Dateline: February 28, 2013

OVR Seeks Public Comment on FY 2014 State Plan

The PA Department of Labor and Industry (L&I) Office of Vocational Rehabilitation (OVR) is seeking comment on its plans to serve people with disabilities in 2013-2014. In the February 23, 2013 edition of the Pennsylvania Bulletin OVR published its announcement that public comment is being sought on its proposed Federal Fiscal Year 2014 Combined Agency State Plan Attachments. The plan is the blueprint for the provision of Vocational Rehabilitation (VR) services to persons with disabilities in Pennsylvania beginning on October 1, 2013, and ending on September 30, 2014. Comments are being solicited regarding the State Plan attachments, including: (a) Input and recommendations of the Pennsylvania Rehabilitation Council; (b) the Comprehensive System of Personnel Development; (c) the annual estimate of individuals to be served and costs of services; (d) OVR goals and priorities; (e) the Order of Selection; (f) the distribution of supported employment funds; and (g) innovation and expansion activities. The agency's Bureau of Blindness and Visual Services (BBVS) will accept public comment on the Business Enterprise Program, specialized services for children and adults, and Independent Living Services for older persons who are blind. The scheduled public meetings are listed in the Pennsylvania Bulletin. Written comments must be received no later than 5 p.m. on Friday, April 25, 2013. To obtain a copy of the proposed FFY 2013 plan Attachments or other information, call the contact person listed for the appropriate District Office serving their county. A copy of the approved FFY 2013 Attachments, as well as the proposed FFY 2014 Attachments, will be available on the OVR web site at www.dli.state.pa.us by clicking on "Disability Services," then "Office of Vocational Rehabilitation," then "Publications."

DiGirolamo Introduces Bill to Repeal DPW Human Services Block Grant

On February 20 Representative Gene DiGirolamo (R-Bucks) introduced HB 806, legislation that will repeal the PA Department of Public Welfare’s Human Services Block Grant Program. Representative DiGirolamo has said that his county Human Services Flexibility Grant legislation will replace the block grant with a simplified and less costly method for counties to reallocate unexpended human services money at the local level. The bill directly affects funding for services for mental illnesses, intellectual and physical disabilities, addiction treatment, children and youth, behavioral health and homeless assistance. The bill is designed to address the counties’ need for flexibility. Representative Gene DiGirolamo has said that the current Block Grant pits health and human services and the affected individuals and families seeking help against one another for funding. In addition, he says, the current Block Grant requires many unnecessary changes in local structures and procedures, causes some duplication and appears to involve new administrative spending. Representative DiGirolamo says that his proposal will decrease the administrative burden and provide a simple and less complicated method of reallocation. He says that HB 806 will also assure that every penny allocated for human services will go to provide care to people in need. FMI: See www.legis.state.pa.us.
PA Insurance Commissioner Questions CMS Suspension of Enrollments in PA Fair Care

On February 20 the Pennsylvania Insurance Department expressed concerns over an announcement made in the previous week by the Centers for Medicaid and Medicare Services (CMS) that enrollment in all state high-risk pools will end on March 2. Any applications received after the March 2 date will not be processed. PA Insurance Commissioner Mike Consedine sent a letter to U.S. Department of Health & Human Services (HHS) Secretary Kathleen Sebelius expressing his concerns. The letter, along with previous correspondence on ACA-related initiatives, can be found at “Affordable Care Act News” on the Pennsylvania Insurance Department’s website at www.insurance.pa.gov. Pennsylvania’s pre-existing condition insurance plan (PA Fair Care) was established in 2010 to comply with the Affordable Care Act (ACA) and currently has 6,779 enrollees. PA Fair Care provides coverage for enrollees whose pre-existing conditions make traditional health insurance unavailable or unaffordable. The ACA established the plan as a transitional program to provide affordable coverage until enrollees could get access to insurance under the new federally facilitated-health insurance exchange in January 2014. At the current time, this application suspension does not affect their coverage as long as monthly premiums continue to be paid. FMI: See www.insurance.pa.gov.

