PARF NEWS
Pennsylvania Association of Rehabilitation Facilities
2101 North Front Street, Building 3, Suite 200, Harrisburg, PA 17110
Phone: 717-745-9170 - Fax: 717-364-3287
PARF Email: parfmail@parf.org

Dateline: June 7, 2013

PA House to Vote on FY 2013-2014 Budget Bill

On June 3 the PA House Appropriations Committee moved a budget to the floor that has the backing of the Republican caucus. Meanwhile, on that same day Senate Democrats issued their budget priorities to highlight budgetary demands of the Democratic caucus. As the budget debates and negotiations continue, the House is scheduled to return to session on Monday, June 10 and begin its vote on HB 1437 – the General Appropriations bill for FY2013-14. Sponsored by Representative Bill Adolph (R-Delaware County) HB 1437 proposes a $28.3 billion budget representing a $578 million, or 2.1 percent, increase over this year’s budget. The House has also scheduled a vote on June 11 at 11 a.m. in a final consideration of HB 1437. For the latest budget updates, visit www.pahousegop.com Live web streams of House session and the majority of committee meetings are available at www.pahousegop.com

PA Senate Democrats Propose Alternative to Governor’s Spending Plan, House Budget

On June 3 PA Senate Democrats presented their version of a 2013-14 state budget as an alternative to spending plans offered by Governor Tom Corbett and House Republicans. To view copies of the 2013-14 State Budget Documents, including Senate Democratic budget proposal summary, Senate Democratic proposed budget, and Senate Democratic budget alternative, see http://www.pasenate.com/?p=14777. The $28.4 billion spending plan focuses on job creation, education and social service programs. The Senate Democratic budget plan uses funds generated from liquor modernization, savings from the expansion of Medicaid and a one-year freeze in the phase-out of the Capital Stock and Franchise Tax. FMI: See http://www.pasenate.com/?p=14777 and http://www.pasenate.com/?page_id=55&paged=2

PARF Residential and Vocational Divisions, Finance and HR Committees to Meet on June 12

The PARF Mental Health & Developmental Services (MH/DS) Finance Committee in conjunction with PARF Residential and Vocational Divisions will hold a meeting by teleconference on Wednesday, June 12, 2013 from 10:00 am to 11:00 pm. The PARF MH/DS Finance Committee meeting was originally scheduled to be held on June 12 at the Dixon University Center, Harrisburg, PA and will now be held as a 60 minute teleconference on June 12 at 10:00 a.m. The PARF Human Resources Committee will meet on Wednesday, June 12, 2013 from 10:00 a.m. to 12:30 p.m. at the Dixon University Center at 2986 North Second Street, Harrisburg, PA 17110. The PARF meetings will review the FY 2013-2014 State Budget, policy developments and RCPA planning. FMI: Contact PARF at parfmail@parf.org

PARF Medical Division Teleconference on June 19

The PARF Medical Division will be meeting via teleconference on Wednesday, June 19, 2013 at 9:00 a.m. An agenda, conference call directions and a reply form for the June 19 meeting are available by contacting parfmail@parf.org. The Medical Division was originally scheduled as a meeting to be held in Harrisburg on June 19. It has been re-scheduled to be held as a one-hour teleconference meeting beginning at 9:00 a.m. discussing Medicare & IRF Payment, Medicaid expansion and hospital assessment in Pennsylvania, and the new RCPA Medical Division. FMI: Contact PARF at parfmail@parf.org.
DiGirolamo Introduces HB 1492 to Expand Medicaid in PA

On June 5 Representative Gene DiGirolamo (R-Bucks) introduced legislation (House Bill 1492) in the PA House of Representatives, allowing Pennsylvania to participate in the federal Medicaid expansion program under the Affordable Care Act (ACA). The Affordable Care Act provides for expansion of eligibility for Medicaid benefits to individuals with incomes of about $15,000 and families of four with incomes of about $30,000. According to Pennsylvania’s Independent Fiscal Office, the Medicaid expansion will provide Pennsylvania with $17 billion to $19 billion in federal funds over five years or $34 billion to $38 billion over 10 years. The federal government will pay for 100 percent of the cost of new enrollees for the first three years -- 2014, 2015 and 2016. After that, federal funds reduce gradually, until they remain at 90 percent, starting in 2020. A report by Rand Corporation projects that through the Medicaid expansion, Pennsylvania will gain 35,000 to 39,000 tax-generating new jobs.

