What better testament to PCPA’s lobby day than the following two items:

- Sen. Jake Corman (R-Centre/Juniata/Mifflin/Perry/Union), upon opening PCPA’s annual lobby day press conference, promised to move Senate Bill 727 (the Senate version of dedicated alcohol tax legislation) from the Senate Public Health and Welfare Committee, which he chairs. On June 13 the bill was voted out of the committee unanimously. Corman noted that inflationary index legislation had previously been reported from the committee.

- On June 19 House Bill 1649 (the House version of dedicated alcohol tax legislation) passed the House unanimously (see article on page 6).

Great job PCPA members and supporters! Much credit should be given to the nearly 300 individuals who participated in PCPA’s Lobby Day on June 6 — it was a great day in the Capitol for community providers.

Read **Lobby Day Highlights** on page 4 for more information or visit the PCPA web site to view additional photos of the day’s events.
State Budget Update

As Provider News goes to print, the Pennsylvania General Assembly is in high-gear for budget time. By law, the state budget should be completed (passed by both chambers of the legislature and signed by the governor) by June 30. This has not occurred for three years. Presently it is assumed that the budget will pass on time or as close to June 30 as possible. At issue are topics such as what is the actual surplus, what programs should be funded, what new expenditures did the administration propose that will/not be funded, and what federal budget impacts are on the horizon that the state could/should address.

PCPA, as demonstrated during Lobby Day (see article on page 4), has a budget position seeking equity with the other sectors (hospitals, nursing homes, managed care organizations) of the public health system. The current budget bill remains House Bill 2499. Amendments calling for a 4% cost-of-living adjustment for mental health/mental retardation/drug and alcohol services were included in this bill, which is now in the Senate on its first consideration. House Bill 2499 can be accessed by visiting the legislative tracking device in the Legislative Affairs section of the PCPA web site.

Members are encouraged to be watching for PCPA’s 2006 Virtual Lobby Day announcement. This day is held during the week that Capitol insiders believe the budget will pass. It urges members during a finite period of time on a certain day to call legislators and the governor’s office with a brief budget message. And, since it is virtual, it can be done from anywhere — home, office, etc.! Information regarding past Virtual Lobby Day activities can be found in the Pennsylvania Budget/State Budget Archive area of the Legislative Affairs section of the web site. For questions or comments concerning the proposed budget please contact Melissa DiSanto Simmons, director of legislative affairs, or the appropriate policy specialist at the association.
It was a very good month. As I write this, I can’t comment on the status of the state budget process because it remains unfinished. I am very hopeful that our lobbying efforts will pay off with a cost-of-living adjustment (COLA) for mental health, drug and alcohol, and mental retardation services.

The MH/MR Coalition has had several meetings with administration officials including Secretary Estelle Richman, Department of Public Welfare, and, most recently, Secretary Donna Cooper, Governor’s Office of Policy and Planning, to advocate for COLA equity. Our push for equity with other major health care industry segments (managed care organizations, nursing homes, and hospitals) is beginning to gain acceptance. The feedback on COLA efforts with the legislature continues to be very positive.

The other PCPA successes of the month are worthy of comment and, more importantly, celebration! The legislative activities related to our initiative for a permanent solution to D&A treatment and prevention funding through dedicated taxes had major legislative action with very positive results. A visit with Sen. Jake Corman (R-Centre/Juniata/Mifflin/Perry/Union), scheduled as a part of PCPA Lobby Day activities, resulted in a commitment from him to move Senate Bill 727 out of his committee. He reaffirmed his intention at our public rally and followed through on his promise when the bill was unanimously approved. We appreciate the continued support of Sen. Corman.

On the House side, the companion dedicated tax legislation (House Bill 1649) passed the full House unanimously on June 19. The prime sponsor, Rep Katie True (R-Lancaster), commenting on the legislation said, “Funding for drug and alcohol treatment is often set aside in budget negotiations, but we now have the opportunity to end that. In this instance, the money is already available — through the alcohol tax — and it’s time we direct it solely toward treatment and prevention.” I, along with the entire membership of PCPA and the other members of the coalition supporting this legislation, would like to thank Senate sponsors Sen. Patricia H. Vance (R-Cumberland/York) and Sen. Jay Costa, Jr. (D-Allegheny), and the House sponsors, Reps. True and Linda Bebko-Jones (D-Erie.) There remains much work to be done to complete this process, but we can celebrate this success.

Lobby Day this year was another success. The large turnout of PCPA supporters was impressive. Exciting speakers at the press conference in the beautiful Capitol Rotunda, PCPA members visiting their elected representatives, and an increasing sense of our capability to influence the political process highlighted the event. While there were more people in attendance than in prior years, I remain concerned about the many members who did not participate. Many agencies sent multiple representatives. Some agencies facilitated vans and even a bus of consumers and encouraged them to speak their needs. Many of you did not participate. We need you to get involved. We need you to participate. If you did not attend this year, please extend your thanks to those who did work on the hill during Lobby Day.

George J. Kimes, Executive Director
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This column represents my opinion, not necessarily that of the association.
PCPA’s lobby day agenda focused on the following items:

- Seeking equity for mental health/mental retardation/drug and alcohol (MH/MR/D&A) with other sectors of the public health system (hospitals, nursing homes, managed care organizations),

- Giving strong consideration to long-term funding solutions for the MH/MR/D&A system, and

- Ensuring that legislators exempt MH/MR/D&A services from any possible spending caps/taxpayer bill of rights (TABOR) proposals.