PA Insurance Department Adjusts Maximum Benefit for Autism Spectrum Disorders

In the February 23, 2013 edition of the Pennsylvania Bulletin the PA Insurance Department published a notice on the adjustment to the maximum benefit under Autism Spectrum Disorders coverage. The Insurance Department said that the maximum benefit, previously adjusted to $37,080 per year, is being adjusted to $37,710 for policies issued or renewed in calendar year 2014. PA Insurance Department Notice 2013-01 fulfills the legal requirement imposed on the Insurance Department that after December 30, 2011, the Insurance Commissioner must - on or before April 1 of each calendar year - publish in the Pennsylvania Bulletin an adjustment to the maximum benefit equal to the change in the United States Department of Labor Consumer Price Index for All Urban Consumers (CPI-U) in the preceding year. The CPI-U for the year preceding December 30, 2012 was 1.7%. The published adjusted maximum benefit shall be applicable to the following calendar years to health insurance policies issued or renewed in those calendar years. Questions regarding this notice may be directed to Peter Camacci, Director, Bureau of Life, Accident and Health, Insurance Department, 1311 Strawberry Square, Harrisburg, PA 17120, (717) 787-4192 or ra-rateform@pa.gov.

PA HDPC Holds Hearing on Autism Guidelines for PA Courts

On February 22 the Pennsylvania House Democratic Policy Committee (HDPC) held a public hearing in Pittsburgh to consider training for first responders on managing incidents involving autistic residents and the potential of adopting autism guidelines. Those testifying at the hearing included Judge Kelley Wall, Pennsylvania Court of Common Pleas of Montgomery County; Karen Markle, corporate vice president of children’s services, NHS Human Services; Scott Bailey, dispatcher for Allegheny County 911 and police officer for Millvale and Aspinwall boroughs; Jessica Strong, founder and director, Strong Trainings; and Tom Swan, deputy district attorney of Allegheny County. For more information about the Policy Committee and hearing materials, visit www.pahouse.com/PolicyCommittee. See http://www.pahouse.com/PAHouseNews.asp?doc=28900
PA House Democratic Policy Committee Reviews Medicaid Expansion in PA

On February 21 House Democratic Policy Committee heard from health experts and consumer advocates at a public hearing in Pittsburgh regarding negative impacts of not expanding Medicaid in Pennsylvania. The hearing focused on the effects on uninsured low-income and working Pennsylvanians as well as the state's health care industry and providers. Those testifying included: Susan Friedberg Kalson, Squirrel Hill Health Center; AJ Harper, Western Pennsylvania Hospital Council; Dr. Christopher Hughes, Doctors for America; Pat Valentine, Allegheny County Department of Human Services; Nancy Zions, Jewish Healthcare Foundation; Kathleen Kleinmann, CEO, Tri-County Patriots for Independent Living; Erin Ninehouser, Pennsylvania Health Access Network; and Ali Kronley, SEIU Healthcare PA. See http://www.pahouse.com/PAHouseNews.asp?doc=28890.

HealthChoices Physical Health Mandatory Managed Care Program Expands on March 1

The HealthChoices Physical Health Mandatory Managed Care Program is expanding to twenty-two (22) counties in Northeast and North Central PA on March 1. The last 22 counties where HealthChoices Physical Health did not previously operate will then be incorporated into the new HealthChoices New East Zone: Bradford, Carbon, Centre, Clinton, Columbia, Juniata, Lackawanna, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northumberland, Pike, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming Counties. The ACCESS Plus Enhanced Primary Care Case Management program and the current Voluntary Managed Care program will end in these counties and statewide on February 28. DPW has advised that providers aiming to serve MA consumers eligible for HealthChoices Physical Health Managed Care or currently enrolled in the ACCESS Plus Program must join the network(s) of the HealthChoices Physical Health Managed Care Organizations (PH-MCOs). FMI: For information on HealthChoices, see MA Bulletin# 99-13-02 on the HealthChoices PH Managed Care New East Zone Expansion) at http://services.dpw.state.pa.us/olddpw/bulletinsearch.aspx?BulletinId=4882. For more information on continuity of care, see MA Bulletin 99-03-13at http://services.dpw.state.pa.us/olddpw/bulletinsearch.aspx?BulletinId=1165.