HB 1492 includes protections for Pennsylvania including the ability to drop the program if the federal commitment to reimbursement is not maintained. Under HB 1492 Pennsylvania could also end the program if the state’s Gross Receipts Tax is disapproved by the federal government. Pennsylvania currently levies a 5.9 percent gross receipts tax on all Medicaid managed care plans. In addition, the Department of Public Welfare would be able to institute cost offsetting mechanisms in the fourth year such as premiums, deductibles and copayments. House Bill 1492 is awaiting referral to a House standing committee for consideration. In addition, DiGirolamo held a public hearing of the House Human Services Committee on June 6 providing more testimony on Medicaid expansion.

PA House Committees Consider Human Services Block Grant Program

Three (3) separate legislative committees considered this week legislation that will decide the future of the current 20-county human services block grant pilot program. On June 3 the PA House Health Committee approved House Bill 461 on a 17-5 vote, sending the bill to the House floor for consideration. HB461 would allow ten counties that were not accepted in the initial round because of the 20-county limit imposed last year. On June 4 the PA House Human Services Committee considered a very different bill: House Bill 806, sponsored by state Rep. Gene DiGirolamo (R-Bucks), would eliminate the pilot program and create a different mechanism for counties to reallocate unused human services dollars. Another bill related to the block grant program was being considered by the Senate Public Health and Welfare Committee. The committee met to consider Senate Bill 977, which would allow any county – not just 30 - that satisfies the criteria established by the Department of Public Welfare for participation in the pilot program to have the opportunity to benefit from the flexible funding. Meanwhile, the Corbett administration continues to push for expansion of the block grant. In the June 6 edition of the Pittsburgh Post-Gazette DPW Secretary of Public Welfare Beverly Mackereth called for full implementation of Governor Corbett’s plan. FMI: For updates on the legislation see www.legis.state.pa.us and enter the bill number. See also www.pahousegop.com. For a report on statements by PA Secretary of Public Welfare Beverly Mackereth see http://www.post-gazette.com/stories/opinion/perspectives/give-pennsylvania-counties-flexibility-in-how-they-deliver-human-services-690524/.
PA Reports State Revenues for FY 2013 Exceed Budget

On June 3 the PA Department of Revenue offered good news to legislators ready to take action on next year’s state budget. On June 30 officials reported that Pennsylvania had collected $2 billion in General Fund revenue in May, which was $35.1 million, or 1.8 percent, more than anticipated. As a result, fiscal year-to-date (YTD) General Fund collections are $26 billion, which is $102.3 million, or 0.4 percent, above estimate. The May results also improved year-to-date totals in various categories: Year-to-date PIT collections rose to $10.3 billion, which is $103.8 million, or 1 percent, above estimate; year-to-date corporation tax collections ($4.7 billion) are $273.4 million, or 6.2 percent, above estimate; and realty transfer tax revenue to date is $304.6 million, which is $19.8 million, or 7 percent, more than anticipated. FMI: See http://www.revenue.state.pa.us/portal/server.pt/community/revenue_home/10648 and click on June 3, 2013 entry. See www.revenue.state.pa.us.

PA House Passes HB 1287 Exempting Psychiatrists from Prior Authorization

On June 5 the PA House of Representatives by a vote of 156-37 approved legislation (House Bill 1287) that would exempt psychiatrists from Medicaid’s pre-authorization for prescribing medication. A study by the American Psychiatric Association showed that more than 61 percent of psychiatrists in Pennsylvania reported having patients who experienced difficulty in accessing prescribed medications due to the prior authorization requirement. The legislation (HB 1287) is aimed at reducing the delay that may be experienced in refilling medications. The legislation was amended on the floor to require a fiscal impact study during the first and third years under the new policy. HB 1287 has been referred to the Senate for consideration. FMI: See http://www.pahousegop.com/NewsItem.aspx?NewsID=17615. For a copy of the bill see www.legis.state.pa.us.

