Dateline: May 3, 2013

PA Independent Fiscal Office Predicts Shortfall in State Revenue for FY 2013-2014

An independent assessment of the Commonwealth’s current fiscal condition has increased worry that funding of health and human services in next year’s budget will be even less than was proposed by Governor Corbett in February. On May 1 the PA Independent Fiscal Office (IFO) released its preliminary estimate of revenues that are expected in fiscal year 2013-14, indicating that the surplus that had been predicted by the PA Department of Revenue for this budget year ($230 million) is not real. The IFO said revenue at the start of the fiscal year (July 1, 2013) will be $242 million behind the recent estimate and that state revenues will then grow at 1.2 percent and not at the 1.3 percent as assumed in the Governor’s Proposed Commonwealth Budget for FY2013-2014. IFO said that the state budget as proposed by Governor Corbett will be short by $520 million of the revenues that have been forecast. IFO will announce a final and official estimate on June 17. The estimate is not expected to change substantially. The challenge now for budget negotiators is to consider how to address revenue shortfalls and to select among the initiatives that have been proposed, including proposals to increase funding for Medicaid waiver programs. Senate and House leaders are assessing how expanding Medicaid – or slowing down the phase out of the capital stock and franchise tax – would provide revenue to support the Governor’s proposed budget increases. FMI: See http://www.ifo.state.pa.us/index.cfm.

Governor Corbett Nominates Beverly Mackereth as Secretary of Public Welfare

On April 30 Governor Tom Corbett nominated Beverly Mackereth as Secretary of the Pennsylvania Department of Public Welfare. Mackereth has been serving as acting secretary since February 2013. Mackereth joined DPW in 2011 when the governor appointed her deputy secretary of the Office of Children, Youth and Families. She began her career working at the York County Blind Center and the York County Children and Youth Services. Governor Ridge appointed Mackereth as deputy director of the Governor’s Community Partnership for Safe Children, to assist communities in establishing effective programs to reduce childhood violence. Mackereth has also served as the executive director of the Healthy York County Coalition with WellSpan Health System. Mackereth has also held public office as mayor of Spring Grove until 2000 when she was elected to the Pennsylvania House of Representatives. In the legislature, Mackereth served on the Education, Children & Youth, Aging & Older Adult Services, Judiciary, and Health & Human Services committees. In 2008, Mackereth was named executive director of the York County Human Services Department, supervising a number of county agencies. FMI: For more information, visit www.pa.gov.

OVR Releases 2012 Annual Report

The PA Department of Labor and Industry Office of Vocational Rehabilitation (OVR) has announced the publication of the 2012 OVR Annual Report. The Annual Report reflects OVR activity and both the direction and future of OVR. FMI: Contact Lori Ann Jenkins, Program Analyst, Office of Vocational Rehabilitation, Pennsylvania Department of Labor & Industry, 1521 Nth 6th Street, Harrisburg, PA 17120. Phone (717)783-2314 and fax (717) 705-9345. FMI: For a copy of the report see http://www.dli.state.pa.us/portal/server.pt/community/publications/17374...
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**PA Revenue Collection above Expectations**

On May 1 the PA Revenue Department reported that general fund revenue collections for the month of April were $3.59 billion, which is $31.7 million higher than expected. Year-to-date General Fund collections of $23.93 billion exceed the estimate by $67.2 million, or 0.3% higher than official Department of Revenue estimates for total year-to-date collections. Collections for corporation taxes did not meet Department of Revenue projections coming in at $525 million, which is $11.8 million below estimate. Sales tax collections of $752.4 million continue to under-perform, as they were $64.8 million or 7.9% lower than the official estimate. The Personal Income Taxes collected were $1.91 billion, which was higher than expected by $86 million. FMI: See [www.state.pa.us](http://www.state.pa.us).