Evelyn Stypula Passes Away

Evelyn Stypula, a leading advocate for people with disabilities in Pennsylvania and a major force behind the establishment of the Governor’s Cabinet for People with Disabilities, died on Wednesday, February 20 in West View, PA. Evelyn served as the Vice Chairperson of the Governor’s Cabinet for People with Disabilities, a member of the Allegheny County 365 Committee, and a member of the Board of Directors for the United Cerebral Palsy of Pittsburgh. She also served on the advisory committee of the PA Office of Vocational Rehabilitation. Evelyn was a founder and President of Big Heart Bridges and a co-founder of the ACCESS Para-Transit System of Allegheny County. She earned a Master of Education degree in Rehabilitation Counseling at the University of Pittsburgh. PARF members worked closely with Evelyn on various initiatives. Send condolences to www.post-gazette.com/gb. FMI: See www.zalewskifuneralhome.com. See also http://www.post-gazette.com/stories/local/obituaries/obituary-evelyn-r-stypula-outspoken-advocate-for-people-with-disabilities-676810/.
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New Study Claims Medicaid Expansion in PA Increases Jobs,

This week a new report published jointly by the Pennsylvania Health Access Network and Families USA concludes that an expansion of the Pennsylvania Medicaid program under the Affordable Care Act would offer access to affordable health care to 682,000 Pennsylvanians and would support more than 41,200 new jobs across Pennsylvania's economy in 2016. The report spotlights a wide range of health care and economic benefits that would accrue to Pennsylvania through Medicaid expansion. The new study says that an expansion of health coverage would increase economic activity in Pennsylvania by $5.1 billion in 2016 and reduce spending on state-funded health care programs for the uninsured. Other studies are cited, including a recent study by the Kaiser Family Foundation estimating that Pennsylvania could save $878 million in uncompensated care costs from 2013 to 2022 through Medicaid expansion. The Hospital and Healthsystem Association of Pennsylvania has said that the state’s hospitals absorbed $891 million in costs in fiscal year 2009-2010 for providing charity care to the uninsured. In 2008, Families USA calculated that uncompensated care increased family health insurance premiums by an estimated $1,017. The report used 2016 as a model, its authors say, because, although Medicaid expansion funds will be available to states in 2014, it is expected to take time for enrollment to reach the level where the program’s full economic benefit is revealed. The full report, “Pennsylvania’s Economy Will Benefit from Expanding Medicaid,” is available at: http://familiesusa2.org/assets/pdfs/medicaid-expansion/Pennsylvania.pdf.

Health Facility Diversion Training Conference on April 10-11

PA Department of Public Welfare (DPW) Bureau of Human Services Licensing (BHSL) has alerted providers to a training related to how best to handle situations when medications are missing, stolen, or otherwise diverted in a health care setting. BHSL is strongly encouraging service providers to attend this training. DPW says that personal care and assisted living administrators may count the session towards their required annual training hours. The Health Facility Diversion Training Conference will be held on April 10 and 11, 2013 at the Pennsylvania Child Welfare Training Center, 403 East Winding Hill Road, Mechanicsburg, PA 17055. The training will teach individuals who deal with health care, law-enforcement, regulatory fields, health care oversight, and/or investigators, how to properly handle situations when medications are missing, stolen, or otherwise diverted in a health care setting. Presenters are: John Burke, NADDI President, William Delgado, PA Office of the Attorney General, Dennis Luken, Warren County (OH) Drug Task Force, Kim New, RN, BSN, JD, UT Medical Center, Kelly A. Raker, Cincinnati Police Department, and Molly Fitzgerald, Hamilton County (OH) Probation Office. Nursing CE Credits are available. The continuing nursing education activity was approved by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation. Approved for maximum 12.25 contact hours. State Board of Examiners of Nursing Home Administrators has also approved 12.75 continuing education credits (CE) for this program. Register at www.naddi.org. Conference registration attendee cost is $150.
New Training Approach in DPW Medication Administration Program

