Richard Edley to Lead Committee on PARF/PCPA Integration

On September 19 PARF announced to its members at the 2012 Annual Membership Meeting in State College, PA that plans were proceeding to integrate PARF services with those provided by Pennsylvania Community Providers Association (PCPA). It was announced that Richard Edley, Ph.D. has been named by both organizations to serve as Senior Vice President in both PARF and PCPA. Dr. Edley will lead the efforts of the Joint Operating Committee, which was recently created by the two associations in order to conduct joint planning. He will assist the associations as they develop a plan to share and integrate services. Upon approval of the Committee’s plans by both associations, Dr. Edley will become the President and CEO of a new association established by PCPA and PARF. Dr. Edley will join PCPA and PARF on November 1, 2012. Dr. Edley has been President and Chief Executive Officer of PerformCare/CBHNP, a behavioral health managed care organization based in Harrisburg, since 1998, and a subsidiary of the AmeriHealth Mercy Family of Companies. He oversaw all aspects of operations and finance there and led business and program development activities, and managing several hundred millions of dollars in public and private managed care programs, including PA HealthChoices in 12 counties. Before joining PerformCare/CBHNP, Dr. Edley worked with several leading corporations, serving in senior management roles in clinical, business, and network operations capacities. He was Executive Vice President and Chief Operating Officer of Managed Networks of America, a health care company providing management services to national and regional health care corporations, hospitals, community mental health centers and agencies, group practices, and independent provider associations. Prior to this, he served as Vice President at OPTIONS Mental Health and was responsible for the direction, management, and supervision of clinical and network operations, as well as the CHAMPUS/TriCare programs. Dr. Edley earned his master's and doctoral degrees from Emory University in Atlanta, Georgia, and is a licensed psychologist with professional membership in the American Psychological Association. FMI: Contact PARF at parfmail@parf.org.

Governor Corbett Announces PA Counties Selected for Human Services Block Grant

On September 27 PA Governor Tom Corbett announced the 20 counties selected to participate in the Human Services Block Grant. The counties that have been selected to participate in the human services block grant program are: Allegheny, Beaver, Berks, Bucks, Butler, Centre, Chester, Crawford, Dauphin, Delaware, Erie, Franklin, Fulton, Greene, Lancaster, Lehigh, Luzerne, Tioga, Venango, and Wayne. The grant program consolidates seven funding streams: Mental Health Community Programs, Intellectual Disabilities Community Base, County Child Welfare Special Grants, Homeless Assistance Program; Act 152; Behavioral Health Services Initiative; and Human Services Development Fund. The PA Department of Public Welfare (DPW) reviewed 30 county applications and selected the 20 participating counties based on several factors, including the county’s geography, size, poverty-level, recent population shifts, its administrative structure and its demonstrated ability to manage the block grant. For more information, visit www.pa.gov.
PA House Passes Resolution to Gather Data on Non-Profit Human Service Organizations

On September 24 the PA House of Representatives passed House Resolution 798 – a resolution that directs the Legislative Budget and Finance Committee (LBFC) to conduct a study of non-profit, social services agencies in Pennsylvania. House Resolution 798 directs the LBFC to conduct a study to evaluate the delivery of services for programs addressing intellectual disabilities, child welfare, community-based mental health, and drug and alcohol services. Under the resolution the LBFC, in cooperation with the Department of Public Welfare, would collect and compile the expenditures for each non-profit service provider, including the compensation of executives and the 20 highest paid employees, as well as any association dues, debts, assets, lobbying expenses, administrative expenses, operating costs and direct and indirect costs of delivering care or services. House Resolution 798 requires the LBFC to issue its findings and recommendations for meeting any unmet service needs to individuals and ways to increase efficiency and service delivery to the House Health, Human Services and Appropriations committees by April 2013. The sponsor of the resolution Representative Scott Petri (R-Bucks) Petri said that the LBFC study will help the PA Department of Public Welfare to determine whether salaries, benefits, administrative expenses and other costs of non-profits are in line with private industry. Better Choices for Pennsylvania, a coalition of more than thirty (30) groups calling for a balanced approach to the Pennsylvania state budget, said the resolution will have a chilling effect on human service organizations. BCP said that ‘lawmakers need the input and expertise of service providers in order to make wise decisions. This resolution is an indication for the public that lawmakers will punish those who speak too loudly or too firmly.’ FMI: See www.legis.state.pa.us. See www.pahousegop.com. See http://betterchoicesforpa.com/. For more information on BPC contact Kate Atkins, Outreach Coordinator, (201) 344-3909 (cell), atkins@pennbpc.org.