PA House Judiciary Committee Hosts Meeting on Mental Health Treatment Courts

On June 5 the PA House Judiciary Committee met with the Honorable John A. Zottola to speak about Pennsylvania’s mental health treatment courts. An experienced judge in the Criminal Division of the Court of Common Pleas of Allegheny County Judge Zottola had been the supervising judge of the county's Mental Health Treatment Court from March 2006 until January 2012. Zottola spoke to the committee about Pennsylvania’s criminal justice system treatment of mentally ill defendants. Judge Zottola shared with the House committee members his recent work with the Mental Health Justice Advisory Committee with the Pennsylvania Commission on Crime and Delinquency. He offered an overview of the Mental Health Procedures Act and Mental Health First Aid. FMI: See http://www.pahousegop.com/NewsItem.aspx?NewsID=17610.

HB 1493 on False Claims and Whistleblower Protection Introduced

On June 7 the Pennsylvania False Claims Act legislation – House Bill 1493 – was introduced in the PA House of Representatives assigning the state attorney general primary responsibility for investigating and prosecuting false claims actions. The bill would also allow whistleblowers to initiate false claims actions. H.B. 1493 also would allow the state attorney general or a whistleblower to file a civil lawsuit against anyone committing health-care or other fraud against the commonwealth. It would make convicted violators liable for triple the damages sustained by the state. The bill would also provide protections for whistleblowers discharged, demoted, suspended, threatened, harassed or discriminated against for lawfully pursuing a false claims action. FMI: http://www.pahouse.com/PAHouseNews.asp?doc=29624.
Supplemental Habilitation and Additional Individualized Staffing User Guide Available

On June 3, DPW Office of Developmental Programs (ODP) announced in ODP Announcement 045-13 that a new version of the Supplemental Habilitation (SH) and Additional Individualized Staffing (AIS) User Guide is now available on the www.odpconsulting.net website. ODP says that the current SH/AIS User Guide, version 6.0, is stored on www.odpconsulting.net > Resources > Publications & Other Resources and no log-in is required. It is also stored in the four ODP Information Centers under “Prior Authorization Processes”. A log-in is required to access the SH/AIS User Guide on each of the information centers. ODP Announcement 045-13 Updates were recently made to the SH/AIS User Guide. Language was added to the section called “Prior Authorization REQUEST PROCESS: Supports Coordinator’s Role” and Appendix E. The updated version specifies the section of the ISP Review Checklist, DP 1050 form, the SCO should complete when a prior authorization for either SH or AIS is requested. The current SH/AIS User Guide, version 6.0, is stored on www.odpconsulting.net > Resources > Publications & Other Resources and no log-in is required. It is also stored in the four ODP Information Centers under “Prior Authorization Processes”. A log-in is required to access the SH/AIS User Guide on each of the information centers. Inquiries regarding the prior authorization of SH or AIS services should be directed to: RA-CentralO.SHAIS@pa.gov. Inquiries regarding the ISP Review Checklist should be directed to: ra-odpispinquiries@pa.gov.

PA Autism Resource Center Established

On June 3 the DPW Bureau of Autism Services announced that a new statewide autism resource center will provide important autism information for Pennsylvanians and their families living with autism. The statewide resource center will include a website, statewide toll-free number and community outreach specialists. The initiative was developed by the Autism Services, Education, Resources & Training (ASERT) Collaborative, funded through DPW Bureau of Autism Services. The ASERT Statewide Resource Center offers information about local, regional and statewide events, professional training, community resources, services, current research and other information relevant to the autism community. The ASERT Statewide Resource Center can be accessed by calling 1-877-231-4244 or online at www.PAautism.org. FMI: See www.autisminpa.org or contact the DPW Bureau of Autism Services at 1-866-539-7689.