On February 21 Pennsylvania Department of Public Welfare (DPW) Office of Developmental Programs (ODP) circulated ODP Announcement 017-13 notifying agencies and organizations of a new training approach in the DPW Medication Administration Program combining online and classroom training. ODP Announcement 017-13 says that DPW is initiating a new model to teach medication administration to unlicensed staff and that the Medication Administration Train the Trainer program will retain the train the trainer strategy but move to a clicks and bricks model of delivery. ODP says that the new program will begin in the summer of 2013. New and existing trainers can register online at the Med Admin website (http://medsadmin.tiu11.org/) beginning August 2013. The new training approach includes online course work that engages the trainer/student. Face to face classroom sessions will provide additional training, presentation activities, skill development, and resources related to the Medication Administration Train-the-Trainer course. Upon successful completion of the online course work trainers/students will participate in a face to face classroom session. Fees for the upcoming 2013-2014 training year will not change. ODP says that to access the Medication Administration website, Internet Explorer 7 or a later version and Adobe Flash must be available on your computer in order to access the learning modules. See www.odpconsulting.net

PRA Opens Registration for 2013 Annual Conference

The Pennsylvania Rehabilitation Association (PRA) has announced its program and has opened registration for its 2013 Annual Conference to be held on April 4, 2013 at the Central Penn College Conference Center at the Central Pennsylvania College, College Hill & Valley Roads, Summerdale, PA 17093. See http://www.centralpenn.edu. Information on presenters, registration, location, costs, and continuing education credits are included. This year PRA is pre-approved for both CRCC (Certified Rehabilitation Counselor Certification) and HRCI (Human Resource Certification Institute) credits. The theme of the annual conference (2013 PRA Professional Development Institute) is “Maximizing Opportunities: A Bridge to the Future” Register at http://parehab.org. Keynote presentation entitled “Skills VR Professionals Need for Success in the 21st Century” will be presented by Allen Lewis, Ph.D., CRC, Associate Professor, University of Pittsburgh. The conference includes four tracks: Rehabilitation ethics, assistive technologies, business/employer and general topics. 5.75 CRC credits are to be offered (Includes up to 4.0 Ethics Credits!) An additional 1.0 CRC credit is available to visit Student Posters. 5.75 CEU’s have been approved by the Human Resource Certification Institute (HRCI). FMI: See http://parehab.org.
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PARF Training on FIM Accuracy in IRF on April 25

On April 25, PARF will be hosting a training session on the accuracy of Functional Independence Measurement (FIM) in the Inpatient Rehabilitation Facility (IRF). Perfecting your FIM Accuracy is a one day training session to be held from 9:00 am to 3:00 pm on April 25 at Dixon University, 2986 North 2nd Street, Harrisburg, PA. The goal of this introductory-level workshop is to help clinicians understand how to accurately complete the function modifiers and FIM® items on the Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI). The target audience is rehabilitation staff, including nurses, therapists, and other clinical staff. The 18-item, 7-level FIM® instrument allows clinicians to measure the effectiveness of rehabilitation interventions and to describe outcomes in a uniform way, with respect to functional status and burden of care. Accurate FIM® ratings depend on all clinicians from all disciplines. For a copy of the flyer and registration form for the workshop, see http://www.parf.org/site2/?page_id=7. For more information, please contact PARF at parfeduaction@parf.org.

PARF HR Committee to Review Implementation of Affordable Care Act

The PARF Human Resources Committee will meet on Wednesday, March 6 from 10:00 a.m. to 12:30 p.m. at the Dixon University Center at 2986 North Second Street, Harrisburg, PA 17110. At the March 6 PARF Human Resources Committee meeting members will feature a special presentation on HR Departments & Health Insurance Reforms by Attorney Kelly Knight, Vice President, Compliance Services Division, Benecon. Attorney Knight will discuss HR response to Affordable Care Act requirements, including: (1) taking steps to prepare for January 2014 implementation and (2) making the decision to play-or-pay. The HR committee will also assess the impact of state and federal on human resources. Governor Corbett’s proposed state budget for FY2013-2014 and the status of federal funding cuts, sequestration, limitations on debt, and deficit reduction measures will be reviewed. Members will receive updates and discuss current challenges in their workplaces. Meetings, educational sessions, collaborations and the proposed PARF/PCPA merger will be discussed. FMI: Contact PARF at 717-745-9170 or email parfmail@parf.org. 11-24

