and year-end adjustments.) Sales tax receipts totaled $777.7 million for June, $45.5 million below estimate. Sales tax collections for the fiscal year totaled $8.8 billion, which was $15.8 million, or 0.2 percent, less than anticipated. Personal income tax (PIT) revenue in June was $995.3 million, $25.7 million above estimate. This brought fiscal-year PIT collections to $10.8 billion, which was $199.1 million, or 1.8 percent, below estimate. June corporation tax revenue of $651 million was $180.4 million above estimate. Fiscal-year corporation tax collections totaled $5 billion, which was $38.8 million, or 0.8 percent, above estimate. Inheritance tax revenue for the month was $71.5 million, $4.9 million below estimate. This brought the fiscal-year total to $827.7 million, which was $10.4 million, or 1.2 percent below estimate. Realty transfer tax revenue was $28.8 million for June, $300,000 above estimate, bringing the fiscal-year total to $292.2 million, which was $800,000, or 0.3 percent, more than anticipated. In addition to the General Fund collections, the fiscal-year collections for the Motor License fund totaled $2.4 billion, which was $2.2 million, or 0.1 percent, below estimate. For more information, visit www.revenue.state.pa.us.

PA Property Tax/Rent Rebates to be Distributed Starting July 1

On June 28 the PA Department of Revenue announced that more than 504,000 older homeowners, renters and people with disabilities across Pennsylvania will be issued rebates totaling $237.5 million starting July 1 through the Property Tax/Rent Rebate Program. The PA Department of Revenue says that more than 139,000 applicants who opted for direct-deposit will receive their rebates on Monday, July 2. The Revenue Department had received more than 568,000 rebate applications as of June 25. The rebate program offers benefits to eligible Pennsylvanians age 65 and older; widows and widowers age 50 and older; and people with disabilities age 18 and older. Residents can obtain Property Tax/Rent Rebate claim forms (PA-1000) and related information online at www.revenue.state.pa.us or by calling 1-888-222-9190.
DPW Sets Rules for Expanding MA Nursing Facilities in PA

In the June 30 edition of the *Pennsylvania Bulletin*, the PA Department of Public Welfare (DPW) published its final regulations on the participation review process for Medical Assistance (MA) nursing facilities. The new DPW rule provides guidance to nursing facilities who seek to enroll in the MA Program or expand their current complement of MA beds. DPW will use the regulations in managing the enrollment and participation of nursing facilities as providers in the Medical Assistance (MA) Program. The new rule identifies the factors that DPW will use to evaluate and respond to bed requests. The rule is intended to support the growth of home and community-based services (HCBS) and protect access to medically necessary nursing facility services. FMI: See [www.pabulletin.com](http://www.pabulletin.com). To view a copy of the regulation see [http://www.pabulletin.com/secure/data/vol42/42-26/1198.html](http://www.pabulletin.com/secure/data/vol42/42-26/1198.html).

DPW Publishes New ODP Rate Schedule

In the June 30 edition of the *Pennsylvania Bulletin*, the PA Department of Public Welfare (DPW) published the proposed fee schedule rates for select services funded through the consolidated and person/family directed support waivers and targeted service management (TSM) to the Medical Assistance (MA) Program Fee Schedule, effective July 1, 2012. The proposed fee schedule rates will be used by DPW as the fees for base-funded services managed through county programs for individuals with intellectual disabilities. DPW says that it used a market-based approach to develop the fee schedule rates. DPW said that the rates would provide access to services, encourage provider participation, promote provider choice, and ensure participant health and welfare and fiscal accountability. MA fee schedule services include: Companion, Behavior Support, Therapy (Physical, Occupational, Speech and Language, Individual Behavior, Group Behavior and Visual/Mobility) Nursing, Homemaker/Chore, Supports Broker, Supports Coordination, Older Adult Day, Supplemental Habilitation and Additional Individualized Staffing. DPW also added certain services to the MA Program Fee Schedule beginning July 1, 2012, namely: home and community habilitation unlicensed, licensed day habilitation (adult training), prevocational services, supported employment, transitional work and all waiver-funded respite care services, excluding respite camp which is a vendor service. DPW noted that agency with choice financial management services (including and excluding benefits) include: Home and community habilitation (unlicensed), companion services, unlicensed in-home and out-of-home respite, supported employment, supports broker and home-maker/chore services. DPW said that the proposed MA Program Fee Schedule rates are contingent on the final budget enacted by the General Assembly. DPW said that the proposed MA Program Fee Schedule rates should be used to process claims submitted to the Provider Reimbursement and Operations Management Information System (PROMISetTM) in electronic format for services provided until a notice announcing final fee schedule rates is published. DPW listed the geographic areas, including counties. FMI: See [www.pabulletin.com](http://www.pabulletin.com). To view the regulation entitled *Medical Assistance Program Fee Schedule for Consolidated and Person/Family Directed Support Waiver-Funded Select Services, Targeted Service Management and Community Mental Retardation Base-Funded Program* see [http://www.pabulletin.com/secure/data/vol42/42-26/1219.html](http://www.pabulletin.com/secure/data/vol42/42-26/1219.html).
DPW Adds New Respite Care Services to Adult Autism Waiver