Repeal of Small Games of Chance Act Proposed

On September 17 PA state representative Peter J. Daley (D-Fayette/Washington) announced that he would introduce legislation to repeal changes made earlier this year to Pennsylvania’s Small Games of Chance Act. Daley said that he planned to introduce legislation to repeal Act 2 of 2012 (Local Option Small Games of Chance Act) which is scheduled to take effect in February of 2013. Daley said that since it would take some time to draft a new bill he would seek an immediate repeal of the recent amendments that are in Act 2. Daley was among the 222 out of 238 state representatives in the House who supported Act 2, but he is now concerned with the burdens and limits of Act 2. Among the issues that Daley said needed to be addressed are the reporting, licensing and new bank account requirements as well as new limitations on where small games of chance can be conducted. The changes signed into law on February 2 increase the individual prize limit for small games of chance from $500 to $1,000 and allow a group to award up to $25,000 in prizes a week. The law also requires groups to become licensed and maintain a separate bank account for the proceeds of their games. In return, licensees are now permitted to use up to 30 percent of proceeds from small games of chance for operational expenses, with the remaining 70 percent to be used for public interest purposes. The amendments to the act also require that each small games license application include the results of a Pennsylvania State Police criminal history record information check on the executive officer and secretary of the eligible organization making the application. FMI: See http://www.pahouse.com/Daley/index.asp.
PA House Health Committee Hearing on Workplace Violence in Health Care Facilities

On September 10 the PA House Health Committee held a public hearing on legislation designed to better protect health care professionals from violence in the workplace. House Bill 1992 creates the “Health Care Facilities Workplace Violence Act,” which would require each health care facility in the state to form a Workplace Violence Prevention Committee to establish, review and administer workplace violence prevention programs. The committee received testimony concerning incidents of patients and their family members in a hospital or other health care facility becoming aggressive to the point of distracting medical personnel from their duties, upsetting other patients and requiring the intervention of security or area law enforcement. Law enforcement participating in the hearing noted that health care workers are considered a protected class, which means that a simple assault is automatically raised to an aggressive assault under the law due to a health care worker’s position within the community. Those who offered testimony before the committee included representatives from the Pennsylvania Association of Staff Nurses and Allied Professionals, the Health Professionals and Allied Employees, SEIU Healthcare PA, the Pennsylvania District Attorneys Association, the Pennsylvania Department of Labor and Industry, and the Hospital and Healthsystem Association of Pennsylvania.


House Democratic Policy Committee Reviews Child Homelessness, Solitary Confinement

On September 17 the PA House Democratic Policy Committee held a public hearing on homeless children. The hearing focused on a recent report that estimates the annual cost of child homelessness in Pennsylvania to be $335 million. Those testifying included Dr. Staci Perlman, assistant professor, Department of Social Work, Kutztown University; Joe Willard, vice president of policy, People’s Emergency Center; Kathy Fisher, family security director, Public Citizens for Children and Youth; Maura McInerney, staff attorney, Education Law Center; and Mary Jane Morrison, social worker, Maternity Care Coalition. On September 18 the House Democratic Policy Committee held a public hearing on the effects of solitary confinement. The information and research that has been compiled and presented show a consistent pattern of physical, mental and emotional damage connected to forced, extended isolation. Those testifying included: Dr. Terry Kupers, institute professor, The Wright Institute; Dr. Craig Haney, professor of psychology, University of California, Santa Cruz; Jules Lobel, president, Center for Constitutional Rights; Marc Bookman, executive director, Atlantic Center for Capital Representation; Angus Love, executive director, Pennsylvania Institutional Law Project; Robert Meek, managing staff attorney, Disability Rights Network of PA; a panel of former inmates who were in solitary confinement; and a panel with family members. For more information about the Policy Committee or for hearing materials, visit www.pahouse.com/PolicyCommittee.

