PA House Passes Budget Bill, Deadline Nears

On June 12 the PA House of Representatives approved a state budget bill (HB 1473) in a 108-92 vote cast along party lines. House Democrats introduced funding increases in several areas but were not successful in amending the bill. HB 1473 increases state spending by $550 million – or a 2.1 percent increase above the current level – but is $100 million less than what Governor Corbett had proposed. The PA Senate is scheduled to debate the budget bill – which is open to amendment – next week. A final budget is approximately two weeks from being approved finally. As in the governor’s initial proposal, HB 1437 limits state funding for vocational rehabilitation services through the Office of Vocation Rehabilitation at FY 2013-2014 levels. Community mental health, the behavioral health services Initiative, and assistance to drug and alcohol programs are also funded at previous year’s level. The intellectual disability waiver allocation is increased by 11.6 percent for increased costs and utilization; funding for special pharmaceutical services is increased by 7 percent; and, the allocation autism intervention and services is increased by 16.5 percent. Also reflecting the governor’s proposed budget, there is an additional $20 million allocated to reduce the Intellectual Disability Waiting List. Although the House of Representatives provided some targeted spending increases in human services in HB 1437 as recommended by Governor Corbett, Medicaid waiver programs for people with physical disabilities, including people with brain injury, are funded at only half the level that Governor Corbett proposed in February 2013. HB 1473 does not provide funding adequate enough to address the waiting list for Medicaid waiver services for people with physical disabilities, including brain injury. The level of funding in HB1473 for Services to People with Disabilities is less than the Governor’s proposal. The House bill cuts in half the number of people that would be served under the Governor’s proposed initiative to serve people through the OBRA and COMMCARE waivers, which have been effectively closed for the past 2-3 years due to lack of funding. Under the House bill attendant care would also receive less than Governor’s proposed increase. The Governor’s proposed initiative in attendant care would be cut in half. PARF is continuing efforts to increase funding beyond current levels in HB 1437.

Governor Corbett Signs Bill to Improve Special Education Funding

On June 14 PA Governor Tom Corbett ceremonially signed legislation that will improve the way special education funds are distributed in Pennsylvania schools. Joining the governor in a special ceremony at the William Tennant High School were sponsors of the legislation, Senator Pat Browne (R-Lehigh) and Representative Bernie O’Neill (R-Bucks), as well as Acting Secretary of Education Dr. William Harner and representatives of several special education organizations, including the Education Law Center and The Arc of Pennsylvania. The bill was passed unanimously in the House of Representatives and the Senate and signed into law in April. It creates a 15-member commission, made up of legislators and members of the administration, including the Secretary of Budget and Secretary of Education that will study ways to improve the special education funding formula. The commission held its first hearing June 13 in Harrisburg and will continue to hold hearings across the state in the upcoming months. FMI: See www.pa.gov. Scroll down and click on For the Media. Scroll down to June 14 entry.
Governor Corbett Calls for Expansion of Human Services Block Grant Program

