PA Governor’s Office Issues Guidelines for FY 2013-14 State Budget

On August 15 the PA Governor’s Office sent to all state agencies its FY 2013-2014 Program Policy Guidelines for Agency Budget Requests (Administrative Circular 12-11). The Program Policy Guidelines provide direction for the preparation of the 2013-14 Governor’s Executive Budget agency budget requests. For the Corbett administration executive budget planning for 2013-14 is to proceed on the assumption the Pennsylvania economy is still in recovery and has not yet emerged from the recession. The guidelines say that continued increases in pension obligations, Medical Assistance, prison costs and debt service obligations are projected to consume an even greater share of the Commonwealth’s budget next year. Therefore, the guidelines say, the agencies are not to assume funding increases for fiscal year 2013-14 and instead should continue to recommend changes to improve program management and operations, reduce costs and optimize direct services. Agencies are being told to submit budget requests at levels that do not exceed FY 2012-13 enacted budget amounts; to identify efficiencies, consolidations or other personnel cost reductions; to manage the 2012-13 complement and immediately slow hiring, including requests to fill current year vacancies; and to request discretionary programs not statutorily set by state or federal requirements at levels that do not exceed enacted 2012-13 budget amounts. Agencies are asked to consider eliminating discretionary programs which do not further the priorities of the administration; to keep program revision requests requiring new or increased funding within existing 2012-13 funding levels through offsetting savings that are achievable in 2013-14 and sustainable in future fiscal years; and to request no additional state funding to replace lost or reduced federal funding. FMI: See www.state.pa.us.

Governor Corbett Seeks Expansion of County Block Grants in FY 2013-14

In the August 15 release by the PA Governor’s Office of the 2013-2014 Program Policy Guidelines for Agency Budget Requests (Administrative Circular 12-11), specific guidelines were provided to the Pennsylvania departments of Education and Public Welfare concerning the FY 2013-14 departmental budgets. In addition to asking both departments to identify the most pressing needs, evaluate existing programs and consider the administration of their early childhood programs, the Governor’s Office said that the block grant implemented in the pilot program that allowed PA counties to consolidate human service funding will be expanded to all counties and will replace the previous categorical model for service delivery. Agencies administering programs through categorical or formulaic methods are directed to review the relevance of existing formulas and propose any updates in the area of county human services, area agencies on aging, Medical Assistance, long-term care and health care. Noting that the Commonwealth is currently analyzing the components of the Affordable Care Act and pending that analysis, the Governor’s Office said that it anticipates significant transitional issues and costs and so is directing the Departments of Health, Aging, Insurance and Public Welfare to continue to identify cost savings and efficiencies. FMI: See www.state.pa.us.
PARF NEWS
Dateline: August 24, 2012

Registration for PARF 2012 Annual Conference

Those who have not yet registered to attend the PARF 2012 Annual Conference to be held from Tuesday, September 18 to Friday, September 21, 2012, at the Nittany Lion Inn, State College, PA must register soon. The 2012 PARF Annual Conference brochure and the Conference registration form are available at the PARF website at www.parf.org and on the PARF Conference webpage at http://www.parf.org/site2/?page_id=11.

PA Counties Apply for New Human Services Block Grant for FY 2012-13

On August 23 the PA Department of Public Welfare announced that thirty Pennsylvania counties have applied for funding through the new, innovative Human Services Block Grant program. No more than twenty counties can be chosen to participate. Applications were due at DPW by August 17. DPW said that the twenty 20 counties chosen to participate will be announced by DPW in early September. All applications will be reviewed by the department’s executive team as part of a competitive, merit-based selection process. The counties that have applied for human services block grant funding include: Allegheny, Beaver, Berks, Bucks, Butler, Cambria, Centre, Chester, Columbia, Crawford, Dauphin, Delaware, Erie, Franklin, Fulton, Greene, Lackawanna, Lancaster, Lehigh, Luzerne, McKean, Northampton, Potter, Schuylkill, Tioga, Venango, Warren, Washington, Wayne, and Westmoreland. FMI: See www.dpw.state.pa.us.