In the June 30 edition of the Pennsylvania Bulletin, the PA Department of Public Welfare (DPW) announced additions to its fee schedule for certain services provided to Adult Autism Waiver participants. Effective July 1, 2012, DPW is adding Unlicensed Respite Care out of Home (Day) and Respite Care Unlicensed Out of Home (15 minute unit) to Respite Care Services. In addition, the current Transitional Work Services procedure codes have been end-dated, and new procedure codes have been added for these services. Interested persons are invited to submit written comments regarding this notice to the Department at ra-dpautismwaiver@state.pa.us, use subject header "PN AAW Fee Schedule," or Department of Public Welfare, Office of Developmental Programs, Bureau of Autism Services, 6th Floor, Health and Welfare Building, Forster and Commonwealth Avenues, Harrisburg, PA 17120. Comments received will be reviewed and considered for any subsequent revisions to the fee schedule for Adult Autism Waiver services. FMI: See www.pabulletin.com

DPW Reports to MAAC on Medicaid Changes

On June 28 the PA Department of Public Welfare (DPW) Medical Assistance Advisory Committee (MAAC) received updates on the progress of DPW in implementing certain initiatives and changes in Medical Assistance programs. The Office of Medical Assistance programs (OMAP) reported that the transition of the seven counties into HealthChoices is on target for a July 1 implementation. OMAP said that during the open enrollment period 25% of the 55,000 former Access Plus members made a choice of plans and that the remaining members were auto-assigned. Plans are in the process of contacting these individuals. DPW has provided plans with transition information, including any Access Plus claims history. OMAP also noted that Keystone Mercy and Amerihealth will implement Pharmacy Benefits Limits on July 1. The Office of Long Term Living (OLTL) presented a list of notices, communications, bulletins, meetings, and webinars initiated around the OLTL rate notices to gather feedback. OLTL reported that its waiting list consists of the following numbers of individuals: OBRA – 11; COMMCARE – 79; and Act 150 – 235. OLTL noted that individuals qualifying for other services receive these services while waiting for Waiver services. The Office of Developmental Programs (ODP) reported that CMS approved both the Consolidated Waiver and the Person/Family Directed Services Waivers. The Office of Mental Health and Substance Abuse Services (OMHSAS) noted that a Bulletin on Targeted Case Management (TCM) documentation has been released and that a process to review the quality of Peer Specialist services has been initiated. OMHSAS reported that it has decided to not move ahead with Peer Specialist certification at this time. In addition, OMHSAS said that it has initiated a review of regulations in order to update them and eliminate those which are no longer necessary. FMI: See www.dpw.state.pa.us. For DPW updates see http://www.dpw.state.pa.us/provider/doingbusinesswithdpw/medicalassistance/whatsnew/index.htm. For listing of MAAC meeting minutes see http://listserv.dpw.state.pa.us/Scripts/wa.exe?A1=ind12&L=maac-meeting-minutes.
DPW Publishes Rates for HCB Enrollment Services in Aging Waiver

In the June 30 edition of the Pennsylvania Bulletin, the PA Department of Public Welfare (DPW) announced the Medical Assistance (MA) fee schedule rate for the Home and Community-Based Services (HCBS) enrollment service in the Aging Waiver. DPW announced this addition effective July 1, 2012. The fee schedule rate is available at http://www.aging. See www.state.pa.us/portal/server.pt/community/information_for_providers/19328 The rate-setting methodology for HCBS fee schedule rates was published in the June 9, 2012 Pennsylvania Bulletin. Interested persons are invited to submit written comments regarding this notice within 30 days of its publication to the Office of Long-Term Living, Attention: Yvette Sanchez-Roberts, 555 Walnut Street, Fifth Floor, Harrisburg, PA 17101-1919. Comments can also be sent to RA-oilstreamlining@pa.gov. Comments will be considered in subsequent revisions to the MA Program Fee Schedule. FMI: See www.pabulletin.com

DPW Issues MA Bulletin on Provider Preventable Conditions

On June 15 the PA Department of Public Welfare Office of medical assistance issued a bulletin applicable to providers of services to MA recipients enrolled in the Fee-For-Service delivery system, including ACCESS Plus. The Medical Assistance (MA) Bulletin informs providers of the MA Program’s payment policy and reporting requirements for Provider Preventable Conditions effective July 1, 2012. DPW OMAP says that acute care general hospitals and inpatient rehabilitation and psychiatric hospitals and excluded rehabilitation and psychiatric units of acute care general hospitals are required to report health care-acquired conditions (HCACs) by using the applicable Present On Admission (POA) indicator on their claims. Additionally, rehabilitation and psychiatric hospitals and excluded rehabilitation and psychiatric units of acute care general hospitals are required to report HCACs through the Department’s Concurrent Hospital Review (CHR) Process. The providers include: Acute care general hospitals paid under the prospective payment system; inpatient rehabilitation and psychiatric hospitals and excluded rehabilitation and psychiatric units of acute care general hospitals paid under the prospective per diem system; nursing facilities, including private, county and state operated nursing facilities paid under the prospective per diem system; intermediate care facilities for the intellectually disabled (ICF/ID) or other related conditions (ICF/ORC) paid under the prospective per diem system; ambulatory surgical centers and hospital based short procedure units paid from the MA Program Fee Schedule; clinics, including hospital based medical –surgical clinics, independent medical/surgical clinics, and family planning clinics paid from the MA Program Fee Schedule; rural health clinics, federally qualified health centers and birth centers paid under a prospective payment rate; and practitioners, including physicians, dentists, podiatrists, certified registered nurse practitioners, optometrists and midwives paid from the MA Program Fee Schedule. DPW OMAP said that providers rendering services under the MA managed care delivery system should address any questions related to payment policy and reporting requirements to the appropriate managed care organization (MCO). For a copy of the MA Bulletin see http://services.dpw.state.pa.us/olddpw/bulletinsearch.aspx?BulletinId=4831 FMI: See www.dpw.state.pa.us.
DPW to Contract for Audits of 500 Providers

