



An informational newsletter compiled by the Rehabilitation and Community Providers Association for the MH, IDD, D&A, and rehabilitation communities

REHABILITATION & COMMUNITY PROVIDERS ASSOCIATION

JANUARY 2014

LEGISLATIVE AFFAIRS

For additional information on legislative issues, contact RCPA at 717-364-3280. For copies of bills, call your local legislator, the House Document Room 717-787-5320, or visit the General Assembly's Electronic Bill Room at www.legis.state.pa.us.



RCPA Comments on Healthy Pennsylvania

As detailed in a RCPA Legislative Alert, in December 2013 Governor Corbett released a Draft Healthy Pennsylvania 115 Demonstration Application, his plan to reform Medicaid. The posting in the Pennsylvania Bulletin initiated a 30-day comment period ending January 13. Once the proposal is submitted, the federal government will hold an additional 30-day public comment period, information about which will be posted at Medicaid.gov.

While continuing to view Governor Corbett's Healthy Pennsylvania plan as one that holds much potential for increasing access to health care for Pennsylvanians, RCPA has a number of concerns regarding the proposed plan that it hopes will be addressed as the administration responds to stakeholder input. RCPA notes that for such a critical change to the existing Medicaid program, the 30-day time period for comment is insufficient.

The association recognizes that this is the initial proposal and it will be subject to further negotiations as outlined by the Department of Public Welfare (DPW). Secretary Mackereth has provided assurances that comments will be reviewed carefully. RCPA urges members to comment. RCPA appreciates DPW's willingness to seek stakeholder input. While there is concern and caution, the public notice is a major step forward to ensuring that over 500,000 people have access to health care in Pennsylvania. Questions or comments may be directed to Richard Edley.

Murphy Introduces Controversial Mental Health Reform Bill

Congressman Tim Murphy (R-PA) has introduced Helping Families in Mental Health Crisis Act of 2013, a bill to reform the mental health delivery system. Murphy has also provided a summary of the bill. The legislation is the culmination of a year long series of hearings Rep. Murphy held as chair of the US House Energy and Commerce Oversight and Investigations Committee in the wake of the 2012 Newtown shooting.

While RCPA appreciates a number of provisions of the bill, others are generating significant controversy in the advocacy community. RCPA and the National Council for Behavioral Health applaud the bill's inclusion of a National Council legislative priority, the provisions of Behavioral Health Information Technology (IT) Act. By allowing mental health and substance abuse treatment facilities to receive incentive payments for use of electronic health records, the act will help improve care quality and the integration of behavioral and primary care services.

RCPA and the council also support the following provisions included in the legislation:

- Authority for health care providers to bill Medicaid for mental health and primary care services provided to the same patient on the same day;

Continued on page 2

President and CEO  
**Richard S. Edley, PhD**

Senior Policy Specialist  
Western Region  
**Lynn Cooper**

Policy Specialists  
**Melissa Dehoff**  
**Linda Drummond, MPA**  
**Connell O'Brien, MEd**

Director of Legislative Affairs  
**Anne McHugh Leisure, MHA**

Technical & Conference  
Services Coordinator  
**Kris Ericson, PhD**

Membership & Outreach  
Coordinator  
**Steve Neidlinger, CAE**

Executive Assistant  
**Cindy Lloyd**

Finance Manager  
**Tina Miletic**

Fiscal/Administrative Assistant  
**Tieanna Lloyd**

©2014. This newsletter is written by the Rehabilitation and Community Providers Association (RCPA) for the mental health, intellectual disability, addictive disease, and rehabilitation communities. This informational newsletter is published monthly. Deadline for publication is the third Friday of every month.

**Rehabilitation and Community  
Providers Association**

2101 N Front St  
Bldg 3, Ste 200  
Harrisburg, PA 17110  
717-364-3280—Phone  
717-364-3287—Fax  
[www.paproviders.org](http://www.paproviders.org)

LEGISLATIVE AFFAIRS

Continued from page 1

- Reauthorization of the *Garrett Lee Smith Memorial Act*, which funds suicide prevention activities within the Substance Abuse and Mental Health Services Administration (SAMHSA);
- Reauthorization of the *Mentally Ill Offenders Treatment and Crime Reduction Act*, which funds programs to support justice-involved individuals with mental health conditions; and
- A provision strengthening the “six protected classes” language in Medicare Part D and extending mental health prescription drug protections to Medicaid.

More controversial portions of the bill would have wide-ranging impact on the functioning of SAMHSA and narrow the focus of the types of mental health services and supports it helps promote through its grant programs. Provisions that have already generated significant controversy in the field include new requirements for states to provide assisted outpatient treatment (also known as involuntary outpatient commitment) and changes to the federal HIPAA privacy law.

The National Council notes that introduction of the bill is the first step in a long process of discussion, debate, and potential future hearings or votes. RCPA will further review provisions of the bill and share detail and recommendations with members. RCPA looks forward working with Rep. Murphy to ensure the bill will best address the needs of the full range of stakeholders.

LEGISLATIVE AFFAIRS  
[Continued on page 4](#)

■ NEW MEMBER

**PROVIDER MEMBER**

**UCP of Southcentral Pennsylvania**

Hanover  
Paulette Houghton, Executive Director

**IN THIS ISSUE**

- |                                    |                                  |
|------------------------------------|----------------------------------|
| <b>3</b> A Message From the CEO    | <b>11</b> IDD Focus              |
| <b>4</b> State News Briefs         | <b>12</b> Drug & Alcohol Action  |
| <b>5</b> RCPA News                 | <b>13</b> On the Autism Spectrum |
| <b>6</b> Medical Rehabilitation    | <b>14</b> Children’s Corner      |
| <b>8</b> Brain Injury              | <b>16</b> Committee Reports      |
| <b>9</b> Vocational Rehabilitation | <b>17</b> Classifieds            |
| <b>10</b> Mental Health Headlines  | <b>18</b> Calendar               |

# 2014: The Work Ahead



Richard S. Edley, PhD

By the time this is published, the holiday season will be behind us and the new year just begun. I hope the last few weeks were wonderful and rejuvenating for all and that we are now ready to begin the work ahead.

One of the challenges in writing this monthly article is in being relevant to ALL members. I speak often of the size, strength, and diversity of association members, but it also means that each division has its own priorities. I have also commented on the commonalities of members. Two areas will impact all of us as we enter 2014 – the state budget and *Healthy Pennsylvania*.

**The State Budget.** RCPA has developed a general budget position paper and several division-specific documents. These positions are being shared with legislators and key state department representatives. Our message is clear and uniform: no more cuts and the solution must focus on the revenue side of the equation. We cannot continue to make cuts to a system that has historically been the target for budget solutions. No one likes to talk about increasing taxes, but the corporate tax side of the equation must be explored. While an improving economy leads to increases in personal and sales taxes, it is just not enough. Some hard decisions need to be made and virtually all government officials and analysts agree that the 2014/15 budget will be challenging.

