Dateline: January 11, 2013

Governor Corbett Announces $20 Million Funding for ID Waiting List in FY 2013-2014

On January 9 PA Governor Tom Corbett announced that his administration is considering the addition of $20 million in funding for intellectual disabilities programs to reduce the number of individuals on the waiting list for services for people with intellectual disabilities. Governor Corbett said that in developing his proposed budget for FGY 2013-2014 he is planning to reduce the intellectual disabilities waiting list of about 15,000 people by adding $20 million to the intellectual disabilities program. In the 2012-13 state budget $17.8 million was appropriated for a waiting list initiative to serve 1,100 people with intellectual disabilities. FMI: See http://www.visionforequality.org/ and http://www.visionforequality.org/news/vfe-in-the-news/

PA Senate Appropriations Committee Sets Schedule for 2013 Budget Hearings

PA Senate Appropriations Committee Chairman Senator Jake Corman has released the Senate Appropriations budget hearing schedule for 2013-2014. All sessions will be held in Hearing Room 1 – North Office Building at the state capitol. The schedule includes presentations by the Department of Labor & Industry on Wednesday, March 6, 2013 at 1:00pm; by the Department of Public Welfare on Tuesday, March 5, 2013 at 9:30am; by the Department of Health on Tuesday, February 26, 2013 at 3:00pm; and, by the Department of Drug & Alcohol Programs on Tuesday, February 26, 2013 at 1:00pm. FMI: To view the complete schedule of Senate hearings see http://jakecorman.com/committee/appropriations/2013/budget-hearing-schedule-13-14-011113.pdf.

Dennis Marion to Lead OMHSAS

On January 7 the Pennsylvania Department of Public Welfare (DPW) issued a press release to announce the appointment of Dennis Marion as Deputy Secretary of the Office of Mental Health and Substance Abuse Services (OMHSAS). DPW said that Chief Clerk for Cumberland County Dennis Marion has accepted the appointment to serve as DPW's Deputy Secretary of Mental Health and Substance Abuse Services (OMHSAS). Prior to Mr. Marion's appointment, he served as the County's Chief Operations Officer and Chief Clerk since April 2008. His career with Cumberland County has included lead roles as Human Services Administrator, Administrator of Mental Health/Intellectual & Developmental Disabilities, County Administrator, and Executive Director of the Cumberland-Perry Drug & Alcohol Commission. His role in the county’s budgeting process reportedly helped to slash a 2013 property tax increase from 22 percent to 12 percent. He and the finance staff also advised the board to conduct a mission review in 2013 addressing overspending and averting further tax hikes of 10 percent and 6 percent over the next two years. Marion holds a law degree from the Dickinson School of Law. DPW said that Mr. Marion's expected start date will be January 22, 2013. FMI: See http://www.dpw.state.pa.us/.
**PARF NEWS**  
**Dateline: January 11, 2013**