OMHSAS Advisory Committee Meeting on March 7

The next PA DPW Office of Mental Health and Substance Abuse Services (OMHSAS) Advisory Committee meeting is scheduled for Thursday, March 7, 2013. The meeting will be held at DGS Annex Complex (former Harrisburg State Hospital Grounds). Meeting time for the joint session is 10:00 am to 12:00 Noon. Individual sessions are held from 1:00 pm to 3:00 pm. Individual meeting locations are: Children’s Committee in Beechmont Building, Room 145 (Building 32); Adult Committee at the Chapel (Building 15); and the Older Adult Committee at the Clothes Tree Building #36. Parking for the meeting is in the Green lot (no permit is necessary). There is approximately a 5-10 minute walk to the meeting site. To assist attendees if needed, a van will be available for transport from the parking lot to the meeting location. The van will begin pick-up at the intersection of Cherry Road and Sycamore Drive at 9:30 a.m. and will continue to make trips until 10:15; it will also be available at the conclusion of the meeting. For day of meeting assistance, call (717) 787-6443. Lunch will not be provided.
ODP Deadline for Submission of Audited Financial Statements on March 31

On February 25 the Pennsylvania Department of Public Welfare (DPW) Office of Developmental Programs (ODP) issued ODP Announcement 019-13 on the deadline for submission to ODP of audited financial statements by direct service providers who delivered consolidated and P/FDS waiver services during FY 2011-12. The announcement informs certain providers of the need to submit their audited financial statements (AFS) within nine months from the close of the provider’s accounting period. If the end of the provider’s accounting period is June 30th, the AFS is due no later than March 31, 2013. The announcement also informs providers who had an approved residential Cost Report for the Fiscal Year 11-12 reporting period that the Cost Report submission website is open to accepting restated Cost Reports. It is expected that providers will resubmit their Cost Report if adjustments are necessary as a result of the audit (i.e., expenses in the Cost Report differ by more than 1% from Total Waiver expenses in the AFS). Audit requirements for providers delivering Waiver services vary based on the types of services rendered by the provider and the associated level of expenditures. ODP encourages providers to review the Audit Requirements for FY 2011/2012 Reporting Period (i.e., Year 5 of the Prospective Payment System), document, that was communicated in July 2012 via Announcement 062-12, to ensure they understand the Year 5 audit requirements (for the FY 2011/2012 reporting period). The posted document can be accessed as follows: www.odpconsulting.net > ODP Information Centers > Provider Information Center > Waiver Provider Cost Report Information > Year 5 Audit Requirements for FY 2011/2012 Reporting Period (i.e., Year 5 of the Prospective Payment System). Any provider who has questions after reviewing the posted document should contact a Regional Fiscal Officer: Agnes Rudolf at c-arudolf@pa.gov phone 1-215-560-6292; Reid Stewart at c-restewar@pa.gov phone 1-412-565-2159. FMI: Providers are encouraged to continue monitoring the ODP website at www.odpconsulting.net for additional announcements and postings.

ODP Seeks Volunteers to Pilot New Training Approach in Medication Administration

On February 21 the Pennsylvania Department of Public Welfare (DPW) Office of Developmental Programs (ODP) announced that it is seeking volunteers to pilot a new training approach in its Medication Administration program. In ODP Announcement 0813 sent to agencies and entities sought volunteers to help ODP to prepare for the implementation of PA Department of Public Welfare’s Medication Administration Train the Trainer Program’s new combined online and face-to-face training approach. ODP is seeking volunteers to participate in its pilot. ODP anticipates the pilot to begin as early as May 2013. The pilot includes: (a) Registration for training; (b) completion of all online course work and examination; (c) participation in the face-to-face classroom segment of the training; (d) completion of online Student Testing & Monitoring and Practicum Observer materials; (e) evaluation of the pilot experience; and (f) trainer certification in the new course good for 3 years based on successful completion of the course. Anyone interested in being part of the pilot group, please call the Medication Administration Program phone line at: 800-438-1958 or notify the Help Desk at medadminhelp@tiu11.org and provide name, provider agency, email address and telephone number. Those selected to participate in the pilot will be contacted when preparations for the pilot begin.
DPW Allows Self-Inspection to Increase Capacity in Licensed Facilities