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**RSA Posts VR State Grant Funding for PA**

On April 30 the US Department of Education (DOE) Rehabilitation Services Administration (RSA) posted information on Vocational Rehabilitation State Grants. The information was released by RSA after it received clearance from the Office of Management and Budget (OMB). In reporting on Pennsylvania, RSA said that the 2012 actual grant was $121,560,791 and that the 2013 Estimate is $128,881,180 and the 2014 Estimate is $134,738,343. RSA noted that the amount change FY 2013 and 2014 is $5,857,163 and the percent change FY 2013 and 2014 is 4.5%. In notes published with the posting, RSA said that state allocations for fiscal years 2013 and 2014 programs are preliminary estimates based on currently available data. Allocations based on new data may result in significant changes from these preliminary estimates. In addition, FY 2014 estimates reflect the Administration's proposal to ensure that a State's allocation would not be less than the total amount allocated to the State in fiscal year 2013 for both the Vocational Rehabilitation (VR) State Grants and the Supported Employment State Grants programs. RSA said that consistent with the FY 2014 Budget Request, the Administration is seeking authority to pay, from funds made available for the VR State Grants program, the continuation costs of the remaining grants that were awarded under the Migrant and Seasonal Farmworkers program. The information was compiled for posting on the WEB by the Budget Service on April 30, 2013.

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**PDDC Seeks Applications for Grants for Grassroots Advocacy**

The Pennsylvania Developmental Disabilities Council (PDDC) has issued its Grassroots Advocacy Grants Application packet. Applications are currently being accepted. Proposals are due on Thursday, May 30, 2013 by 3p.m. A pre-proposal meeting is being held on Tuesday, May 14, 2013 at 10:30a.m. More details about this meeting are available in the application package. More information about the grants is available at [http://www.paddc.org/grassroots-advocacy-grant-applications-are-being-accepted/](http://www.paddc.org/grassroots-advocacy-grant-applications-are-being-accepted/).

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**Proposals for Presentations at Employment Summit due by May 10**

The PA Disability Employment & Empowerment Summit (PADES) 2013 Planning Committee is currently accepting proposals for presentations on topics relevant to people with disabilities for its three day event to be held on October 23-25, 2013, at the Radisson Harrisburg Hotel located in Camp Hill, PA. Presentation requests for proposal topic areas include: Education, Healthcare, Transportation, Housing and Employment. Applications can be downloaded at [www.padesummit.org](http://www.padesummit.org). All proposals must be submitted electronically for accessibility reasons. The deadline for submission has been extended to Friday, May 10 at 5:00 pm.
State Board of Pharmacy Proposes Rules on Collaborative Management of Drug Therapy

In the May 4, 2013 edition of the Pennsylvania Bulletin the State Board of Pharmacy has published proposed rulemaking on Collaborative Management of Drug Therapy. The State Board of Pharmacy said that it proposes to amend rules relating to definitions; written protocol for the management of drug therapy in an institutional setting; and certification of professional liability insurance—written protocol and to add rules relating to collaborative agreement for management of drug therapy in a non-institutional setting and certification of professional liability insurance—collaborative agreement. In its announcement the Board explains that in August 2010, the law was amended to provide for collaborative drug therapy management in accordance with a written collaborative agreement between a physician and a pharmacist in a setting other than an institutional setting. This proposed rulemaking would implement the 2010 amendment. Interested persons are invited to submit written comments, suggestions or objections regarding this proposed rulemaking to Regulatory Unit Counsel, Department of State, P. O. Box 2649, Harrisburg, PA 17105-2649, ST-PHARMACY@state.pa.us by June 3, 2013