PA Department of State to Issue New Voter ID-Card by September 1

The PA Department of State will soon be issuing a new Commonwealth ID. The creation of the voter identification card was announced on July 20, 2012 by Secretary of the Commonwealth Carol Aichele. The new card is to be issued to voters who need photo identification under Pennsylvania’s voter ID law. The Department of State said that the new voter photo identification cards are scheduled to be available at PennDOT’s Drivers License Centers beginning the last week of August. The Department of State voter cards, which will be issued by the Pennsylvania Department of Transportation, will be available to registered voters who are not able to provide all of the documents they would normally need to obtain a photo ID from PennDOT, such as a birth certificate. The new voter photo identification cards are scheduled to be available at PennDOT’s Drivers License Centers beginning the last week of August. The identification cards can be issued to registered voters who may not have all of the documents necessary to obtain a non-driver’s license photo ID from PennDOT, primarily a birth certificate. In its announcement on July 20 the Department of State said that the IDs, which are free, will be issued to voters for a 10-year period and can only be used for voting purposes. For Pennsylvania-born voters, PennDOT will still use the process of confirming birth records electronically with the Pennsylvania Department of Health to issue non-driver’s license photo IDs for voting. When requesting these IDs, voters will need to affirm they do not possess any other approved identification for voting purposes. They will be asked to provide two proofs of residence, such as a utility bill, along with their date of birth and Social Security number, if the customer has an assigned number. PennDOT will validate the voter registration status with the Department of State while the voter is in the PennDOT office. Upon confirmation of this information, the voter will be issued the voter card before leaving the PennDOT facility. These cards will be issued by PennDOT up to and through Election Day, Nov. 6, 2012, and thereafter. See www.state.pa.us.
PA House Policy Committee Holds Hearing on ACA Implementation

On August 28 the House Democratic Policy Committee will be holding a public hearing on Patient Protection and Affordable Care Act in Erie, PA. The committee will examine Pennsylvania’s implementation of the Patient Protection and Affordable Care Act. The hearing will be held from 10 a.m. to noon Tuesday, August 28 at the Tom Ridge Environmental Center, Room 112, 301 Peninsula Drive, Erie. State Rep. Flo Fabrizio, D-Erie, and Policy Committee Vice Chairman, requested the hearing and will serve as its co-chairman with state Rep. Tony DeLuca, D-Allegheny, Democratic chairman of the House Insurance Committee. Fabrizio also serves on the House Insurance Committee. The hearing will consider the impact of the federal health care law. Those scheduled to testify include: Scott Whalen, President/CEO, Saint Vincent Health Systems; Sam Marshall, President/CEO, Insurance Federation of Pennsylvania; Erin-Gill Ninehouser, Pennsylvania Health Access Network; Debora Wood, Adagio Health; and Vince Phillips, Pennsylvania Association of Health Insurance Underwriters. The hearing is open to the public. FMI: See www.pahouse.com.

PA Department of Health Hosts Pennsylvania’s First Health Equity Conference

On August 24 the Pennsylvania Department of Health Secretary held the state’s first Health Equity Conference, an event aimed at improving healthcare access and delivery. The conference provided an opportunity to discuss current challenges and identify opportunities for making improvements. Participants discussed health disparities, which encompass statistically significant differences in health status, the delivery of health services, and/or the use of health services arising from differences such as gender, race, ethnicity, education, income, disability, geographic location and sexual orientation. The objectives of the conference were to describe healthcare access challenges and opportunities and how to reduce health inequities; understand the role of federally qualified health centers in serving underserved populations; implement best practices from the U.S. Department of Health and Human Services to align with Cultural & Linguistic Appropriate Services standards; describe physical health and behavioral health disabilities and challenges; and identify and solve challenges in healthcare delivery in Pennsylvania. More than 270 participants attended the conference held in Harrisburg. FMI: See http://www.portal.health.state.pa.us/portal/server.pt/community/newsroom%2C_publications_and_reports/11602/press_releases/699554. See www.health.state.pa.us

ODP Training for Supports Coordinators

On August 22 the PA DPW Office of Developmental Programs (ODP) issued ODP Announcement #074-12, informing supports coordinators (SCs), SC supervisors and supports coordination organizations (SCO) supporting individuals in the Person/Family Directed Support Waiver (P/FDS) or Consolidated Waiver of ODP’s plan to provide 15 hours of ODP SC Required Training for Calendar Year 2012. SCs and SC Supervisors are required to complete 40 hours of training each calendar year. For calendar year 2012, ODP will provide 15 hours of ODP required SC training. All ODP required SC training for the calendar year 2012 will be provided online in the SC Curriculum. ODP says that SCs and SC Supervisors should plan to fulfill the remaining 25 hours of required annual training through professional development. FMI: See www.odpconsulting.net.
ODP Posts Changes to SCO Annual Qualification