DOJ Agreement with Schuylkill County to Ensure Civic Access for People with Disabilities

The Justice Department recently announced an agreement with Schuylkill County, PA, to improve access to all aspects of civic life for persons with disabilities. The agreement was reached under Project Civic Access (PCA), the department’s initiative to ensure that cities, towns and counties throughout the country comply with the Americans with Disabilities Act (ADA). Read more about this agreement here: http://www.justice.gov/opa/pr/2012/September/12-crt-1110.html.
PARF NEWS
Dateline: September 28, 2012

PA Supreme Court Requires Assessment of Availability of Voter ID by October 2

On September 18 the Pennsylvania Supreme Court set aside a ruling that permitted enforcement of the Commonwealth’s voter-identification law. The Supreme Court ordered PA Commonwealth Court Judge Robin Simpson to repeat or reassess his predictive judgment on the Pennsylvania voter identification law that voter identification cards would be available to Pennsylvania voters. Pennsylvania is one of nine states requiring voters to show a state-issued ID before casting a ballot. A state analysis found the photo requirement might exclude as many as 759,000 people, or 9 percent of Pennsylvania’s electorate, from voting in the presidential election. The Supreme Court called for a present assessment of the actual availability of the alternate identification cards on a developed record in light of the experience since the time the cards became available. The Commonwealth Court is to complete its work by October 2. In August Judge Simpson had ruled that the state had met its requirement to provide sufficiently available photo ID for those without a driver’s license. The Supreme Court order said while Simpson predicted in August that sufficient photo ID would be readily available, if that predictive judgment were wrong, too many voters and too many vulnerable citizens could be disenfranchised. Based upon the order from the state Supreme Court, new hearings on the Voter ID case were scheduled for September 25. Legal briefs from both sides were to be filed by September 24. The case is Applewhite v. Commonwealth of Pennsylvania, 71 MAP 2012, Supreme Court of Pennsylvania. FMI: See http://www.pacourts.us/OpPosting/Supreme/out/J-114-2012pco.pdf. See also http://www.sfgate.com/business/bloomberg/article/Pennsylvania-Supreme-Court-Sets-Aside-Voter-ID-3874821.php#ixzz27ZCirwbA

IRRC Comments on Rules on L&I Proposed Rules on Excessive Overtime

In the September 22, 2012 edition of the Pennsylvania Bulletin, the Independent Regulatory Review Commission issued comments on the proposed Department of Labor and Industry Prohibition of Excessive Overtime in Health Care Act Regulations published in the Pennsylvania Bulletin on July 14, 2012. L&I must consider the IRRC comments in preparing the final-form regulation. Final form regulation must be submitted within two (2) years of the close of the public comment period or it will be deemed withdrawn. In its comments the IRRC asks L&I to explain why it is choosing to implement the administrative procedures portion of the Act only and why the regulation does not address the Act’s general prohibition of mandatory overtime. IRRC says that L&I does not address why certain administrative and judicial processes in the regulation are appropriate. IRRC also calls for a fiscal impact analysis as required and include the results of the fiscal impact analysis in the final-form RAF and Preamble. IRRC also commented on the need for a definition of violation and non-retaliation orders. IRRC also commented on imposition of administrative penalties on a health care facility or employer, hearings and appeal rights. FMI: See www.pabulletin.com.
**PARF NEWS**  
*Dateline: September 28, 2012*

---

**HAP Training on LPN IV Therapy Regulations on October 17**

The Pennsylvania State Board of Nursing recently published final regulations outlining the requirements for licensed practical nurses (LPN) to perform intravenous (IV) therapy functions involving IV access devices. These regulations became effective on August 25, upon publication in the *Pennsylvania Bulletin*. The Hospital and Healthsystem Association of Pennsylvania (HAP) is offering an audio conference on October 17 to provide hospitals and health systems with information about the regulations, including where LPNs can practice and what types of services they can provide. This audio conference also will provide HAP members with the opportunity to speak directly with staff from the State Board of Nursing. A brochure and a registration form are available at [http://www.haponline.org/programs/details/Y9ZIPS40ZVKF9h1Kdb5e](http://www.haponline.org/programs/details/Y9ZIPS40ZVKF9h1Kdb5e). Questions regarding the audio conference or registration may be addressed to Mary Barth at 717-561-5270 or via e-mail at mbarth@haponline.org.