**SB 77 to Establish Assisted Outpatient Treatment in PA**

On January 9 Senator Stewart Greenleaf (R-Montgomery) introduced SB 77, amending the Mental Health Procedures Act to provide for assisted outpatient treatment (AOT) programs. SB 77 is a reprise of SB 115 – a bill which Senator Greenleaf introduced in the 2011-2012 legislative session. In the co-sponsorship memorandum for the legislation that is now SB 77 Senator Greenleaf explained that assisted outpatient treatment that would be established through the legislation would ensure that persons with the most severe forms of mental illness had a way to obtain court-ordered treatment either in hospitals or in the community. Based on “clear and convincing” evidence, the court may order an individual to AOT for an initial period of up to six months. SB 77 contains due process requirements and other protections including a petition, hearing, right to counsel, physician’s affidavit, and the development of a treatment program. The individualized treatment program may include case management services to provide care coordination, medication, blood tests or urinalysis to determine compliance with prescribed medications. A case manager or treatment team will be designated for each patient. The individual’s participation in the program will be monitored. If the individual fails to comply with his treatment program, an evaluation may be ordered to determine whether the individual meets the current clear and present danger standard of the MHPCA and inpatient treatment is necessary. Senator Greenleaf said that SB 77 is modeled after a New York statute known as “Kendra’s Law,” but would use only existing community services and programs. He said that this legislation slightly modifies the outpatient standard so that persons who are most at risk for homelessness, arrest, incarceration or death due to their mental illness can, in fact, receive treatment in the community. The bill will not require the creation of new services and creates no new programs. In prior sessions, the legislation was supported by NAMI Pennsylvania and NAMI PA Affiliates – Berks, Cambria, Dauphin, Lehigh Valley, Main Line and York. FMI: See http://www.legis.state.pa.us/cfdocs/Legis/CSM/showMemoPublic.cfm?chamber=S&SPick=20130&cosponId=9774 for the co-sponsorship memo. To read SB 77 see http://www.legis.state.pa.us/cfdocs/billinfo/billinfo.cfm?syear=2013&sind=0&body=S&type=B&bn=77.

**Casino Fee Proposed for Intellectual Disabilities Waiting List**

On January 9 Representative Thomas Murt (R-Montgomery) announced that he plans to reintroduce legislation in the near future that will establish an admission fee for slot machines and establish the Intellectual Disabilities and Autism Waiting List Account in the State Treasury. (The legislation was introduced by Representative Murt in the previous legislative session as HB2695.) Representative Murt said that every year in this difficult economic environment Pennsylvania struggles to obtain funding to provide services for these vulnerable individuals. The legislation would provide for a $2.00 per patron admission fee for slot machines in gaming facilities to be deposited into the Intellectual Disabilities and Autism Waiting List Account. In addition, the legislation would provide for the Intellectual Disabilities and Autism Waiting List Account to be used to fund services for individuals on the waiting list. Representative Murt noted that currently there are 15,420 individuals with intellectual disabilities or autism who are waiting for home and community based services and that of this number 7,081 are in the critical category and another 3,790 are in the emergency category. Representative Murt said that those with any questions regarding this piece of legislation should contact his office at 787-6886.
HB 31 Establishes Penalties for Abuse and Neglect of Care-Dependent Persons

On January 7 PA Representative Mauree Gingrich (R-Lebanon) and 24 co-sponsors introduced legislation in the PA House of Representatives amending current law to provide for the offense of neglect of care-dependent person and the offense of abuse of care-dependent person. Under the provisions of House Bill 31 (HB 31) a caretaker of a care-dependent person would be guilty of neglect and abuse if he/she intentionally or knowingly endangers the welfare of a care-dependent person for whom he/she is responsible by failing to provide treatment, care, goods or services necessary to preserve the health, safety or welfare of the care-dependent person. A violation would constitute a misdemeanor of the second degree, except that where there is a course of conduct of endangering the welfare of a care dependent person, the offense constitutes a felony of the third degree. In addition, the bill provides that a caretaker is guilty of abuse of a care-dependent person if he/she (a) with the intent to harass, annoy or alarm a care-dependent person strikes, shoves, kicks or otherwise subjects or attempts to subject a care-dependent person to or threatens a care-dependent person with physical contact; (b) engages in a course of conduct or repeatedly commits acts which serve no legitimate purposes; (c) communicates to a care-dependent person any lewd, lascivious, threatening or obscene words, language, drawings or caricatures; or (d) communicates repeatedly with the care-dependent person at extremely inconvenient hours. HB 31 requires that when in the course of conducting any regulatory or investigative responsibility, the Department of Aging, the Department of Health or the Department of Public Welfare has a reasonable cause to believe that a caretaker has engaged in conduct in violation of this section, a report shall be made immediately to the local law enforcement agency or to the Office of Attorney General. FMI: See www.legis.state.pa.us and enter HB 31 under Bill Number.