On August 22 the PA DPW Office of Developmental Programs (ODP) issued ODP Announcement #072-12 on Changes to the Annual Qualification for Supports Coordination Organizations. The announcement provides supports coordination organizations (SCOs) with a summary of changes to the Annual Qualification Application and Instructions for 2012. ODP says that some requirements in the revised SCO Annual Qualification Application have been deleted and some requirements have been modified to achieve consistency with waiver and 55 Pa. Code Chapter 51. Other changes in format or instructions are intended to provide clarifications to SCOs relative to required information and the qualification process. The SCO initial and annual qualification application and instructions can be found on the SCOIC under ODP Business Practice Information then SCO Provider Qualification at http://scoic.odpconsulting.net. Password and Login is required. Please direct any questions about the SCO Annual Qualification Application process to: ra-scqualifications@pa.gov. FMI: See www.odpconsulting.net.

ODP Presents FY 2012-2013 Geographical Area Development Methodology for Rate Setting

On August 23 the PA DPW Office of Developmental Programs (ODP) issued Informational Memo 075-12 presenting its FY 2012-2013 Geographical Area Development Methodology. The memo aims to provide stakeholders detail regarding the methodology that the PA DPW Office of Developmental Programs (ODP) used to determine the three areas and area factors for FY 2012-2013 for its fee schedules and cost-based rates. ODP explained that the areas and area factors are used to: (a) Assign fee schedule rates based on the area associated with each service location code, and (b) assign cost-based rates for new services or service locations, where a provider-specific cost-based rate is not available. ODP says that the area factors differentiate payment rates for services delivered in various areas across the Commonwealth. ODP explained that the differences in area factors are primarily driven by the differences in wages. ODP says that wages compose the majority of costs to deliver the services analyzed. The original four geographical areas were based on an analysis performed using 2006 data. ODP said that several providers and administrative entities requested that ODP update the analysis based on more recent data. In its informational memo, ODP says that the updated areas and factors were based on an analysis performed using 2010 data. The analysis led to the establishment of three geographical areas, effective July 1, 2012. ODP explained further that the reduction from four to three areas was driven by Commonwealth-specific wage data compiled during the fee schedule market-based rate development process. After reviewing the wage data by Workforce Investment Area, the three areas were determined, ODP says, through an analysis that established the greatest similarity in wages within an area and the greatest differential in wages between the areas. Three areas resulted in a smaller differential between the highest and lowest cost areas (13% vs. 24% historically). However, ODP says that even with a narrowing of the range, the data still warrants differentiation among areas. Related ODP Communications are: Informational Memos #040-12, #041-12, #042-12 and #051-12. These can be found using the search feature at: http://www.odpconsulting.net/communications/informational-memos/.
OMHSAS Advisory Committee Meeting on September 6

On September 6 the PA Office of Mental Health and Substance Abuse Services (OMHSAS) will host the OMHSAS Advisory Committee Meeting at the DGS Annex Complex – (former Harrisburg State Hospital), Harrisburg, PA in a joint session at 10:00 am to 12:00 Noon and individual sessions from 1:00 pm to 3:00 pm. The OMHSAS Advisory Structure is comprised of three committees and two subcommittees: Children’s Behavioral Health Advisory Committee, Adult Behavioral Health Advisory Committee, Older Adult Behavioral Health Advisory Committee, Transition Age Youth Subcommittee, and the Persons in Recovery Sub-committee. The committees and sub-committees together in a Joint Session form the Pennsylvania Mental Health Planning Council (MHPC) Advisory Committee. Information is at http://www.parecovery.org/omhsas_advisory_structure.shtml. All attendees must RSVP to mupdegrove@pa.gov by August 31 and indicate the meetings they will attend (Children’s, Adult or Older Adult).