---

**DPW Allocates Disproportionate Share Hospital Funding**

In the September 22, 2012 edition of the *Pennsylvania Bulletin*, the PA Department of Public Welfare (DPW) announced its intent to allocate funding for several classes of disproportionate share hospital (DSH) payments made to qualifying Medical Assistance (MA) enrolled acute care general hospitals. These classes of payment include DSH payments to Critical Access and Qualifying Rural Hospitals, DSH payments for Obstetrical and Neonatal Intensive Care services, Trauma DSH payments, DSH payments to certain Burn Centers, DSH payments to hospitals providing Enhanced Access to Care, DSH payments to hospitals providing a high volume of acute care and psychiatric services, DSH payments to hospitals providing a high volume of services to MA and low income populations and DSH payments to certain Academic Medical Centers. The intended funding allocation for these classes of DSH payments will remain at the same levels as FY 2011-2012. Interested persons are invited to submit written comments regarding this notice to the Department of Public Welfare, Office of Medical Assistance Programs, c/o Regulations Coordinator, Room 515, Health and Welfare Building, Harrisburg, PA 17120. Comments received within 30 days will be reviewed and considered for any subsequent revision to this notice. FMI: See [www.pabulletin.org](http://www.pabulletin.org).

---

**DPW Publishes Regulations on Quality Care Assessment and DSH Payments**

In the September 22, 2012 edition of the *Pennsylvania Bulletin*, the PA Department of Public Welfare (DPW) announced its intended funding allocations from the Commonwealth's FY 2012-2013 budget and the anticipated revenues from the Quality Care Assessment for inpatient disproportionate hospital (DSH) and supplemental payments for FY 2012-2013, including MA Dependency payments, MA Rehabilitation adjustment payments, MA Stability payments and Enhanced payments to certain DSHs. DPW maintains funding for inpatient DSH payments funding at the same level as FYs 2010-2011 and 2011-2012. DPW does not intend to change its approved State Plan provisions addressing the qualifying criteria or payment methodology for these supplemental payments. Interested persons are invited to submit written comments regarding this notice to the Department of Public Welfare, Office of Medical Assistance Programs, c/o Regulations Coordinator, Room 515, Health and Welfare Building, Harrisburg, PA 17120. Comments received within 30 days will be reviewed and considered for any subsequent revision to this notice. FMI: See [www.pabulletin.org](http://www.pabulletin.org).
DPW Changes GA Medical Assistance Eligibility Procedures

The PA Department of Public Welfare has made revisions to the proposed changes to General Assistance (GA) Medical Assistance (MA) eligibility procedures and forms. DPW has developed Draft Revised Employability Assessment Form PA-1663, Draft Operations Memorandum for County Assistance Offices, and Draft Medical Assistance Bulletin notifying MA enrolled providers of the revisions to the PA-1663. For a copy of the draft documents contact PARF at parfmail@parf.org.

DPW Establishes Copayments for Medical Assistance Services to Children with Disabilities

In the September 22, 2012 edition of the Pennsylvania Bulletin, the PA Department of Public Welfare (DPW) published an announcement that it is implementing copayments for services provided to Medical Assistance (MA) eligible children with disabilities whose household income is above 200% of the Federal poverty income guidelines based on family size. The copayments will be effective for dates of service on and after October 1, 2012, for newly eligible beneficiaries and November 1, 2012, for current beneficiaries. DPW said that except for certain services and items, MA copayments will be applied to children with disabilities who are under 18 years of age and whose household income is above 200% of the Federal Poverty Income Guidelines based on family size. DPW said that it will determine family income based on the family's gross annual income, prorated for monthly periods. DPW listed services and items that will not have copayments. The services that will have a fixed copayment are: Diagnostic radiology, nuclear medicine, medical diagnostic test, radiation therapy, prescription and prescription drug refills - generic and brand, inpatient hospital services, outpatient psychotherapy services. For all other services, copayments will be determined on a sliding scale based on the MA fee for the service. Copayments will be collected by the MA provider. Consistent with current rules relating to restrictions on payments to providers, the copayment amount will be deducted from the DPW payment to the provider. MA providers may not deny covered care or services because of an individual's inability to pay the copayment amount. MA providers may not waive or reduce the copayment. DPW said that the total aggregate amount of the copayments will not exceed 5% of the family's gross annual income, prorated and applied on a monthly basis. DPW will track the copayments that have been incurred by using the information in the claims processing system to identify the copayment amounts that have been deducted from the payments made to providers. GMI: See www.pabulletin.com. See http://www.pabulletin.com/secure/data/vol42/42-39/1915.html

Webinar on Medical Assistance Co-Pays for Services to Children with Disabilities,