Pennsylvania Alzheimer's Disease Planning Committee Holds First Meeting

On June 7 Pennsylvania Alzheimer’s Disease Planning Committee held their first meeting, kicking-off the development of a Pennsylvania Alzheimer’s Disease State Plan. Governor Tom Corbett established the 26-member committee by executive order on February 7, 2013. The planning committee will work to design a state plan to address the Alzheimer’s disease crisis in Pennsylvania. The committee includes representatives from various state agencies as well as those personally impacted by Alzheimer’s disease. It will look at needs and research trends, study existing resources, and formulate an effective response strategy to the rising number of those affected by the disease. Proposed meeting dates and locations have been set around the state to gain input from the public in all regions. Committee members have until February 7, 2014 to deliver recommendations to the Governor regarding a planned approach for Pennsylvania. For more information on the Executive Order, committee’s meeting dates, agendas and minutes as well as, information on committee members, visit: www.aging.state.pa.us.
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**U.S. House of Representatives Moves on with Appropriations, without Budget Resolution**

On June 4 the U.S. House of Representatives agreed to a resolution setting its spending caps absent a concurrent budget resolution in effect. The provision allows for enforcement in the House of Representatives of the spending levels established in the House budget resolution (*H Con Res 25*), limiting discretionary spending to $967 billion. See H3042 Congressional Record – House June 4, 2013 at [http://www.gpo.gov/fdsys/pkg/CREC-2013-06-04/pdf/CREC-2013-06-04.pdf](http://www.gpo.gov/fdsys/pkg/CREC-2013-06-04/pdf/CREC-2013-06-04.pdf). This figure assumes overall sequestration remains in place, though the House would reallocate cuts under the sequester to preserve funding for defense by shifting more reductions to non-defense domestic programs. Under the latest House Appropriations Committee sub-allocations, the spending bills for Labor-Health and Human Services-Education, Financial Services, State-Foreign Operations, Interior-Environment, Energy-Water and Transportation-Housing and Urban Development would all see significant percentage decreases compared to post-sequester fiscal 2013 funding levels. The appropriations bills for Defense, Homeland Security and Military Construction-Veterans Affairs, meanwhile, would see modest increases compared to current post-sequester levels, with the remaining bills for Agriculture, Commerce-Justice-Science, and the Legislative Branch having little net change. Both the White House and Senate leaders developed fiscal 2014 budgets that assume repeal of sequestration as part of a broader, long-term deficit reduction agreement. Formal negotiations to reconcile the Senate’s budget resolution, with a topline discretionary spending figure of $1.058 trillion, with the House’s resolution have yet to begin. The Senate, whose leadership has been calling on the House to go to conference over the fiscal 2014 budget, does not plan to begin considering appropriations until July at the earliest, according to a representative from the Senate Majority Leader’s office. Given the large and unresolved budgetary differences between the House and Senate, reaching agreement between the two chambers on most appropriations bills for fiscal 2014, which begins on October 1, 2013, will prove difficult absent a broader budget deal.

**White House Hosts National Conference on Mental Health**

On June 3, 2013, President Obama and Vice President Biden hosted a National Conference on Mental Health. While millions of Americans live with and recover from mental health problems, those who need help are too often afraid to seek it because of the shame and secrecy associated with mental illness. The U.S. Departments of Health and Human Services and Education worked with the White House to bring together people from across the country, including mental health advocates, educators, health care providers, faith leaders, and individuals who have lived with mental health problems. These individuals discussed how we can all work together to reduce negative attitudes and misperceptions about mental illness and help the millions of Americans living with mental health problems recognize the importance of reaching out for assistance. See [http://www.whitehouse.gov/the-press-office/2013/06/03/background-national-conference-mental-health](http://www.whitehouse.gov/the-press-office/2013/06/03/background-national-conference-mental-health). See also [www.whitehouse.gov](http://www.whitehouse.gov) and [www.samhsa.gov](http://www.samhsa.gov).