**Healthy Pennsylvania.** I have met and will continue to meet with Department of Public Welfare (DPW) staff regarding the development and structure of this

---

*Working together there is much that we can achieve and impact.*

---

plan. Clearly, we would rather have had straightforward Medicaid expansion, bringing better (and needed) benefits to thousands while taking advantage of the significant federal match. But, that is not the battle we are fighting. *Healthy Pennsylvania* is the plan on the table and that is what we must make work. RCPA released an initial analysis and position paper noting problems with the plan as proposed: unrealistic premiums, significant and potentially unattainable work search requirements, and issues relevant to the identification of and requirements on the medically frail population. We have a choice – attack the plan or take the department at its word that this is a starting point and a negotiation. I plan to testify during the public hearings, but also to continue a dialogue with DPW. There may be a point where we come to an impasse or where the centers for Medicare and Medicaid Services simply will not approve the plan, but we must be at the table and in the discussion.

This is where we begin 2014. Working together there is much that we can achieve and impact. I look forward to the year ahead.

Richard S. Edley, PhD, President/CEO  
[redley@paproviders.org](mailto:redley@paproviders.org)

*This column represents my opinion, not necessarily that of the association.*

Continued from page 2

## DiGirolamo Plans to Introduce New Tax on Natural Gas

Representative Gene DiGirolamo has shared a co-sponsorship memo that announces his intention to introduce a plan to replace the existing Act 13 impact fee on natural gas extraction. His bill would enact a 4.9 percent tax on the value of natural gas extracted and sold from state wells, potentially generating almost \$630 million for the state in the next year. The bill also seeks to protect the \$237 million now going to counties and municipalities under the impact fee. Additional revenues would be directed to several specific areas, with 40 percent for education and the rest for the environment, parks, solar energy, and health and human services. Human services programs that would benefit include drug and alcohol programs (eight percent), adults with special needs (eight percent), behavioral health (five percent), and the Human Services Development Fund (five percent). The proposed tax is lower than virtually any other gas-producing state, including neighboring West Virginia, which has a five percent gas tax. RCPA supports responsible legislation to enhance budget revenue and urges members to ask legislators to become co-sponsors.

## Projected Budget Shortfalls Addressed by Senate Democrats

Pennsylvania faces a serious structural deficit, estimated by the Independent Fiscal Office (IFO) to be \$839 million. It is crucial that the Corbett administration and General Assembly take action to avoid another year of cuts to human service programs and begin to implement enhancements to Pennsylvania's revenue stream. RCPA supports all efforts that look at new revenue sources. The Senate Democratic Caucus has shared a list of proposals that would generate more than \$1 billion in budget savings and revenues. The Senate Democratic Caucus plan enumerates the following ways to increase revenue:

- Expanded Medicaid — \$400 million,
- Escheat reform — \$150 million,
- Wine and spirits modernization — \$125 million,
- Charter school reform — \$85.5 million,
- Capital stock and franchise tax phase-out freeze — \$75 million,
- Multi-state claims processing for SSP/SSI — \$75 million,
- Enhanced tax collection — \$55 million,
- Medicaid long-term care managed care — \$50 million,
- Tobacco products tax — \$36 million, and
- Vendor discount elimination — \$40 million.

Combined, revenue enhancement activities outlined by Senate Democrats would produce an additional \$1.06 billion that would be available to address the numerous budget challenges facing Pennsylvania. RCPA will share more detail regarding the recommendations when it is available. Questions may be addressed to [Anne Leisure](#).

---

## ■ STATE NEWS BRIEFS

### Do You Know Your CJAB?

Through the Pennsylvania Commission on Crime and Delinquency (PCCD) and its Office of Criminal Justice System Improvements (OCJSI), Criminal Justice Advisory Boards (CJABs) use a collaborative approach to formulate justice planning and innovative problem solving. Additionally, CJABs provide an integral forum for assisting and hosting the Mental Health and Justice Center of Excellence (CoE) cross-systems mapping workshops.

Continued on page 5

Continued from page 4

CJABs consist of top-level county officials that address criminal justice issues from a systemic and policy-level perspective. They study best practices in the administration and delivery of criminal justice and recommend ways in which public agencies can improve the effectiveness and efficiency of the county criminal justice system. CJABs provide an ongoing forum for communication and joint problem solving among county officials and are frequently designated as the primary point of contact with the state and federal government for criminal justice matters. Currently, 65 counties have an established CJAB, coordinated by four CJAB specialists through PCCD and OCJSI. Access [PCCD](#) for more information on CJABs.

## Media Advocacy DASH Webcast

RCPA, in cooperation with the Disability Rights Network of Pennsylvania, is offering a Disability Advocacy Support Hub (DASH) workshop – [Media Advocacy](#) – January 28, 10:00 a.m. – 12:30 p.m. Marie Yeager, an Emmy Award-winning television news producer and communications consultant, will help workshop participants learn to use media to attain goals. Most people get their information and often form opinions based on reports from the news media – newspapers, television, and radio. Successful advocacy groups know how to work with the media to deliver their messages and educate members of their communities, policy makers, and key decision makers. Participants will learn how to write a news release, tips for working with the media, and how to formulate messages and educate the community. Individuals can participate in this training by phone, computer, or by going to one of the host sites.

RCPA has coordinated with the Department of Public Welfare (DPW) to offer members a webcast on Governor Corbett's Medicaid reform plan, *Healthy Pennsylvania*.

## Healthy Pennsylvania Webinar

January 10  
11:00 a.m. – 12:00 p.m.

### Presenters

Leesa Allen

Executive Medical Director, Department of Public Welfare

Dennis Merion

Deputy Secretary, Office of Mental Health and  
Substance Abuse Services

Please RSVP [online](#) by January 6. Dial-in information will be sent to all registrants 24 hours prior to the webcast. [Previous information](#) sent by RCPA includes links to documents overviewing key points of the plan and association comments. Members are encouraged to review this information and submit questions to be addressed during the webcast to [Linda Drummond](#) or [Anne Leisure](#).

## Flanagan Retires



Cheryl Flanagan

Cheryl Flanagan, former RCPA president and executive director of Human Services, Inc., Chester County, retired January 1. Ms. Flanagan has spent the past 37 years in the mental health industry, the last 32 as executive director of Human Services, Inc. In addition to serving as president of RCPA, Flanagan has also been a regional representative on the board of directors and a co-chair of the membership committee. Replacing her on an interim basis will be Mary Rose Worthington. RCPA welcomes Ms. Worthington and congratulates Ms. Flanagan on a distinguished career dedicated to helping those in need.