Alan J. Hartl, executive director, Lenape Valley Foundation, and co-chair of the Legislative Affairs Committee, served as the press conference emcee. Hartl wove in the topics in his words of encouragement to the crowd for their efforts during the day’s events. He also told legislators, “We do not want to come back year after year seeking state funding, we need predictability.”

Hartl then introduced Sen. Jake Corman (R-Centre/Juniata/Mifflin/Perry/Union), who does not generally support dedicated funding. Corman stated, “Dedicated funding [is] not always a wise idea for budgeters, but desperate times call for desperate measures. Next Tuesday [June 13], I will bring Senate Bill 727 up for a committee vote.” Corman mentioned that his committee already voted out inflationary index legislation for MH/MR services. He went on to say he understood the frustration of providers coming back annually to request cost-of-living adjustments (COLAs). “I know you are here year after year,” said Corman, “because I am at your press conference year after year!”

Sen. Patricia H. Vance (R-Cumberland/York) and Rep. Katie True (R-Lancaster) spoke of the dedicated alcohol tax legislation and their support for mental health/mental retardation (MH/MR) issues. “I want to reiterate that this proposal [dedicated alcohol tax legislation] is fiscally neutral,” said Vance. “It shores up the current D&A funding for specific line items.”

“I am a strong supporter of MH/MR/D&A issues and there are excellent facilities in my district,” said True. “MH/MR/D&A community — I thank you so much for being here today.”

Rep. Kathy Manderino (D-Philadelphia) then led her own cheer with the crowd. She concluded her cheering frenzy by encouraging participants, “Don’t ever let anyone tell you that one person can’t make a difference. One person makes a compelling difference when they have a compelling story to tell.”

Rep. John Yudichak (D-Luzerne) quoting Ralph Waldo Emerson, “Without a rich heart wealth is an ugly beggar.” He went on, “Thank you for fighting for the millions that cannot fight for themselves. It is our duty as legislators to ensure those needing MH/MR/D&A services get the services they need to have a better standard of living and quality of life.”

Questions regarding Lobby Day may be directed to Melissa Simmons at the association. Information and talking points regarding the agenda topics can be found on PCPA’s web site.
GRI Class of 2006

The GRI Class of 2006 graduated June 21 during the PCPA board meeting. Each year GRI members work on individual projects and present those to the class at the final session. During graduation the topics selected by each class member were recognized. Class projects will be available for viewing on the PCPA web site by August 1. Alan Hartl and Steve Christian-Michaels, Legislative Affairs Committee co-chairs, and Lisa Basci, chair of the GRI Alumni Network, welcome the following graduates as new members to the PCPA GRI Alumni Network:

- **Paul Cornely, PhD,** Western Psychiatric Institute and Clinic. Cornely submitted dual projects focusing on proposed spending caps/taxpayer bill of rights (TABOR) legislation and the funding of training at institutions of higher learning.

- **Sarah Eyster,** Community Behavioral HealthCare Network of Pennsylvania (CBHNP). Eyster presented on the pros-and-cons of House Resolution 490 which discusses options for changes to the group commonly referred to as “loophole children.”

- **Rhonda Kutzik,** The Consortium. Kutzik focused on the dedicated alcohol tax initiative, also incorporating data on the need for wider access to methadone treatment.

- **Diane Len, MSW,** FamilyLinks. Len’s project analyzed the legislative focus on child abuse and proposed changes to the mandated reporters statute.

- **Michael Ogden,** Eagleville Hospital. Ogden worked on a suicide prevention initiative. In concert with other stakeholders, Ogden was successful in having the initiative amended into the current state budget bill as a funded line item for 2006/07.

- **William Stennett,** Family Services of Western Pennsylvania. Stennett compiled data and information relative to inflationary index proposals at both the state and federal levels. Several of Stennett’s charts will be helpful in furthering PCPA advocacy efforts.

- **David Webster, LCSW,** Dickinson Mental Health. Webster’s project focused on Sen. Jane Orie’s proposal for establishment of statewide mental health/drug and alcohol courts.

PCPA extends its best wishes and congratulations to the GRI Class of 2006 and looks forward to your newly-enhanced roles with PCPA! Applications for the 2007 GRI class will be available this summer and distributed to members. A list is being compiled of individuals who would like to receive an application directly. To ensure your name is on this list please contact Melissa DiSanto Simmons, director of legislative affairs, at the association.
Dedicated Alcohol Tax Bill Passes House Unanimously

PCPA was pleased to inform members that the House version (House Bill 1649) of the dedicated alcohol tax initiative passed the House unanimously on June 19. The passage from the House is a major achievement in making this legislation law…and reality. Members are encouraged to call their representatives as soon as possible to express their gratitude for the passage of House Bill 1649. As well, members and supporters of the dedicated alcohol tax legislation are asked to contact their senators and urge passage of House Bill 1649 and/or Senate Bill 727. Further information regarding contact information for legislators, etc. can be found in the June 19 Legislative Alert or on the PCPA web site. Contact Melissa DiSanto Simmons, director of legislative affairs, or Lynn Cooper, deputy director, at the association with questions or concerns.

