Dateline: January 18, 2013

OVR Proposes Changes to Order of Selection

On January 15 the PA Department of Labor and Industry (L&I) Office of Vocational Rehabilitation (OVR) issued proposed changes to its policy on the Order of Selection. OVR said that it was seeking comment on the proposed changes by February 1. The new policy clearly indicates that the significance of disability would continue to be defined based upon (a) the presence of functional capacities and (b) the requirement of multiple vocational rehabilitation services. However, OVR said, these terms would now be defined more clearly as: two or more services for at least six months from the date of the Individualized Plan for Employment (IPE). Under the newly proposed policies individuals with the most significant disabilities (Most Significantly Disabled – MSD) would still be defined as those that have physical, mental, or sensory impairments that seriously limit three or more (3+) of the individual’s functional capacities, but the individuals would also be expected to need two or more services for at least six months from the date of the Individualized Plan for Employment (IPE). Individuals with Significant Disabilities (SD) would also continue to be defined as those with physical, mental, or sensory impairments that seriously limit one or more (1+) of the individual’s functional capacities, but they would also be expected to require two or more services, for at least six months from the date of the IPE. The priority status of individuals with the most significant disabilities (MSD) would remain unchanged, but the services available to others would change. Under the new policy individuals with the most significant disabilities (MSD) would continue to be given the highest priority in obtaining services. However, all new individuals with Significant Disabilities (SD) - second in the order of selection - and new individuals with Non-Significant Disabilities (NSD) – third in the order – would no longer be receiving the services with which they had been provided. The new policy states that individuals who apply for services and are classified as SD or NSD may be provided diagnostic services necessary to determine their significance of disability. There are also proposed changes in the policy on annual review. The new policy indicates that prior to the beginning of the federal fiscal year OVR will re-evaluate its ability to provide services to the second priority category, Significantly Disabled (SD). In the event that there is a financial ability to provide services for SD cases, the CWDS system will be recoded for the expanded order of selection process to allow the affected SD cases to follow the traditional case progression and financial processes. FMI: Contact PARF at parfmail@parf.org.

Public Comment on OVR Criteria due on February 1

PARF has circulated the OVR draft document on the Order of Selection to PARF Vocational Division members and encourages members to review the changes and send comments to PARF and the Pennsylvania Office of Vocational Rehabilitation (OVR). See above OVR Proposes Changes to Order of Selection. OVR is requesting that comments be sent by e-mail to OVR at OVRpubliccomments@pa.gov. Comments may also be sent by ground mail to: Pamela Brauchli c/o Office of Vocational Rehabilitation, 1521 North 6th Street, Harrisburg, PA 17102. All comments are due by February 1, 2013. FMI: For a copy of the document or more information and assistance, contact PARF at parfmail@parf.org.
PA Senate Republican Standing Committee Members for 2013-14 Legislative Session

On January 11 PA Senate President Pro Tempore Joe Scarnati (R-25) announced the Republican members for each of the 22 Senate Standing Committees for the 2013-2014 legislative session of the General Assembly. Chairs of Senate Committees were announced in December. Chairs of Senate Committees were announced in December. For a listing of the committee assignments of the PA Republican Senators see http://www.pasenategop.com/news/2013/0113/scarnati-011113.htm. For listing of Chairs of Senate Committees see http://www.pasenategop.com/news/2012/1212/scarnati-121912.htm. See also www.pasenategop.com.

Governor Corbett Announces Appointments to e-Health Partnership Authority

On January 14 PA Governor Tom Corbett announced several appointments to the e-Health Partnership Authority. Created by law on July 5, 2012, the PA eHealth Partnership Authority replaces the PA eHealth Collaborative. The collaborative is charged with coordination of e-health projects statewide. Governor Corbett appointed Gaspere C. Geraci, M.D., of Harrisburg to serve as chairman. Geraci is vice president of physician leadership in quality and value at the Pennsylvania Medical Society. Corbett also appointed the following members to the Authority: Sharon Ackerman (Somerset); Thomas Beeman (Lancaster); Leslie Grey (Erie); Ellen Krajewski (Liberty); and Robert Torres (Middletown). FMI: For more information on the eHealth Partnership Authority, visit www.paehealth.com