On June 10 PA Governor Tom Corbett called on legislators to expand the Human Services Block Grant program, saying that it provided flexibility in human services funding to meet local needs. Citing last year’s implementation of the block grant pilot program for 20 county human services programs and calling that within the first year there were encouraging results from the program, Governor Corbett said that he was once again urging that the legislature grant all counties the opportunity to participate in the block grant program if they choose. Corbett was joined by Sen. Pat Vance (R-Cumberland), Sen. Scott Hutchinson (R-Venango), Sen. John Eichelberger (R-Fulton), Sen. Kim Ward (R-Westmoreland), Rep. Jerry Knowles (R-Schuylkill), Rep. Matt Baker (R-Tioga) and Rep. Lee James (R-Venango), Rep. Jim Marshall (R-Beaver), Rep. Mike Tobash (R-Schuylkill) and Rep. Brad Roe (R-Crawford) as well as county commissioners and human services staff. Counties currently participating in the FY 2012-13 block grant pilot program are: 1) Allegheny; 2) Beaver; 3) Berks; 4) Bucks; 5) Butler; 6) Centre; 7) Chester; 8) Crawford; 9) Dauphin; 10) Delaware; 11) Erie; 12) Franklin; 13) Fulton; 14) Greene; 15) Lancaster; 16) Lehigh; 17) Luzerne; 18) Tioga; 19) Venango; and 20) Wayne. On June 10 Representative Gene DiGirolamo (R-Bucks), chairman of the House Human Services Committee, said that he is puzzled about the press conference by the administration to tout the success of a block grant program designed to help fund human services at the county level. “I’ve been asking basic, essential business questions about the block grant pilot program for some time and the Department of Public Welfare has been unable to answer any of them,” said DiGirolamo. In a January 29, 2013 letter to the Department of Public Welfare, Representative DiGirolamo asked for information about each of 20 county plans submitted to DPW including: Did the county take funding away from any of the seven human services line items? If so, how much and what is it to be spent on? How does this plan compare to the prior year’s spending in each category? As of June 10, DiGirolamo has not received an answer. DiGirolamo has authored legislation House Bill 806 to replace the block grant program with another funding structure. The legislation will replace the 20 county pilot Human Services Block Grant with a statewide program which allows all 67 counties to have the flexibility to carry over unspent human service money into the following fiscal year without having to return it back to the state. FMI: For more details of Governor Corbett’s press conference see www.state.pa.us. For more information on comments by Representative DiGirolamo see http://www.pahousegop.com/NewsItem.aspx?NewsID=17646.

Penn DOT Invites Applications for FY 2013-2014 Funding under Section 5310 Program

In the June 15, 2013 edition of the Pennsylvania Bulletin the PA Department of Transportation, Bureau of Public Transportation, published a notice that it will receive applications for the State- administered Section 5310 Program. Under the program, private nonprofit organizations and designated public bodies may apply for Federal capital assistance to pay up to 80% of the purchase cost of new wheelchair accessible small transit vehicles used to provide transportation services for senior citizens and persons with disabilities who cannot be reasonably accommodated by existing transportation providers. Additional information can be obtained by calling John Levitsky, Bureau of Public Transportation, (717) 787-1206, RA-pdBPT5310Apps@pa.gov. FMI: See www.pabulletin.com. For the announcement see http://www.pabulletin.com/secure/data/vol43/43-24/1098.html
Push Continues for Medicaid Expansion in PA

On June 12 about 100 people gathered outside the state Capitol in Harrisburg to demand that PA Governor Tom Corbett agree to the expansion of the Medicaid program in Pennsylvania and join 26 other governors who have announced plans to expand Medicaid in their states. Under the Affordable Care Act, Pennsylvania is eligible for more than $4 billion annually in federal funds to provide health insurance to low-income individuals. Multiple independent studies have found that expansion will have a positive impact on the state budget, including $165 million net impact in the next fiscal year. Medicaid expansion would also result in between 35,000-40,000 new jobs in health-care related fields. Advocates claim that the expansion would cover nearly 700,000 Pennsylvanians. Uninsured workers, health care professionals and community workers at the June 12 rally called upon legislators to include Medicaid expansion in the 2013-2014 budget. Earlier in the week PA Senator Vincent Hughes (D-Philadelphia) expressed his disappointment that Senate Appropriations Committee did not consider Senate Bill 977, which Democrats planned to amend with a requirement that Pennsylvania participate in Medicaid expansion. The bill was removed from the agenda minutes before the meeting began on June 10. The amendment would have been the first time state lawmakers formally voted on Medicaid expansion. In the PA House Representatives a similar effort to introduce an amendment to the budget bill HR 1437 failed in a 108-91 vote. Governor Corbett has said that he has not made a final decision on expanding Medicaid and continues to negotiate with federal officials. FMI: See www.pahouse.com and www.pasenate.com. See also www.pahousegop.com and www.pasenategop.com. See also www.politicspa.com. See also http://triblive.com/news/allegheny/4190458-state-corbett-expansion#axzz2WXipdM00

PA Senate Considers Update to Speech-Language and Hearing Act, Amendments on Pooled Trusts