U.S. Department of Health and Human Services Secretary Kathleen Sebelius has announced the launch of [www.MentalHealth.gov](http://www.MentalHealth.gov) as an online resource for people looking for information about mental health. This website provides information about the signs of mental illness, how individuals can seek help, and how communities can host conversations about mental health. The website also features videos from a number of individuals sharing their stories about mental illness, recovery, and hope.
CMS Hosts Webinar on Transitioning to ICD-10

Centers for Medicare & Medicaid Services (CMS) has invited providers to join the Centers for Medicare & Medicaid Services (CMS) Regional Offices on June 20 from 10:00 am to 11:00 am for an informative webinar on ICD-10 for health care providers, professional coders, clearing houses, vendors and others. The ICD-9 code sets that are currently used to report health care diagnoses and inpatient procedures must be replaced with ICD-10 code sets. Mandated by law, this change will take place on October 1, 2014. The transition to ICD-10 is required for everyone covered by the Health Insurance Portability and Accountability Act (HIPAA). The CMS ICD-10 Webinar will review the background and impact of ICD-10 (CMS, HHS, and industry) and discuss CMS ICD-10 Implementation, including how CMS is working with the states and how CMS is partnering with industry. The webinar will present Best Practices, Frequently Asked Questions and Resources and Contact Information. This call is for health care professionals, coders and organizations operating within the CMS Regions I, II, III and IV, which include the following states: AL, CT, DC, DE, FL, GA, KY, LA, MA, MD, ME, MS, NC, NH, NJ, NY, PA, RI, SC, TN, VA, VT, and WV. To register, go to: https://cms-icd10-easternwebinar.eventbrite.com

CMS Forum on Suggested Electronic Clinical Template for Lower Limb Prostheses

On June 13 from 4:00 pm to 5:00 pm the Centers for Medicare & Medicaid Services (CMS) will host a Special Open Door Forum on Suggested Electronic Clinical Template for Lower Limb Prostheses. CMS is exploring the development of an electronic clinical template that will assist providers with data collection and medical documentation. These templates may also facilitate the electronic submission of medical documentation. While not intended to be a data entry form per se, the template will describe the clinical elements that CMS believes would be useful in supporting the documentation requirements for coverage of Lower Limb Prostheses. To obtain a copy of the proposed document see: http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/ESMD/Lower-Limb-Prosthesis-Electronic-Clinical-Template.html. Comments on the document can be sent to eclinicaltemplate@cms.hhs.gov. To participate dial the Operator Assisted Toll-Free Dial-In Number: (800) 837-1935 and enter Conference ID # 75399655. A transcript and audio recording of this Special ODF will be posted at http://www.cms.gov/OpenDoorForums/05_ODF_SpecialODF.asp FMI: See http://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/ODF_hhhdme.html

National Provider Calls on Medicare Shared Savings Program Application Process

On Thursday, June 20 from 1:30 pm to 3 pm ET and on Thursday, July 18 from 1:00 pm to 2:30 pm ET Centers for Medicare & Medicaid Services (CMS) will host two National Provider Calls on the Shared Savings Program application process. On October 20, 2011, CMS issued a final rule under the Affordable Care Act to establish the Medicare Shared Savings Program. This initiative will help providers participate in Accountable Care Organizations (ACOs) to improve quality of care for Medicare patients. On Thursday, June 20, CMS subject matter experts will provide an overview and updates to the Shared Savings Program application process for the January 1, 2014 start date. On Thursday, July 18, CMS subject matter experts will answer questions about the Shared Savings Program and application process for the January 1, 2014 start date. Register at http://www.eventsvc.com/blhtechnologies. See http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharesavingsprogram/Application.html
CMS Issues FAQ on Federal and State Oversight of Medicaid Expenditures