Health Information Exchanges Grow in Pennsylvania

On January 16 the Pennsylvania eHealth Partnership Authority released a new survey that shows health information exchanges (HIEs) have enhanced the ability of healthcare providers to securely share patient data electronically. Health information exchange is the electronic movement of health-related information among unaffiliated organizations according to nationally recognized standards. A survey conducted by the Pennsylvania eHealth Partnership Authority of eleven (11) HIEs posed in-depth questions about their operations and technology; communications, outreach and research, and finances. The key findings include: (a) all responding HIEs have or plan to have the ability for their participants to communicate with one another and share discharge summaries by the end of 2013; (b) two (2) HIEs intend to operate statewide, while nine intend to operate regionally; (c) every type of healthcare provider type addressed in the survey will have some level of access to data from at least three HIEs by the end of 2014; (d) the majority of the responding HIEs have a sustainability plan, which uses a combination of hospital provider fees, payer fees and professional practice fees. The Authority conducted the survey to understand the current operating environment for HIEs in Pennsylvania and update information from an earlier survey completed in October 2011. Pennsylvania was awarded $17.1 million, with match requirements, under the American Recovery and Reinvestment Act to help establish a health information exchange. The PA eHealth Partnership Authority, created by Act 121, is working to meet federal requirements and enable the use of information technology to advance HIE. FMI: See PA eHealth Partnership Authority website at www.paehealth.com. The full survey is available under General Info & Resources.
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Pilot Project to Integrate PA Job Training & Employment Programs

On January 16 PA Governor Tom Corbett unveiled a pilot project at the PA CareerLink® of Lancaster County that explores integration of two similar, yet separate job training and employment programs: the Employment Advancement and Retention Network (EARN) Centers and PA CareerLink® offices throughout PA. EARN Centers provide employment and training services to adults receiving the Temporary Assistance for Needy Families benefit. PA CareerLink® offices also provide a full range of employment and training activities to a broader range of jobseekers and employers. Pending results of the pilot, the two departments will move forward with similar plans to integrate services offered at EARN Centers and PA CareerLink® offices statewide. Integration would be uniquely tailored to fit each local area in order to better meet the needs of jobseekers, businesses and the community. The move to integrate statewide would happen in five phases, culminating in 2015. See www.state.pa.us. For more information about the services provided in PA CareerLink® offices click here: www.pacareerlink.pa.us.

PA Traumatic Brain Injury Advisory Board Meeting on February 1

In the January 19 edition of the Pennsylvania Bulletin, the PA Department of Health announced that the Traumatic Brain Injury Advisory Board will hold a public meeting on Friday, February 1, 2013. The meeting will be held from 10 a.m. to 3 p.m. in the large conference room of the Community Center, 2nd Floor, Giant Food Store, 2300 Linglestown Road, Harrisburg, PA 17110. For additional information or assistance, contact Darlene Smith, Administrative Assistant, Division of Child and Adult Health Services at (717) 772-2762. This meeting is subject to cancellation without notice. FMI: See www.pabulletin.com.

2013 Pennsylvania Community on Transition Conference Proposals due on February 4

The 2013 Pennsylvania Community on Transition Conference: Don’t Stop Thinking about Tomorrow – Possibility, Opportunity, and Action is scheduled for July 24th – 26th at the Penn Stater Conference Center and Hotel. Conference sponsors are encouraging providers to consider submitting a proposal. The deadline for conference proposal submissions is February 4, 2013. Please direct questions or concerns regarding this year’s conference to paconf2013@gmail.com. The conference is intended to expand the capacity of local education agencies and communities in partnership with youth, young adults and families to promote transition of youth/young adults with disabilities to post-school outcomes of employment, post-secondary education and training, community participation and healthy lifestyles. All proposal applicants should review the 2013 PA Community on Transition Conference Overview prior to completing the Call for Proposal to Present. A copy can be obtained electronically at www.pattan.net. The proposal is to be submitted electronically to paconf2013@gmail.com in Microsoft Word format on the attached Presentation Proposal Form on or before the close of business on February 4/13. All sessions are 90 minutes in length and should include at least 15 minutes for discussion. To be accepted, all proposals must support post-school outcomes and align with a conference theme. Conference registration will be available online after May 1, 2013 at http://www.pattan.net. For more information regarding conference proposals contact Michael Stoehr - Phone: 412-826-6864 Email: mstoehr@pattan.net; Wendy Patterson - Phone: 717-787-6695 Email: wenpatters@pa.gov; Patty Panucci - Phone: 412-826-6841 Email: ppanuccio@pattan.net; and Pam Ranieri - Phone: 412-826-6847 Email: pranieri@pattan.net.
SB 136 Establishes PA Advisory Board on Acquired Brain Injury