On June 21 the PA Department of Public Welfare (DPW) posted to the PA E Marketplace website Solicitation 6100022580 – 8411 for Auditing Services. The solicitation can be viewed at http://www.emarketplace.state.pa.us/Solicitations.aspx?SID=6100022580. In its posting DPW explained that various of its program offices contract with various independent organizations to provide services to the citizens of the Commonwealth and that it was seeking contractors to assist in monitoring of these contracts. DPW is planning for a total of 500 audits of programs under contract with various DPW offices, including the offices of Developmental Programs (134), Mental Health and Substance Abuse Services (100), Children, Youth and Families (100), Child Development and Early Learning (100), Long Term Living (50), and Medical Assistance Programs (16). Bids were to be opened on July 3, 2012. The bid tabulation will be posted to www.eMarketplace.state.pa.us as soon as practicable after the opening. Awarded contracts are posted to www.eMarketplace.state.pa.us after they become fully executed.

DPW Publishes Annual List of Designated Exceptional Durable Medical Equipment

In the July 7, 2012 edition of the Pennsylvania Bulletin the PA Department of Public Welfare (DPW) published its annual list of exceptional durable medical equipment (DME). The list of exceptional DME that has been designated by DPW includes: (1) Air fluidized beds; (2) powered air flotation bed (low air loss therapy); (3) augmentative communication devices; and, (4) ventilators (and related supplies). DOH noted that interested persons may petition DPW to consider additions to the exceptional DME list by submitting a written request to DPW. Requests received on or before December 31 will be considered in developing the list for the following July. Interested persons are invited to send written comments by August 6 to Marilyn Yocum, Department of Public Welfare/Department of Aging, Office of Long-Term Living, 555 Walnut Street, Forum Place, 5th Floor, Harrisburg, PA 17101-1919. FMI: See www.pabulletin.com.

OMHSAS Begins Series on Employment of People with Psychiatric Disabilities

Beginning on July 12 and bimonthly thereafter, the Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS) in conjunction with Temple University Collaborative on Community Inclusion of Individuals with Psychiatric Disabilities will sponsor “Community of Practice” calls on various topics related to the employment of persons with a mental illness. OMHSAS is encouraging state, county, provider, consumer, family and other participants to participate. The teleconferences are intended to build upon the OMHSAS state plan for employment: “A Call for Change: Employment – A Key to Recovery.” All calls will be held on the 2nd Thursday of the scheduled month from 10:00 am to 11:00 am, unless otherwise noted below. Call-in information will be issued prior to each teleconference. To be added to the email listing, please forward your contact information to Angela Roland, OMHSAS, at aroland@pa.gov. Upcoming sessions include “Integrating Clinical Services with Supported Employment” on July 12 from 10:00 am to 11:30 am; “Regulatory and Funding Parameters for Peer Specialists in Supporting Employment” on September 13 from 10:00 am to 11:00 am; and “Social Security Work Incentives-What do I need to know?” on November 8, 2012 from 10:00 am to 11:00 am). FMI: Contact Angela Roland at OMHSAS at aroland@pa.gov.
ODP Rate Methodology Published

In the June 30 edition of the Pennsylvania Bulletin, the PA Department of Public Welfare (DPW) announced that effective July 1, 2012, it is revising the methodology used in the Prospective Payment System (PPS) to develop rates for residential habilitation eligible and transportation trip services, funded through the Consolidated and Person/Family Directed Support waivers and for the same service that is provided with base funding in a waiver funded service location. DPW described the rate-setting methodology for establishing payment residential habilitation eligible cost-based services. DPW said that the residential habilitation eligible proposed payment rates, effective for services delivered on or after July 1, 2012, are subject to the adjustments and are assigned at the Master Provider Index (MPI)—Service Location Code—Procedure Code/Modifier level based on the methodology that is outlined in the announcement. An explanation of the residential outlier review process, the total unit cost review, the vacancy factor DPW applied to residential services, the payment rates for transportation trip services, the transportation trip outlier review process, the application of cost of living adjustments, and the rate adjustment factor (DPW determined that an RAF was not necessary for developing the proposed payment rates) is included in the announcement. The rate calculation and the rate assignment process were also described. DPW says that it anticipates that there will be an approximate cost to the Commonwealth of $67.720 million ($30.828 million State funds) in FY 2012-2013 and subsequent years. Interested persons are invited to submit written comments regarding this notice to the Department at the Office of Developmental Programs' rate-setting mailbox at ra-ratesetting@state.pa.us, use subject header "PN PPS Methodology," or Department of Public Welfare, Office of Developmental Programs, Division of Provider Assistance and Rate Setting, 4th Floor, Health and Welfare Building, Forster and Commonwealth Avenues, Harrisburg, PA 17120. FMI: See www.pabulletin.com