TUC Webinar on Peer Specialists in Rural America

On January 24 from 2:00 p.m. to 3:30 p.m. ET a second in a series of free webinars discussing the roles of peer specialists in today's mental health systems will be held. The January 24 webinar focuses on the role of peer specialists in promoting community inclusion in rural America. The webinar is sponsored by the Temple University Collaborative on Community Inclusion of Individuals with Psychiatric Disabilities and the National Mental Health Consumers' Self-Help Clearinghouse. The four-part free webinar series - jointly funded by the National Institute on Disability and Rehabilitation Research (NIDRR) and the Substance Abuse and Mental Health Services Administration (SAMHSA) - is designed to provide a national platform for the discussion of roles that peer specialists and peer-run programs can play in offering the supports and services that individuals may need in their communities. The January 24 webinar will be presented by Richard Baron, Director of Knowledge Translation at the Temple University Collaborative. It will review the uniqueness of rural America, the innovative approaches used by peer specialists in rural settings, and the challenges they face. Mr. Baron will be joined by a panel of rural peer specialists discussing their experiences in the field. To register for the seminar, go to: https://attendee.gotowebinar.com/register/6286266764325374720. Topics of the other webinars in this series are: March 2013 - Certified Peer Specialists: Supporting Meaningful Employment and May 2013 - Certified Peer Specialists: Connecting to Spiritual Communities. Please direct any questions to Christa Burkett at cburkett@mhasp.org or call (267) 507-3811.
DPW Proceeds with Self Inspection of Facilities

Effective February 1, 2013 the PA Department of Public Welfare (DPW) Bureau of Human Services Licensing (BHSL) intends to permit facilities and agencies operating programs under Chapters 2380, 2390, 6500, 2600, 2800, 6400 to self-inspect for the purposes of increasing capacity. The procedures are described in draft documents issued by DPW as Draft Procedures for Self-Inspection for Increases in Capacity. The versions are being released for review and comment. DPW BHSL encourages facilities and programs to present comments, questions, suggestions, and concerns about this proposed process to DPW at 1-866-503-3926 or via electronic mail at RA-pwarlheadquarters@state.pa.us. Final versions of the procedures and tools will be released on January 31, 2013 after processing and applying feedback. Copies of relevant self-inspection and Declaration Tools - Increase in Maximum Capacity have been forwarded to members of PARF Residential and Vocational Divisions. The PA Department of Public Welfare (DPW) Bureau of Human Services Licensing (BHSL) has released several announcements on new procedures for electronic recordkeeping and procedures for Self-Inspection of New Community or Family Living Homes under an Existing License. Announcements have been circulated and reviewed by the PARF Residential and Vocational Divisions. Ron Melusky, BHSL Director, made a presentation to PARF on the new procedures and processes at a meeting of the PARF Residential Division held in Harrisburg at the Dixon University on Wednesday, January 9. FMI: Questions may be directed to DPW at RA-pwarlheadquarters@pa.gov.

DPW Clarifies Policy on Licensing of Provider v. Private Homes

In the January 12, 2013 edition of the Pennsylvania Bulletin the PA Department of Public Welfare (DPW) published a statement of policy clarifying the applicability of 55 Pa. Code Chapter 6400 to private homes. DPW says that the statement of policy applies to Administrative Entity (AE) administrators or directors, County Mental Health/Intellectual Disability Program (MH/ID) administrators or directors, Supports Coordination Organization directors and providers of residential services. This statement of policy clarifies the applicability of Chapter 6400 (relating to community homes for individuals with mental retardation) to homes leased or owned by individuals with intellectual disabilities or their families. DPW says that it is clarifying that the private home exclusion under Chapter 6400 relating to community homes for individuals with mental retardation - §6400.3(f) (1) - includes homes leased or owned by individuals with intellectual disabilities or their families. Therefore, these homes are not subject to licensure under Chapter 6400. However, DPW says, a residential home that is owned or leased by a provider is not a private home and is required to be licensed under Chapter 6400. This includes homes owned or leased by the provider and subsequently leased to the individual with intellectual disabilities or the individual's family. The statement of policy is effective upon publication in the Pennsylvania Bulletin. The statement of policy replaces and supersedes Bulletin 00-04-12, Clarifying the "30-Hour Rule." Questions about this statement of policy should be directed to the regional program manager at the appropriate regional Office of Developmental Programs (ODP). FMI: For a copy of the notice in the January 12, 2013 edition of the Pennsylvania Bulletin see www.pabulletin.com. See http://www.pabulletin.com/secure/data/vol43/43-2/51.html.
ODP Guidance on Vacancy Factor and Vacancy Exception Process