## Bacharach Is President and CEO of Gateway

Paul Bacharach has assumed leadership of RCPA member Gateway Rehabilitation Center in western Pennsylvania. Mr. Bacharach began his new job December 2, 2013, following the retirement of longtime President and CEO Dr. Ken Ramsey. Prior to his position at Gateway, Mr. Bacharach was president of Fayette Regional Health System and Uniontown Hospital. RCPA welcomes Mr. Bacharach to his position and wishes him the best for a smooth transition.

## Final Physician Payment Rule Released

Published in the December 10, 2013 *Federal Register* was the [Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule, Clinical Laboratory Fee Schedule & Other Revisions to Part B for CY 2014; Final Rule](#). This rule finalizes payment rates and policies for 2014 and includes a major proposal to support care management outside routine office visits for physicians. Other provisions within the final rule include:

- Beginning in 2015, The Centers for Medicare and Medicaid Services will establish separate payments for managing a patient's care outside of a face-to-face visit for practices equipped to provide these services,
- Changes to the geographic criteria for telehealth services,
- Application of therapy caps to Critical Access Hospitals,
- Establishment of the therapy cap amount of \$1,920 for 2014, and
- Compliance with state law for incident-to services.

The 2014 rates increase payments for many medical specialties with some of the greatest increases going to providers of mental health services including psychiatry, clinical psychologists, and clinical social workers.

## CMS Education on *Jimmo v. Sebelius* Begins

The Centers for Medicare and Medicaid Services (CMS) has begun an educational campaign in response to the January 24, 2013 settlement agreement in the case of *Jimmo v. Sebelius*, in which the plaintiffs alleged that Medicare contractors were inappropriately applying an "improvement standard" in making claims determinations for Medicare coverage involving skilled care. As part of the settlement agreement, a series of specific steps are noted for CMS to undertake, which includes issuing clarifications to existing program guidance and new educational material on this subject. The goal of the settlement agreement is to ensure that claims are correctly adjudicated in accordance with existing Medicare policy, so that Medicare beneficiaries receive the full coverage to which they are entitled. CMS conducted a national provider call December 19, 2013 that focused on providing clarification of Medicare's policy on coverage for skilled services; overview of no "improvement standard" being applied in determining Medicare coverage for maintenance claims that required skilled care; and enhanced guidance on appropriate documentation. Additional information on the settlement agreement can be obtained via a [fact sheet](#). In addition, [MLN Matters Article MM8458](#) was revised and provides information. The audio recording and written transcript of this call will be posted [here](#) once it is available.

## CMS Sends Letter on Integrated Care Models

The Centers for Medicare and Medicaid Services (CMS) sent a [letter](#) to state health officials and Medicaid directors providing guidance on designing and implementing integrated care models. The [letter](#) is part of a series of communications from CMS on care delivery and payment reforms that can improve health care quality and outcomes while at the same time reduce costs within Medicaid and the Children's Health Insurance Program. It describes the characteristics of integrated statewide quality strategies around payment reform and the impact of this framework on CMS payment delivery model and accountability policies.

## PHC4 Releases Non-GAC Financial Report

On December 12, 2013 the Pennsylvania Health Care Cost Containment Council (PHC4) released its report on non-general acute care (Non-GAC) health care facilities in Pennsylvania, including those that provide rehabilitation, psychiatric, long-term acute care hospitals, and specialty services. [Financial Analysis 2012, Volume Three](#) includes aggregate and facility-specific information about the financial health of these facilities for FY 2012. The aggregate total margins for each type of specialty hospital were positive (12.5 percent for rehabilitation, 4.1 percent for psychiatric, 5.87 percent for long-term acute care, and 7.93 percent for specialty).

## Updated Medicare Payment Series Released

The Medicare Payment Advisory Commission has released its updated [2013 Medicare Payment Basic Series](#). The series provides an overview of 18 payment systems, including inpatient rehabilitation facilities and outpatient therapy services.

## Navigating ICD-10: The Provider Perspective

The Centers for Medicare and Medicaid Services released a new recording of an ICD-10 training webinar conducted for the National Association of Community Health Centers. The video is available on the [ICD-10 Provider Resources](#) web page. The webinar includes information on changes in code structure, code definitions, and recurring patterns that help providers to understand the organization and content of ICD-10 codes; the importance of clinical documentation to accurately and thoroughly capture medical concepts to inform coding; and approaches to assess ICD-10 readiness, identify gaps, prioritize tasks, and monitor progress through continuous quality improvement.

## MedPAC Meeting Focused on Payment Adequacy

The Medicare Payment Advisory Commission (MedPAC) convened December 12–13, 2013 in Washington, DC. The [meeting](#) focused on assessing payment adequacy and updating payments for all Medicare setting and provider types including inpatient rehabilitation hospitals and units (IRH/Us), inpatient and outpatient hospitals, home health agencies (HHAs), skilled nursing facilities (SNFs), long-term care hospitals (LTCHs), and physicians and other health professionals paid under the Medicare physician fee schedule. In assessing payment adequacy and making recommendations for updating payment for providers, MedPAC commissioners and staff look at criteria such as beneficiary access to care, volume growth, supply of providers, quality, access to capital, and payments and costs. MedPAC staff reported that most Medicare providers and suppliers have appropriate access to capital and that there is a sufficient supply of providers, leading commissioners to consider draft recommendations to maintain payments at current rates or even reduce payments in 2015. Of particular interest to rehabilitation providers, MedPAC is considering a draft recommendation to freeze payments for IRH/Us in 2015 based on projected margins for the industry of 13.1 percent in 2014. In addition, there was noted support for a draft recommendation that would require the use of a common assessment tool in post-acute care settings including IRH/Us, SNFs, HHAs, and LTCHs.

## Teleconference on Pediatric Dysphagia Outcome Tool

The International Pediatric Rehabilitation Collaborative Best Practice and Innovation work group will conduct a teleconference January 13, 2:00 – 3:00 p.m. to discuss the Pediatric Dysphagia Outcome Tool. RCPA members are invited to participate and learn how this tool was developed and for which pediatric population it was developed. To participate dial 712-432-1500, participant code 217959#.

## CMS Quality Strategy Released

The Centers for Medicare and Medicaid Services (CMS) has released its [CMS Quality Strategy](#). The vision for the strategy is to optimize health outcomes by leading clinical quality improvement and health system transformation. The quality strategy is built on the foundation of the CMS Strategy and the Health and Human Services (HHS) National Quality Strategy (NQS). Like the NQS, the CMS Quality Strategy was developed through a participatory, transparent, and collaborative process that included the input of a wide array of stakeholders. For more than a year, a group of leaders from across CMS met and developed the strategy. This group sought out advice and input from other HHS agencies, the community, and beneficiaries to inform its efforts. CMS is accepting public comments and responses to the following questions through January 10:

- What are the top three quality topics that you think CMS should focus on?
- Do you see your organization reflected in this strategy?
- If so, how will your organization help execute the CMS quality strategy?