NCI Reports Available for Quality Improvement in ID Services

On May 2 DPW Office of Developmental Programs (ODP) released an announcement indicating that National Core Indicators (NCI) Reports and Handbook are now available on the ODP Consulting System Website. The purpose of ODP Communication Announcement 033-13 is to inform all stakeholders that the several NCI reports and a handbook on using NCI data for quality improvement initiatives have been added to the IM4Q topic section of the ODP Consulting System (OCS) website (www.odpconsulting.net). The added documents include: (a) 2010-2011 NCI Adult Consumer Annual Report; (b) 2010-2011 What We Learned from the National Core Indicators (NCI) Adult Consumer Survey (a user-friendly report); (c) 2011-2012 NCI Adult Consumer Survey Report; and (d) NCI Handbook: Using National Core Indicators (NCI) Data for Quality Improvement Initiatives. To view the reports, follow this path: OCS > ODP Topic Information > Independent Monitoring for Quality (IM4Q) and then choose from the following: > NCI Reports 2010-2011 > NCI Adult Consumer Annual Report 2010-2011, > NCI Reports 2010-2011 > What We Learned from the National Core Indicators (NCI) Adult Consumer Survey, or > NCI Reports 2011-2012 > NCI Adult Consumer Survey 2011-2012. The path to the handbook, “Using National Core Indicators (NCI) Data for Quality Improvement Initiatives,” is ODP Consulting System > ODP Topic Information > Independent Monitoring for Quality (IM4Q) > NCI Handbook: Using National Core Indicators (NCI) Data for Quality Improvement Initiatives. FMI: See www.odpconsulting.net.

ODP Updates Vendor Fiscal/Employer Agent Forms

On May 1 DPW Office of Developmental Programs (ODP) released ODP Announcement 032-13 to report that it has updated its Vendor Fiscal/Employer Agent Forms, including the Support Service Worker (SSW) Qualification Form, Support Service Worker (SSW) Qualification Form Instructions, and the Vendor Fiscal/Employer Agent Calculation Tool for Participant Directed Services – PPL. ODP notes that the new title of the Support Service Worker (SSW) or Back-up SSW Qualification Form is titled Support Service Worker (SSW) Qualification form. To ensure access to the most current forms, please use www.publicpartnerships.com > Click on - Who We Serve > Pennsylvania > Pennsylvania Office of Developmental Programs (ODP) Program www.ODPconsulting.net > Click on - Topic Info > Participant Directed Services - The forms are located under the heading “VF/EA Forms and Resources.”
CMS Proposes FY2014 Payment and Policy Changes for Inpatient Rehabilitation Facilities

On May 2 the Centers for Medicare & Medicaid Services (CMS) issued a proposed rule outlining proposed fiscal year (FY) 2014 Medicare payment policies and rates for the inpatient rehabilitation facilities (IRFs) Prospective Payment System (PPS) as well as updates and changes for the IRF Quality Reporting Program (QRP). The FY 2014 proposals on payment and rates include: (a) Update to the payment rates under the IRF PPS. CMS estimates that aggregate payments to IRFs will increase by $150 million, or 2.0 percent – which is attributable to a 1.8 percent payment update (including a 2.5 percent market basket increase factor, reduced by a 0.4 percent multi-factor productivity adjustment) and an additional 0.3 percentage point reduction as required by the Affordable Care Act. CMS is also proposing an update to the outlier threshold, increasing IRF PPS payments by an estimated 0.2 percent. (b) Facility-level adjustment updates. CMS is proposing updates to the IRF facility-level rural, low-income percentage, and teaching status adjustments, including a new variable in the regression methodology to indicate whether the IRF is a freestanding hospital or a unit of an acute care hospital (or critical access hospital). (c) “60-percent rule” Presumptive Methodology Code List Updates. In order to be excluded from the hospital inpatient PPS and be paid at the higher IRF PPS rates, an inpatient hospital must demonstrate that at least 60 percent of its patients meet the criteria specified in the regulations, including the need for intensive inpatient rehabilitation services for one or more of the 13 listed conditions, representing a presumptive need for intensive inpatient rehabilitation. Compliance is demonstrated through either medical review or the “presumptive” method, in which a patient’s diagnosis codes are compared to a “presumptive compliance” list. For FY 2014, CMS proposes to remove a number of codes from the “presumptive compliance” list. The proposed rule to be published in the May 8 2013 Federal Register is at: www.ofr.gov/inspection.aspx?AspxAutoDetectCookieSupport=1.