On January 9 the PA DPW Office of Developmental Programs (ODP) issued Informational Memo 003-13 on Vacancy Factor and Vacancy Exception Process. The ODP informational memo (003-13) is intended to identify procedures related to the residential habilitation vacancy factor which is included in the regulations at 55 Pa. Code Chapter 51 Office of Developmental Programs (ODP) Home and Community-Based Services. The January 9 communication also identifies where the Vacancy Exception Request Form can be located. Residential Habilitation providers must accurately complete this form and provide any required documentation in order for ODP to consider an exception to the vacancy factor. The vacancy factor exception process applies to waiver residential habilitation eligible costs. There is no allowance for an exception or adjustment of a Departmental established fee (for the waiver residential habilitation ineligible rate). An exception will only be considered when a provider can demonstrate that as a result of hospital and rehabilitation leave days the provider’s agency wide occupancy rate for waiver residential services is below 97% and as a consequence the provider’s continued operation for the Fiscal Year (FY) is jeopardized. Providers may request an exception to the vacancy factor by completing the Vacancy Exception Request Form. FMI: See www.odpconsulting.net.

Applications for ODP Provider Qualification Due on April 30, 2013

On January 10 the PA DPW Office of Developmental Programs (ODP) issued ODP Announcement 004-13 reminding all direct service providers and vendors with a Home and Community Services Information System (HCSIS) “Expiration Date” of April 30, 2013 (“Due Date”) that they must submit their qualification applications in HCSIS starting February 1, 2013. ODP said that supporting qualification documentation should be submitted to the administrative entity (AE) no later than March 31, 2013, to ensure services are qualified by April 30, 2013. AEs can request providers to submit their supporting qualification documentation prior to submission of their annual qualification application in HCSIS. Qualification applications must be finalized in HCSIS by the qualifying AE no later than April 30, 2013, as stated in Informational Memo # 068-12. Providers and vendors must re-qualify by April 30, 2013 to ensure they transition appropriately to the new biennial qualification schedule and to ensure they are not negatively impacted by fiscal year (FY) 2013-2014 renewal activities. The communication does not apply to qualification of SCOs, Vendor Fiscal/Employer Agent Financial Management Service (VF/EA FMS) providers, or providers that render base-funded services only. FMI: See www.odpconsulting.net.

ODP Memo on Use of NPI Numbers

The PA DPW Office of Developmental Programs (ODP) has reissued its ODP Informational Memo #005-13 -- Informational Memo Effective January 1, 2013: Healthcare Providers Required to Use NPI Numbers on all Claim Transaction, updating the Provider Type/Specialty/Procedure code table on page 4 of the original memo. The code table was the only revision to the memo that ODP issued earlier. ODP says that effective January 1, 2013, all healthcare providers will be required to include their National Provider Identifier (NPI) on all claim transaction types. Atypical providers are exempt from the NPI number requirement. Billing rules regarding the 9-digit MPI # and 4-digit service location code have not changed. FMI: See www.odpconsulting.net.
PARF NEWS
Dateline: January 11, 2013

Obama Administration in Transition: Solis Leaves, Sibieius & Duncan Continue

On January 9 in a letter to U.S. Department of Labor employees, Secretary of Labor Hilda L. Solis announced that she had submitted her resignation to President Barack Obama. Reflecting on her years at DOL, the Secretary said, "Together we have achieved extraordinary things and I am so proud of our work on behalf of the nation's working families." A number of the President's current cabinet members are expected to stay on for a second term, including Health and Human Services Secretary Kathleen Sebelius and Education Secretary Arne Duncan. FMI: For a copy of the letter that Secretary Solis sent to employees at the U.S. Department of Labor see http://www.dol.gov/opa/media/press/opa/OPA20130053.htm. For the statement by the President on the resignation of Secretary Solis see http://www.whitehouse.gov/the-press-office/2013/01/09/statement-president-secretary-labor-hilda-solis.