On February 15, the Pennsylvania Department of Public Welfare (DPW) Bureau of Human Services Licensing (BHSL) announced that effective immediately, facilities and agencies may self-inspect for the purposes of increasing capacity as described in the BHSL Procedures for Self-Inspection for Increases in Capacity. The procedures apply to human services providers licensed pursuant to the following: Chapter 2380 (adult training facilities) Chapter 2390 (vocational facilities) Chapter 2600 (personal care homes) Chapter 2800 (assisted living residences) Chapter 6400 (community homes for people with intellectual disabilities) Chapter 6500 (family living home agencies).

BHSL said that the “maximum capacity” is the total number of persons who may be served by a licensed provider. Maximum capacity is determined by physical site requirements such as square footage and the number of available sinks and toilet areas. Effective February 1, 2013, a provider who wishes to increase the maximum capacity of its facility may self-inspect the facility in lieu of an inspection conducted by the Department of Public Welfare. In order to be eligible for self-inspection, the provider must be on regular license status (i.e., not on a provisional license or operating pending appeal). DPW said that it will deny any requests to increase maximum capacity from a provider that is not on regular license status. This does not apply to providers with regular licenses that have expired due to the Department’s delay in conducting an inspection or processing inspection results. BHSL says that providers that are applying for initial licensure – that is, facilities that are not currently licensed - may not self-inspect for any reason. Personal care homes with a current maximum capacity of 8 or fewer may not self-inspect to increase capacity to 9 or above. Personal care homes may not self-inspect new or expanded secure dementia care units. Assisted living residences may not self-inspect new or expanded special care units.

The processes for self-inspection differ based on the type of license held by a provider. To increase the maximum capacity of an adult training facility, vocational facility, personal care home, or assisted living residence, please see the procedures at Attachment A. To increase the maximum capacity of a community or family living home, please see the procedures at Attachment B. Note that these procedures do not apply to self-inspection of new sites under an existing 6400 or 6500 license. These procedures apply when a provider wishes to increase the licensed capacity of a setting that is already included on the license. Providers are advised that knowingly providing inaccurate information via the self-inspection process may lead to enforcement action up to and including revocation of the provider’s license to operate the facility.

For questions or concerns about the self-inspection process, please contact the Department’s Operator Support Hotline at 1-866-503-3926, or via electronic mail at Rapearlheadquarters@state.pa.us.
Senator Casey Sponsors ABLE Act

Bipartisan legislation to allow for tax advantaged savings accounts for people with disabilities was introduced by Senators Robert Casey (D-PA) and Richard Burr (R-NC) in the Senate as S. 313 and Representatives Ander Crenshaw (R-FL), Chris Van Hollen (D-MD), McMorris-Rodgers (R-WA), and Pete Sessions (R-TX) in the House of Representatives as H.R. 647. The ABLE Act of 2013 creates savings accounts that allow people with disabilities to save for certain expenses, like education, housing, health care, and transportation. ABLE savings accounts are disregarded when determining eligibility for SSI programs, Medicaid, and other means-tested programs. See www.senate.gov and www.house.gov.

HUD and HHS Partner to Service Low Income People with Disabilities

On February 12 the U.S. Department of Health and Human Services (HHS) announced nearly $98 million in funding for 13 state housing agencies for rental assistance to extremely low-income persons with disabilities, many of whom are transitioning out of institutional settings or are at high risk of homelessness. Pennsylvania Housing Finance Agency was awarded $5,707,800 in rental subsidy through HUD’s demonstration program for 200 units. FMI: For more information on the initiative see http://www.hhs.gov/news/press/2013pres/02/20130212b.html.