Two bills of interest to providers of services to people with disabilities are currently on the agenda of the PA Senate Appropriations Committee: SB 137 on audiology services and SB 428 on pooled trusts. On June 17 the PA Senate Appropriations Committee will consider SB 137, legislation that will update the Speech-Language and Hearing Act. The bill updates the Speech-Language and Hearing Licensure Act by defining the scope of practice for audiologists. The bill changes the composition of the BOE, updates requirements for licensure to reflect national standards, provides for the proper use of titles associated with practice, and clarifies that licensed professionals have the appropriate credentials and education to provide their services properly. On June 17 the PA Senate Appropriations Committee also has on its agenda Senate Bill 428, which amends Title 20 (Decedents, Estates and Fiduciaries) as it pertains to pooled trusts for people with disabilities. SB 428 allows for some of the residual funds from a beneficiary’s account within a pooled trust to be distributed to other individuals with disabilities in need of services upon their death. FMI: See www.legis.state.pa.us.

PA Department of State Announces Disciplinary Actions

On June 11 the PA Department of State announced that it took disciplinary actions against 156 licensed or commissioned professionals and organizations during the month of May. A comprehensive list of sanctions imposed by the Bureau of Professional and Occupational Affairs is available online at www.dos.state.pa.us; click on “Licensing” and then “Disciplinary Actions” from the left-hand side of the page. Each entry includes the name of the respondent, address, sanction imposed, a brief description of the basis for the disciplinary or corrective measure and the effective date. FMI: See www.pa.gov, scroll down and click on For the Media. Select June 11, 2013 entry.
PA House to Consider Amendment to Power-of-Attorney Act

On June 11 legislation that would amend the Pennsylvania Power of Attorney Act was approved unanimously by the House Judiciary Committee. House Bill 1429 now goes to the full House for consideration. HB 1429 would address problems in the law that were created by a recent Pennsylvania Supreme Court decision that have the potential to increase liability for third parties, including a family member, an attorney or a bank, when they accept powers of attorney in good faith. The power to act legally on behalf of an individual may include the power to give away property, the power to acquire real estate, and the power to authorize medical treatment. The legislation provides that a third party who accepts a power of attorney in good faith without actual knowledge that the document is invalid may rely upon that power of attorney. In addition, the bill contains a mechanism for the third party to request additional assurance, in the form of a certification or an opinion of counsel, that the power of attorney is valid. The language is largely based on the language in the Uniform Power of Attorney Act drafted by the National Conference of Commissioners on Uniform State Law. Similar legislation sponsored by Keller (House Bill 1905) was passed unanimously in the House during the 2011-12 Session but the measure died in the Senate. For more information see http://www.pahousegop.com/NewsItem.aspx?NewsID=17662.

DPW Clarifies Payment System for State Psychiatric Hospitals and Facilities

In the June 15, 2013 edition of the Pennsylvania Bulletin the PA Department of Public Welfare (DPW) announced its intent to provide definition and clarification to the Medical Assistance (MA) cost reimbursement methodology for payments to State-operated psychiatric hospitals and facilities. Specifically, for each hospital and facility, the Department intends to calculate a base per diem rate for the year of the applicable Report by taking all allowable net Medicaid reported facility costs and dividing by total hospital or facility Medicaid patient days. Based on the final submission of the Report, the data available to calculate the rates is 2 years prior, therefore, an inflation factor is applied to this base per diem rate to trend it forward to the payment year. An interim per diem rate is used until the cost report for that year is finalized and a cost settlement can be performed. DPW said that no fiscal impact will result from its clarification of the rate setting methodology. Interested persons are invited to submit written comments. FMI: See http://www.pabulletin.com/secure/data/vol43/43-24/1091.html.

