



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

REHABILITATION & COMMUNITY PROVIDERS ASSOCIATION

DECEMBER 2014

MENTAL HEALTH HEADLINES

Collaborative Documentation Update

RCPA, along with several state-wide stakeholders, participated in a work group to develop and submit guidelines for collaborative documentation. This work group was convened by the Office of Mental Health and Substance Abuse Services (OMHSAS) Policy Bureau. The work group submitted its guideline recommendations to the policy bureau in September. To date, the guidelines have been reviewed by OMHSAS leadership, the Office of Medical Assistance Programs, and are currently under review by the Bureau of Program Integrity (BPI). Feedback from senior OMHSAS staff has been positive and they have reported very little substantive changes made to the submitted guidelines. Upon completion of the BPI review two things will happen – the guidelines will be returned to the work group for final comment and a decision about OMHSAS legal review will be made. Further information about collaborative documentation will be available at the December 3 Mental Health Committee meeting.



Healthy PA

ACCESS • AFFORDABILITY • QUALITY

PCO Contact Numbers

RCPA has received the provider contact telephone numbers for all Healthy PA private coverage option (PCO) plans. These numbers can be used for credentialing and contracting questions and issues members face during implementation.

CPT Codes for Evaluation and Management

RCPA staff has worked with the Office of Mental Health and Substance Abuse Services (OMHSAS) to review the interpretation on evaluation and management codes delivered by OMHSAS in July. The current policy clarification requires that both time and complexity be met in order to bill the proper code, meaning that if one is not met, providers are forced to down code the visit. This presents several problems including loss of revenue from secondary payors. OMHSAS has sent this issue to the Quality Management department for its review and interpretation. RCPA has passed along specific information about how this policy clarification impacts the ability to serve people. OMHSAS will reach out to members to discuss this issue directly. RCPA staff will continue weekly discussions about this and other important issues facing providers.

Use of Phlebotomy Services (Act 122) in Clozaril Clinics

During regular calls with the Office of Mental Health and Substance Abuse Services (OMHSAS), the issue of having blood work drawn in a clinic has been discussed. Act 122 of 2013 strictly prohibits the use of laboratory services at a non-laboratory run clinic. As many providers have shared, this is significant issue with long-term impact for people receiving clozaril services that require routine bloodwork. Clinics have long partnered with laboratories to draw blood during medication visits. OMHSAS is addressing this with the Department of Health and believes that upon review there will be a waiver process offered for laboratory services in clozaril clinics. RCPA remains vigilant about addressing this issue as quickly as possible.

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■ **RCPA NEWS**

First RCPA Regional Meetings Held in November

RCPA held four regional meetings in November discussing pressing issues facing members. These were the first meetings held in the northwest, southwest, northeast, and southeast regions. RCPA thanks hosts Horizon House and Children's Service Center of the Wyoming Valley for their hospitality in the eastern region. The next regional meetings in March 2015 will focus primarily on legislative issues facing members. RCPA will add a fifth meeting in March 2015 for the central region.

Western Region Welcomes Leesa Allen and RCPA Staff

The Northwest and Southwest Region meetings were held in mid-November in Clarion and Mars respectively. RCPA and western region members were honored to have Leesa Allen, executive director of Medicaid, present a detailed summary of Healthy PA, including the health assessment tool and the specific benefits under each plan. RCPA President and CEO Richard Edley provided an overview of recent work being done on behalf of members by the organization and Jack Phillips provided a legislative report with details from the November election.



Leesa Allen provided a detailed summary about Healthy PA.

Members from the Northwest Region listen to presentations on issues of concern.



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Succession Planning in an Industry of Change



A notable trend in the health and human services industry is the ongoing change in leadership of the agencies, hospitals, and organizations that we represent. We have had many strong leaders in the field for many years, but retirement

does come. I am in my position at RCPA in part because of the retirement of both executives who held the position before me.

As I talk with many CEOs around the commonwealth, including the RCPA Board of Directors, I hear that several are planning retirement in the next three years. This is in addition to the CEOs who retired during the past 12 months. Where will new leaders come from? What planning is taking place for this major shift in leadership?

Interestingly, many succession plans have been shown to fall short of goals. In addition to the leadership issue itself, a poor succession or transition plan can have a crippling effect on the organization and the morale and retention of senior leaders and staff. I have observed the changes that occurred in the last year among members and have seen great variation in the process of bringing about change.