Network Plans Outreach to New Legislators

As announced in June, the GRI Alumni Network, in conjunction with the Legislative Affairs Committee (LAC), will embark on an educational and informational effort this summer. Following the May primary elections some legislative seats are already determined to be occupied by freshman legislators. Other seats are considered “open” (that is, the current legislator will not occupy the seat come 2007). While the selected legislator is not yet known, it is a fact that those particular seats will be occupied by newcomers. As a result, the network and LAC will prepare PCPA packets to be shared with the candidates.

Most packets can be delivered by network and LAC members. However, if a member has a relationship or contact with a candidate, please contact Melissa DiSanto Simmons at the association if you are willing to deliver a packet. Further outreach will be incorporated into PCPA’s January 2007 district lobby visit agenda.

Western Region Addresses Rate Negotiation, Audits, and Recovery

The PCPA Western Region Representatives organized an outstanding meeting for June 2. Paul Stanalonis, executive officer, Stanalonis and Associates, LLC, presented an overview of the critical elements of unit cost analysis and rate negotiation and compliance programs, including the latest information on corporate integrity agreements and the Sarbanes-Oxley Act of 2002. Connie Hummel, Bureau of Program Integrity, Office of Medical Assistance Programs, presented Assuring Program Compliance: What Providers Need to Know. Ms. Hummel briefly reviewed the regulations that govern Medical Assistance and the most frequent violations found. The afternoon was devoted to Recovery: Making it Real presented by Stephen Christian-Michaels along with staff and consumers from Family Services of Western Pennsylvania. The recovery presentation provided a detailed description of the recovery paradigm shift from different perspectives and included recommendations for implementing recovery principles and practices. For more information about the Western Region Meeting or a copy of the handouts contact Lynn Cooper at the association. The next meeting will be held in September. All western region members are encouraged to attend.

American Express No Longer Accepted

Please note that although PCPA will continue to accept Visa and MasterCard payments, the association will no longer accept American Express credit cards due to the high processing costs. This change was implemented by the association June 21.
Bureau of Program Integrity Presents Findings

Representatives of the Department of Public Welfare (DPW) Bureau of Program Integrity (BPI) presented Assuring Program Compliance: What Providers Need to Know at the PCPA Western Region Meeting in June. BPI shared findings and information that were intended to be used by providers in compliance programs, for internal clinical or billing reviews, for voluntary self-disclosure purposes, and for quality management. Issues identified for behavioral health in both Fee-For-Service and HealthChoices were:

- Fraud committed by individuals,
- Services not rendered,
- Falsification of records,
- Falsification of or incorrect information in psychological evaluations,
- Falsification of encounter forms, requiring individuals to sign blank forms,
- Falsification of and/or invalid qualifications/degrees,
- Unethical and/or unprofessional behavior by staff including licensed professionals, and
- Charging recipients for covered services.

Most of these problems were identified in all services, but were particularly prevalent in behavioral health rehabilitation services.

BPI encouraged providers to know the requirements, establish compliance programs, and conduct self-monitoring activities. Requirements are complex and stem from many sources. Everyone in an organization is responsible for compliance. BPI identified the basic components of a compliance program to include leadership from the top — a declaration of policy from the chief executive and board that adherence to the corporate compliance program is a mandatory condition of employment and the policy of the organization, appointment of a compliance officer who reports to the chief executive or the board of directors, regular compliance meetings with minutes, employees discussion of issues, employee amnesty from reprisals, periodic monitoring and self-disclosure of compliance issues, annual reporting on compliance activities, and compliance training for all employees.

Information about Medical Assistance fraud and abuse can be found on the DPW web site (www.dpw.state.pa.us/Business/FraudAbuse). Links are available for information on compliance plans, the Medicheck (precluded providers) List, the Medical Assistance Provider Self-Audit Protocol, and other information. Contact PCPA policy specialists Lynn Cooper (lynn@paproviders.org), Connell O’Brien (connell@paproviders.org), or Betty Simmonds (betty@paproviders.org) with questions.

Medical Assistance Plans Pharmacy Carve-out

At the May Medical Assistance Advisory Committee meeting Deputy Secretary Jim Hardy, Office of Medical Assistance Programs, discussed plans to carve the pharmacy benefit out of physical health managed care and return it to the Fee-For-Service (FFS) Medical Assistance (MA) program. In order to receive federal rebates for prescription drugs, which are not allowed for managed care pharmacy claims, the drug benefit will be shifted to FFS. The preferred drug list in FFS will be used to manage utilization and effect cost savings. Beginning January 1, 2007, all drugs and biologicals provided by pharmacies, dispensing physicians, dispensing certified registered nurse practitioners, and federally qualified health centers would be covered by MA FFS. Drugs and biologicals provided by inpatient hospitals, outpatient hospital clinics, short procedure units, emergency rooms, non-hospital based independent medical clinics, ambulatory surgical centers, nursing facilities under the case-mix payment system, and independent laboratories would continue to be covered by the managed care organizations. The Pharmacy Carve-Out Discussion Document is available on the Department of Public Welfare (DPW) web site at www.dpw.state.pa.us/resources/documents/pdf/publications/CarveOutDiscDocu1.pdf. PCPA’s Mental Health Committee submitted comments about the document to the department.
Changes for Dual Eligible Emergency Drug Coverage

Effective June 19 the Department of Public Welfare (DPW) will no longer routinely cover the five-day emergency supply of medications for individuals who are eligible for both Medicare and Medical Assistance (MA) benefits, but who cannot obtain the medications through Medicare. According to a draft notice distributed at the May Medical Assistance Advisory Committee meeting, MA will cover a limited emergency supply when all attempts to have the medication paid by Medicare have failed. MA will only consider a request for extraordinary coverage for two situations:

- The pharmacy submitted a claim to the applicable Medicare pharmacy plan and the claim was denied for reasons other than a billing error or omission made by the pharmacy, or
- The pharmacy was unable to submit a claim due to the unavailability of complete or accurate Medicare pharmacy plan enrollment information from the plan, the Centers for Medicare and Medicaid Services (CMS), or agents contracted by CMS to provide enrollment information.