Commission Releases First Comprehensive Recidivism Study of Juvenile Offenders in PA

On June 11 the Juvenile Court Judges’ Commission announced the release of Pennsylvania’s Juvenile Justice Recidivism Report, the first such comprehensive study conducted regarding young offenders in the state. Recidivism, for the purposes of this study, is defined as a subsequent delinquency adjudication or conviction in criminal court for either a misdemeanor or felony offense within two years of case closure. The study was designed to create a recidivism benchmark against which to measure the effectiveness of Pennsylvania’s Juvenile Justice System Enhancement Strategy (JJSES), which seeks to employ evidence-based practices at every stage of the juvenile justice process, to collect and analyze the data necessary to measure the results of these efforts, and, with this knowledge, to improve the quality of decisions, services and programs throughout the juvenile justice system. The core premise of the JJSES is that recidivism rates can be reduced through the implementation of evidence-based practices. FMI: To view the full report, please visit www.jcjc.state.pa.us.
DPW Webcast on MH-ID Dual Diagnosis

On June 11 PA DPW Office of Developmental Program (ODP) released ODP Announcement 048-13 to announce the availability of the Dual Diagnosis in the United States: Past, Present, and Future course and to provide direction on accessing this online learning opportunity. This webcast is the second of four online courses from the new Statewide Dual Diagnosis Curriculum that will be offered as SC and SC Supervisor required training for 2013. This course is now available and will remain open until December 31, 2013. The Statewide Dual Diagnosis Curriculum is part of a joint initiative of the Commonwealth of Pennsylvania, Office of Mental Health and Substance Abuse Services, and the Office of Developmental Programs (ODP) to address the needs of people who have an intellectual disability as well as mental health challenges. This Curriculum consists of a total of 20 trainings to be offered as face-to-face training by area Health Care Quality Units to individuals and families as well as community services provider staff. Four of these 20 trainings will also be available online as part of SC and SC Supervisor 2013 required training. Dual Diagnosis in the United States: Past, Present, and Future is the second webcast to be released and consists of three parts The first webcast, Target Symptoms of Mental Illness vs. Challenging Behavior was announced on 5/15/2013, in ODP Announcement 040-13 and will continue to be available until December 31, 2013. The two remaining online trainings from the Statewide Dual Diagnosis Curriculum will be released throughout the remainder of the year as part of the SC and SC Supervisor Required Training for 2013. FMI: See www.odpconsulting.net

ODP Informational Packet on Vendor Fiscal/Employer Agent Financial Management Services

On June 6 PA DPW Office of Developmental Program (ODP) issued ODP Informational Packet 047-13 on Vendor Fiscal/Employer Agent Financial Management Services and Wage and Benefit Ranges for Specific Participant Directed Services, effective July 1, 2013. ODP said that the informational packet is intended to issue the wage and benefit range tables for specific Waiver-funded Participant Directed Services (PDS) provided to participants utilizing the VF/EA FMS model, effective July 1, 2013. The VF/EA FMS wage and optional benefit ranges have changed effective July 1, 2013; beginning July 1, 2013, ODP Informational Packet #043-12, Vendor Fiscal/Employer Agent Financial Management Services Wage and Benefit Ranges for Specific Participant Directed Services Effective July 1, 2012, will be made obsolete. The updated wage and benefit range tables are provided as attachments. The geographic areas remain the same for Fiscal Year (FY) 2013-2014. The geographic area assignments are included as an attachment. FMI: See www.odpconsulting.net.

ODP Sets FY 2013-2014 Fees for Participant Directed Services

On June 6 PA DPW Office of Developmental Program (ODP) issued ODP Informational Packet #046-13 on fees for specific participant directed services (PDS), effective July 1, 2013. The packet includes the Department established fees and the corresponding wage range tables for specific PDS provided to participants utilizing the AWC FMS model effective July 1, 2013. The AWC FMS Department established fees have changed effective July 1, 2013. The geographic areas remain the same for Fiscal Year 2013-2014. The geographic area assignments are included as an attachment. ODP says that as part of the FY 2013-2014 Department established fee development process, ODP considered the potential impact to AWC FMS organizations and fees as a result of the Affordable Care Act (ACA). ODP notes that for the purposes of this Informational Packet, the use of the word participant implies that the person is enrolled in the Consolidated or P/FDS Waiver. ODP Informational Packet # 044-12, effective July 1, 2012 will be made obsolete. FMI: See www.odpconsulting.net.
U.S. Senate Finance Committee Considers Reforms Affecting Tax-Exempt Organizations