On June 4 CMS announced the release of frequently asked questions (FAQ) about the March 18, 2013 State Medicaid Director’s letter (#13-003) titled Federal and State Oversight of Medicaid Expenditures. The March 18 letter (SMDL #13-003) described the mutual federal and state obligations and accountability on the part of the state and federal governments for the integrity of the Medicaid program. Beginning in 2013, states must submit upper payment limit (UPL) demonstrations for inpatient hospital services, outpatient hospital services, and nursing facilities. In 2014 and annually thereafter, states will be required to submit annual upper payment limit (UPL) demonstrations for the services listed above and clinics, physician services (for states that reimburse targeted physician supplemental payments), intermediate care facilities for the developmentally disabled (ICF/DD), psychiatric residential treatment facilities and institutes for mental disease (IMDs). This information is due to CMS prior to the start of a state’s fiscal year, which for most states is July 1st. The FAQ may be accessed at http://www.medicaid.gov/State-Resource-Center/FAQ-Medicaid-and-CHIP-Affordable-Care-Act-ACA-Implementation/FAQ-Medicaid-and-CHIP-Affordable-Care-Act-ACA-Implementation.html. The State Medicaid Director letter may be accessed at http://www.medicaid.gov/Federal-Policy-Guidance/Federal-Policy-Guidance.html.

CMS Publishes Managed Care Long-Term Services and Supports Information Bulletin #381

On May 20 the Center for Medicare and Medicaid Services, the federal agency that funds Medicaid issued "Guidance to States using 1115 Demonstrations or 1915(b) Waivers for Managed Long Term Services and Supports Programs" (MLTSS). A copy of the CMS guidance can be found at http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Downloads/1115-and-1915b-MLTSS-guidance.pdf. In the guidance CMS points out that LTSS includes "both home and community based services and institutional-based services." The guidance encourages states to include both home and community based services and institutional programs in the managed care capitation rate. CMS points out that "under the law [ADA], MLTSS must be delivered in the most integrated fashion, in the most integrated setting, and in a way that offers the greatest opportunities for active community and workforce participation."

Medicare Discharge Planning Booklet Released

The Discharge Planning Booklet (ICN 908184) was released and is now available in hard copy format. This booklet is designed to provide education on Medicare discharge planning. It includes discharge planning information for Home Health Agencies, Hospices, Hospitals, Inpatient Psychiatric Facilities, Long-Term Care Facilities, and Swing Beds. To access a new or revised product available for order in hard copy format, go to http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/index.html?redirect=MLNProducts and click on “MLN Product Ordering Page” under “Related Links” at the bottom of the web page. For a copy of the booklet see http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Discharge-Planning-Booklet-ICN908184.pdf.
NCD Offers Analysis of Medicaid Block Grants and Self-Direction

The aim of this paper is to examine the history of federal block grant programs in general and, more specifically, proposals to block-grant federal Medicaid funding. The paper also summarizes findings from studies examining the potential impact of current and past Medicaid block grant proposals, and explains the broader fiscal challenges that have led federal policymakers to consider capping federal Medicaid funding and converting the program into a block grant authority. The report entitled 2012 Managed Long-Term Services and Supports Report to the President has two main purposes: (1) The first section of the report provides background on Managed Long-Term Services and Supports (MLTSS) to assist with informing the ID/DD community. (2) The second section of this report makes federal recommendations. The central mission of the President's Committee for People with Intellectual Disabilities is to make recommendations to the President of the United States and the Secretary of the Department of Health and Human Services. FMI: See http://www.ncd.gov/newsroom/05222013. See also http://www.ncd.gov/NCD/publications/2013/05222013/. See also www.ncd.gov

New Awards Available for Training and Information for Parents of Children with Disabilities

The purpose of a new federal program (Technical Assistance for Parent Centers) is to ensure that parents of children with disabilities receive training and information to help improve results for their children. The purpose of this priority is to fund eight cooperative agreements to support the establishment and operation of eight Technical Assistance Centers for Parent Centers (PTACs) in three focus areas. Section 673 of IDEA authorizes the provision of technical assistance (TA) for developing, assisting, and coordinating parent training and information programs carried out by parent training and information centers (PTIs) receiving assistance under section 671 of IDEA and community parent resource centers (CPRCs) receiving assistance under section 672 of IDEA, collectively referred to as “parent centers.” Applications are due by July 18, 2013. For information on parent centers, see http://www.parentcenternetwork.org/parentcenters.html.