Pharmacies should call 800-558-4477 and select option one to request extraordinary coverage. The draft directs requests after hours, on weekends, and on holidays to 800-MEDICARE. The MA Pharmacy Provider Inquiry Line is 800-932-0938, select option five or 800-537-8861, select option five.

Personal Care Home Regulations Are Now Enforced

A May 24 Commonwealth Court decision ruled in favor of the Department of Public Welfare (DPW) in a lawsuit that had blocked the department from implementing 13 sections of the Personal Care Home Regulations (55 PA Code Ch. 2600) since October 2005. The result of this ruling is that all Personal Care Home Regulations are effective, except for those with delayed implementation dates that have not yet been reached. DPW began to use the regulations in their entirety on June 5. (www.pacode.com/secure/data/055/chapter2600/chap2600toc.html)

PCPA Seeks Fair Rate Negotiation Process for Members

PCPA's Drug and Alcohol Committee has identified a major issue that creates problems with access to services. The lack of a fair rate negotiation process between providers and behavioral health managed care organizations (BH-MCOs) in HealthChoices leads to insufficient rates for drug and alcohol services. This issue results in a negative impact on the quality and access to care. PCPA members have reported that while some BH-MCOs have consistently allowed for annual and/or as requested provider rate negotiation and have generally maintained rates which are reflective of costs, other BH-MCOs have not. PCPA members routinely pointed to Community Behavioral HealthCare Network of Pennsylvania (CBHNP) and Community Care Behavioral Health Organization (CCBHO) as being most responsive to this issue.

A number of providers have identified that they have been denied the opportunity to renegotiate rates in three and sometimes as many as five years. The provider is given a rate and told it is not negotiable. Providers are not offered an opportunity to transmit cost data nor to present the relationship between cost and quality.

In some cases, providers are now forced to provide care for HealthChoices members at a rate that is less than 80% of their cost, due to a lack of fair and appropriate rate increases by some HealthChoices BH-MCOs. PCPA is asking that the Office of Mental Health and Substance Abuse Services (OMHSAS) modify HealthChoices requirements to include a provision that all contracted BH-MCOs have a formal, written annual rate negotiation process. Additionally, OMHSAS should establish a system to verify that the process is being used.

HealthChoices has an extensive rate setting process with actuarially determined and certified rates between the department and its contractors. It is understood by PCPA members that OMHSAS will not and should not interfere with the local rate negotiation process between the BH-MCO and the provider. However, assuring that a fair process is in place between provider and managed care organization is appropriate. Members believe this will be an important step that OMHSAS can take in maintaining HealthChoices oversight to assure client access and quality care.
Proof of Citizenship Required for Medicaid Benefits

The Centers for Medicare and Medicaid Services (CMS) issued guidance for implementation of the Deficit Reduction Act of 2005 requirements for documentation of citizenship for all persons that apply for or renew Medicaid benefits effective July 1. Detailed guidelines were issued by CMS in a June letter to state Medicaid directors. Citizenship and proof of identity must be established using documents categorized into four hierarchical tiers. CMS intends to issue regulations that specify documents that provide proof and a means to document citizenship and personal identity. Copies of the June letter and a Medicaid Fact Sheet on citizenship guidelines are available on the CMS web site (www.cms.hhs.gov/MedicaidEligibility/05_ProofofCitizenship.asp#Top).

The Pennsylvania Office of Income Maintenance is drafting an operations memorandum to implement the requirements. In this draft, applicants who do not have proof of citizenship but are otherwise eligible for Medical Assistance are authorized as eligible and have 45 days to present the necessary documentation. If documentation is not provided, then eligibility is terminated. Recipients are required to provide documentation at the time of redetermination or reauthorization. Documentation must be presented within 45 calendar days of the notification from the county assistance office that the documentation is needed. The 45-day period can be extended for individuals who have applied for, but not received, the necessary documentation. The county assistance office must provide assistance to individuals who are having difficulty in obtaining required documents. Please contact Betty Simmonds (betty@paproviders.org) for a copy of the draft operations memorandum.

HSH Closure Advisory Committee Ends

The final meeting of the Harrisburg State Hospital (HSH) Closure Advisory Committee was held in June. The committee met throughout the closure process to monitor the process and advise the Office of Mental Health and Substance Abuse Services (OMHSAS) about issues of concern. Throughout the process gaps in service availability and differences in implementation by county and by providers have been addressed. OMHSAS has supported the “no eject, no reject” policy in contract language between the department and counties and between counties and providers. This is balanced with freedom of choice issues for individuals, a very few of whom have chosen to reject supports and services provided through the closure process. Involvement of individuals, families, advocates, state hospital staff, county staff, and OMHSAS facilitators in development of community support plans was identified as a best practice that should be used in all of the state hospitals. Implementation of plans has varied for providers and for individuals. The community resource team has been helpful in identifying issues to be addressed, providing training and linkages to more specialized training for providers. The process has highlighted the importance of a systems integration approach to providing services and supports for individuals. Extended acute care services have been developed to meet the need for longer term inpatient services without the need for state hospital admission. Extended acute care services will also be provided in a long term structured residence setting, rather than an inpatient facility, beginning in July.