Please select the goal most applicable to your organization and provide thoughts on how your organization can contribute to CMS' effort to achieve this goal. Feedback and responses should be sent to [quality\\_strategy@cms.hhs.gov](mailto:quality_strategy@cms.hhs.gov).

## Work Continues on Medicare Physician Payment Legislation

While both the US House and Senate have approved respective payment reform bills (Medicare Patient Access and Quality Improvement Act of 2013 [HR 2810] and SGR Repeal and Medicare Beneficiary Access Improvement Act of 2013), which would result in a permanent Sustainable Growth Rate (SGR) fix, work still needs done with differences that must be reconciled in 2014. For example, HR2810 does not include payment extenders. The Senate bill includes three Recovery Audit Contractor (RAC) provisions that establish a new provider education and outreach program, requires additional information to be included in The Centers for Medicare and Medicaid Services annual RAC report, and conducts a demonstration project to improve the targeting of RAC audits. It remains unclear when the "pay for" offsets will be included in the House and Senate bills, although substantial cuts to Medicare and Medicaid are expected. In order to allow the House and Senate additional time to work on the reform legislation and reconcile differences, a three-month physician payment fix to prevent the impending cuts has been passed.

## ■ BRAIN INJURY

### Study Highlights Future Predictor for TBI

"Head Trauma Sustained Under the Influence of Alcohol is a Predictor for Future Traumatic Brain Injury: A Long-Term Follow-Up Study," published in the *European Journal of Neurology* 2013, highlights the findings of an investigation conducted to determine whether head trauma sustained under the influence of alcohol is a predictor of future traumatic brain injury (TBI). The conclusion shows that even head trauma without TBI under the influence of alcohol implies an elevated risk of subsequent TBI.

### Study Focuses on NCS of Traumatic Brain Injury Patients

A clinical article, "Nonconvulsive Seizures of Traumatic Brain Injury Patients," published in the *Korean Journal of Neurotrauma*, focused on results of a study conducted to investigate clinical manifestations of nonconvulsive seizures (NCS) during the early period of hospitalization in traumatic brain injury patients with or without brain surgery.

### EMSOF Funds Restored in Transportation Bill

Previously, a section within House Bill 1060 (transportation) was removed that contained Emergency Medical Services Operating Fund (EMSOF) monies. It was discovered this was omitted in error and work was done to restore the funds. On December 17, 2013, it was announced that the error was corrected in both the Senate and the House (HB 892) and is awaiting the governor's signature. This error could have cost the emergency medical system \$3 million in lost revenue annually. EMSOF monies are used to support the Department of Health Head Injury Program, also referred to as the Catastrophic Medical and Rehabilitation Fund.

### NIH Announces Financial Support for Concussion and TBI Research

On December 16, 2013, the National Institutes of Health (NIH) announced significant financial support for [eight research projects](#) focused on traumatic brain injury (TBI). Brain injury currently ranks as the leading cause of death in young adults. Funding, which totals more than \$14 million, comes from the Sports and Health Research Program, a partnership between the NIH, the National Football League, and the Foundation for the National Institutes of Health. The projects earmarked to receive support include two cooperative agreements and six pilot studies. The six pilot studies, projected to receive just over \$2 million in total funding, focus on ways to improve the diagnosis of concussion and identify potential biomarkers that can be used to track a patient's recovery. The studies range from testing a mobile application designed to track the progress of a young athlete from the time of a concussion until they are cleared to return to play to the development of a portable eye-tracking instrument that can be used to diagnose concussions on the sidelines and monitor the injury progression in high school and college athletes.



## Blows to Head May Affect Brain, Even Without a Concussion

The American Academy of Neurology published “[Even Without a Concussion, Blows to Head May Affect Brain, Learning and Memory](#),” highlighting recent research suggesting that even in the absence of a concussion, blows to the head may affect the brain’s white matter and cognition or memory and thinking abilities. The study involved 80 concussion-free Dartmouth College varsity football and ice hockey players who wore helmets that recorded the acceleration-time of the head following impact. They were compared to 79 non-contact sport athletes in activities such as track, crew, and Nordic skiing. Players were assessed before and shortly after the season with brain scans and learning and memory tests.

## Carbon Monoxide Bill Approved by Governor

Governor Corbett approved [Senate Bill 607](#), now known as Act 121, on December 18, 2013. It provides standards for carbon monoxide alarms and imposes penalties for failure to install or maintain the alarms. The Acquired Brain Injury Network of Pennsylvania was the champion of this legislation.

## VA Final Rule Expands Benefits for TBI

On December 17, 2013, a final rule was published in the [Federal Register](#) from the Department of Veterans Affairs (VA), which amends its adjudication regulations concerning service connection. Under this final rule, which becomes effective on January 16, if certain veterans with service-connected traumatic brain injury (TBI) also have one of five other illnesses, then the second illness will be considered as service-connected in determining the amount of their VA disability compensation. The five illnesses include Parkinson’s disease, dementia, depression, seizures, or certain diseases of the hypothalamus and pituitary glands. The effect of the rule will be to eliminate the need for case-specific development and decision on that issue, thereby promoting efficiency and consistency in claim adjudications and making it easier for qualifying claimants to establish service connection for these conditions.

## ■ VOCATIONAL REHABILITATION

### Hiring People With Disabilities

The Office of Vocational Rehabilitation (OVR) in cooperation with RCPA members Jeff Cooper, United Cerebral Palsy of Central Pennsylvania and Rocco Cambria, AHEDD, and the Office of Developmental Programs has received Centers for Medicare and Medicaid Services funding to develop a project, “Hiring People with Disabilities.” The recent roll-out event included individuals serving on the project team, The Hershey Company, and acknowledgements on this achievement by Lt. Governor Jim Cawley and Labor and Industry Secretary Julia Hearthway. Also in attendance were RCPA Intellectual and Developmental Disabilities Committee Co-chair Will Stennett, Family Services of Western Pennsylvania, and Policy Specialist Linda Drummond.

According to Mr. Cambria, “The collaboration...demonstrated that high quality outcomes can be achieved when the various stakeholders are at the table and have a voice

in the outcomes. These stakeholders included the public and private sector along with advocates and providers... to ensure that the final product reflected the best thinking of all parties.... The product represents a very real tool that any business can use and takes a good deal of the guesswork and anxiety out of the planning process. Credit must be given to Jeff Cooper for conceiving the project and for engaging the talent and skills of Keith Chase to facilitate the work of the group.”

The project includes a [how-to guide and DVD](#). The guide for community businesses provides information on hiring persons with disabilities. This project established OVR as the single point of contact for businesses. Employers such as Walgreens, Lowe’s, and the Hershey Company have demonstrated and developed initiatives for hiring individuals with disabilities.