On Friday, October 5 at 12 Noon the Pennsylvania Health Law Project (PHLP) will host a one hour webinar on the PA Department of Public Welfare plans to implement co-payments for certain services for children in Medicaid's PH-95 category (sometimes called "loophole"). The PHLP one hour webinar will be led by David Gates and Ann Bacharach and review the latest changes to co-payments, what remains to be clarified, and families' responsibilities and appeal rights. At the end of the webinar there will be an opportunity to ask questions. To register for the webinar please visit the PEAL Center website. See http://www.pealcenter.org/home.php. See also http://www.pealcenter.org/?utm_source=PHLP+eNews&utm_campaign=7640a98def-PHLP_PH95_COPAYS&utm_medium=email.
DPW Publishes Spousal Limits for Institutional of Home and Community Based Services

In the September 22, 2012 edition of the Pennsylvania Bulletin, the PA Department of Public Welfare (DPW) published regulations establishing the basis for determining the Community Spouse Monthly Maintenance Need Amount and the Minimum and Maximum Community Spouse Resource Standard for Categorically Needy Non-money Payment and Medically Needy Only Medical Assistance. The September 22 announcement lists the income and resource limits relating to resource eligibility for the institutionalized spouse and post-eligibility determination of income available from an MA eligible person toward the cost of care. The standards are required to be published annually in the Pennsylvania Bulletin and are available to the public upon request at the local County Assistance Offices. The fiscal impact of this change is estimated at $6,828,660 in State funds in Fiscal Year 2012 and has been included in the Medical Assistance (MA) Long-Term Care appropriation. Interested persons are invited to submit written comments, suggestions or objections regarding this information to the Department of Public Welfare, Office of Income Maintenance, Edward J. Zogby, Director, Bureau of Policy, Room 431, Health and Welfare Building, Harrisburg, PA 17120. FMI: See www.pabulletin.org.

DPW Reviews Inpatient DSH and Supplemental Hospital Payments

In the September 22, 2012 edition of the Pennsylvania Bulletin, the PA Department of Public Welfare (DPW) provided a final notice on the implementation of its revised Medical Assistance (MA) payment methodology for inpatient hospital services provided, on a fee-for-service (FFS) basis, in acute care general hospitals. DPW also offered final notice of its amended qualifying criteria and payment methodology for inpatient disproportionate share hospital (DSH), outpatient DSH supplemental and direct medical education (DME) payments and allocated funding for Fiscal Year (FY) 2010-2011 for these payments. In addition DPW provided a final notice of the establishment of additional types of DSH and supplemental payments. In its announcement, DPW presented a descriptive summary of the rules and terms of its New MA Rehabilitation Adjustment Payments. FMI: See www.pabulletin.org.

DPW Issues Final Notice of Decreases in DSH Payments for Burn Centers

In the September 22, 2012 edition of the Pennsylvania Bulletin, the PA Department of Public Welfare (DPW) published final notice of a decrease to the funding allocation for Fiscal Year (FY) 2011-2012 disproportionate share hospital (DSH) payments to certain qualifying Medical Assistance acute care general hospital burn centers. DPW said that the decrease in funding – first announced in the April 14, 2012 Pennsylvania Bulletin – is required to be consistent with the FY 2011-2012 appropriated amount for inpatient hospital services. There is no change in the current qualifying criteria or methodology for determining eligibility for these payments. DWP also offered final notice of a decrease to the funding allocation for Fiscal Year (FY) 2011-2012 disproportionate share hospital (DSH) payments to hospitals that qualify as trauma centers for the purpose of improving access to readily available and coordinated trauma care for the citizens of this Commonwealth. This decrease in funding was first announced in the April 7, 2012 Pennsylvania Bulletin. FMI: See www.pabulletin.org.
PA Unemployment Rate Rises

On September 20 the PA Department of Labor and Industry (L&I) issued its monthly update on Pennsylvania's employment situation, reporting that Pennsylvania's unemployment rate rose in August for the third straight month and is now at the same level of the national rate, 8.1 percent, for the first time in nearly six years. Pennsylvania's seasonally adjusted unemployment rate was 8.1 percent in August, up two-tenths of a percentage point from the July rate of 7.9 percent. L&I said that Pennsylvania's unemployment rate equaled the U.S. rate in August and has been at or below the U.S. rate for 70 consecutive months. The state unemployment rate was the same as August 2011.L&I indicated that Pennsylvania's seasonally adjusted civilian labor force – the number of people working or looking for work – was down 3,000 in August to 6,475,000. Resident employment was down 19,000 to 5,950,000, and the number of unemployed residents was up 16,000 to 525,000. Pennsylvania's labor force was 105,000 above its August 2011 level. Seasonally adjusted total nonfarm jobs in Pennsylvania fell for a fifth straight month, down 1,200 in August to 5,708,900. Since March, jobs were down 19,400, but this followed a two-month increase of 27,400 in February and March. Goods-producing jobs were down 2,100 while service-providing jobs increased by 900. The largest drop from July was in construction, down 3,300, while the largest increase was in leisure & hospitality, up 2,200. Professional & business services reached a record high of 722,500 jobs in August. Additionally, manufacturing added 1,600 jobs in August, the sixth increase in 2012. Pennsylvania's job count was up 15,600 (0.3 percent) over the year, with increases in both goods-producing and service-providing industries. Manufacturing jobs were up 5,400 (1.0 percent) from last August. See www.dli.state.pa.us.