Although everyone has been discharged or transferred from HSH, four providers continue to use HSH facilities while programs are being developed in the community. New Visions, Inc. is scheduled to leave July 1 and Northwestern Human Services, Inc. will leave on August 1. Community Services Group and Keystone Human Services remain. Both agencies have had zoning difficulties that have delayed the development process and plan to leave as soon as the community sites are completed. Contact Betty Simmonds (betty@paproviders.org) with questions.
**OMR Implements New Contracts**

As a result of the Centers for Medicare and Medicaid Services request for revisions to Pennsylvania’s Consolidated Mental Retardation Waiver, new contracts/agreements have been developed and will be implemented beginning July 1. There are three contracts:

- County/Administrative Entity and Providers,
- Office of Mental Retardation (OMR)/Medical Assistance and Providers, and
- OMR and County/Administrative Entity.

OMR has indicated that no changes, deletions, or additions may be made to any of these contracts. Providers must provide proof of liability insurances, workers compensation, minimum insurance coverage, and add the county/administrative entity as an additional insured on policies.

**Casey Meets With PCPA**

Office of Mental Retardation (OMR) Deputy Secretary Kevin Casey met with PCPA representatives to address a variety of system issues. Providers have been asked to volunteer staff and facilities to assist the department in providing trainings across the state. No additional funds are currently available to cover the trainings for such topics as Individual Support Plans (ISP), the new ISP bulletin, and interfacing between licensing requirements and the ISP. Trainers are also sought to be trained on various new business practices.

Twenty-five providers have been selected to be pilots for the new provider qualification criteria. Discussion regarding one of these criteria, the 90-day liquid asset test for providers, indicates Casey is aware this goal is not appropriate or attainable for many providers and will need to be eliminated. However, he feels there needs to be an option for consumers and families to understand the financial viability of an agency when they are making service decisions.

The state is seeking ways to bring in additional federal matching dollars by looking at items which have previously been considered ineligible. The department will also be reviewing types of services which are currently eligible. Pennsylvania offers more types of services under its waivers than any other state. As budgets at the state and federal levels continue to be tightened there may be a need to revise what is allowed in the mental retardation waivers.

Casey will develop a new work group to look at the creation of a statewide report card for providers. Initially the information will be on the OMR website. Difficult will be the interpretation of data so it is clear to consumers and families and that there is a process which does not create undue hardship and financial burden on providers. PCPA recommended that the department look at its existing data collection options such as Independent Monitoring for Quality, Incident Management, and National Core Indicators, rather than developing a new options. PCPA will participate in this effort.

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**Olmstead Plan Revised**

The Office of Mental Retardation Planning Advisory Committee’s (OMR PAC) Community Integration subcommittee developed recommendations for an Olmstead Plan for the state. Based on the 1999 US Supreme Court decision in *Olmstead v. L.C.* it was determined that unnecessary institutionalization of people with disabilities constitutes unlawful discrimination under the Americans with Disabilities Act.

Recently, the US Court of Appeals for the Third Circuit issued a decision in *Frederick L. v. Department of Public Welfare,* and the subcommittee revised the plan to present to the OMR PAC for approval. The court decision and plan revisions state that the department must develop a “viable integration plan” that at a minimum specifies:

- The time-frame or target date for patient discharge,
- The approximate number of patients to be discharged each time period,
- Eligibility for discharge, and
- A general description of the collaboration required between local authorities and housing, transportation, care, and education agencies to effectuate integration into the community.
OMR Advances Restraint Reduction

The Department of Public Welfare’s initiative — Alternative to Coercive Techniques — has a goal of eliminating unnecessary restraints beginning in the children’s service system and, ultimately, in all department systems. The Office of Mental Retardation (OMR) has developed several bulletins addressing this issue. The most recent is **#00-06-09 OMR Elimination of Restraints through Positive Practices**. Positive practices include continuous risk management and quality efforts for providers.

In Fiscal Year 2006/07 OMR anticipates a 20% reduction goal in the number of physical restraint incidents. The goal is to improve the quality of life for people who are currently experiencing restraint. OMR will also track suicide attempts, hospitalizations, psychiatric hospitalizations, emergency room visits, injuries requiring treatment, and interactions with law enforcement.

To identify and develop system resources dedicated to addressing issues regarding a person’s behavioral support needs, OMR and the Office of Mental Health and Substance Abuse Services will develop a partnership which includes a pilot program, **Positive Practices Resource Team**. The criteria for referral to this team will be that an individual demonstrates escalating at-risk behavioral challenges and whom the provider has determined may be at risk for needing enhanced levels of support not readily available or known to the provider. Training and support will be offered using web broadcasting, future trainings, and regional resource teams. The initial webcast was aired June 1 and may still be viewed at www.omrconsulting.org/videostreaming/. Additional information will be forthcoming from OMR and its regional offices.