## OVR Addresses Supported Employment

The Office of Vocational Rehabilitation (OVR) Supported Employment Policy Committee and Funding and Collaboration Subcommittee are finalizing a review of supported employment policy. RCPA Policy Specialist Linda Drummond is a member of both groups that are developing recommendations regarding fiscal efficiency, program integrity, and potential training topics.

The Policy Committee reviewed recommendations to the OVR executive team that include:

- Use of a Softskills Checklist prior to completion of the Job Coaching Referral (JCR) form,
- Standardizing the use of the JCR as a tool for supported employment providers to effectively engage and support the customer,
- Develop and use a standardized community-based work assessment form,

- Use of a monthly job coaching report form,
- Use of statewide transitional employment programs for individuals with mental health needs,
- Consider establishing professional competencies for supported employment provider staff, and
- Revisions to the Program Policies and Guidelines Document that will be disseminated for public comment.

Funding and Collaboration Subcommittee topics being addressed include the local memos of understanding, timely development with local Supported Employment Program (SEP) providers, data collected to determine success of customers, and consistent cross-systems trainings for OVR vocational counselors and supported employment staff.

### ■ MENTAL HEALTH HEADLINES

## RCPA Meets With DPW to Request Waiver of Prior Authorization

RCPA staff and Executive Director Jon Evans, Safe Harbor Behavioral Health, met with staff of the Department of Public Welfare (DPW) to urge them to consider a waiver of the prior authorization process for psychiatrists in community mental health centers (CMHCs). DPW requires a prior authorization process for prescribers at CMHCs serving individuals living with mental illness. Members have reported for many years that this creates unnecessary bureaucratic hurdles, jeopardizes individuals' prospects for long-term recovery, and leads to increased costs from unintended consequences. Clients experience significant difficulty accessing and maintaining medications that enable them to lead productive lives in the community. It is the advent of and access to new medications that has made recovery possible for countless people.

New policies are needed that promote best practice, support recovery, provide the least restrictive level of care, and reduce unnecessary costs. A brief position paper was presented which highlighted numerous studies supporting the issues. The preponderance of evidence over the past four years, including studies found in the *Journal of Psychopharmacology* (2011), *Psychiatric Services* (2009), and the *American Journal of Psychiatry* (2007) demonstrate that **restricting access to psychotropic medications results in significant costs in other areas of health care services, such as increased emergency room visits and hospitalizations, and increased homelessness and incarceration.** These and other studies document the experience of those with mental illnesses who were switched to more restrictive drug coverage. The consequences were consistent across all studies: continuity of care is lost, an

increase in relapse is significant, and there are no real cost savings.

DPW needs to evaluate the cost benefit of the Pennsylvania process, including administration costs, those created by symptom relapse, and subsequent unintended consequences of relapse. RCPA also suggests that the review not be limited to the pharmacy line item, but that the commonwealth should also determine costs to other areas of the state budget such as health care, jails, and prisons.

RCPA urged DPW to establish policies that reduce unnecessary costs by instituting a waiver of the prior authorization process for prescribers in CMHCs. While DPW staff referred to the proposal as "bold," they did commit to looking more closely at the issues and consider ways to improve the process. Questions should be directed to [Lynn Cooper](#).

## Suicide Prevention Coalition Plans Regional Forums

The Pennsylvania Adult and Older Adult Suicide Prevention Coalition, through funding from the Office of Mental Health and Substance Abuse Services, is revising the adult and older adult suicide prevention plans. A statewide advisory committee is being formed. To ensure broad stakeholder input four regional listening forums will be held in January to solicit input. The forums will be conducted by webinar and include a brief overview of the current state suicide prevention goals and an overview of the 2012 National Strategy for Suicide Prevention. Structured questions will then be provided to the audience for input and discussion. The [current plans](#) are available for review. Individuals that wish to comment should be familiar with these documents.

The four regional listening forums are:

**Central**

January 14  
10:00 a.m. – 12:00 p.m.

**Northeast**

January 15  
1:00 – 3:00 p.m.

**Western**

January 16  
10:00 a.m. – 12:00 p.m.

**Southeast**

January 17  
10:00 a.m. – 12:00 p.m.

## ■ IDD FOCUS

## ODP Futures Planning

The December meeting of the Office of Developmental Programs (ODP) Futures Planning Extended Team focused on discussion regarding the “[Futures Planning Implementation Proposal](#),” which was developed with stakeholder and public input. “Today’s Vision...Tomorrow’s Reality” was founded on the mission of supporting individuals with developmental disabilities to achieve greater independence, choice, and opportunity in their lives. The vision is to continuously improve an effective system of accessible services and supports that are flexible, innovative, and person-centered. The implementation proposal was presented to Department of Public Welfare Secretary Bev Mackereth by several self-advocate team members.

### ODP UPDATES

The Office of Developmental Programs (ODP) has released the following information.

[Announcement #099-13](#): Giving Medication at Home: A Course for Lifesharers. Composed of seven webcasts that includes two credit hours that can be used toward the annual training requirements for family living.

[Informational Memo #101-13](#): Update to Informational packet #154-11: ICD-10 Compliance Date Changed to October 1, 2014. The ICD-10 Centers for Medicare and Medicaid Services initiative has been delayed and providers should continue billing using ICD-9 diagnosis code for dates of service up to and including September 30, 2014. The Department of Public Welfare has added a web page that includes general ICD-10 information.

[Announcement #102-13](#): Intensive Systems Therapy Training. Trainings to build local level capacity in dual diagnosis best practice methodology.

[Informational Packet #103-13](#): Updated Agency with Choice (AWC) Financial Management Services (FMS): Wage Ranges and Benefit Allowances Effective January 1, 2014. Obsolete.

[Informational Packet #104-13](#): Instructions for Revising ISPs with the Updated AWC FMS Fees effective January 1, 2014. Supports Coordinators must update ISPs to reflect rate changes and submit to the Administrative Entity (AE) for approval no later than January 17. The AE shall approve and authorize ISPs no later than January 31.

[Announcement #105-13](#): ISP Review Checklist Revision. The revised Individual Service Plan (ISP) Review Checklist (DP 1050) dated September 13, 2013, should be implemented as of December 11, 2013. The updated ISP Checklist is stored on the ODP Consulting [web site](#).

## Temple’s Aging and Transition Project

The Temple University Institute on Disabilities is completing its initial Pennsylvania Developmental Disabilities Council grant, “Transitions in Aging and Adult Life Research.” As a member of its Advisory Committee, Linda Drummond coordinated with RCPA members to respond to the surveys relevant to this project. A draft of findings has been reviewed by Advisory Committee members. Recommendations being made to consumers, families, and providers indicate:

- Individuals with developmental disabilities desire an active lifestyle, but many face barriers in physical activity participation;
- As individuals age they may experience a gradual loss of physical functioning and a decreased social network;
- Access and funding are needed to obtain assistive devices to accommodate changing needs and limitations; and
- Emphasis needs to be placed on research and training to address long-term support needs of those aging in the human service system.