OMHSAS Hosts Series on Employment of Persons with Mental Illness

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, is sponsoring a series of “Community of Practice” calls on various topics related to employment of persons with a mental illness. Several new dates and topics have been added to the statewide schedule. State, County, provider, consumer, family and other stakeholders are encouraged to participate. These teleconferences are intended to build upon OMHSAS’s state plan for employment- “A Call for Change: Employment- A Key to Recovery.” Calls will be held the 2nd Thursday of each month from 10:00-11:00 unless otherwise noted. Sessions currently scheduled include: (a) September 13, 2012, 10:00 am -11:00 am - “Regulatory and Funding Parameters for Peer Specialists in Supporting Employment.” Carol Ward Colasante, Consultant, Temple University Collaborative on Community Inclusion of Individuals with Psychiatric Disabilities. (b) October 11, 2012, 10:00 am -11:00 am - “Medical Assistance for Workers with Disabilities (MAWD) and Ticket to Work, Gina Kreider, Department of Public Welfare and John Miller, Vice President, AHEDD; (c) November 8, 2012, 10:00 am -11:00 am - “Social Security Work Incentives-What Do I Need to Know?” John Miller, Vice President, AHEDD; and (d) December 13, 2012, 10:00 am -11:30 am - “Pennsylvania Employment Transformation Initiative” (Reports from Project Counties). Call-in information will be issued prior to each teleconference. FMI: Contact Angela Roland at OMHSAS at aroland@pa.gov or at 717-705-8280.

ACRM Offers Opportunity to Participate in Important Research on Brain Injury

The Brain Injury Interdisciplinary Special Interest Group of the American Congress of Rehabilitation Medicine is conducting research on prognosis of brain injury. The research consists of two online surveys: one for individuals with brain injuries and the other for their family members or significant others. The survey is designed to collect information about the potential educational needs for the individuals surveyed. The survey has been approved by an Institutional Review Board—and is available online. The links for the survey are Survivor: http://www.zoomerang.com/Survey/WEB22GCJE7PAXR Family: http://www.zoomerang.com/Survey/WEB22GCJMJPF9
PARF NEWS
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U.S. District Court Approves DOJ-Virginia Agreement to Expand HCBS

On August 23 the U.S. District Court for the Eastern District of Virginia approved a comprehensive agreement between the U.S. Department of Justice (DOJ) and the Commonwealth of Virginia requiring that Virginia expand community services and supports—including Medicaid-funded home and community-based waivers, crisis services, housing and employment supports—and a comprehensive quality management system. FMI: See http://www.bazelon.org/LinkClick.aspx?fileticket=4FuXILwn_nM%3d&tabid=632

North Carolina & DOJ Reach Agreement on HCBS for People with Mental Illness

On August 23 the U.S. Department of Justice (DOJ) and the state of North Carolina reached an agreement to end the state's reliance on large, segregated adult care homes for people with mental illnesses. The agreement follows months of negotiations after the U.S. Department of Justice (DOJ) found that North Carolina in violation of the Americans with Disabilities Act (ADA) and the U.S. Supreme Court's 1999 Olmstead decision. Under the agreement North Carolina must develop 3,000 new units of supported housing over seven (7) years for people with serious mental illnesses living in large adult care homes with significant numbers of residents with mental illnesses, coming out of state hospitals, or diverted from admission to adult care homes. The housing units must be permanent, afford tenancy rights, and enable people with disabilities to interact with people without disabilities to the fullest extent possible and must not limit access to the community. The housing units must be scattered throughout the community. The state must provide the array and intensity of services and supports necessary for these individuals to live in integrated settings. FMI: For a copy of the agreement see http://www.bazelon.org/LinkClick.aspx?fileticket=3623lSHD0Ts%3d&tabid=631

Lawsuit Filed Against Wisconsin DHS and MCOs

On August 21 a lawsuit on behalf of 26 individuals with disabilities was filed in the United State District Court for the Western District of Wisconsin against the Wisconsin Department of Health Services (DHS), DHS Secretary Dennis Smith, and three managed care organizations (MCOs) in the Family Care program - Care Wisconsin, Community Health Partnership, and Northern Bridges. The legal complaint details drastic cuts that were made in the payment rates for residential services, forcing housing providers to provide discharge notices to the guardians of people with developmental disabilities. The plaintiffs are currently being served in homes operated by larger corporate providers and in smaller owner-occupied homes. The suit alleges that payment reductions made by the MCOs were coordinated with DHS and that, as a result, the residential providers can no longer safely maintain these individuals in their community. The day programs of at least two of the plaintiffs are also being affected by the rate cuts. The complaint asks the court for a “permanent injunction directing all of the defendants to: (1) restore the rates paid to residential providers who serve the plaintiffs and the proposed class members to the rates in effect on January 1, 2012, and (2) maintain residential provider rates at the January 1, 2012 level until the defendants develop an accurate method of setting residential provider rates that does not discriminate against individuals with developmental disabilities. FMI: Contact C. Thomas Cook, S.Psy.S., Executive Director, Rehabilitation for Wisconsin in Action/Rehabilitation for Wisconsin. See http://www.rfw.org/family-care-legal-action-fund.html
HHS Awards Grants for Health Insurance Exchanges