CMS Proposed IRF PPS Rule Adds Quality Measures

The proposed rule updating the Medicare Inpatient Rehabilitation Facilities (IRFs) Prospective Payment System (PPS) for FY2014 issued by the Centers for Medicare & Medicaid Services (CMS) on May 2 includes updates and changes for the IRF Quality Reporting Program (QRP). These include: (d) Prior-Year Quality Measures. CMS proposes to (1) continue to use the NQF-endorsed National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) outcome measure that it adopted in the FY 2013 OPPS/ASC PPS final rule; (2) adopt the NQF-endorsed version of the “Percent of Residents or Patients with Pressure Ulcers that are New or Worsened (Short Stay)” measure; and (3) stop using the non-risk adjusted version of this measure. (e) New Quality Measures. CMS is proposing to add three (3) new quality measures to the IRF Quality Reporting Program: NQF #0680: Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay); NQF #0431: Influenza Vaccination Coverage among Healthcare Personnel; and an All-Cause Unplanned Readmission Measure for an Unplanned Readmission Measure for 30 Days Post Discharge from Inpatient Rehabilitation Facilities. (f) Proposed Changes to the IRF Patient Assessment Instrument. CMS has proposed to (1) revise the IRF-PAI to include the data elements to accommodate risk adjustment; (2) revise the pressure ulcer question set on the IRF PAI; (3) add new patient influenza vaccination data elements to the Quality Indicator section of the assessment instrument, and (4) change the assessment instrument data collection period from a calendar year to a fiscal year. (f) Proposed Reconsideration and Disaster Waiver Processes for Quality Reporting. In this rule, CMS is proposing to implement both a reconsideration and disaster waiver process for Quality Reporting. FMI: See www.cms.hhs.gov/InpatientRehabFacPPS.
CMS Proposes Inpatient and Long Term Care Hospitals PPS Rules for FY 2014

On April 26 the Centers for Medicare and Medicaid Services (CMS) issued a payment system rule that proposes updated rates and regulatory policies for inpatient hospitals (including inpatient psychiatric facilities) and for long term care hospitals. The proposed rule incorporates update factors for FY 2014 rates effective October 1, 2013 and sets forth new proposed policies and policy revisions with respect to patient quality, including hospital acquired condition and readmission reduction programs, and admission and medical review criteria. The proposed rule increases IPPS rates by 0.8 percent in FY 2014. The +0.8 percent update is the product of a +2.5 percent market basket update, reduced by the Affordable Care Act (ACA) mandated productivity adjustment (-0.4 percent), additional ACA adjustments (-0.3 percent), documentation and coding reductions for FY 2010, ‘11 and ‘12 per the American Taxpayer Relief Act of 2012 (-0.8 percent), and an offset for proposed changes to admission and medical review criteria for IPPS services (-0.2 percent). The Proposed Rule for Long Term Care Hospitals (LTCHs) would increase LTCH PPS rates by 1.1 percent. The rule also includes Documentation and Coding Offsets in accord with the American Taxpayer Relief Act of 2012 (ATRA) which requires CMS to reduce future rates over the next four years to offset $11 billion in increased payments from prior years. For FY 2014, CMS is proposing a -0.8 percent recoupment adjustment as the first step in complying with the law. Also Medicare Disproportionate Share Hospitals (DSH) payments will be reduced under the proposed rule to 25 percent of what Medicare would pay under the current policy; the remaining 75 percent will be adjusted for decreases in the rate of uninsured individuals nationally and distributed to hospitals that receive DSH payments based on each hospital’s share of uncompensated care relative to all Medicare DSH hospitals. The Proposed Rule seeks comments on how additional DSH payments will be distributed. The Proposed Rule clarifies CMS’s policy on how its contractors will review IPPS admissions for payment purposes. Under the proposal, CMS asserts that hospital admissions “spanning at least two midnights” would presumptively qualify as appropriate for payment under Part A. Conversely, hospital inpatient admissions spanning less than two midnights would presumptively be inappropriate for payment under Part A. According to CMS, the proposed policy is intended to “address longstanding concerns from hospitals that they need more guidance on when a patient is appropriately treated and paid by Medicare as an inpatient.” To be considered timely, comments are due by 5:00 p.m. on June 25, 2013. As is the usual case, the final rule will be published on or about August 1, 2013 and the policies and payment rate will take effect October 1. The regulation will be published in the Federal Register on May 10 and is available on the CMS website. See http://www.cms.gov/Medicare/Medicare-Fee-For-Service-Payment/AcuteInpatientPPS/FY2014-IPPS-Proposed-Rule-Home-Page.html