CMS Releases Report on Medicaid Moving Forward

On February 21 the Centers for Medicare & Medicaid Services (CMS) released “Medicaid Moving Forward”, a report that identifies recent developments, opportunities available to states today, and upcoming activity that will help states improve and modernize their Medicaid programs. Sections on long term services and supports, new and improved business processes, and Medicaid program integrity are included. To view the report, see http://www.medicaid.gov/State-Resource-Center/Events-and-Announcements/Events-and-Announcements.html.

CMS Releases Final Rule on Essential Health Benefits

On February 20 the Centers for Medicare & Medicaid Services (CMS) released a final rule on Essential Health Benefits. The rule outlines health insurance issuer standards related to the coverage of essential health benefits (EHB) and the determination of actuarial value (AV), while providing significant flexibility to states to shape how EHB are defined. Through the standards for essential health benefits, the final rule expands coverage of mental health and substance use disorder services, including behavioral health treatment, for millions of Americans. Taken together, EHB and AV will significantly increase consumers’ ability to compare and make an informed choice about health plans. They also extend coverage for services like mental health benefits to people with gaps in their coverage or no coverage at all. The rule sets forth a timeline for when issuers offering coverage in a Marketplace not operated by a state must become accredited. The rule also finalizes an application process for accrediting entities seeking to be recognized by the Secretary to fulfill the accreditation requirements for issuers offering coverage in any insurance Marketplace. For more information about this rule, see http://cciio.cms.gov/resources/factsheets/ehb-2-20-2013.html or view the rule at http://www.ofr.gov/inspection.aspx.
CMS Announces State Innovation Models Awards

On February 21, the Center for Medicare and Medicaid Innovation (Innovation Center) announced six Model Testing, three Model Pre-Testing, and 16 Model Design Awardees for the State Innovation Models initiative on February 21, 2013. The State Innovation Models Initiative is providing nearly $300 million to support the development and testing of state-based models for multi-payer payment and health care delivery system transformation with the aim of improving health system performance for residents of participating states. The projects will be broad based and focus on people enrolled in Medicare, Medicaid and the Children’s Health Insurance Program (CHIP). All states are committed to models that yield better health and reduced costs. Over $250 million in Model Testing awards will support six states that are ready to implement their State Health Care Innovation Plans. A State Health Care Innovation Plan is a proposal that describes a state’s strategy to use all of the levers available to it to transform its health care delivery system through multi-payer payment reform and other state-led initiatives. Three states that will receive pre-testing assistance will use the funding to continue to work on a comprehensive State Health Care Innovation Plan. States receiving pre-testing awards under the State Innovation Models initiative will have six months to submit their State Health Care Innovation Plans to CMS. The 16 States that will receive Model Design funding will produce a State Health Care Innovation Plan. States will use these Health Care Innovation Plans to apply for an anticipated second round of Model Testing awards. States receiving Model Design awards under the State Innovation Models initiative will also have six months to submit their State Health Care Innovation Plans to CMS. See http://innovation.cms.gov/initiatives/State-Innovations/.

Pennsylvania Receives CMS Award for Model Design Support

Pennsylvania is one of 16 states that will receive Model Design Support. Pennsylvania—Over the next 6 months, the Commonwealth of Pennsylvania will receive up to $1,560,135 to develop its State Health Care Innovation Plan. Funding will be subject to successful completion of the terms and conditions for the State Innovation Model initiative. The Pennsylvania plan builds upon current private and public sector payer and provider initiatives to advance new care delivery models and payment methodologies. The plan places strong emphasis on the need for innovative models on transitions of care, telemedicine and care management. Through the promotion of accountable-provider entities responsible for population based care, the state aims to develop a model that deploys community-based care teams to provide more appropriate services to super-utilizers and enhance access to public health preventive services by better integrating the services into the provider community. The model will also motivate alignment of patient, provider, and payer interest through gain-sharing models. Infrastructure to support the model design will incorporate expanded health information technology to facilitate health record data sharing, advanced telemedicine services particularly in rural areas, and objective measurement of healthcare workforce data to make improvements to existing training. To learn more about the State Innovation Models initiative and view the 25 awardees, please visit www.innovation.cms.gov/initiatives/State-Innovations/