On August 23 the U.S. Department of Health and Human Services (HHS) announced that eight states have received new grants to help support the establishment of Affordable Insurance Exchanges. Starting in 2014, consumers and small businesses will have access to health insurance through an exchange. California, Hawaii, Iowa, and New York were awarded Level One Exchange Establishment grants, which provide one year of funding to states that have begun the process of building their Exchange. Connecticut, Maryland, Nevada, and Vermont were awarded Level Two Establishment grants, which are provided to states that are further along in building their Exchange and offers funding over multiple years. Previously, 49 states, the District of Columbia and four territories received grants to begin planning their Exchanges. With today’s awardees, 34 states and the District of Columbia have also received Establishment grants to begin building their Exchanges. A detailed breakdown of each grant award and what each state plans to do with its Exchange funding is available through the map tool on Healthcare.gov, http://www.healthcare.gov/news/factsheets/2011/05/exchanges05232011a.html. For more information on Exchanges, including fact sheets, visit http://www.healthcare.gov/exchanges.

National Call on Stage 2 Requirements for Medicare & Medicaid EHR Incentive Programs

On September 13 from 2:00 pm to 3:30pm ET the Centers for Medicare and Medicaid Services (CMS) is hosting a National Provider Call to provide an overview of the final rule and information on Electronic Health Record (EHR) incentive payments. On August 23 Centers for Medicare and Medicaid Services (CMS) announced the final rule for Stage 2 requirements and other changes to the Electronic Health Record (EHR) Incentive Programs. The requirements make clear that stage two of the program will begin as early as 2014. No providers will be required to follow the Stage 2 requirements before 2014. The final rule also outlines the certification criteria for the certification of EHR technology, so eligible professionals and hospitals may be assured that the systems they use will work, help them meaningfully use health information technology, and qualify for incentive payments. The final rule also modifies the certification program to make certification more efficient and allows current “2011 Edition Certified EHR Technology” to be used until 2014. The rule is scheduled to be published on September 4. The final rule can be found at https://s3.amazonaws.com/public-inspection.federalregister.gov/2012-21050.pdf. In order to receive the call-in information, registration is required. Registration will open soon on the CMS Upcoming National Provider Calls registration website at http://www.eventsvc.com/blhtechnologies. The presentation for the call will be posted at least one day before the call at National Provider Calls website. In addition, a link to the slide presentation will be emailed to all registrants on the day of the call. See http://www.cms.gov/Outreach-and-Education/Outreach/NPC/index.html?redirect=/NPC/Calls/list.asp. For more information on the EHR Incentive Programs, visit the CMS EHR Incentive Programs website at http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/EHRIncentivePrograms.

CMS Announces Public-Private Partnership to Strengthen Primary Care

On August 22 Centers for Medicare and Medicaid Services (CMS) announced that 500 primary care practices in seven regions have been selected to participate in a new partnership between payers from the Centers for Medicare & Medicaid Services (CMS), state Medicaid agencies, commercial health plans, self-insured businesses, and primary care providers. Under the Comprehensive Primary Care Initiative, CMS will pay primary care practices a care management fee, initially set at an average of $20 per beneficiary per month, to support enhanced, coordinated services on behalf of Medicare fee-for-service beneficiaries. Simultaneously, participating commercial, state, and other federal insurance plans are also offering enhanced payment to primary care practices that are designed to support them in providing high-quality primary care on behalf of their members. The initiative started in the fall of 2011 with CMS soliciting a diverse pool of commercial health plans, state Medicaid agencies, and self-insured businesses to work alongside Medicare to support comprehensive primary care. Public and private health plans in Arkansas, Colorado, New Jersey, Oregon, New York’s Capital District-Hudson Valley region, Ohio and Kentucky’s Cincinnati-Dayton region, and the Greater Tulsa region of Oklahoma signed letters of intent with CMS to participate in this initiative. For more information, see http://www.innovation.cms.gov/initiatives/Comprehensive-Primary-Care-Initiative