On June 13 the U.S. Senate Finance Committee released an options paper for changes to the tax code dealing with tax-exempt organizations. The options paper prepared by committee staff makes clear that the options presented are not necessarily endorsed by either Finance Committee Chairman Max Baucus (D-MT) or Ranking Member Orrin Hatch (R-UT). The paper identifies several potential goals for the Finance Committee in reviewing provisions in the tax code that apply to tax-exempt organizations. These goals include: (1) maximizing the efficiency and effectiveness of any incentives for charitable giving; (2) more tightly aligning tax-exempt status with providing sufficient charitable benefits; (3) closely examining the relationship between political activity and tax-exempt status; (4) reconsidering the extent to which tax-exempt groups should be allowed to engage in commercial activities; and (5) improving the accountability and oversight of the tax-exempt sector. Options in the area of commercial activity, include taxing all commercial activities of tax-exempt organizations and/or revising the requirements for tax-exempt status to disallow tax-exempt status for “certain organizations engaged in business activity.” For associations and other tax-exempt organizations that engage in political activity, options include limiting the amount of political activity that 501(c)(4), 501(c)(5) and 501(c)(6) organizations can engage in, or changing the categories of tax-exempt organizations that are permitted to engage in political activity. For a copy of the paper see http://www.finance.senate.gov/imo/media/doc/06132013%20Tax-Exempt%20Organizations%20and%20Charitable%20Giving.pdf.

US House and Senate Appropriations Committees Prepare FY 2014 Federal Spending Plans

In the week of June 17-21 the U.S. Senate Appropriations Committee is scheduled to release its fiscal 2014 spending allocations (known as 302(b) allocations) for its 12 appropriations bills. The fund allocations are expected to use a top-line figure for discretionary spending of $1.058 trillion, which assumes repeal of sequestration as part of a budget deal, compared to the overall spending level of $967 billion set by the House and adhered to in its 302(b) allocations released last month. The Senate’s spending bills for Agriculture and Military Construction-Veterans Affairs are also set to be marked up in subcommittee in the coming week. Meanwhile, on June 13 the House Appropriations Committee approved an amended draft of the fiscal 2014 Agriculture spending bill. The measure would provide $19.5 billion in discretionary funds, $1.3 billion below the fiscal 2013 enacted level (before sequestration) and $516 million below the President’s request, but roughly equivalent to the current level after adjusting for the sequester. Earlier in the week, the committee advanced the fiscal 2014 spending bill for Defense, which would provide $512.5 billion in non-war funding – roughly $28.1 billion above the current spending level after accounting for sequestration. The panel is expected to continue its work this week by marking up drafts of two domestic spending bills for Energy-Water and Transportation-Housing and Urban Development (HUD) in subcommittee. The first four fiscal 2014 spending bills approved by the full House panel, Military Construction-Veterans Affairs (HR 2216), Homeland Security (HR 2217), Defense and Agriculture, would appropriate a combined total of $644 billion with minimal spending cuts compared to current levels. Accordingly, in order to comply with the $967 billion discretionary spending cap, the House will need to make significant discretionary spending cuts in most of the remaining bills. Source: National Association of State Budget Officers - NASBO Washington Report – June 17, 2013
Webinar Series on Health Care Innovation Awards - Round Two