Allegheny Report Card

Allegheny County has approved an ordinance that governs information gathering and reporting by the county’s Office of Mental Retardation/Developmental Disabilities. The county’s Department of Human Services must make the following information available to the public by posting it to the county website and in hard copies:

- New provider applications,
- Each provider’s work statement document,
- On-site review and monitoring reports for any provider with county contracts,
- Findings of noncompliance and questioned costs,
- Corrective action plans,
- County Incident Management Reports with statements explaining the relevance and appropriate use of data, and
- Voluntary information regarding staff turnover and chief executive officer salary.

MR Death Penalty Update

In 2002 the US Supreme Court ruled that the death penalty is unconstitutional for people with mental retardation (MR) because it violates the 8th Amendment of the Constitution which prohibits cruel and unusual punishment. However, the court allowed that states could make the decision whether or not MR was determined pre-trial or by the jury post-trial. The court’s decision was based on the case of Daryl Atkins who was sentenced to death in Virginia. In June the Virginia Supreme Court overturned the death sentence against Atkins, saying the jury should not have been told that a previous jury sentenced him to death. The Virginia court ordered a new trial on the single issue of whether Atkins has mental retardation.

In Pennsylvania there are two bills (House Bill 698 and Senate Bill 631) that define MR and determine when the definition is applied to a defendant in a murder trial. Senate Bill 631 prohibits the imposition of the death sentence for persons determined to be mentally retarded by a pre-trial determination of the disability. This bill currently sits in the Senate Appropriations Committee. House Bill 698 states that the determination of the defendant’s MR be made by the jury post-trial and prior to consideration of the sentencing verdict. This bill passed the House (169-28) on June 12.

PCPA has joined with The Arc of Pennsylvania and other disability advocacy agencies to support pre-trial determination and having MR defined by the American Association of Mental Retardation and not by outside parties.
Waiting List
The Pennsylvania waiting list for community mental retardation services is one of the issues being addressed by the MH/MR Coalition, of which PCPA is a member. As the coalition advocates for increases for service providers in the state’s 2006/07 budget, the need for funding to address at least the emergency waiting list is included. According to the Pennsylvania Waiting List Campaign web site (www.pawaylistingcampaign.org) there are currently 24,927 persons on three lists: Planning at 1,654; Critical at 9,999; and Emergency at 3,274. This site also offers a breakdown by county and indicates there are 150 – 200 persons added to the list each month.

Task Force Addresses New Initiatives
The Intermediary Care Facilities for the Mentally Retarded (ICFs/MR) Task Force of the Office of Mental Retardation addressed a variety of new initiatives including employment supplement to Individual Service Plans (ISP) and reducing state center staff from one-to-one (1:1) support. Also, the 2006/07 ICFs/MR assessments will be included on July invoices and the agency per diem must include the assessment amount.

The Mental Retardation Bulletin, Employment for Individuals in ICFs/MR, has resulted in a new employment supplement to the ISP to determine a person’s employment goals, needs, and outcomes. This employment means a community job or self-employment where the individual is expected to make minimum wage. This document has been mailed to private ICFs/MR, but has only been used to date by those wishing to seek employment. ICFs/MR residents are eligible to apply for employment support through the Office of Vocational Rehabilitation and other agencies that provide assistance in finding and maintaining jobs of their choice.

Larry Mattive, director of Selinsgrove State Center, presented on their initiative to reduce and eliminate the 1:1 staff to resident culture of the center. Often, 1:1 supervision was used as a permanent solution in cases presenting severe risk management issues. However, this 1:1 is significantly intrusive, rights-limiting, and not consistent with Everyday Lives philosophy. It also increases overtime, stresses direct support staff, and depletes resources. Changes focused on developing teams to include and support the individual, focus on outcomes not just the management of risk, and provide technical assistance to teams. Mental health support processes were implemented to integrate psychiatric, behavioral, and environmental approaches to analysis and problem solving. Continuous quality improvement is developed through teamwork, data collection, and outcomes measures.

OMHSAS Sets Stage for Special Co-occurring Rate
The Office of Mental Health and Substance Abuse Services (OMHSAS) reported at the June PCPA Drug and Alcohol Committee meeting that they are setting the stage for a special co-occurring services reimbursement rate. OMHSAS is in the process of developing a payment indicator for co-occurring services. This payment indicator will allow behavioral health managed care organizations to pay an enhanced fee for co-occurring services in HealthChoices. PCPA has encouraged all members that provide drug and alcohol and/or mental health services to become co-occurring certified and has strongly advocated for the recognition of the increased costs associated with providing these services. PCPA is pleased to see this critical step that OMHSAS has taken to assure the future development of much needed co-occurring services.
**CHILDREN’S CORNER**

**LB&FC Releases Report on Child Mental Health System**

On June 21 the Legislative Budget and Finance Committee (LB&FC) released their report on child mental health services in Pennsylvania. The report was prompted by Act 147 that amended the standards for mental health consent and control of medical records for minors. The LB&FC reports that the change in the law had little impact on treatment consent decisions, with very few court petitions being filed by youth who objected to treatment as a result of parental consent. Staff from the LB&FC met with PCPA to review findings and recommendations contained in the report. Some of the gaps and concerns identified include:

- Shortage of child psychiatry services,
- Lack of services for transition-age youth and young adults,
- Services for co-occurring disorders,
- Educational services in partial hospital programs,
- Lack of respite care services,
- The need for prevention services,
- The need for expanded training and current workforce shortages, and
- The need for culturally appropriate services.