PA Disability Employment Summit October 4-6 in Hershey

The Pennsylvania Disability Employment Summit (PADES) begins Thursday, October 4 at the Hershey Lodge and Convention Center in Hershey PA. For more information on keynote speakers, topics, registration, and lodging see http://padesummit.org/. The event is one of the many activities that are on the calendar for National Disability Employment Awareness Month in Pennsylvania. For additional information about NDEAM and the National What Can YOU Do? Campaign on Disability Employment see U.S. Department of Labor (DOL) Office of Disability Employment Policy (ODEP) at http://www.dol.gov/odep/topics/ndeam/. See also the PA OVR web page at http://www.portal.state.pa.us/portal/server.pt?open=514&objID=1035525&mode=2

ODP Training on Year 5 Cost Report

On September 20 the PA DPW Office of Developmental Programs issued ODP Announcement 083-12 indicating that the audio replay and PowerPoint presentation from the September 12, 2012, web-based Introductory Year 5 Cost Report Training for Waiver Direct Service Providers has been posted to the ODP Consulting website. Providers are encouraged to continue monitoring this website for additional announcements and postings. FMI: See www.odpconsulting.net.
KFF/HRET and IOM Report on Increasing Health Care Costs

Two new reports calling attention to the increasing costs of health care in America were released in September. On September 13 the Kaiser Family Foundation (KFF) and the Health Research and Educational Trust (HRET) released the 2012 employer Health Benefits Survey, which found that annual premiums for employer-sponsored family health coverage saw a 4 percent increase from 2011. Last year, the same report showed an increase of 9 percent. KFF and HRET said that this year’s premium increase is moderate by historical standards, but outpaced the growth in workers’ wages (1.7 percent) and general inflation (2.3 percent). Since 2002, premiums have increased 97 percent, three times as fast as wages (33 percent) and inflation (28 percent). According to findings from Mercer’s annual health benefits survey, which are scheduled to be released in November, 58 percent of employers (large, medium and small) say they plan to increase employee contributions for health insurance next year. See http://www.kff.org/insurance/ehbs091112nr.cfm. See also www.kff.org.

On September 6 the Institute of Medicine released its report on health care costs titled “Best Care at Lower Cost: The Path to Continuously Learning, Health Care in America.” The IOM report estimates that roughly 30 percent of health care spending in 2009 (about $750 billion) was wasted on unnecessary or poorly delivered services and other needless costs. The report concludes that achieving higher quality care at lower cost will require fundamental commitments to the incentives, culture, and leadership that foster continuous learning, as the lessons from research and each care experience are systematically captured, assessed, and translated into reliable care. See http://www.iom.edu/Reports/2012/Best-Care-at-Lower-Cost-The-Path-to-Continuously-Learning-Health-Care-in-America.aspx. For a report brief see http://www.iom.edu/~media/File/Report%20Files/2012/Best-Care/BestCareReportBrief.pdf.

CMS Posts Additional Application Guidance on State Innovation Models Initiative

The Centers for Medicare and Medicaid Services (CMS) is currently accepting applications for the State Innovation Models initiative—a funding opportunity for States to design and test multi-payer payment and delivery models that deliver high-quality health care and improve health system performance. CMS has advised that the following reminders, while not inclusive, should help to ensure a qualified application: (a) For technical questions on the application process through the www.grants.gov website (e.g., uploading documents), contact 800-518-4726 or www.support@grants.gov. Individuals should ask for a ticket number when speaking with a representative at www.grants.gov. The ticket number is not needed for the application, but it may be necessary should additional assistance be needed in submitting an application. (b) For programmatic questions on the Initiative, please email StateInnovations@cms.hhs.gov. CMS may not have sufficient time to respond to programmatic questions received after September 19, 2012. All applications must be submitted electronically and be received through www.grants.gov by 5:00 pm Eastern Time on September 24, 2012. See the Application Submission Guidance to find more guidance and to download screen shots of a 424 form being filled out. See http://innovation.cms.gov/initiatives/state-innovations/Application-Guidance.html. Additional information regarding the State Innovation Models initiative, including fact sheets and recently updated FAQs, is available at www.innovation.cms.gov/initiatives/state-innovations. FMI: See http://innovation.cms.gov/initiatives/state-innovations/.
PARF NEWS
Dateline: September 28, 2012