Medicare Secondary Payer Program Improvements (SMART Act) Signed into Law

On January 10 President Barack Obama signed into law the Strengthening Medicare and Repaying Taxpayers (SMART) Act. The bipartisan SMART Act, authored by Oversight and Investigations Subcommittee Chairman Tim Murphy (R-PA) and Rep. Ron Kind (D-WI), creates efficiencies in the Medicare Secondary Payer (MSP) program to speed up the process of returning money to the Medicare Trust Fund while reducing costly legal barriers for both large and small employers. The bill had bipartisan support and could help Medicare beneficiaries who sometimes wait months for injury-related settlements. The new law creates a procedure for litigants to learn how much Medicare believes its right of reimbursement is before the parties enter into a settlement or proceed through judgment. It also revises the process by which one can appeal Medicare’s demand for reimbursement. The SMART Act, which was part of a larger legislative package (H.R. 1845) that was signed into law, was first approved by the Energy and Commerce Committee in September 2012. FMI: See www.whitehouse.gov under legislation signed into law on January 10, 2013. See also http://murphy.house.gov/latest-news/murphys-smart-act-signed-into-law/. For a text of the law see http://www.gpo.gov/fdsys/pkg/BILLS-112hr1845rds/pdf/BILLS-112hr1845rds.pdf. For an analysis of the new law see http://www.whiteandwilliams.com/resources-alerts-Obama-Signs-the-SMART-Act-to-Provide-Relief-Under-the-Medicare-Secondary-Payer-Act.html. For additional comment see http://www.marccalition.com/PDF/the-smart-act-section-by-section-legislative-summary-h.r.-1063-0006.pdf.

HHS Reports on Low Growth In Medicare Spending Per Beneficiary

On January 7 US Department of Health and Human Services (HHS) released an issue brief on Growth In Medicare Spending Per Beneficiary indicating that growth rate continues to hit historic lows. The paper indicates that Medicare spending per beneficiary grew just 0.4% per capita in fiscal year 2012, continuing a pattern of very low growth in 2010 and 2011. HHS claims that, together with historically low projections of per capita growth from both the Congressional Budget Office and the Centers for Medicare and Medicaid Services (CMS) Office of the Actuary, the statistics show that the Affordable Care Act has helped to set Medicare on a more sustainable path. HHS researchers conclude that the success in reducing the rate of spending growth has been achieved without any reduction in benefits for beneficiaries. The HHS APSE Issue Brief is available at: http://aspe.hhs.gov/health/reports/2013/MedicareSpendingGrowth/ib.cfm.
HHS Announces 106 New Accountable Care Organizations

On January 10 the US Department of Health and Human Services (HHS) announced that physicians and other health care providers have formed 106 new Accountable Care Organizations (ACOs) in Medicare serving as many as 4 million Medicare beneficiaries. Since passage of the Affordable Care Act, more than 250 Accountable Care Organizations have been established. The new ACOs include a diverse cross-section of physician practices across the country. Roughly half of all ACOs are physician-led organizations that serve fewer than 10,000 beneficiaries. Approximately 20 percent of ACOs include community health centers, rural health centers and critical access hospitals that serve low-income and rural communities. The group announced today also includes 15 Advance Payment Model ACOs, physician-based or rural providers who would benefit from greater access to capital to invest in staff, electronic health record systems, or other infrastructure required to improve care coordination. In addition to these ACOs, last year CMS launched the Pioneer ACO Program for large provider groups able to take greater financial responsibility for the costs and care of their patients over time. Additional information about the Advance Payment ACO Model is available at http://www.innovations.cms.gov/initiatives/ACO/Advance-Payment/index.html. For a list of the 106 new ACOs announced today, visit: http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/News.html.