- Some new leaders have had years of experience within the organization and have been groomed for the CEO position through careful planning; others organizations focused largely on an external search to bring in new leadership and ideas.

- There are agencies with extensive involvement, guidance, and recommendations from the retiring CEO; others had major involvement and direction from boards, with less collaboration with the retiring CEO.
- Some CEOs remained for a period as a transition; others less so.

No one approach is necessarily right or wrong and some members did a combination of things. The key appeared to be how the process was planned, initiated, rolled out, and then communicated. So where does this leave RCPA members over the next three years and what impact will this sea change ultimately have on the field?

Several leaders have turned to RCPA for help in answering those questions. In May 2015, RCPA will host a Senior Leadership Summit addressing leadership change, succession planning, external recruitment, and transition and continuity in conjunction with the Annual Meeting. As we are still developing the agenda and speakers, comments, suggestions, and ideas are welcome. This will truly be your meeting with RCPA as the conduit.

Change is inevitable and it can be done right.

Richard S. Edley, PhD, President/CEO
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This column represents my opinion, not necessarily that of the association.

SAVE THE DATE! _____



RCPA ANNUAL MEETING
AND
Senior Leadership Summit

May 19 – 20, 2015

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.



Legislative Overview

Much has happened since the November election. Pennsylvania has a new governor-elect, the four caucuses have elected leadership, and the General Assembly has adjourned the 2013/14 Legislative Session sine die. Jack Phillips has provided the following information so that members have an update of what the RCPA Legislative Affairs Committee is planning and highlights to look for in the upcoming legislative year.

The RCPA Legislative Affairs Committee has a lot on its plate for the legislative session. The association has spoken with a consultant to help us with lobbying efforts in Washington, DC. Specifically, RCPA is looking to retain a consultant to assist in communicating with Senators Casey and Toomey, the Pennsylvania Congressional delegation, and staff from the Centers for Medicare and Medicaid Services. Once a consultant is identified and hired, that individual will also work with the National Council for Behavioral Health, ACCSES, the American Medical Rehabilitation Providers Association, and the American Network of Community Options and Resources so that everyone speaks with one voice.

Additionally, the Legislative Affairs Committee will establish new ways for members to reach out to elected officials on important issues such as the budget or specific legislation that may benefit or harm members. One method to get important information out to members is through calls-to-action. When members receive these calls-to-action, they will be provided a succinct message and information on how to

contact their legislators. Another change will be when RCPA holds its Capitol Day in Harrisburg. Traditionally, Capitol Day has been in June, but that is not the best time of the year to advocate for increases in budget items. By June, most decisions regarding the budget are complete or almost finished. In 2015, the RCPA event will be in March. Members are asked to watch email communications for a specific date. The committee understands that the association needs to be agile and aggressive. Doing new things in member communications is vital; it is crucial that members carry the RCPA message to legislators.

The committee will assist with fundraising for the RCPA Political Action Committee (PAC). The RCPA PAC is key in helping get the association message to legislators. President and CEO Richard Edley and Director of Legislative Affairs Jack Phillips attend many small events with legislators to advocate on behalf of RCPA. These events require the expenditure of funds, so all RCPA members are needed to support the RCPA PAC. The request is not for hundreds or thousands of dollars. The association appreciates any donation, no matter how large or small. Without these donations, it makes it difficult to get RCPA's issues on anyone's radar. Please contribute.

Mr. Phillips has been on staff for four months and has been meeting with members, legislators, and legislative staff. In the upcoming session, he will spend more time at the State Capitol during session days meeting new legislators and advocating for member issues. As mentioned earlier, the general election

brought significant changes to Harrisburg. In January 2015, Tom Wolf will become governor and there will be many changes in House and Senate leadership. The tables below identify the new leaders

Pennsylvania House of Representatives

Speaker: Mike Turzai		
	Majority	Minority
Leader	Dave Reed	Frank Dermody
Whip	Bryan Cutler	Mike Hanna
Caucus Chair	Sandy Major	Dan Frankel
Caucus Secretary	Donna Oberlander	Rosita Youngblood
Appropriations Committee Chair	Bill Adolph	Joe Markosek
Caucus Administrator	Brian Ellis	Neal Goodman
Policy Committee Chair	Kerry Benninghoff	Mike Sturla