CARF Offers Resource for Advocacy on Essential Health Benefits

CARF International has announced that it has participated in the development and refinement of the document, *Determining an Essential Benefits Plan for Rehabilitation and Habilitation and Devices: A Value-Based Approach* and urges all rehabilitation professionals and consumers to use the document and encourage their state officials to utilize the guidelines as they develop what will be included in the state essential benefits package. CARF encourages professionals and consumers to write or visit their state officials and use the guidelines as talking points and to offer copies to legislative and departmental staff. For a copy contact Christine M. MacDonell, Managing Director, Medical Rehabilitation and International Aging Services/Medical Rehabilitation, 1730 Rhode Island Avenue NW, Suite 209, Washington, DC 20036-3120. E-mail cmacdonell@carf.org. FMI: See www.carf.org.

CMS Announces Resources Available for IRFs

On September 18 the Centers for Medicare and Medicaid Services (CMS) released several important announcements for inpatient rehabilitation facilities (IRFs). jIRVEN is now available for download on the QIES Technical Support Office website at [https://www.qtso.com/](https://www.qtso.com/). The information is also currently being posted to CMS website at [http://cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientRehabFacPPS/Software.html](http://cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientRehabFacPPS/Software.html). All WebEx technical submission and jIRVEN user tool trainings are posted on the QIES Technical Support Office website at [https://www.qtso.com/](https://www.qtso.com/). Items include: (a) jIRVEN WebEx #1 - How to login into the tool & how to add facility and user information; (b) jIRVEN WebEx #2 - How to create patient and assessment information; (c) jIRVEN WebEx #3 - How to import and export assessments; (d) jIRVEN WebEx #4 - Review of the reports available within the jIRVEN tool; (e) IRF-PAI Assessment Submission Process WebEx; (f) CASPER Reports for IRFs WebEx; and (g) jIRVEN Demonstration Version of the user tool.

IRF-PAI Submission System Downtime September 29-30

The Centers for Medicare and Medicaid Services (CMS) has announced that the Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI) submission system will be down from September 29 through 30. The system will be available again on October 1. Files submitted on or after October 1, 2012 must be in the new XML format following the v1.10 data specifications. Please insure your software has been updated for this new version of the data specifications. Additional information is available on the IRF-PAI web page. [http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientRehabFacPPS/IRFPAI.html](http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientRehabFacPPS/IRFPAI.html).

CMS National Provider Call on Medicare Provider Enrollment

CMS will hold a National Provider Call on Medicare Provider Enrollment on Wednesday, October 10; 1-2:30pm ET. CMS will provide Updates on Revalidation, Billing for Ordered/Referred Services and PECOS Enhancements. For more information and to register, go to the National Provider Calls website: [http://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events-Items/2012-10-10-PECOS-Enhancements.html](http://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events-Items/2012-10-10-PECOS-Enhancements.html).
PARF NEWS
Dateline: September 28, 2012

CMS Initiative to Reduce Avoidable Hospitalizations among SNF Residents

On September 27 Centers for Medicare & Medicaid Services (CMS) announced seven cooperative agreement awards partnering with 145 nursing facilities to implement the Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents. The initiative will test models to improve the quality of care and help reduce avoidable hospitalizations among nursing facility residents by funding organizations that provide enhanced on-site services and supports to nursing facility residents. Through the Initiative, CMS will partner with seven organizations to improve care for long-stay nursing facility residents. These organizations will collaborate with nursing facilities and State Medicaid programs to provide better quality of care in nursing facilities. Implementation of the initiative will begin later this year at 145 nursing facilities in seven states in partnership with organizations: UPMC Community Provider Services (Pennsylvania) is one of the seven providers selected. All selected organizations will have on-site staff to partner with the existing nursing facility staff to provide preventive services as well as improve assessments and management of medical conditions. Participants will also work toward more seamless beneficiary transitions of care, and leverage use of emerging technologies, among many other activities. Each model will be subject to a rigorous external evaluation. More information about this initiative is available at: http://innovations.cms.gov/initiatives/rahnfr/.