## Dual Diagnoses Focus Group

RCPA, in cooperation with the Offices of Developmental Programs (ODP) and Mental Health and Substance Abuse Services initiative for those dually diagnosed with intellectual or developmental disabilities and mental illness, has convened a focus group to determine next steps related to systems and community training needs and community outreach. Policy Specialist Linda Drummond and ODP Dual Diagnoses Lead Marlinda Smith are co-chairs.

At its recent meeting the invited guest was Senate Judiciary Committee Counsel Gregg Warner. House Bill 1504, which requires police training on mental health and intellectual disability, passed the House in October, the Senate Judiciary Committee, and is now in the Senate Appropriations Committee. Presentations and discussions focused on the important need for this legislation and available resources for police and first responders. Providers shared issues and concerns for those in service regarding the importance of specialized training to avoid crises that could lead to involuntary admissions or arrests. The Health Care Quality Units (HCQUs) have started piloting current curricula developed over the past year. Two staff at each HCQU has been identified to provide trainings to community providers. They are also working with ODP on a dual diagnoses certificate for community staff.

## MFP Activity Update

The Money Follows the Person (MFP) stakeholder meeting provided an update on projects activities. Highlights include:

- Eighty-nine individuals in the Office of Developmental Programs Consolidated Waiver have transitioned to the community;
- Office of Long-Term Living nursing homes transitions total 1,569 with 1,280 individuals age 60 or older;
- Office of Mental Health and Substance Abuse Services have 234 transitions to community living, with 83 people moving into supported housing units; and
- Section 811 Housing will include rental assistance for 200 eligible individuals with the financial supplement going to the housing unit. This program is open to low-income individuals with disabilities ages 18–62 and may include their families living with them.

### ■ DRUG & ALCOHOL ACTION

## STAR Director Promises Improved Help Desk Process

The new director for the STAR data system – Audrey Marrocco – was introduced at the December 2013 RCPA Drug and Alcohol Committee meeting. Ms. Marrocco recommended that providers contact the Department of Drug and Alcohol Programs for issues/problems encountered in STAR, workflow challenges, and questions related to the system. The new director promised to get questions answered as quickly as possible. Contact can be made by phone (717-783-8200, 8:00 a.m. – 4:30 p.m.) or email ([RADASuppr@pa.gov](mailto:RADASuppr@pa.gov)). The following information will be needed:

- Name,
- Phone number,
- Email,
- Provider/payer code,
- County,
- Best time to be reached,
- Description of the issue, and
- Screenshots, if possible. Be sure to redact any client-specific information.

## Autism Insurance Act Still Not Fully Implemented

In December 2013, the House Human Services Committee held an informational hearing on autism services. Testimony focused on the recent service needs census and adult services. David Gates, Pennsylvania Health Law Project, and Dennis O'Brien, Philadelphia Councilman-At-Large and former Speaker of the House, provided testimony focusing on the fact that Act 62 has not yet been fully implemented. Gates noted that even four years after Act 62 was passed there is still very little data on what has been happening because of the law. He stated the Department of Insurance would not look into the problem further because no one has submitted complaints. Gates testified that when private insurance companies deny claims for autism services, the Department of Public Welfare picks up the cost so there are no families going without services. He suggested that families be asked to voluntarily sign over their right to appeal to managed care organizations that can afford to hire lawyers to appeal the insurance company's decision to deny benefits. Councilman O'Brien testified that it was imperative to hold private insurers responsible for covering their share of service expenses. He said that full implementation of Act 62 is necessary if Pennsylvania wants to support the rising number of adults with autism. Chairman DiGirolamo asked how much the state spends because Act 62 is not being implemented. O'Brien indicated the lack of implementation costs the commonwealth \$28 million per year.

## First Responders Training Draws National Attention

When the Bureau of Autism Services conducted the *Pennsylvania Autism Needs Assessment*, one of the primary areas identified was access to skilled providers of primary and specialty medical care for consumers with an Autism Spectrum Disorder (ASD). In response, the Autism Service Education, Resource and Training Center (ASERT) developed a Statewide First Responders and Emergency Responders Training project. As part of the project, ASERT developed a series of educational materials targeted at emergency medical services and emergency department personnel. These materials include information on:

- The characteristics of ASD,
- The challenges this condition poses to patients and health care providers in the pre-hospital and acute care settings, and
- Methods for improving the interaction during times of crisis.

ASERT continues to conduct trainings for emergency medical services and emergency room nurses using these materials. Data analysis collected pre- and post-training suggests that these materials and training sessions are effective in accomplishing core learning objectives. These results are detailed in a recent article published in the *Journal of Autism and Developmental Disorders*. To learn more about the project or view the article, visit [www.PAautism.org](http://www.PAautism.org).

## ASERT Project

The ASERT Eastern Region Adult Clinic project consists of comprehensive, multi-disciplinary case conferences with providers on adults with autism spectrum disorders. The provider presents a case for assessment and diagnosis, behavior management, medication management, and/or transition planning. This project is intended to educate provider agencies about the use of evidence-based therapies for adults on the autism spectrum, which include behavioral supports and medication selection and effects.

Participation in this project is free of charge and follow-up case conferences to help ensure ongoing support for providers are available. The ASERT adult clinic project is available in person for Philadelphia-area providers and by telemedicine for providers throughout Pennsylvania. For information about consultation services, please contact [Lauren Tucker](#), ASERT support coordinator.

## 2013 Sees Dramatic Cuts in BHRS

For more than a year RCPA has collaborated with the Disability Rights Network (DRN) and prominent advocacy attorney, Edmond Tiryak, to track and challenge the impact of Behavioral Health Rehabilitation Services (BHRS) "redesign" on children's mental health services. Launched in spring 2012 by the Office of Mental Health and Substance Abuse Services with the assistance of Mercer Consulting, *BHRS Redesign* abruptly altered the service authorization and service delivery patterns for children's behavioral health services, especially Therapeutic Staff Support (TSS). Mr. Tiryak, through the state's right to know law has obtained data on the changes in TSS utilization. A comparison of service data provided by the Department of Public Welfare through its county and managed care organizations from October 2012 – May 2013 and those same months in 2011/12 show a reduction in BHRS of **over 1.3 million TSS hours**, or more than **14 percent**. These changes have occurred while there has been no change in the medical necessity criteria for BHRS or significant change in the number of children covered by HealthChoices. Information from RCPA members has shown that these changes have resulted in substantial reductions in services and dramatic job losses, especially in more rural parts of Pennsylvania where BHRS is a key component of the service system.