ODP Announces Webcast Available on Renewal of Consolidated & P/FDS Waivers

On June 29 the PA DPW Office of Developmental Programs released ODP Announcement 057-12 informing all interested parties of the availability of the Renewal of Intellectual Disability Waivers, Effective July 1, 2012: An Overview webcast and to provide direction on accessing the webcast. The overview webcast is available on the ODP Consulting System website and the four ODP Information Center websites. The webcast is designed to provide a high-level overview of the changes that have occurred and will be implemented as a result of the approved renewals of the Consolidated and P/FDS Waivers (effective July 1, 2012). This presentation is designed for individuals, families and all other stakeholders who are interested in hearing about the changes in the approved waiver renewals and the Pennsylvania Intellectual Disability service system. ODP said that the topics discussed in the webcast will be accompanied by other communications and trainings that will provide more detailed information about each topic. ODP said that the webcast is strongly recommended for provider staff. Providers (non-SCO) should access the webcast through the Provider Information Center (PIC). FMI: See www.odpconsulting.net.
ODP Sets Process for Approval of Residential Services Locations and Capacity

On June 29 the PA DPW Office of Developmental Programs released ODP Informational Packet 055-12 to inform all interested parties of the new process that ODP will utilize to ensure that Consolidated Waiver licensed and unlicensed Residential Habilitation Service locations are integrated and dispersed in the community in noncontiguous locations and are not located on a campus setting. ODP outlined the process that it will implement a new process for providers of licensed and unlicensed residential habilitation service locations, effective July 1, 2012. Under the new process, qualified licensed and unlicensed waiver residential habilitation service providers will no longer obtain prior approval from AEs for a waiver residential habilitation service location. A provider will request and obtain an approval/denial from ODP when it opens a new waiver residential habilitation service location, closes an existing waiver residential habilitation service location, combines more than one residential habilitation service location, and/or requests a change in approved waiver program capacity. FMI: See www.odpconsulting.net.

ODP Issues Information Packet on Right to Report Abuse

On June 25 the PA DPW Office of Developmental Programs released ODP Informational Packet 053-12 to inform affected groups and individuals of the availability and location of the Right to Report Abuse Notification handout. The memo also addresses the responsibility of supports coordinators to explain annually to individuals receiving services the right to be free from and to report abuse. FMI: See www.odpconsulting.net.

ODP Revises ISP Manual

On June 29 the PA DPW Office of Developmental Programs (ODP) circulated ODP Informational Memo 056-12 concerning waiver renewal implementation and the individual service plan (ISP) development process. ODP said that based on the renewed the Consolidated and Person/Family Directed Supports Waivers with the Centers for Medicare and Medicaid Services (CMS) which are effective July 1, 2012 and 55 PA Code, Chapter 51, Office of Developmental Programs Home and Community Based Services Regulations, the Individual Support Plan (ISP) Manual has been updated. The announcement includes new and revised information on policies and procedures related to ISP development and implementation. FMI: See www.odpconsulting.net.

New ODP Template for Waiver Renewal Implementation Communications

On June 26 the PA DPW Office of Developmental Programs released ODP Announcement 054-12 informing all interested parties of a new ODP Communications template for Waiver Renewal implementation. ODP reported that after Centers for Medicare and Medicaid Services (CMS) had approved the ODP five-year Waiver Renewals for the Consolidated and Person/Family Directed Support (P/FDS) Waivers on May 24, 2012 ODP decided that informational memos and informational packets related to the implementation of the Waiver Renewals will be issued using a distinctive banner for Waiver Renewal Communications. To view the new banner, providers should access ODP Announcement 054-12 at www.odp.consulting.net.
**PARF NEWS**

**Dateline: July 6, 2012**

DOH to Recognize Hospitals as Primary Stroke Centers, Establishes Application Process

In the July 7, 2012 edition of the *Pennsylvania Bulletin* the PA Department of Health published a notice on the designation of PA hospitals as primary stroke centers. DOH noted that on May 29, 2012, Governor Corbett signed Act 54 of 2012 (P. L. 549, No. 54) (Act 54). Act 54 creates a mechanism for the identification of acute care hospitals that are designated as primary stroke centers. Act 54 takes effect on July 30, 2012. Under Act 54, the Department of Health (DOH) will recognize hospitals as primary stroke centers upon submission of an application that states that the hospital is certified as a primary stroke center by the joint commission or another nationally recognized accreditation organization. The designation shall last as long as the hospital remains certified as a primary stroke center, unless suspended or revoked by the Department.

DOH said that hospitals that are seeking recognition as a primary stroke center can obtain an application by contacting the Division of Acute and Ambulatory Care at (717) 783-8980 or at the Department's web site at [www.health.state.pa.us/](http://www.health.state.pa.us/). A hospital seeking this recognition will be required to show proof of its designation as a primary stroke center by the joint commission or another nationally recognized accreditation organization. Questions concerning the application process may be sent to Joanne Salsgiver at [JSalsgiver@pa.gov](mailto:JSalsgiver@pa.gov).

PA eHC Offers Grants to Healthcare Providers to Share Patient Information Electronically

On June 28 the Pennsylvania eHealth Collaborative (PA eHC) announced a new grant program to encourage physicians and other health care providers to begin securely exchanging health information over the Internet using DIRECT messaging. PA eHC said that DIRECT offers a simple, secure and standards-based method to encourage electronic exchange of health information among health care providers, particularly those providers that do not have the resources or technical capacity to engage in more comprehensive health information exchange. Through August 15 health care providers can receive a free year of DIRECT messaging services through an approved health information service provider (HISP). The PA eHealth Collaborative will provide an HISP with $250 for each provider they register. As many as 8,000 providers could potentially take advantage of the program. This includes hospitals and health systems, community clinics, doctors and other licensed providers, pharmacies and independent laboratories. FMI: See the PA eHealth Collaborative website at [www.paehealthcollab.com](http://www.paehealthcollab.com).