CMS Offers Recorded Training Sessions for IRFs on IRF PAI and CASPER Reporting

CMS has made available two new recorded training sessions for IRFs on the QIES Technical Support Office (QTSO) website. The sessions are as follows: (1.) IRF-PAI Assessment Submission Process – provides the necessary instructions for submitting IRF-PAI assessment data to the ASAP IRF-PAI Submission System beginning October 1, 2012. (2.) CASPER Reports for IRFs – provides information about accessing and interpreting the ASAP system-generated IRF-PAI Facility Final Validation Report, identifies other reports available to IRFs and gives an overview of the basic functionality of the CASPER Reporting application. The recordings can be accessed via the e-University page on the QTSO website at https://www.qtso.com/webex/qiesclasses.php. Please contact the QTSO Help Desk at (800) 339-9313 or help@qtso.com if you have questions regarding this training session.
On April 26 the Centers for Medicare and Medicaid Services (CMS) issued a payment system rule that also focused on Quality Improvement Programs and Long Term Hospital Issues. Among the items relating to Quality Improvement are proposed rules on the new Hospital Acquired Condition (HAC) Reduction Program, the Value Based Purchasing Program, Hospital Readmission Reduction Program, and Quality Reporting Programs. The proposed rule asserts that, pursuant to the ACA, beginning in 2015, hospitals in the top quartile of Hospital Acquired Condition (HAC) rates will receive a 1 percent reduction in Medicare payments. The proposed rule establishes program eligibility requirements and the basics of the payment adjustment methodology. Concerning the Value Based Purchasing Program the proposed rule suggests it will fund the FY 2014 Value Based Purchasing Program (VBP) by reducing the base operating DRG payment amounts to participating hospitals by 1.25 percent. Also, the Hospital Readmissions Reduction Program, which began on October 1, 2012, will see its maximum payment reduction increase to 2 percent of payment amounts in 2014. In addition to assessing hospitals’ readmission penalties under three measures endorsed by the National Quality Forum: heart attack, heart failure and pneumonia, CMS proposes a revised methodology to take into account planned readmissions in FY 2014, and proposes to add two new readmission penalties beginning in FY 2015: readmissions for hip/knee arthroplasty and chronic obstructive pulmonary disease. The proposed rule would also update the Hospital IQR program measures for FY 2014 and subsequent years and align the reporting requirements with the Electronic Health Record Incentive Program policies. Concerning Long Term Care Hospital issues, the proposed rule for the first time asserts that CMS will enforce the so-called “25 percent” rule, which requires LTCHs that admit more than 25 percent of their patients from a single acute care hospital to be paid the lower IPPS rate for those cases. CMS is also soliciting feedback on initial findings on criteria to identify patients that are chronically critically ill and medically complex, a patient classification the CMS asserts is the “most appropriate core population” for LTCH care and for full payment under the LTCH PPS. Although the findings are not yet complete, the proposed rule publishes the current version and specifically solicits comments on their approach, with the stated expectation of proposing such changes to the LTCH PPS for FY 2015. Comments are due by 5:00 p.m. on June 25, 2013. The regulation will be published in the Federal Register on May 10 and is available on the CMS website. FMI: See https://www.federalregister.gov/articles/2013/05/10/2013-10234/hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-and-long-term-care-hospital.