CMS Website for Determining Phases for Manual Medical Review of Therapy Services

On August 24 Centers for Medicare and Medicaid Services (CMS) announced the establishment of a website which therapy providers can use to determine the phase of the manual medical review process to which they have been assigned. The Therapy Provider Phase Information dataset is a tool for providers to search by their National Provider Identifier (NPI) number to determine their phase for manual medical review of therapy claims. See https://data.cms.gov/dataset/Therapy-Provider-Phase-Information/ucun-6i4t. Providers in Phase I will be subject to manual medical review for therapy services in excess of $3,700 from October 1 through December 31, 2012. Providers in Phase II would be subject to manual medical review for these services for two months starting November 1 and ending December 31, 2012 and providers in Phase III will only be subject to manual medical review for the month of December. Manual medical review for therapy services in excess of the $3,700 threshold is a requirement of the Middle Class Tax Relief and Job Creation Act (MCTRJCA) of 2012 which set a $3,700 threshold for occupational therapy services and a second $3,700 threshold for physical therapy and speech-language pathology services combined. After the threshold is exceeded, Part B claims for therapy services submitted by office and facility-based providers will be subject to the manual medical review process. Claims for services exceeding $1,880 but below the $3,700 threshold will remain subject to the existing exceptions process and will require the KX modifier on the claim form. At this time, the manual medical review process is only effective October 1, 2012 – December 31, 2012. Legislation will be required to extend the exceptions process beyond December 31, 2012. CMS has developed a frequently asked questions (FAQ) document https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medical-Review/Downloads/TherapyQAV4_080112.pdf and fact sheet https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medical-Review/Downloads/TherapyCapFactSheet.pdf explaining the manual medical review process.
HHS Adopts Standard for Unique Health Plan Identifier

A final rule announced today by the Department of Health and Human Services (HHS) adopts the standard for a national unique health plan identifier (HPID) and a data element that will serve as an “other entity” identifier (OEID). This is an identifier for entities that are not health plans, health care providers, or individuals, but that need to be identified in standard transactions. The primary purpose of the HPID and the OEID is for use in the HIPAA standard transactions. The most significant benefit of the HPID and the OEID is that they will increase standardization within the HIPAA standard transactions. The rule also specifies the circumstances under which an organization-covered health care provider, such as a hospital, must require certain non-covered individual health care providers who are prescribers to obtain and disclose a National Provider Identifier (NPI). In the final rule HHS also adopts a delay by one year, from October 1, 2013 to October 1, 2014, the date by which covered entities must comply with International Classification of Diseases, 10th Edition diagnosis and procedure codes (ICD-10). The regulation is effective 60 days after publication in the Federal Register. The final rule, CMS-0040-F, may be viewed at www.ofr.gov/inspection.aspx. A news release on the final rule may be viewed at http://www.hhs.gov/news and http://www.cms.gov/apps/media/press_releases.asp

NCD Calls for Phase-Out of Subminimum Wages for People with Disabilities

On August 23 the National Council on Disability (NCD) released a report calling for the gradual phase out of the Fair Labor Standards Act (FLSA) 14(c) program that allows employers who receive a certificate from the U.S. Department of Labor to pay less than federal minimum wage to workers with disabilities. The report also calls for enhancements to existing resources and creation of new mechanisms for supporting individuals in securing integrated employment. NCD said that it recognizes that its recommendations impact thousands of individuals and their families. NCD also said that it recognizes that it will take support from many stakeholders to eliminate the discriminatory practices of the 14(c) program and build a sustainable supported employment infrastructure along with other supports. NCD said that this fall it plans to draft proposed legislation as a step toward accomplishing these goals and to create momentum for the system change that is necessary. The full report is available at http://www.ncd.gov/publications/2012/August232012/ See also http://www.ncd.gov.

USBLN® Issues Position Statement on Subminimum Wage for Workers with Disabilities

On August 20 the US Business Leadership Network® (USBLN®) released its position statement addressing the Subminimum Wage for Workers with Disabilities. Noting that Section 14(c) of the Fair Standards Act (FLSA) allows the U.S. Department of Labor to grant special exceptions to minimum wage requirements for employers of people with disabilities, the USBLN® said that it believes that it is not necessary to include for-profit employers in this exemption. USBLN® said that Section 14(c) was intended to be used only to the extent necessary to prevent curtailment of opportunities for employment of people with disabilities. In its statement USBLN® said that it believes that this exception for for-profit companies is unnecessary and counter to the goals of equal opportunity. The USBLN® Subminimum Wage Position Statement is available at http://usbln.org/pdf-docs/2012_USBLN_Subminimum_Wage_Position_Statement_8-16-12.docx http://usbln.org/pdf-docs/2012_USBLN_Subminimum_Wage_Position_Statement_8-16-12.pdf.