The CMS Innovation Center will host a webinar on June 18, 2013 titled Health Care Innovation Awards Round Two – Overview of Categories Three and Four from 1:30-3:00pm EDT. HHS subject matter experts will present on the remaining two of the four innovation categories: (1) Transform the financial and clinical models of specific types of providers and suppliers and (2) improve the health of populations through better prevention efforts. CMS Innovation Center staff will also provide technical assistance on submitting a Letter of Intent during this webinar. This webinar is primarily intended for potential applicants interested in submitting proposals for innovative service and delivery payment models in the specified categories. There are priority areas that these two categories will address, including:
Category Three priority areas (a) Models for specific physician specialties and sub-specialties and (2) Models for pediatric providers who provide services for complex medical issues. See http://innovation.cms.gov/resources/HCIA-Two-OverviewCat3-4.html. The CMS Innovation Center will also host a new webinar on Thursday, June 20, 2013, from 1:00-2:00pm EDT on Achieving Lower Costs through Improvement. CMS Innovation Center staff will also review the components of the Financial Plan during this webinar. This webinar is primarily intended financial officers at organizations interested in submitting proposals for innovative service and delivery payment models. Advance registration is required for this webinar. To register, see http://innovation.cms.gov/resources/HCIA-Two-Cost-Improvement.html. FMI: For more information on the Health Care Innovation Awards Round Two, please see the Health Care Innovation Awards Round Two webpage at http://innovation.cms.gov/initiatives/Health-Care-Innovation-Awards/Round-2.html

CMS Open Door Forum on Lower Limb Prosthesis Documentation

The Centers for Medicare and Medicaid Services has made available the transcript of the Tuesday, May 28, 2013 Data Elements for Lower Limb Prosthesis Documentation Special Open Door Forum. The transcript is available in the Downloads section of the Special Open Door Forum Page at http://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/ODFSpecialODF.html

CMS Issues Program Integrity Guidelines for Marketplace

On June 14 the Centers for Medicare & Medicaid Services (CMS) released a proposed rule outlining program integrity guidelines for the Health Insurance Marketplace (Marketplace) and premium stabilization programs. Many of the provisions in the June 14 rule build on guidance previously issued to states and other key stakeholders. The policies clarify the oversight of various premium stabilization and affordability programs, build on state options regarding the Small Business Health Options Program, and provide technical clarifications. CMS says that this summer it re-launch HealthCare.gov, where consumers will have access to real-time information and help to sign up for coverage during open enrollment in October. The Marketplace call center will begin taking calls from consumers, beginning with educational information and then assisting with enrollment and plan selection on October 1. CMS will also begin consumer assistance training this summer so that consumers will have the help they need in applying for and choosing the coverage that is right for them. To access the proposed rule see http://www.ofr.gov/inspection.aspx. To view a fact sheet on the proposed rule, see: http://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/pi-nprm-6-14-2013.html
For more information about Health Insurance Marketplaces, see www.healthcare.gov/marketplace
PRIME Act Introduced, Targets Medicare and Medicaid Fraud

On June 10 Senate Homeland Security and Governmental Affairs Committee Chairman Tom Carper (D-DE), Ranking Member Tom Coburn (R-OK), Rep. Peter Roskam (R-IL) and Rep. John Carney (D-DE) introduced a bipartisan measure (HR 2305) that aims to reduce waste, fraud and abuse in the Medicare and Medicaid programs. The legislation, known as the Preventing and Reducing Improper Medicare and Medicaid Expenditures Act of 2013 or the PRIME Act, includes a number provisions designed to strengthen program integrity. The bill would make it more difficult for Medicare thieves to steal physician identities; engage more with Medicare beneficiaries in the fight against waste and fraud; and require the Centers for Medicare and Medicaid Services (CMS) to take additional steps to prevent improper payments. In addition, the bill would strengthen penalties for those who try to cheat the Medicare and Medicaid systems, as well as establish penalties for private contractors handling reimbursements that fail to meet set payment accuracy goals. According to the bill summary, the measure would also take steps to improve data sharing and coordination between Medicare and state Medicaid programs and improve claims processing and fraud detection within Medicaid and the Children’s Health Insurance Program (CHIP). For the bill summary see http://www.johncarney.house.gov/images/pdf/prime_section-by-section.pdf. For the press release see June 11, 2013 entry at http://www.johncarney.house.gov/index.php?option=com_content&view=frontpage&Itemid=1. See also http://www.johncarney.house.gov/index.php?option=com_content&view=article&id=54&Itemid=28