DRN Seeks Information on Access to Children’s Behavioral Health Services

The Disability Rights Network of Pennsylvania (DRN) is seeking information on the impact of recent policy and practice changes by the Office of Mental Health and Substance Abuse Services (OMHSAS) and Behavioral Health Managed Care Organizations (BH-MCOs) upon access to children’s behavioral health services. DRN has expressed concerns that access to Summer Therapeutic Activities Programs, Behavioral Specialist Services, and Therapeutic Staff Support may be limited or denied. DRN has asked that anyone who is having difficulty accessing a home-, community- or school-based behavioral health service that their child currently needs or has been prescribed contact the DRN Intake Unit by calling 1-800-692-7443 or by sending an email to intake@drnpa.org. FMI: See Disability Rights Network of Pennsylvania website at [www.drnpa.org](http://www.drnpa.org).
CCAP Outlines Plan for Implementing Pilots for State-County Human Services Programs

The County Commissioners Association of Pennsylvania (CCAP) has forwarded instructions to the counties about the 'pilot' program that has been established through recent passage of the state budget and approval of related changes in the Welfare Code (HB 1261). New consolidated reporting requirements and a pilot program that would utilize consolidated funding for state-county programs of human services are scheduled to take effect on July 1. CCAP reports to the counties that the final Commonwealth budget for FY 2012-13 maintains appropriations for seven line items that had previously been proposed as a consolidated funding package (albeit reduced from the 2011-12 allocation level by 7.6 percent in Mental Health base funds, 9.2 percent in Intellectual Disability funds, and 10 percent in the Human Services Development Fund, Homeless Assistance, Behavioral Health Services, Act 152 Drug and Alcohol funds and Child Welfare Special Grants). Although a block grant proposal for all counties was not approved, a pilot program for 20 counties was adopted. Up to 20 counties annually will be selected to participate in a block grant pilot program. In instructions to counties, CCAP noted that counties will receive their funds for the seven above line items in categorical payments from the department based on their current allocation formulas and will have the ability to use some of the funding in a flexible manner. CCAP said that changes in flexible funding provided in the pilots is to be implemented over a five year period: in year one, pilot counties will be able to utilize 20% of all funds within the block grant flexibly; in year two, 25% of all funds; in year three, pilot counties 50% of all funds; in year four, 75% of all funds; and, in year five, 100% of all funds. If a pilot county can demonstrate their ability to utilize all funds flexibly in year one, they can request a waiver of the above limitations from the department. The selected counties will be required to fund each of the seven line items and cannot defund any of the included line items completely. All pilot counties will utilize the streamlined planning and financial reporting processes that all counties will transition to in the next year. Pilot counties will be permitted to retain up to 3% of the aggregate of all funds within the block grant upon approval of the department or use in the next fiscal year. CCAP also noted that the authorizing legislation does not include a sunset date. The pilots can continue unless repealed by the General Assembly. Additional counties beyond the maximum of 20 per year cannot be included unless the legislation is amended. For information and documents see www.pacounties.org. For a copy of the CCAP memo on the human services block grant see http://www.pacounties.org/Lists/Whats%20New/CCAPDispForm.aspx?List=cd44a499%2D0725%2D47a6%2Da78f%2Dbb2d135e4f72&ID=156.

DRN Seeks Comments on Proposed FY 2013 Priorities

On June 28 the Disability Rights Network of Pennsylvania invited the public to comment on a statement of priorities with goals and objectives that DRN is considering to adopt by October 1, 2012. DRN reports that for past several months, its Board of Directors and staff have engaged in a priority-setting process designed to identify the major issues that will be at the core of the work the Disability Rights Network does during the next three (3) years. DRN is asking the public to comment and identify the issues that DRN should be working on with its legal and advocacy resources. To review the DRN proposed statements and documents see the DRN web site at www.drnpa.org. DRN says that all comments will be carefully reviewed and considered in creating the final document that will be presented for approval to the DRN Board of Directors. Comments should be sent to priorities@drnpa.org by August 3, 2012.
U.S. Supreme Court Decides Affordable Care Act is Constitutional

On June 28 the US Supreme Court upheld the constitutionality of the Patient Protection and Affordable Care Act (ACA) by a vote of 5 to 4. The Court held that the individual mandate is constitutional as a tax. The Court concluded it was not valid as an exercise of Congress’ commerce clause power. The majority opinion was written by Chief Justice John Roberts. Joining in that majority opinion were Justices Ruth Bader Ginsburg, Stephen Breyer, Sonia Sotomayor and Elena Kagan. The Court also decided that the Medicaid expansion is constitutional but limited in terms of how states can be penalized. The decision bars the Department of Health and Human Services (HHS) from denying all Medicaid funding to states that opt out of ACA’s Medicaid expansion. The Court decided to allow states to obtain additional funding in exchange for opting in and complying with ACA standards. For the Supreme Court opinion see http://www.supremecourt.gov/opinions/11pdf/11-393c3a2.pdf. For the reaction from the Obama administration see www.whitehouse.gov. See also http://www.whitehouse.gov/blog/2012/06/28/supreme-court-upholds-president-obamas-health-care-reform?utm_source=email168&utm_medium=graphic&utm_campaign=healthcare#health-care-checklist. For updates and background information on ACA, see www.kaiserhealthnews.org. See related story above PA Governor and U.S. Senators Comment on U.S. Supreme Court Healthcare Decision.