On January 16, PA Senator Stewart Greenleaf (R-Montgomery) introduced PA Senate Bill 136, calling for the establishment in statute of the Advisory Board on Acquired Brain Injury. Under SB 136 PN 91 the Advisory Board on Acquired Brain Injury would be established within the PA Department of Health and would consist of twenty-five members who shall be appointed by the Secretary of Health. The membership of the advisory board would include: (1) Family members of acquired brain injury survivors; (2) individuals living with an acquired brain injury; (3) representatives from the Department of Aging, Department of Public Welfare, Department of Labor and Industry, Insurance Department, Department of Health, Department of Corrections and Department of Education.; (4) representatives from a Statewide association that promotes the rights of persons with disabilities, a Statewide association that represents rehabilitation facilities, a Statewide association that represents persons with acquired brain injuries.(5) community-based organizations that provide acquired brain injury services or advocacy would also be represented. The term of office of each member of the advisory board shall be three years. The advisory board shall have the power and its duty shall be: (1) To advise the Governor and the departments represented on the advisory board in the determination of service and support needs of individuals with an acquired brain injury and the implementation of services to those individuals and their families and (2) to make recommendations regarding future activities to be placed in the acquired brain injury state action plan with the goal of improving access to services in Pennsylvania through information and education. FMI: See www.legis.state.pa.us

DPW Developmental Programs Bulletin Clarifies Rules on Home Ownership

On January 14 the PA Department of Public Welfare (DPW) issued Developmental Programs Bulletin 6400-13-01 effective January 12, 2013. The bulletin clarifies the applicability of Chapter 6400 regulations to private homes and offers a statement of policy. DPW says that the purpose of the bulletin is to clarify the applicability of 55 Pa. Code 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 Chapter 6400 explicitly states that it does not apply to private homes of persons providing care to a relative with mental retardation. DPW is saying that the private home exclusion under § 6400.3(0(1) includes homes leased or owned by individuals with intellectual disabilities or their families. Therefore, DPW states, these homes are not subject to licensure under Chapter 6400. The DP bulletin says that a residential home that is owned or leased by a provider, however, is not a private home and is required to be licensed under Chapter 6400. This includes homes owned or leased by the provider and then subsequently leased to the individual with intellectual disabilities or the individual's family. This statement of policy is effective upon publication in the Pennsylvania Bulletin. The bulletin replaces and supersedes Bulletin 00-04-12, “Clarifying the “30-Hour Rule.” DPW asks that questions be directed to the Regional Program Manager at the appropriate regional ODP office. Copies of the statement of policy may be obtained at the local MH/MR County Program, AE or regional ODP in the regions. DPW ODP also published Informational Memo #007-13: Clarifying the Applicability of Chapter 6400 to Private Homes – Statement of Policy; which is effective immediately. FMI: See www.odpconsulting.net.
Schedule for President and Congress after Inauguration Uncertain

The schedule for President Barack Obama and the U.S. Congress seems increasingly uncertain after Inauguration Day. On January 20 President Obama will officially begin his second term in office. The public presidential inauguration will be held on Monday, January 21. President Obama will be publically sworn in for his second term at 11:30 AM Eastern on Monday, January 21. The House and Senate begin with a joint session for the 57th Presidential Inauguration Ceremony on Monday, January 21. Legislative business will resume for both chambers on Tuesday, January 22. The President is expected to outline his agenda for his second term in his next State of the Union address, which will be delivered to Congress on February 12, 2013. Other major anticipated events are very uncertain. The President’s budget request for fiscal 2014, while legally due to Congress by the first Monday in February, is widely anticipated to be delayed. The budget may not be submitted until early March. According to federal law, Congress is required to adopt a budget resolution by April 15 each year, though this deadline is likely to be missed. Sequestration is scheduled on March 1 and the Continuing Resolution is expiring on March 27. Sequestration, originally scheduled to occur on January 2, 2013, was postponed until March 1, 2013 by the American Taxpayer Relief Act. Meanwhile, the need for setting a schedule for decision making is growing more urgent. U.S. Treasury Secretary Timothy Geithner stated in a letter to leaders of Congress earlier this week that the United States is expected to run out of funds to fulfill its obligations between mid-February and early March if the debt ceiling is not raised before that time. FMI See www.nasbo.org