MedPAC Issues Report to Congress on Medicare and the Health Care Delivery System

On June 14 the Medicare Payment Advisory Commission (Med PAC) issued its June 2013 Report to Congress entitled “Medicare and the Health Care Delivery System.” The report contains nine chapters. In the first six chapters, Med PAC considers issues addressing both broad questions confronting the program, such as how to incorporate private plan and fee-for-service Medicare in one system, and more sector-specific issues, such as the new hospital readmissions policy. The chapters include: a chapter examining creating bundled payments for hospitalization episodes that include post-acute care and other services; a chapter examining options for refining Medicare’s new hospital readmissions reduction program; and a chapter discussing the care needs for dual-eligible beneficiaries. MedPAC also includes three chapters on reports mandated by the Congress in the Middle Class Tax Relief and Job Creation Act of 2012. Included is a chapter on Medicare payment for outpatient therapy services. FMI: See http://www.medpac.gov/documents/Jun13_EntireReport.pdf

CMS Fact Sheet on Physicians Who Infrequently Receive Medicare Reimbursement Revised

“The Basics of Medicare Enrollment for Physicians Who Infrequently Receive Medicare Reimbursement” Fact Sheet (ICN 006881) developed by the Centers for Medicare and Medicaid Services (CMS) has been revised and is now available in hard copy format. This fact sheet is designed to provide education on general Medicare enrollment information for those physicians who are required to enroll in Medicare for the sole purpose of certifying or ordering services for Medicare beneficiaries. It includes information on frequently asked questions and resources. To access a new or revised product available for order in hard copy format, go to MLN Products and scroll down to the bottom of the web page to the “Related Links” section and click on the “MLN Product Ordering Page.” The fact sheet is available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MedEnroll_Phys_Infreq_Reimb_FactSheet_ICN006881.pdf.
PARF NEWS
Dateline: June 14, 2013

President's Committee for People with ID Releases 2012 Report on LTSS under Managed Care

The President’s Committee for People with Intellectual Disabilities (PCPID) has released its 2012 Report to the President that addresses the provision of long-term services and supports through managed care arrangements. It includes background information about managed care and offers 15 recommendations, falling into four categories: disability stakeholder engagement, choice and self-determination, consumer protections and rights, and quality measurement, data collection and research. See http://www.acl.gov/NewsRoom/Publications/docs/PCPID_FullReport2012.pdf

DOL Revokes Authorization for Sub-Minimum Wage at RI Vocational Training Center

On June 13 the US Department of Labor (DOL) reported that its Wage and Hour Division revoked DOL authorization allowing Training Thru Placement, Inc., (TTP) based in Providence, Rhode Island, to pay less than the current federal minimum wage to its workers. DOL said that its action was part of a new strategic enforcement effort to remedy labor violations and protect workers with disabilities. After an investigation in which DOL found TTP in willful violation of the Fair Labor Standards Act, the DOL wage and hour division issued a retroactive revocation of TTP’s authorization to pay sub-minimum wages between June 1, 2010, and January 31, 2013, during which time the company was operating in violation of the law. As a result, all FLSA-covered employees performing work for TTP during that time period are owed no less than the federal minimum wage of $7.25 per hour for all hours worked. The agency found that TTP, a nonprofit educational and vocational training center, failed to determine the appropriate sub-minimum wage to be paid to each worker as allowed under Section 14(c) of the FLSA. DOL said that the company also falsified documents in order to mislead investigators. In its June 13 news release DOL did note that upon notification that its authorization to pay workers sub-minimum wage rates would be revoked, TTP took immediate corrective action to come into compliance with the law. DOL said that TTP has implemented significant changes, including replacing its board of directors in its entirety and removing or replacing the management and administrative staff who were in charge during the time period in which the violations occurred. Further, TTP has contracted with a new provider of services, Fedcap Rehabilitation Services, to assume day-to-day management of operations, hire new staff and provide proper training to ensure understanding and compliance with Section 14(c). DOL said that due to its corrective actions, its commitment to ensure future protection of its workers and a follow-up investigation, the division has concluded that TTP can operate as a Section 14(c) certificate holder on a conditional basis until August 2013. DOL said that this action allows TTP to continue to operate with little to no interruption and ensures that workers with disabilities continue to receive income, and educational and vocational training. DOL said that the division will continue to closely monitor TTP. DOL reported that the U.S. Department of Justice's Civil Rights Division reached an interim settlement agreement with the state of Rhode Island and the city of Providence. DOL said that the agreement will resolve violations of the Americans with Disabilities Act for approximately 200 Rhode Islanders. See the DOL news release 13-1162-BOS at http://www.dol.gov/opa/media/press/whd/WHD20131162.htm. The investigation was conducted by the division’s district office in Hartford, CT. Information about subminimum wage rates can be found at http://www.dol.gov/whd/regs/compliance/whdfs39.pdf. See related comments from the National Council on Disability in its statement on the Birch Vocational School in Providence, RI at http://www.ncd.gov/newsroom/07132013. See also www.acces.org and click on “Press Room” and select “ACCSES Letter to President Obama re. National Council on Disability Report on Subminimum Wage and Supported Employment Programs.”
NASBO, NGA Release Spring 2013 Fiscal Survey of States