 Debate over Healthcare Reform Continues

In the wake of the Supreme Court decision on the constitutionality of the Patient Protection and Affordable Care Act, it is expected that while states pick up the pace in developing health insurance exchanges and decide on Medicaid expansion the debate over reform will become louder. Analysts say that the pace of implementation of health insurance exchanges and other provisions will likely pick up, but the lack of consensus on exchange design may still hinder development. The Supreme Court gave states the option to skip the Medicaid expansion, but the pressure of accepting millions in new federal dollars to pay for coverage for low-income people may be too great. Analysts also expect that if states elect to opt out of Medicaid expansions, millions of low-income Americans who would have obtained coverage may now remain uninsured and providers will continue to face significant uncompensated care burdens. It is anticipated that the fight over the health care reform struggle will intensify. Those opposed to the health care reform law have declared that they will press for cutting state and federal funds for implementation, move to overturn the law in Congress, and check reforms through actions at all levels of government. Industry-specific provisions enacted to finance the expansion of health coverage will remain in effect. They will likely be challenged in Congress and the courts. Throughout the conflicts state and federal policy makers will continue to seek reductions in health care spending as Medicare and Medicaid reimbursements remain targets for those seeking to address budget deficits and cut health care costs. See related story above PA Governor and U.S. Senators Comment on U.S. Supreme Court Healthcare Decision. FMI: If more information is needed, contact PARF at parfmail@parf.org.
U.S. House of Representatives Passes Transportation-HUD Spending Bill

On June 29, the U.S. House of Representatives passed by a 261-163 vote the fiscal 2013 appropriations bill for transportation and housing programs (HR 5972). The measure provides $51.6 billion in discretionary spending - $3.9 billion below fiscal 2012 and approximately $1.9 billion below both the administration’s request and the Senate Appropriations Committee bill. Obligation limits for highway and transit programs funded by the Highway Trust Fund remain at current levels. The Senate Appropriations Committee’s T-HUD Subcommittee had marked up its spending bill, S. 2322, on April 17th. The Senate bill provided $150 million for the 811. No date has been set for the full Senate to vote on the bill. The House would cut all funding for TIGER grants, which provide resources for national or regional infrastructure projects; the Senate would keep funding level for this program. The House maintained funding for the Section 811 Supportive Housing for People with Disabilities program at $165 million, 9% above the President’s Budget Request of $150 million for Fiscal Year (FY) 2013. The House bill and the Senate bill differ so substantially that it is unlikely that they will resolve their differences soon. Moreover, the House spending bill faces a veto threat from President Obama since its funding level falls below that agreed upon in the 2011 Budget Control Act. It is expected that one or more continuing resolutions will be adopted to keep the federal government operating into the beginning of the fiscal year which begins on October 1, 2012.

HR 6061 To Continue WIPA and PABSS Programs

On June 29 Representative Xavier Becerra (D-CA) and 16 co-sponsors introduced H.R. 6061, the “WIPA and PABSS Continuation of Services Act of 2012.” The Work Incentives Planning and Assistance (WIPA) program funds Community Work Incentive Coordinators who help beneficiaries of Social Security’s disability programs understand their options for pursuing opportunities to work. The Protection and Advocacy for Beneficiaries of Social Security (PABSS) program provides beneficiaries with information, advice, advocacy and other services that beneficiaries may need to find, keep, or regain employment. Currently, there is funding to maintain WIPA until June 30, 2012 and PABSS until September 30, 2012. H.R. 6061 would continue WIPA and PABSS by removing a conflicting provision from the statute that authorized a particular amount and time frame for funding of the WIPA and PABSS programs. Provisions that permanently establish the two programs are maintained. See www.house.gov

U.S. House of Representatives Holds Hearing on HR 3356 to amend ADA

The Committee on the Judiciary Subcommittee on the Constitution held a hearing on H.R. 3356, the “ACCESS (ADA Compliance for Customer Entry to Stores and Services) Act.” The bill, sponsored by Representative Daniel Lungren (R-CA), would amend the Americans with Disabilities Act (ADA) to require an individual to provide a written notice to the owner or operator of a public accommodation that there is a structural barrier to entry. The individual would have to wait 60 days to receive a written description of how the owner would remove the barrier and then wait an additional 120 days to allow the owner to actually remove the barrier. FMI: See www.house.gov. See http://judiciary.house.gov/hearings/calendar.html. For documents see http://judiciary.house.gov/hearings/Hearings%202012/hear_06272012_2.html.
HHS Offers Additional Grants to Implement Health Exchanges