CMS Acts on Rejections in IRF Claims Processing

On September 26 Centers for Medicare and Medicaid Services (CMS) issued an alert that since September 4 Electronic Data Interchange (EDI) Inpatient Rehabilitation Facility (IRF) Part A claims are rejecting in the Medicare Administrative Contractors’ (MACs) front end systems and not advancing into the Part A claims processing systems. These claims have a type of bill (TOB) 11x with Health Insurance Prospective Payment System (HIPPS) codes on the 0024 revenue code line item. CMS said that it is working to correct the problem. CMS said that because these claims were rejected prior to getting into the processing system, providers will need to resubmit them once the problem is corrected. Providers with Direct Data Entry (DDE) access (which does not go through the EDI front end) can continue to submit their IRF claims. CMS said that it will provide further instructions after the correction has been installed. See www.cms.gov.

HHS OIG Finds Unallowable Room-and-Board Costs under ID Waiver in South Carolina

The U.S. Department of Health and Human Services Office of Inspector General (HHS-OIG) has published its audit findings on the payments for unallowable room and board costs in the Medicaid waiver program in South Carolina providing long-term care and support for individuals with intellectual or related disabilities. See South Carolina Claimed Some Unallowable Room-and-Board Costs under the Intellectual and Related Disabilities Waiver (A-04-11-04012) at http://go.usa.gov/rFQz. HHS OIG found that the South Carolina claimed Medicaid reimbursement of $6.7 million ($4.8 million Federal share) for room-and-board costs under its waiver program that was unallowable because the state did not have adequate controls to ensure that applicable federal law and guidance or its own guidance was followed or to detect errors or misstatements on cost reports. HHS OIG also says that the state did not prescribe a uniform format for its local boards to follow when preparing the cost reports. FMI: See http://go.usa.gov/rFQz.
National Council on Disability Releases 2012 State of the Union for Federal Disability Policy

On Tuesday, September 18, the National Council on Disability (NCD) released its annual progress report on national disability policy. In the report, NCD assesses the state of federal disability policy in the last year and examines how emerging trends and government policies influence the quality of life of Americans with disabilities. The report notes progress where it has occurred and makes recommendations to both the executive and legislative branches where necessary. The NCD 2012 report covers the period between Summer-2011 through Spring-2012 and is organized under the broader policy areas of living, learning and earning and reviews top-level policy developments and their effects on the lives of Americans with disabilities, including notable federal actions and state trends. For more information or to obtain a copy of the report, please contact Public Affairs Specialist, Lawrence Carter-Long at 202-272-2112 or 202-272-2074 TTY. The full report is available on the NCD website at http://www.ncd.gov/progress_reports/Aug202012. See the NCD news release at http://www.ncd.gov/newsroom/09182012

New Ticket to Work Website Announced by the Social Security Administration

The Social Security Administration's redesigned Ticket to Work website connects people who receive Social Security disability benefits and want to work, or are already working, with a variety of resources, including program information and news about employment support programs. See www.disability.gov to review features of the new site. FMI: See http://www.socialsecurity.gov/work/

DOJ Releases Report on Accessibility of Federal Electronic and Information Technology

On September 12 the U.S. Department of Justice announced the release of its “Section 508 report to the President and Congress: “Accessibility of Federal Electronic and Information Technology.” The report, authorized under Section 508 of the Rehabilitation Act of 1973, as amended (Section 508) provides findings based on a survey of federal agencies on the accessibility of their electronic and information technology (EIT) and the procedures used to implement the requirements of Section 508. Read more about the report here: http://www.justice.gov/opa/pr/2012/September/12-crt-1103.html

HCBS Conference Presentations Available Online

National Association of States United for Aging and Disabilities (NASUAD) held the Annual Home and Community Based Services Conference, on September 10-14 in Arlington, VA. Over 1,100 federal, state and local policymakers and professionals who design, administer and operate both public and private programs for persons of all ages and abilities, as well as advocates for children, older adults, and individuals with disabilities from across the nation. NASUAD has announced presentations from the 2012 conference have been posted to its website. To view available presentations, see http://nasuad.org/events/hcbs_2012presentations.html.