Comments on CMS Proposed Rule on Medicare Part B Billing due by May 17

May 17 is the end of the comment period on a proposed federal rule that would change Medicare Part B billing policies for hospitals, including inpatient rehabilitation facilities. On March 18, the Centers for Medicare and Medicaid Services (CMS) issued a proposed rule that would revise Medicare Part B billing policies when a Part A claim for an hospital inpatient admission is denied as not medically reasonable and necessary. The proposed rule outlines the process by which a hospital, including an inpatient rehabilitation hospital or unit, could rebill under Part B for services delivered to a patient if the Part A stay was denied as not reasonable and necessary. The proposed rule is of concern to medical rehabilitation providers because it precludes the rebilling of therapy services under Part B, would limit the ability to rebill Part B to one year from the date of service, and would not allow a provider to appeal the Part A denial and rebill under Part B simultaneously. Comments are due by May 17. For the proposed rule see https://www.federalregister.gov/articles/2013/03/18/2013-06163/medicare-program-part-b-inpatient-billing-in-hospitals.
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**CMS Proposes Revisions to Medicare Incentive Reward Program**

On April 29 Centers for Medicare & Medicaid Services (CMS) published a proposed rule on Requirements for the Medicare Incentive Reward Program and Provider Enrollment (*Federal Register Volume 78 Pages 25013 -25033*). The comment period ends on June 28, 2013. The proposed rule would revise the Incentive Reward Program provisions and certain provider enrollment requirements. The revisions include: (a) Changing the Incentive Reward Program potential reward amount for information on individuals and entities who are or have engaged in acts or omissions which resulted in the imposition of a sanction; (b) expanding the instances in which a felony conviction can serve as a basis for denial or revocation of a provider or supplier's enrollment; enabling CMS to deny enrollment if the enrolling provider, supplier, or owner thereof had an ownership relationship with a previously enrolled provider or supplier that had a Medicare debt; (d) enabling CMS to revoke Medicare billing privileges if it determines that the provider or supplier has a pattern or practice of submitting claims for services that fail to meet Medicare requirements; and (d) limiting the ability of ambulance suppliers to “backbill” for services performed prior to enrollment. CMS says that the proposed rule would—increase the incentive for individuals to report information on individuals and entities that have or are engaged in sanctionable conduct; improve CMS ability to detect new fraud schemes; and help CMS ensure that fraudulent entities and individuals do not enroll in or maintain their enrollment in the Medicare program. FMI: See [https://www.federalregister.gov/articles/2013/04/29/2013-09991/medicare-program-requirements-for-the-medicare-incentive-reward-program-and-provider-enrollment](https://www.federalregister.gov/articles/2013/04/29/2013-09991/medicare-program-requirements-for-the-medicare-incentive-reward-program-and-provider-enrollment).

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**CMCS Releases Application to Determine Eligibility for Enrollment into Qualified Health Plans**

On April 30 the Center for Medicaid and CHIP Services (CMCS) issued a *CMCS Informational Bulletin on Model Eligibility Application and Guidance on State Alternative Applications*. The CMS bulletin notes that beginning on October 1, 2013, the new Health Insurance Marketplace, also known as the Affordable Insurance Exchange, and State Medicaid and Children’s Health Insurance Program (CHIP) agencies will use a single, streamlined application to determine eligibility for enrollment into Qualified Health Plans (QHPs) and for insurance affordability programs including advance payments of the premium tax credit (APTCs), cost-sharing reductions (CSRs), Medicaid, and CHIP. The April 30 bulletin announces the release of a model single, streamlined application. CMS says that states may choose to use the model application, or may develop an “alternative” application that is approved by CMS. The April 30 release has three components, which are all available for review at [http://www.medicaid.gov/State-Resource-Center/Events-and-Announcements/Events-and-Announcements.html](http://www.medicaid.gov/State-Resource-Center/Events-and-Announcements/Events-and-Announcements.html). CMCS says that the model online application will be available soon. To request technical assistance or for questions on the April 30 guidance please contact Anne Marie Costello, Director, Division of Eligibility, Enrollment and Outreach, CMCS at 410-786-5175 or Hilary Dalin, Technical Advisor, State Exchange Group at 301-492-4343.