On June 29 the U.S. Department of Health and Human Services announced a new funding opportunity to help states continue their work to implement the Affordable Care Act. When the law is fully implemented in 2014, the affordable insurance exchanges will provide people and small businesses with one-stop shops to find, compare and purchase affordable, high-quality health insurance. The June 29 announcement makes more funding available to build all models of affordable insurance exchanges available to states. HHS issued guidance today as well that is to help states understand the full scope of activities that can be funded under the available grant funding as they work to build exchanges. The funding opportunity that was announced will provide states with 10 additional opportunities to apply for funding to establish a state-based exchange, state partnership exchange, or to prepare state systems for a federally facilitated exchange. To date, 34 states (including Pennsylvania) and the District of Columbia have received approximately $850 million in Exchange Establishment Level One and Level Two cooperative agreements to fund their progress toward building exchanges. Under the new announcement, states can apply for exchange establishment cooperative agreements through the end of 2014. These funds are available for states to use beyond 2014 as they continue to work on their exchanges. The guidance HHS issued provides information on the exchange-building activities that states can fund with establishment cooperative agreements. The guidance can be found at: http://cciio.cms.gov/resources/factsheets/hie-est-grant-faq-06292012.html. HHS said that it will conduct regional implementation forums in coming months to assist states and stakeholders on the work to be done in building exchanges and to address their questions. For more information on exchanges, including fact sheets, see http://www.healthcare.gov/news/factsheets/2011/05/exchanges05232011a.html.

Teleconferences on PT and OT Coverage and Billing Requirements in July

On July 9 and July 11 Novitas Solutions, Inc will be hosting teleconferences on physical therapy and occupational therapy, one session on coverage and another session on billing requirements of the therapy services. On July 9 from 1:00 pm to 2:30 pm Novitas Solutions will also host a teleconference on Physical Therapy and Occupational Therapy Coverage. The teleconference addresses the proper way to bill physical and occupational therapy services and reviews Comprehensive Error Rate Testing (CERT) feedback for physical therapy and common errors. Proper signature requirements and coverage of physical and occupational therapy are discussed and basic medical record documentation reminders are reviewed. On July 11 the teleconference on Physical and Occupational Therapy Billing Requirements will be held from 10:00 am to 11:00 am. The July 11 session reviews CERT feedback for physical therapy services, documentation of physical and/or occupational therapy services, proper modifier reporting, billing units of service correctly, and self service options. To participate in the July 9 and/or July 11 teleconferences, dial 1-888-276-8689 and enter access code 454822 when prompted. Please dial-in 5 minutes prior to the teleconference start time. If the call has reached attendee capacity, callers will hear the message "conference is full". The session addresses proper billing by providers for physical and
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CMS National Provider Call on Medicare Shared Savings & Advance Payment Model

On Monday, July 16 from 1:30 pm to 3:00 pm ET, the Centers for Medicare and Medicaid Services (CMS) is hosting a National Provider Call, where subject matter experts will provide an overview and updates to the Shared Savings Program application and Advance Payment Model application processes for the January 1, 2013 Shared Savings Program start date. A question and answer session will follow the presentations. In order to receive call-in information, individuals must register for the call on the CMS Upcoming National Provider Calls web page. Registration will close at 12pm on the day of the call or when available space has been filled. See http://www.eventsvc.com/blhtechnologies. The deadline to submit a notice of intent to apply for the Medicare Shared Savings Program with a January 1, 2013 start date has been extended to June 29. Those interested in applying for participation for the January 1, 2013 start date of the Medicare Shared Savings Program should submit a Notice of Intent to Apply (NOI) by June 29, 2012. For more information, visit the Shared Savings Program Application web page. See http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Application.html