## Judge Finds SORNA Law Unconstitutional

In a landmark ruling for Pennsylvania, a York County Court of Common Pleas judge ruled that Pennsylvania's recently enacted law requiring that juveniles convicted of sexual offenses be subjected to lifetime sex offender registration violates their rights under various provisions of the Pennsylvania and US Constitutions, as well as Pennsylvania's Juvenile Act. Judge Uhler refused to permit the legislature to impose disproportionate lifetime penalties for acts committed as a child. He wrote, "As is all too common with juvenile sex offenders, their lives too have been marred by tragedies, traumas, addictions, abuse, and personal victimization. Fortunately, as is also common..., they have demonstrated a great capacity and willingness to rehabilitate and make better lives for themselves. In...2012, and as a means to retain maximum federal funding, the Pennsylvania legislature passed the law in order to come into compliance with the federal Adam Walsh Act. In doing so, the legislature incorrectly treated youthful offenders the same as adult sex offenders. As such, youthful offenders would be subject to the same requirements as adults under the Sex Offender Registration and Notification Act more commonly referred to as 'SORNA.'"

## App to Curb Texting While Driving

Distracted driving continues to fill emergency rooms with adolescents and young adults with physical and neurological injuries. Today, 75 percent of teens report that it is common for friends to be texting while driving. A new web resource, *Texting and Driving: It Can Wait*, is working with cellular communications providers to promote efforts to curb the use of cell phones and similar devices by young drivers. One of the most innovative tools is a downloadable application that automatically causes the phone to defer calls and text messages, replying to the sender that the recipient is behind the wheel. Members are encouraged to make this resource available to young people, family members, and considering this new tool for agency employees who are often on the road.

## What Will Happen to CHIP Kids?

The state's Children's Health Insurance Program (CHIP) provides health and behavioral health care coverage to about 50,000 children that, under the federal Affordable Care Act, should be moved to the Medicaid program on January 1. The Corbett administration has worked to avoid this change and keep these children in CHIP. There are indications an immediate transition to Medicaid won't occur. Representatives from the Corbett administration have pointed out that no such determination or agreement had been reached with federal officials. "We're still in discussions with the federal government regarding that," said Department of Public Welfare Secretary Mackereth, when asked about the situation during a press conference. "We've been writing letters back and forth, talking about what that can look like, and we're really hoping to work out an arrangement where families will have an option." When pressed on what happens January 1, Mackereth responded "The feds have really come off that January date as the drop-dead date for children to move. So they're basically saying 'we'll work with you, we're willing to talk about it,' and that's really where we are today."

## Center for Children's Justice Created

Ten years ago the Protect Our Children Committee (POCC) was created to see that the state constitution was amended and laws changed to ensure that a victimized child might be permitted testimony options beyond face-to-face. POCC worked to secure two amendments, to have state law reflect the will of the voters, and to assure courts didn't overturn the will of the people. The POCC, under the long time leadership of Cathy Palm, has evolved into the non-profit Center for Children's Justice to promote community responsibility so every Pennsylvania child is protected from child abuse, including sexual abuse. This new and vital organization has charted a course focused on:

- Changing culture so protecting children is a shared priority and community responsibility;
- Engaging adults in a commitment to nurture, protect, listen to, and speak up for children;
- Strengthening the parent-child bond;
- Cultivating partnerships so that prevention and intervention strategies are coordinated and built upon protective factors within a child's family and community;
- Facilitating a child's healing and access to justice through trauma-informed, child-centered, and coordinated investigations, interventions, and judicial proceedings; and
- Pursuing accountability so that prevention strategies and child protection policies and practices are informed by objective data and continuously measured for effectiveness.

The center remains committed to regularly convening interdisciplinary stakeholders and is intent on assuring that community members and professionals on the front lines of protecting children are connected to timely and reliable information that has implications on policy and practice. RCPA congratulates the center and looks forward to continued collaboration.

## System of Care in Every County

Pennsylvania has demonstrated a growing commitment to coordinated planning and youth and family engagement in service planning at the county and community level. From the state's CASSP initiative of the 1980s through the Integrated Children's Planning Initiative to the growing System of Care (SOC) Partnership, integrated planning and service have been paramount. Now the Pennsylvania SOC Partnership has embarked on a statewide effort to bring youth leaders, family leaders, and system leaders together in equal partnership to integrate the child-serving systems into the SOC in every county. A member of the partnership team recently met with the RCPA Children's Division. SOC leadership also conducted a [webinar](#) on the initiative targeted at county leaders.

## Behavior Specialist Services, Future Challenges Grow

During the last several months it has become increasingly clear that Pennsylvania is encountering a growing shortage of professionals who are or will be licensed as behavior specialists or meet other Medicaid criteria for serving children on the autism disorder spectrum. During the December 4, 2013 RCPA Children's Division meeting, members from every region of the state reported on the inability to respond to service referrals and growing staff shortages. Agency leaders reported that the rate of staff attrition and reassignment is growing and staffing challenges are compounded by barriers to recruiting graduate-level professionals who have met licensure requirements related to prior experience and prior training needed for licensure and participation in the Medicaid program. Reasons for this service system erosion and the gap between the needs of children on the autism spectrum and the state's ability to meet those medically necessary needs is increasingly apparent, but so are potential solutions. There are indications that the state's move to enable behavior specialists to practice and bill independently will accelerate staff attrition. RCPA has initiated an informal autism service provider survey to further assess the specific challenges and potential solutions.

## Report on School Safety Leaves Important Gaps

In December 2013, the Pennsylvania State Police released its School Safety Report. The report's introduction notes that "as society reacts to the tragic acts of violence that take place in our schools, we remain committed in keeping our children safe." The report is available in the Public Safety section of the [State Police web site](#). While this document recounts the many school tragedies and provides information on locks, monitors, security guards and "active shooter" response, it fails to offer suggestions or guidance for preventing such tragedies. While it may not be the job of state police to report on prevention or promote such action, there must be an effort on the part of school safety leaders to identify action steps for preventing students from evolving into individuals who act to take their lives and those of others in the school community. Mental health screening, early identification of emotionally at-risk students, bully prevention, Student Assistance Programs, Positive Behavior Intervention and Supports, and school-based mental health services all hold promise. Crisis response and building security are vital. The prevention of youth violence is the larger challenge for schools and community providers in the promotion of school safety and it demands its own study and report.