CMS Redesigns Physician Compare, Plans for Public Reporting

The Centers for Medicare and Medicaid Services (CMS) is providing an opportunity to preview the redesigned Physician Compare website prior to its release early this year. CMS has posted a pre-recorded Webinar and accompanying materials regarding the Physician Compare redesign and plans for public reporting on the site. To access the Redesign and Public Reporting Webinar and send your feedback via email, visit the CMS Physician Compare Initiative webpage and scroll down to the “download” section for accompanying materials and the “related links” section for the link to the Webinar video. All feedback must be submitted in writing and should not exceed 2 pages. FMI: See http://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/ODF_pnahp.html.
Joint Commission Announces New Nursing and Rehabilitation Center Accreditation

On January 7 the Joint Commission announced its new Nursing and Rehabilitation Center Accreditation program and for the first time is offering a Rehabilitation and Advanced Care Certification option. The Nursing and Rehabilitation Center Accreditation program, which replaces the Long Term Care Accreditation program, is designed to help providers achieve, maintain and demonstrate excellence in the services they provide. The new standards, survey process and certification option will be effective on July 1, 2013. The Joint Commission said that the certification option recognizes the more advanced rehabilitation services provided to patients in nursing and rehabilitation centers while continuing to elevate the quality of care provided to all those served within their organization. The certification is separate from The Joint Commission’s Disease Specific Care (DSC) certification program. Unlike the DSC program, the review is conducted at the same time as the accreditation survey using the same surveyors, and has a three-year cycle. The enhancements include new standards, certification of specialized services, additions to on-site surveys, specially trained surveyor, and a redesigned accreditation manual. Prepublication standards for the accreditation and certification options are available on The Joint Commission’s website. Beginning in February, educational webinars and teleconferences will be provided with an overview of program enhancements. FMI: For more information about Nursing and Rehabilitation Center Accreditation, or the Rehabilitation and Advanced Care Certification option, please call (630)792-5020 or e-mail nar@jointcommission.org. FMI: See http://www.jointcommission.org/standards_information/prepublication_standards.aspx. See http://www.jointcommission.org/the_joint_commission_debuts_nursing_and_rehabilitation_centers/

ODEP Campaign for Disability Employment Releases PSA

On January 9 the US Department of Labor (DOL) announced that its Campaign for Disability Employment has released a new video public service announcement titled "Because." The PSA features real people with disabilities—not actors—who are pursuing and realizing their goals and passions as a result of the support they received from everyday people in their lives. The PSA is intended to replace myths and misperceptions about disability employment with new views of what people with disabilities can do. It reflects priorities of the DOL to increase expectations by youth with disabilities, their parents, teachers, coaches, and mentors, as well as future employers about what persons with disabilities can achieve in their careers. The PSA is being distributed to more than 1,400 television, including cable, English- and Spanish-language stations. To download the PSA and posters visit http://www.whatcanyoudocampaign.org. FMI: See http://www.dol.gov/odep/topics/CampaignForDisabilityEmployment.htm.

Cornell University EDI to Present 2011 Disability Status Report on January 18

On Friday, January 18th from 2:00-3:00 p.m. EDT Cornell University's Employment and Disability Institute (EDI) will host a free online webinar to present the findings of the 2011 Disability Status Report. The free webinar will explore recently released 2011 American Community Survey (ACS) data related to disability and employment, education, poverty, household income and labor earnings. Cornell University researchers will present the latest information and issues associated with disability statistics and the circumstances that people with disabilities face. Register at http://www.ilr.cornell.edu/edi/register/index.cfm?event=4152.