The complete report is available on the LB&FC web site at [www.lbfc.legis.state.pa.us](http://www.lbfc.legis.state.pa.us).

**DPW Autism Affairs Set Course**

The Department of Public Welfare (DPW) has announced that their objective for the upcoming year emanates from recommendations of the Autism Task Force convened by Secretary Estelle Richman in 2003. The long-term goal is to establish an appropriate framework and foundation, upon which Pennsylvania will develop a statewide model of excellence that supports the needs of all Pennsylvanians living with Autism Spectrum Disorder (ASD). The preliminary objectives for 2006/07 will address the need to establish statewide diagnostic, assessment, training, and intervention standards and to begin the process of training individuals at every level in the system to meet the lifetime needs of people living with autism.

DPW will partner with the Pennsylvania Department of Education to identify assessment and training standards and protocols. Each department will collaborate in an effort to build professional capacity and streamline practices across the behavioral health and educational systems. Attention will be focused on addressing the needs of adults with ASD as well as the needs of individuals with ASD residing in rural areas.

An additional initiative will focus on the establishment of comprehensive statewide and regionally targeted autism informational resources.

**Visits Planned to Realigned RTFs**

The Office of Children, Youth and Families, the Bureau of Program Integrity, and the Office of Mental Health and Substance Abuse Services held a statewide meeting for residential treatment facilities (RTFs) that, as a result of Medicaid realignment, expanded their capacity or are newly enrolled in the Pennsylvania Medicaid program. The purpose of the meeting was to outline information regarding state and federal requirements for RTFs and to discuss the planned technical assistance site visits by the Department of Public Welfare (DPW) program offices. DPW focused on the federal requirements reflected in Title 42, Code of Federal Regulations, and the conditions of participation for psychiatric residential treatment facilities applicable to accredited agencies.
CBHTF Issues Draft Report

Regina Ericson, chairperson of the Department of Public Welfare’s Children’s Behavioral Health Task Force (CBHTF), has circulated a draft report to members of the task force. The task force was formed in May 2004. At that time members of the task force received a message from Secretary of Public Welfare Estelle Richman, appointing them and informing each member that “the goal of this task force is to identify the issues that children living with behavioral health challenges and their families face and to propose solutions that will enable them to obtain services they need but may not be receiving. In the coming months, we will explore the services and treatments for all levels of ability in order to create a comprehensive report that will improve the delivery, management and financing of children’s behavioral health services to the residents of Pennsylvania.” While the final report may be several months in the future, the current draft — Reaching for the Stars — offers a vision of concepts and ideals for a remarkable array of consumer and family driven supports and services for Pennsylvania. The draft still lacks the practical and concrete recommendations that were the core of the many work group reports generated. This draft does not reflect the range of innovations and solutions that can be prioritized and implemented in a reasonable time frame and with available fiscal and human resources. A final report is yet to be completed and the process of prioritization by state agencies and law makers has not begun. During the months that the task force and leadership worked to develop a report, the Department of Public Welfare has launched integrated children’s service planning, Medicaid realignment, restraint elimination, Medicaid loophole elimination, school mental health collaborations, and HealthChoices expansion.
PRTF Regulation Development Continues

On June 8 the Department of Public Welfare (DPW) held a day-long meeting with providers and other stakeholders to review the draft proposed regulations for psychiatric residential treatment facilities (PRTF). Forty-two entities responded to an initial draft document with well over 200 comments and recommendations. Comments were offered by family advocates, county programs, behavioral health managed care organizations (BH-MCOs), providers, and provider and professional associations. A database is being kept to log and address each individual comment. A sample of the more substantive issues being reviewed is provided below.

➤ Comments reflect confusion as to whether residential treatment facilities will be required to meet the new PRTF standards. Association and county/BH-MCO comments reflect a need for the department to be more clear in their intention.

➤ There is a lack of consistency in terminology and requirements throughout the document.

➤ Physical health and other non-clinical service requirements constitute an unfunded requirement as providers are serving more youth with significant physical health needs.

➤ The costs of implementing higher staff/youth ratios; the requirement of having masters level staff on site throughout evenings, weekends, and holidays; increased staff work experience requirements; additional training time; and providing pre-employment drug screening.

➤ A smaller applicant pool related to higher requirements for experience will lead to a smaller number of qualified staff in a system already experiencing a shortage of appropriate staff.

DPW expects a draft of the proposed regulations to be available in early July. Members will be notified when this document is available for review and comment.

Children’s Corner continued on next page

➤ CONFERENCES/TRAININGS


Cautious, careful people, always casting about to preserve their reputation and social standing, never can bring about a reform. Those who are really in earnest must be willing to be anything or nothing in the world’s estimation.

— Susan B. Anthony
Pennsylvania Forms FASD Task Force

The Department of Health has formed a statewide task force to develop and coordinate cross-system prevention and treatment of fetal alcohol spectrum disorder (FASD) across Pennsylvania. FASD is the most prevalent birth defect in the nation and its cause, the use of alcohol during pregnancy, is 100 percent preventable. The effects of FASD include severe mental health and substance abuse disorders, learning disabilities, mental retardation, and severe social and work related problems. Several states have established aggressive multi-system prevention, assessment, and intervention programs. PCPA has been working with the Department of Health, other government agencies, and family advocates to encourage the creation of this task force. PCPA is also supporting local and statewide FASD awareness activities planned for September.