NIMH Seeks Proposals for an Outreach Partner in Pennsylvania

Pennsylvania is among the states for which that the National Institute of Mental Health (NIMH) is seeking proposals from nonprofit organizations to conduct mental health education and outreach. Other states to be served are: Alabama, Alaska, Arizona, Arkansas, Delaware, Hawaii, Illinois, Indiana, Iowa, Michigan, Mississippi, Missouri, Montana, North Carolina, Oklahoma, Oregon, Rhode Island, South Dakota, Washington, West Virginia, and Wyoming. The District of Columbia and Puerto Rico are also to be served. Organizations with experience in addressing mental health disparities are encouraged to apply. The deadline for submitting inquiries is June 21, 2013. The proposal deadline is August 22, 2013. Applicants are selected as NIMH Outreach Partners through a competitive review process, and receive an annual award of $7,500 for one (1) year with a renewable option for two (2) subsequent years to: a) disseminate NIMH research and educational materials statewide; b) conduct science-based outreach project(s) addressing mental health disparities; and c) promote involvement in NIMH and National Institutes of Health research. For more details, see the solicitation on the NIMH Outreach Partnership Program webpage: http://www.nimh.nih.gov/outreach/partnership-program/solicitation-process/outreach-partners-solicitation-process.shtml.
GAO Releases Report on the Ability One Program

On May 30 the U.S. Government Accountability Office (GAO) issued a report entitled *Employing People with Blindness or Severe Disabilities: Enhanced Oversight of the AbilityOne Program Needed.* GAO examined how the AbilityOne Commission directs and oversees the Central Nonprofit Agencies (CNA); adds products and services to the program and assigns affiliates to provide them; and prices program projects. GAO also suggests that Congress may wish to consider the establishment of an independent Inspector General for the program. GAO also recommends the U.S. AbilityOne Commission enter into written agreements with Central Nonprofit Agencies (CNA) establishing key expectations and oversight mechanisms. FMI: See www.gao.gov

New Report on Medicaid Buy-In Program Released

On May 20 Mathematica Policy Research submitted its final Medicaid Buy-In report, *Enrollment, Employment, and Earnings in the Medicaid Buy-In Program, 2011,* to Centers for Medicare and Medicaid (CMS) Disabled & Elderly Health Programs Group. The report is part of a contract associated with the Medicaid Infrastructure Grant (MIG), which provided more than $450 million to strengthen state infrastructures in promoting and supporting employment for people with disabilities. The report provides a comprehensive review of the Medicaid Buy-In programs operating within MIG states in 2011. The size of state programs varied, from fewer than 50 enrollees to nearly 20,000. The five largest programs—Pennsylvania, Massachusetts, Wisconsin, Iowa, and Michigan—each had more than 12,000 enrollees and, combined, represented more than 55 percent of the nationwide total. For the report see http://www.mathematica-mpr.com/publications/PDFs/health/medicaid_buyin_enrollment.pdf.

HUD Issues New Guidance on Implementing Olmstead Decision

U.S. Department of Housing and Urban Development (HUD) has issued new guidance to provide information about the decision of the US Supreme Court in *Olmstead v. L.C., 527 U.S. 581 (1999).* The HUD guidance is intended to clarify how recipients of federal financial assistance from HUD can assist state and local Olmstead efforts. HUD said that the guidance was issued also to encourage housing providers to support Olmstead implementation by increasing the integrated housing opportunities that are available for individuals with disabilities who are transitioning from, or at serious risk of entering, institutions, hospitals, nursing homes, adult care facilities, and other restrictive, segregated settings. HUD said that the scope of the guidance is limited to HUD funding and programs. The HUD guidance can be found at http://portal.hud.gov/hudportal/documents/huddoc?id=OlmsteadGuidnc060413.pdf

Priced Out in 2012: The Housing Crisis for People with Disabilities

Every two years the Technical Assistance Collaborative and the CCD Housing Task Force publish a study, *Priced Out,* which documents the housing crisis for people with disabilities. The study compares average HUD fair market rents for one-bedroom and efficiency apartments with the average SSI benefit for a person with a disability living in the community. The study provides data for all states and 2,572 housing market areas across the nation. FMI: To view and print the report, see http://www.tacinc.org/media/33368/PricedOut2012.pdf.