On June 13 the National Association of State Budget Officers (NASBO) and the National Governors Association (NGA) released the Spring 2013 Fiscal Survey of States. The biannual report, based on data gathered from all 50 state budget offices, provides narrative analysis of the fiscal condition of states and data summaries of state general fund revenues, expenditures and balances for fiscal 2012 (actual), fiscal 2013 (estimated) and fiscal 2014 (proposed by governors). The report’s findings show that fiscal distress is beginning to subside for most states as the economy improves after several years of slow recovery following the Great Recession. Forty-two governors recommended higher spending levels in fiscal 2014 compared to fiscal 2013, with aggregate general fund expenditures projected to increase 4.1 percent in fiscal 2014. At the same time, the economic recovery is still weak compared to other post-recessionary periods, and state revenues continue to grow more slowly than historical average growth rates. While overall state spending levels in fiscal 2013 surpassed the fiscal 2008 pre-recession peak for the first time in nominal dollars, state spending and revenues in fiscal 2013 remain below fiscal 2008 levels after accounting for inflation. In addition, states face challenges and tough budgetary choices due to elevated spending demands in program areas affected by the sluggish economy, declining federal funds for numerous state programs, and pressure to invest in areas where spending was cut during the recession. Source: National Association of State Budget Officers - NASBO Washington Report – June 17, 2013. See http://www.nasbo.org/publications-data/fiscal-survey-states/fiscal-survey-states-spring-2013.

LEAD Center to Present Webinar on Group Discovery on June 26

The LEAD Center will present a webinar on June 26 from 3:00 to 4:30 PM EDT titled "Promoting Employment — Group Discovery: An Alternative Assessment Tool for Workforce Centers and Community-Based Providers." Group Discovery is an alternative tool for identifying the strengths of job seekers with and without disabilities, especially those with multiple barriers to employment. Participants will learn about the Group Discovery process and potential outcomes. To register for the webinar and visit the LEAD Center website, see http://www.leadcenter.org/webinars/group-discovery-alternative-assessment-tool-workforce-centers-and-community-based-providers.

EARN to Host Webinar on Building an Inclusive Culture on June 27

The Employer Assistance and Resource Network (EARN), in partnership with the U.S. Business Leadership Network (USBLN), will host a free webinar on June 27 from 2:00 to 3:00 PM EDT titled "Lead the Way: Building an Inclusive Business Culture." This webinar will present strategies for internally communicating an organization's commitment to a diverse workforce inclusive of people with disabilities. This webinar focuses on the key action area of establishing an inclusive business culture. During this webinar you will learn from a business that is acknowledged as a leader in inclusiveness how they approach inclusiveness for all their employees, why this is a top global priority for them, and how they build awareness within their company. You will also learn how the company’s goal of an inclusive and diverse workplace is communicated to employees at all levels of the organization. Finally, they will share educational materials that they developed as well as lessons learned. Educational materials will be shared, and HR Certification Institute (HRCI) credits will be available. FMI: See http://www.askearn.org/webinar_registration.cfm.