(Seated) Barbara Williams, Public Health Nurse Region IV; Dan Dubovsky, SAMHSA Specialist for FASD; Dianna Brocious, President of PA Families, Inc., (standing) Connell O’Brien, PCPA; and Stacey McCreary, DOH-BDAP, address FASD issues.

The June 20, Children’s Committee received updates from the Legislative Affairs Committee and the Children’s Steering Committee. Several important PCPA legislative initiatives continue to move forward in the state legislature. The committee discussed and expanded the list of system and policy drivers that was developed by the steering committee as part of the establishment of goals and objectives for the association. Representatives of the Department of Public Welfare Policy Office, the Department of Education, the Office of Mental Health and Substance Abuse Services, and the Department of Health Bureau of Drug and Alcohol Programs joined the meeting to provide updates on:

- The impact of the School Based Behavioral Health Conference,
- The plans for the upcoming transition conference in State College,
- The status of DPW partial hospital program forums and draft bulletins,
- The Alternatives to Coercive Techniques initiative,
- The county integrated children’s services planning initiative, and
- The inaugural meeting of the state’s fetal alcohol spectrum disorder task force.

PCPA staff provided updates on the association’s involvement in several state and national initiatives. The next meeting of the Children’s Committee is September 19. A meeting of children’s services providers in the Laurel Highlands area of Pennsylvania is scheduled July 13 in Altoona.
PCPA’s Mental Health Committee met on June 20 and discussed many current issues. PCPA, with input from the committee, submitted comments on the June 9 draft of the Office of Mental Health and Substance Abuse Services (OMHSAS) Bulletin, Community Incident Management and Report System. Individuals may submit additional comments to OMHSAS regarding the requirement for reporting of involuntary psychiatric inpatient admissions. PCPA also plans to comment on mobile mental health services and the pharmacy carve-out for managed care. Discussion focused on Medicare issues related to continuing access to behavioral health services for dual eligible individuals. Dr. Mary Diamond and Ms. Sabrina Tillman-Boyd, OMHSAS, requested feedback on access issues. Issues related to Clozaril therapy were discussed including difficulties coordinating laboratory work-ups, applicable diagnoses, and billing. An issue brought by OMHSAS was difficulty accessing Risperdal Consta for dual eligible individuals. Members suggested that it might ultimately be more cost effective for Medical Assistance to cover it. Other issues addressed included:

- The OMAP process for budget limit exception requests for behavioral health services,
- HGS Administrators and Veritus Medicare Services will combine as Highmark Medicare Services July 1,
- The need for providers to request a National Provider Identifier soon,
- Department of Aging issues related to behavioral health, including a report on the behavioral health and aging regional forums,
- An Older Adult Suicide Prevention Plan is being drafted to be presented to the Suicide Prevention Work Group of the OMHSAS Advisory Committee and will be distributed for review and comment,
- Information on PACE + Medicare, and
- Conflicts between personal care home regulations and recovery principles.

A Mental Health Committee meeting is tentatively planned for August to further discuss many of the issues addressed during this meeting. The next regularly scheduled meeting is September 19.

The June Mental Retardation Committee focused on system changes within the Office of Mental Retardation (OMR) which have major impact on service providers. OMR staff presented updated information regarding provider qualifications criteria. Discussed were the issues of offering Lifesharing options and community employment options to individuals developing their Individual Support Plan (ISP). Regional OMR offices have designated staff to assist counties in implementation of these initiatives. A new employment supplement to the ISP is being piloted to determine effectiveness and ease of completion before it is added to HCSIS. OMR has piloted 10 counties and will add 10 more pilots during the next fiscal year to emphasize supported employment options for students transitioning into adult services. Lifesharing options are being developed to standardize practices for assisting individuals regarding intake, supports coordination, ISP development and provider selection. Those initially being targeted are individuals moving from ICFs/MR or wishing to change residential services. OMR will use its data collection resources to determine the number of individuals wishing to select Lifesharing options. Supporting People in Need of 911 Services (SPIN 911) is a program designed to support individuals with special needs in Luzerne and Wyoming counties. Once enrolled, information regarding the person’s special needs becomes available to the 911 Emergency Call Center to be shared with emergency personnel (fire, police, ambulance) responding to requests for assistance. Presenters Amy Tomalinas and Gina Galli will offer this information at PCPA’s Annual Conference in October.
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<tr>
<th>Date</th>
<th>Time</th>
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<tr>
<td>Wednesday, July 19</td>
<td>10:00 a.m. – 3:00 p.m.</td>
<td>Executive Committee PCPA</td>
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<td>Thursday, July 27</td>
<td>10:30 a.m. – 3:30 p.m.</td>
<td>Children's Steering Committee PCPA</td>
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<td>Tuesday, August 1</td>
<td>1:00 – 4:00 p.m.</td>
<td>Forensic Subcommittee PCPA</td>
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<td>Wednesday, August 16</td>
<td>10:00 a.m. – 3:00 p.m.</td>
<td>Executive Committee PCPA</td>
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<td>Thursday, August 24</td>
<td>10:30 a.m. – 3:30 p.m.</td>
<td>Children's Steering Committee PCPA</td>
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