CMS Receives Comment on HCBS Rules

On July 2 PARF submitted comment to the Centers for Medicare and Medicaid Services (CMS) on its proposed rules setting forth requirements and strictures on the provision of home and community based services under Medicaid waiver programs. On May 3, 2012 the Centers for Medicare and Medicaid Services (CMS) published in the Federal Register a proposed rule that would revise Medicaid regulations to define and describe State plan home and community-based services (HCBS) under the Medicaid program, as amended by the Affordable Care Act (ACA). The proposed rule would also provide home and community-based setting requirements for the Community First Choice State plan option, as added by the ACA. The proposed rules supersede previous proposed rules (April 2, 2008 regarding State plan HCBS and February 25, 2011 regarding the Community First Choice State Plan Option home and community-based setting requirements). CMS explains that it plans to fully consider all comments received and align decision making and language pertaining to home and community-based setting requirements across Community-First Choice, State plan HCBS under Section 1915(j), as well as HCBS waivers under Section 1915(c). PARF said that the proposed definitions and requirements for the Community First Choice State Plan Option, the State Plan HCBS option, and the Medicaid HCBS waiver need to be revised to support the goals of the Americans with Disabilities Act (ADA) and the Supreme Court decision in Olmstead v. L.C., 527 U.S. 581 (1999). PARF also stresses the need to maintain individual choice in accessing home and community-based services. FMI: Contact PARF at parfmail@parf.org.
On July 6 the Centers for Medicare and Medicaid Services CMS issued a proposed rule that would update payment policies and payment rates for services furnished to Medicare beneficiaries in hospital outpatient departments (HOPDs) and ambulatory surgical centers (ASCs) beginning January 1, 2013. The proposals would affect HOPDs in more than 4,000 hospitals, including general acute care hospitals, inpatient rehabilitation facilities, inpatient psychiatric facilities, long-term acute care hospitals, children’s hospitals, and cancer hospitals, and approximately 5000 Medicare-participating ASCs. See http://www.cms.gov/apps/media/press/reports.asp?Counter=4397&intNumPerPage=10&checkDate=&checkKey=&srchType=1&numDays=3500&srchOpt=0&srchData=&keywordType=All&chkNewsType=6&intPage=&showAll=&pYear=&year=&desc=&cboOrder=date. CMS is proposing to increase HOPD payment rates by 2.1 percent. CMS is also proposing to increase ASC payment rates by 1.3 percent – the projected rate of inflation of 2.2 percent minus an adjustment required by law for improvements in productivity of 0.9 percent. The proposed rule also would streamline the operations of the Quality Improvement Organizations (QIOs) and make them more responsive to beneficiary complaints about quality of care. Specifically, the proposals would give beneficiaries more information about the QIO’s review process, and would create a new alternative dispute resolution option, called Immediate Advocacy, to resolve beneficiary complaints. The proposed rule would also give QIOs authority to send and receive secure transmissions of electronic versions of health information. Finally, the proposals would enable QIOs to release more information about the results of their reviews to affected beneficiaries. The proposed rule would make several changes to the quality reporting programs for HOPDs, ASCs and Inpatient Rehabilitation Facilities (IRFs). Specifically, CMS is not proposing to add measures for the CY2014 and CY2015 payment determinations. Thus, CMS is proposing reporting for 23 measures for the CY2014 payment determination and 24 measures for the CY2015 payment determination. The proposed rule also contains proposals for procedures related to retirement and retention of HOPD measures. Specifically, the proposed rule would: (a) Adopt updates on a previously adopted measure for the IRF QRP that will affect annual prospective payment amounts in FY2014; (b) adopt a policy that would provide that any measure that has been adopted for use in the IRF QRP will remain in effect until the measure is actively removed, suspended, or replaced; and (c) adopt policies regarding when notice-and-comment rulemaking will be used to update existing IRF QRP measures. See http://www.cms.gov/apps/media/press_releases.asp. For the CMS press release (issued July 6) see http://www.cms.gov/apps/media/press/release.asp?Counter=4396&intNumPerPage=10&checkDate=&checkKey=&srchType=1&numDays=3500&srchOpt=0&srchData=&keywordType=All&chkNewsType=1%2C2%2C3%2C4%2C5&intPage=&showAll=&pYear=&year=&desc=&cboOrder=date. For more information on the CY2013 proposals for the OPPS and the ASC payment system as well as the proposed changes to the QIO program, see the Proposed Rule at https://s3.amazonaws.com/public-inspection.federalregister.gov/2012-16813.pdf. See Fact Sheet: http://www.cms.gov/apps/media/press/factsheet.asp?Counter=4397&intNumPerPage=10&checkDate=&checkKey=&srchType=1&numDays=3500&srchOpt=0&srchData=&keywordType=All&chkNewsType=6&intPage=&showAll=&pYear.
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PARF 2012 Annual Conference on September 19-21

PARF is circulating its invitational brochure for the 2012 PARF Annual Conference to be held at the Nittany Lion Inn in State College, PA from Tuesday, September 18 to Friday, September 21. This year’s annual conference – Rehabilitation 2012: Challenges & Commitments – features three keynote presentations that open each day’s events, an annual meeting of PARF members, an awards luncheon and thirty-eight conference sessions. Information on the Conference and registration forms are at the PARF website at www.parf.org. Special rates for early bird registration are posted. Arrangements for lodging should be made as soon as possible. Space at the Nittany Lion Inn is limited. Special rates for lodging for conference participants are in effect only until 11:59 pm on Saturday, August 18, 2012. Please contact the Nittany Lion Inn by calling 1-800-233-7505 or by visiting www.pshs.psu.edu/nittanylioninn. If more information or assistance is needed, please contact PARF at parfeducation@parf.org.

PA Disability Employment Summit to be Held in October 2012

PADES (PA Disability Employment Summit), a statewide conference on employment of individuals with disabilities, is being co-presented on October 4-6 in Hershey PA by the PA Department of Public Welfare & The Arc of Luzerne County. The event is being sponsored with support from the Centers for Medicare and Medicaid Services (CMS) Medicaid Infrastructure Grant (CFDA # 93.768). Proposals for presentation on a variety of topics are currently being accepted. Deadline for submission is Friday, July 20. For information on proposal requirements and application please call (570) 970-7739. Applications for exhibitors, advertisers and sponsors are now being accepted. FMI: Sign up for updates at www.padesummit.org.

PA 2012 Aging/Intellectual Disability Cross-Systems Conference on September 5-6

The Joint Committee on Aging/Intellectual Disability is hosting the 2012 Aging/Intellectual Disability Cross-Systems Conference: Building Bridges Conference on September 5-6, 2012 at the Radisson Hotel Harrisburg located in Camp Hill, PA. The conference is designed for people who are part of the Aging Network and the Intellectual Disability System. The event is sponsored by the Pennsylvania Department of Aging and Pennsylvania Department of Public Welfare through the Long Term Living Training Institute. FMI: Phone 717-763-7117 or 800-333-3333 to make your reservations. For registration information and a brochure please click below. See www.odpconsulting.net. : See also http://www.thearcpa.org/pie%20documents/2012%20BB%20Registration%20Brochure%20R.pdf.

7th Annual Symposium of Disabled Veterans Rehabilitation/Vocational Retraining Project

The Pennsylvania Disabled Veterans Rehabilitation/Vocational Retraining Project (PDVR/VRP) has announced that it will be hosting its 7th Annual Symposium on Addressing Returning Veterans Needs on Wednesday, August 15, 2012 at Hiram G. Andrews Center, Johnstown, PA. The main speaker is Bryan Anderson, a triple amputee Iraqi Veteran, author of No Turning Back. Pre-registration is required. FMI: For more information, phone PDVR/VRP at (814)-255-0355.