President Presents Plan to Curb Gun Violence, Cites Need for MH Services

On January 16 President Barack Obama announced a comprehensive proposal to help curb gun violence in America. The reforms were presented on the previous day to the President by Vice President Joseph Biden as a set of policy proposals. The recommendations for reforms are in four areas: (1) Closing background check loopholes to keep guns out of dangerous hands; (2) banning military-style assault weapons and high-capacity magazines, and taking other common-sense steps to reduce gun violence; (3) making schools safer; and (4) increasing access to mental health services. In outlining the proposal in an address to officials, victims of gun violence, families and school children gathered in the White House to hear the plan, President Obama acknowledged that implementing some of these changes will be difficult, but he vowed to make it a priority. Congressional action will be required for many proposals, including the elimination of all loopholes, a universal background check on anyone attempting to purchase a gun, a ban on military-style assault weapons and a 10-round limit for magazines, and tougher penalties on people who buy guns with the express purpose of reselling them to criminals. In the areas of mental health the plan calls for rules requiring mental health parity. President Obama said his administration would finalize the rules which have languished since 2008. In addition, he aid that the administration would be issuing guidance on numerous federal laws and requirements and would call for action by Congress. See article below: Obama Plan to Reduce Gun Violence Calls for Improving Access to MH Services. FMI: See http://www.whitehouse.gov/sites/default/files/docs/wh_now_is_the_time_full.pdf.
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OMB Issues Guidance to Federal Agencies on Planning for Fiscal Uncertainty in FY13

On January 14 the Office of Management and Budget (OMB) released a memorandum to federal agencies and departments that provides guidance on planning for uncertainty with respect to FY 2013 budgetary resources, including guiding principles in preparing plans to operate in the event that sequestration occurs. The memo states: “Prior to passage of the American Taxpayer Relief Act of 2012 (ATRA), the President was required to issue a sequestration order on January 2, 2013. Although the ATRA postponed this date by two months, agencies had already engaged in extensive planning for operations under post-sequestration funding levels before this postponement was effected. In light of persistent budgetary uncertainty, all agencies should continue these planning activities, in coordination with the Office of Management and Budget (OMB), and should intensify efforts to identify actions that may be required should sequestration occur.” However, OMB specifically instructs the agencies that while they should plan for the sequestration, they are not to implement actions at this time. FMI: See the OMB memo at http://www.whitehouse.gov/sites/default/files/omb/memoranda/2013/m-13-03.pdf

New HIPAA Rule Protects Patient Privacy, Secures Health Information

On January 17 the U.S. Department of Health and Human Services (HHS) announced a new rule to strengthen the privacy and security protections for health information established under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HHS says that the final omnibus rule enhances patient privacy protections, provides individuals new rights to their health information, and strengthens the government’s ability to enforce the law. The changes in the final rulemaking provide the public with increased protection and control of personal health information. The changes expand many of the privacy and security requirements to business associates that receive protected health information, such as contractors and subcontractors. Business associates may also be liable for the increased penalties for noncompliance based on the level of negligence up to a maximum penalty of $1.5 million. The changes also strengthen the Health Information Technology for Economic and Clinical Health (HITECH) Breach Notification requirements by clarifying when breaches of unsecured health information must be reported to HHS. Individual rights are expanded under the rule: (1) Patients can ask for a copy of their electronic medical record in an electronic form. When individuals pay by cash they can instruct their provider not to share information about their treatment with their health plan. (2) The final omnibus rule sets new limits on how information is used and disclosed for marketing and fundraising purposes, and prohibits sale of an individual’s health information without the individual’s permission. FMI: For a copy of the rule see https://www.federalregister.gov/public-inspection. For the HHS press release see http://www.hhs.gov/news/.

Medicare Coverage of Durable Medical Equipment Webinar on January 29

On Tuesday, January 29 from 2:00 to 3:00 pm EST the Medicare Rights Center will be hosting a webinar entitled Medicare Training: Durable Medical Equipment. The webinar will provide information on Medicare coverage, appeal of denials, and purchase or rental of equipment. FMI: To register see https://www.medicarerights.org/about-mrc/course-registration.php?utm_source=cle-announcement-ept2011&utm_medium=email&utm_campaign=outreach+1+public+training+DME+012913+Webinar.
Obama Plan to Reduce Gun Violence Calls for Improving Access to MH Services

In presenting his plan to curb gun violence in America, President Barack Obama on January 16 told his audience “We are going to need to work on making access to mental health care easy as access to a gun.” The Presidential plan identifies the specific steps that the President will take to improve access to mental health services that he considers so essential to his plan. Among the steps to be taken, the President included the following actions:

1. U.S. Department of Health and Human Services (HHS) will issue letter to health care providers clarifying that no federal law prohibits reports about threats of violence in any way.
2. The Obama Administration will issue guidance clarifying that the Affordable Care Act does not prohibit or otherwise regulate communication between doctors and patients, including communication about firearms.
3. School districts could use Comprehensive School Safety Grants to purchase school safety equipment; develop and update public safety plans; conduct threat assessments; and train “crisis intervention teams” of law enforcement officers to work with the mental health community to respond to and assist students in crisis.
4. The administration is calling for a new initiative, Project AWARE (Advancing Wellness and Resilience in Education), to provide training to reach 750,000 young people through programs to identify mental illness early and refer them to treatment and set up systems to provide these referrals. (4a) Project AWARE includes $15 million for training for teachers and other adults who interact with youth to detect and respond to mental illness in children and young adults, including how to encourage adolescents and families experiencing these problems to seek treatment. (4b) Project AWARE includes $40 million to help school districts work with law enforcement, mental health agencies, and other local organizations to assure students with mental health issues or other behavioral issues are referred to the services they need.
5. The administration is proposing $25 million for innovative state-based strategies supporting young people ages 16 to 25 with mental health or substance abuse issues.
6. President Obama is asking Congress for $25 million to offer students mental health services for trauma or anxiety, conflict resolution programs, and other school-based strategies.
7. The administration is proposing $50 million to train social workers, counselors, psychologists, and other mental health professionals, providing stipends and tuition reimbursement to train more than 5,000 mental health professionals serving young people in schools and communities.
8. The administration will issue final regulations governing how existing group health plans that offer mental health services must cover them at parity under the Mental Health Parity and Addiction Equity Act of 2008.
9. The administration intends to issue next month the final rule defining Essential Health Benefits and implementing requirements for health insurance plans to cover mental health benefits at parity with medical and surgical benefits. The Affordable Care Act requires all new small group and individual plans to cover ten essential health benefit categories, including mental health and substance abuse services.
10. The administration is issuing a letter to state health officials making clear that Medicaid plans must comply with mental health parity requirements.

FMI: For a copy of Now Is the Time: The President’s Plan to Protect our Children and our Communities by Reducing Gun Violence see http://www.whitehouse.gov/sites/default/files/docs/wh_now_is_the_time_full.pdf
See also http://wh.gov/Now-is-the-time and www.whitehouse.gov.
CMS Proposes Rule for Strengthening Medicaid, CHIP, and Health Insurance Marketplace

On January 14 the Centers for Medicare and Medicaid Services (CMS) released its proposed rule for strengthening Medicaid, the Children’s Health Insurance Program and the new health insurance marketplace (formerly referred to as “health insurance exchanges”). Under the Affordable Care Act, millions of Americans will gain access to affordable health coverage through Affordable Insurance Exchanges (also known as Health Insurance Marketplaces) and improvements in Medicaid and the Children’s Health Insurance Program (CHIP). These programs will use consistent standards and systems to seamlessly and efficiently meet consumers’ health care needs, improve quality, and lower costs. This proposed rule would lay out a structure and options for coordinating Medicaid, CHIP, and Exchange eligibility notices and appeals; provide additional benefits and cost-sharing flexibility for state Medicaid programs; and codify several provisions included in the Affordable Care Act and Children’s Health Insurance Program Reauthorization Act (CHIPRA). Key provisions include: a process for appeals of eligibility determinations; required notices to applicants and beneficiaries to be in place no later than January 1, 2015; modification to existing “benchmark” regulations applicable to Medicaid programs, as previously described in a State Health Officials Letter, to implement the benefit options available to low-income adults beginning January 1, 2014; proposals to update and simplify policies around Medicaid premiums and cost-sharing requirements to promote the most effective use of services and to assist states in identifying cost sharing flexibilities; streamlining the eligibility categories that will be in effect in 2014; verification of employer-sponsored coverage, including detail on the procedures for the Exchange to verify access to employer-sponsored coverage; and, standards for the certification of individuals seeking to become application counselors. Read the proposed rule at http://www.ofr.gov/inspection.aspx.