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**CMS Statistics Tool for Chronic Conditions Available**

Centers for Medicare & Medicaid Services (CMS) has developed a set of program statistics examining chronic conditions among beneficiaries to provide a better understanding of the burden of chronic conditions among beneficiaries and the implications for our health care system. The reports show that most beneficiaries have multiple chronic conditions. The reports also highlight the use of health care services by beneficiaries with multiple chronic conditions and Medicare spending associated with multiple chronic conditions. FMI: See the Chronic Conditions website at [http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/index.html](http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/index.html)
Presidential Proclamation: May 2013 is National Mental Health Awareness Month

On April 30 President Barack Obama issued a Presidential Proclamation calling on citizens, government agencies, organizations, health care providers, and research institutions to raise mental health awareness and continue helping Americans live longer, healthier lives. The proclamation notes that prejudice and discrimination often create a barrier to people seeking help and that "asking for help is not a sign of weakness—it is a sign of strength." The proclamation emphasizes that care can be obtained and that resources are available to those who need them. The proclamation refers to SAMHSA's tool free Treatment Referral line at 1-800-662-4357 (HELP) which provides round-the-clock information confidentially on where to go for help on prevention, treatment, and recovery issues related to mental illness or substance use disorders (assistance available in English and Spanish). The proclamation also lists the National Suicide Prevention Lifeline at 1-800-273-8255 (TALK) which provides free, confidential, immediate round-the-clock assistance to people in crisis. Both lines are open to all Americans—including service members, veterans, and their families—365 days a year. 

HHS Seeks Comment on HIPAA Impacts on Reporting of Persons with MH Issues to NICS

The U.S. Department of Health and Human Services is seeking public comments on how the Health Insurance Portability and Accountability Act of 1996 (HIPAA) may prevent state reporting to National Instant Criminal Background Check System (NICS). The request for comment follows on a series of executive actions ordered by President Obama in January to reduce gun violence. These included efforts to improve the Federal Government's background check system (NICS) for the sale or transfer of firearms by licensed dealers. Among the persons disqualified from possessing or receiving firearms under Federal law are those "adjudicated to be mentally defective, or who have been committed to a mental institution" (mental health prohibitor). Concerns have been raised that the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule may be a barrier to states' reporting to NICS the identities of individuals subject to the mental health prohibitor. HHS is interested in learning how these barriers can be addressed without discouraging individuals from seeking mental health services. Additional comments are encouraged on proposals to establish "express permission" for reporting relevant information and on best methods of disseminating HIPAA-related information to state reporting entities. Public input is also being sought on unintended consequences that such actions may have on individuals seeking mental health services. An important consideration when responding is the effect of the proposed HIPAA change on "temporary hold" cases. Comments are due June 7, 2013. See https://www.federalregister.gov/articles/2013/04/23/2013-09602/hipaa-privacy-rule-and-the-national-instant-criminal-background-check-system-nics.

National WISE Webinar on Ticket to Work for People with Mental Illness on May 22

On Wednesday, May 22, 2013 at 3:00 p.m. EDT a National Work Incentives Seminar Event will be held. The WISE webinar will present information about special Social Security programs and rules that apply to people who have mental illness. Register online at https://www.chooseworkttw.net/wise/jsp/wise.jsp or call 1-866-968-7842 (V) or 1-866-833-2967 (TTY). Registration confirmation message with instructions on how to log in to the webinar will be sent in a return email. Registration information will also be available online the day of the webinar.