## ■ COMMITTEE REPORTS

### Children's Committee

The RCPA Children's Committee discussed the division's evolving structures and the solicitation of members for work groups focused on Early Childhood, School Based, Transition Age/Young Adult, Child Welfare/Juvenile Justice, Pediatric Rehabilitation, Residential Treatment, and Evidence-based Services during its December 2013 meeting. Dr. Stan Mrozowski provided a presentation on the recently funded System of Care Partnership expansion grant and the recently funded Safe Schools/Healthy Students Partnership grant. RCPA staff provided reports on various task forces and committees impacting child welfare and behavioral health policy, service delivery, and funding. The group discussed challenges to families and agencies related to behavior specialist licensing, staff retention, and recruitment. Staff reviewed the work of a task force engaged in the long-term effort of reviewing and revising psychiatric outpatient clinic regulations and the child welfare rate methodology task force. The committee discussed the RCPA strategy for educating the General Assembly in advance of the development of the 2014/15 state budget. The next committee meeting is March 12.

### IDD Committee

The Intellectual and Developmental Disabilities (IDD) Committee's December 2013 meeting included guests from the Office of Developmental Programs (ODP) and Office of Vocational Rehabilitation (OVR). ODP Deputy Secretary Fred Lokuta led discussion with members on the topics of the state's Waiting List initiatives, residential vacancy factor issues for providers, increased emphasis on compliance, and paperwork which takes time away from direct support. RCPA Legislative Affairs Director Anne Leisure provided an update on the 2014/15 budget request. Bureau of Autism Services staff Lindsay Lawer and Lauren Tucker provided an update on a new project, Autism Specific Case Consultation for Providers. OVR Specialist Supervisor Dana Baccanti, reviewed her agency's strategic priorities. Diane Cashman, ODP employment lead, provided an update on the Statewide Employment Leadership Network. Extensive notes are available from the RCPA [web site](#).

### SCO Subcommittee

The Supports Coordination Organization (SCO) Subcommittee met in December 2013. Guests included Jeff Iseman, Pennsylvania Statewide Independent Living Council (SILC) and Jen Fraker, Bill Posavec, and Sonya Hipple from the Office of Developmental Programs (ODP). Iseman provided an overview of the SILC. ODP staff engaged in a wide range of topic discussions regarding issues and concerns to the Supports Coordinators. [Notes](#) are available from the association web site.

### Vocational Rehabilitation Subcommittee

The first meeting of RCPA's Vocational Rehabilitation Subcommittee addressed a variety of issues related to supported employment, vocational training, and work centers. Melissa Diehl, George Washington University, provided an overview of an online educational program designed to prepare staff to assess and place consumers with disabilities into employment environments. Committee members discussed the need to develop an RCPA "Best Practices in Vocational Rehabilitation for Persons with Intellectual and Developmental Disabilities" document. Information was shared on pending federal legislation and Linda Drummond provided updates. [More information](#) is available from the RCPA web site.





## Full-time, Part-time, PRN Psychiatrists

With a rich tradition spanning more than 40 years, **NHS Human Services** is at the forefront of providing care and services to people with special needs. Today NHS, through its subsidiaries, is the largest community-based, non-profit human services organization in the country. More than 10,500 staff provide care to 50,000 adults and children throughout Pennsylvania, New Jersey, New York, Delaware, Maryland, Virginia, and Louisiana. NHS has developed a unique continuum of care providing services in the areas of mental health, addictive diseases, education, juvenile justice, foster care and permanency, autism, intellectual and developmental disabilities, and many more specialized programs.

NHS Human Services is one of the nation's leading non-profit providers of community-based human services. With nationally recognized programs in multiple states, NHS offers a full range of integrated services to adults and children in the areas of Mental Health, Addictive Diseases, and I/DD. NHS is seeking full-time, part-time, PRN Psychiatrists for its Child and Adult Outpatient programs located throughout the Philadelphia, northeast, and central/western regions of Pennsylvania. Candidates will be Board Certified or Board Eligible in Psychiatry and have a Pennsylvania license. NHS offers a competitive salary, health benefits, malpractice/CME reimbursement, and 403b. Please submit CV to [MD@NHSONline.org](mailto:MD@NHSONline.org). NHS is an EOE [www.NHSONline.org](http://www.NHSONline.org).

## Executive Director – CMU



The CMU, a private, non-profit corporation in Dauphin County that provides case management services to persons with mental illness, intellectual disabilities, and/or developmental delays, is seeking an Executive Director. Prospective candidates must possess a bachelor's degree in a human service or business management field, supplemented by graduate study to the level of a master's degree. Candidate must possess five years of management experience in a human service or health care related agency, including at least two years of senior management experience where the individual had independent responsibility for planning, program development, directing, organizing, and controlling functions. Appropriate experience may be substituted for the required graduate degree on a year-for-year basis. Prospective candidates must possess proven skills in leadership, problem solving, and program development, as well as experience in team building and financial management in a values-based environment. Prospective candidates must also demonstrate oral and written communication and presentation skills, and computer skills including Microsoft Office, Word and Excel. Submit letter of interest, resume, and salary requirements by January 3 to Human Resources Director, CMU, 1100 S Cameron St, Harrisburg, PA 17104 or via email to [HR@CMU.cc](mailto:HR@CMU.cc). EOE



**Renewalinc.com**

## Vice President of Administration

**Renewal, Inc.** is a private, non-profit organization in downtown Pittsburgh. Renewal, Inc. provides drug and alcohol treatment, alternative housing, mental health, and community corrections services to male and female offenders in the County, State, and Federal criminal justice systems. The mission of Renewal, Inc. is "Dedicated to the renewal of individuals in the criminal justice system and to their return to society as responsible citizens."

### Position Definition

Responsible for overseeing financial management, information systems, facilities/food service management, and the performance measurement and evaluation of the organization's programs. Should perform with high degree of initiation and independent judgment in accordance with established organization policies and procedures. Review and evaluate new resources within the community. Constantly scan the environment for betterment of organization operations.

### Education and/or Experience

Demonstrated ability to manage resources and supervise, work effectively and efficiently with all levels; self-starting, motivated, and adapt to changing technology; proven skills at problem solving and strategic planning. Strong analytical abilities and detail oriented.

Master's in Business Administration (MBA) required. Bachelor's in Finance, Accounting, or Information Systems and a minimum of 10 years of related supervisory experience required. Nonprofit experience preferred.

**To Apply:** Please submit resume and cover letter to [www.renewalinc.com](http://www.renewalinc.com).

## CALENDAR

JANUARY		
Wednesday, January 8	10:00 a.m. – 12:30 p.m.	Brain Injury Committee <i>RCPA Conference Room</i>
Wednesday, January 22	10:00 a.m. – 12:30 p.m.	Human Resources Committee <i>RCPA Conference Room</i>
FEBRUARY		
Thursday, February 6	12:00 – 1:00 p.m.	IPRC Webinar: Innovative Technologies in Hemiparesis
Wednesday, February 19	10:00 a.m. – 1:30 p.m.	Northwest Regional Meeting <i>Clarion Holiday Inn, Clarion</i>
Thursday, February 20	10:00 a.m. – 12:00 p.m.	IPRC Conference Call