HHS Awards $1.5 billion to States to Build Health Insurance Marketplaces

On January 17 the US Department of Health and Human services announced $1.5 billion in new Exchange Establishment Grants to California, Delaware, Iowa, Kentucky, Massachusetts, Michigan, Minnesota, New York, North Carolina, Oregon, and Vermont to ensure these states have the resources necessary to build a marketplace that meets the needs of their residents. Delaware, Iowa, Michigan, Minnesota, North Carolina, and Vermont received awards for Level One Exchange Establishment Grants, which are one-year grants states will use to build marketplaces. California, Kentucky, Massachusetts, New York, and Oregon received Level Two Exchange Establishment Grants today. Level Two grants are multi-year awards to states to further develop their marketplaces. A total of 49 states, the District of Columbia, and four territories have received grants to plan their marketplaces, and 34 states and the District of Columbia have received grants to build their marketplaces. To ensure states have the support and time they need to build a marketplace, states may apply for grants through the end of 2014 and may use funds through their start-up year. The Affordable Care Act requires that consumers and small businesses have access to marketplaces starting in 2014. The marketplaces are one-stop shops that will provide access to private health insurance. For a breakdown of grant awards made to states, see http://www.healthcare.gov/news/factsheets/2011/05/exchanges05232011a.html. For more information on the Health Insurance Marketplace, visit: http://www.healthcare.gov/marketplace.
Work Incentives Webinar on January 23

A Work Incentives Seminar Event (WISE) Webinar will be held on January 23, 2013 from 3:00 p.m. – 4:30 p.m. EST. Register online at www.choosework.net/wise or call 1-866-968-7842 (V) or 1-866-833-2967 (TTY). The January 23 national WISE webinar will present information about special Social Security programs and rules. Register online at www.choosework.net/wise or call 1-866-968-7842 (V) or 1-866-833-2967 (TTY). Approximately 2 days before the event, you will receive an email with instructions on how to log in to the webinar. The instructions will also include a link and access code for closed-captioning and a link to download the presentation materials in fully accessible PDF and text-only versions. Register online or call 1-866-968-7842 (V) or 1-866-833-2967 (TTY). FMI: Email support@chooseworkttw.net.

DOL Announces $75 million Available through Youth Build Grants

On January 17 the U.S. Department of Labor (DOL) announced the availability of approximately $75 million in Youth Build grant funds to develop programs that will help out-of-school youths complete high school or General Educational Development (GED) programs as well as learn critical occupational skills in construction, health care, information technology and other fields. DOL anticipates serving more than 5,200 young people through 75 grants, ranging from $700,000 to $1.1 million each, to be awarded to organizations that oversee education and employment services for disadvantaged youths. The solicitation for grant applications will be published in January 22, 2013 Federal Register. It is at http://www.grants.gov. See http://www.dol.gov/opa/media/press/eta/ETA20130092.htm. For more information on Youth Build and other youth employment programs, visit http://www.doleta.gov/youth_services.

DOL Defines “Son or Daughter” under FMLA, Expands Use of Leave

On January 14 the U.S. Department of Labor (DOL) Wage and Hour Division (WHD) issued a clarification of the definition of “son or daughter” under Section 101(12) of the Family and Medical Leave Act (FMLA) as it applies to an individual 18 years of age or older and incapable of self-care because of a mental or physical disability. Administrator's Interpretation No. 2013-1 provides guidance on the impact of the Americans with Disabilities Act Amendments Act of 2008 (“ADAAA”), Pub. L. No.110-325, 122 Stat. 3553 on a parent’s ability to take FMLA leave to care for an adult son or daughter with a disability. The interpretation also discusses the impact of this guidance on the availability of FMLA leave for parents to care for a son or daughter who becomes disabled during military service. The Administrator maintains that the disability of a son or daughter may occur or manifest at any age for purposes of coverage as a “son or daughter” 18 years of age or older under the FMLA. Moreover, because the FMLA definition of an adult “son or daughter” relies upon the ADA’s definition of “disability” as interpreted by the EEOC, the broad changes to the definition of “disability” set forth in the ADAAA and its implementing regulations are applicable to the definition of an adult son or daughter under the FMLA. The DOL Wage and Hour Division (WHD) says that the ADAAA expanded definition of the term “disability” will enable more parents to take FMLA-protected leave to care for their adult sons and daughters with disabilities provided that such adult children are incapable of self-care due to their disability and their parents are needed to care for them due to their serious health condition. See http://www.dol.gov/WHD/opinion/adminIntrprtn/FMLA/2013/FMLAAI2013_1.htm See also http://www.dol.gov/whd/regs/compliance/whdfs28k.htm.