Senate of Pennsylvania

President of the Senate: Mike Stack President Pro Tempore: Joe Scarnati		
	Majority	Minority
Floor Leader	Jake Corman	Jay Costa
Whip	John Gordner	Anthony Williams
Caucus Chair	Bob Mensch	Wayne Fontana
Caucus Secretary	Rich Alloway	Larry Farnese
Appropriations Committee Chair	Pat Browne	Vince Hughes
Caucus Administrator	Chuck McIlhenney	John Yudichak
Policy Committee Chair	Dave Argall	Lisa Boscola

Pennsylvania will also welcome a new secretary and deputy secretaries for the Department of Human Services, new governor staff, and new legislative staff. It is an exciting and challenging time for RCPA in the legislative realm, but with new challenges come new opportunities. RCPA will be on the front lines to keep members informed and engaged in the process. Members that have questions/concerns or that would like to be a part of the Legislative Affairs Committee should contact [Jack Phillips](#).

OLTL Updates Claims Processing Timeline for Waiver Rate Change

On November 7, the Office of Long-Term Living (OLTL) issued an update on changes to the claims processing timeline for the OLTL waiver rate change process for Service Coordination (W1011), Personal Assistance Service (W1793), and Consumer-Directed Personal Assistance Service (W1792). The Aging Waiver claim adjustments related to the waiver rate change process that occurred in September have begun to process through PROMISE. These claims will be processed during the next two financial cycles and should have appeared on Remittance Advices (RA) with processing dates of November 10 and November 17. RA banners with information specific to the internal control numbers of the claim adjustment transactions will also appear on these RAs. This will conclude any departmental claims processing related to OLTL's waiver rate change process of September. If an agency should discover any claims that have not been adjusted, it is responsible for submitting those adjustments. Questions related to this information should be directed to the OLTL Provider Inquiry Lines at 800-932-0939 (remain on the line for inquiry staff) or email RA-ProviderOperation@pa.gov.

Long Range Transportation Plan Open for Comment

The Pennsylvania Department of Transportation (PennDOT) has opened a 30-day comment period for *Pennsylvania's Long Range Transportation and Comprehensive Freight Movement Plan*. The draft plan is available for public review and comment through

December 15. The public comments contributing to the plan were collected from more than 2,500 individuals who completed a spring survey identifying their top transportation priorities. Included in the priorities is public transportation. Comments can be

submitted [online](#), through email to ra-PennDOTLRTP@pa.gov or by mail to the PennDOT Center for Program Development and Management, c/o Statewide Long Range Planning, PO Box 3365, Harrisburg, PA 17105-3365.

HHS Seeking Information for Reducing Medicare Appeals Backlog

The Department of Health and Human Services (HHS) Office of Medicare Hearings and Appeals (OMHA) published a [request for information notice](#) in the November 5 *Federal Register*. The notice seeks public comments on ways to address the substantial growth in the number of hearing requests being filed with OMHA and the backlog of pending cases. In particular, OMHA is seeking feedback related to the increased workload and/or backlog of appeals at the Administrative Law Judge (ALJ) level that comply with current statutory authorities and requirements. OMHA also seeks comments on whether there are current regulations that apply to the ALJ level of the Medicare claim and entitlement appeals process that could be revised to streamline the adjudication process while ensuring that parties to the appeals are afforded opportunities to participate in the process and are kept apprised of their appeals. Comments will be accepted until December 5.

OIG Releases FY 2015 Work Plan

The Department of Health and Human Services (HHS) Office of Inspector General (OIG) posted its [Work Plan: Fiscal Year 2015](#). The work plan summarizes the audit, evaluation, and other legal and investigative initiatives that the OIG intends to conduct. Numerous reviews will be conducted of the Centers for Medicare and Medicaid Services and other HHS agency programs, with a particular focus on Medicare and Medicaid reimbursement and program integrity policies. The OIG also forecasts areas that may be the subject of review in future years, including emerging Affordable Care Act marketplace issues, Medicaid expansion, and new Medicare payment and delivery models, among others. The OIG also plans to expand its work on Medicare and Medicaid reimbursement (including Medicaid managed care) and quality of care.

CY 2015 Medicare Physician Fee Schedule Final Rule Issued

On October 31, the Centers for Medicare and Medicaid Services (CMS) issued the calendar year (CY) 2015 Medicare Physician Fee Schedule (MPFS) [final rule](#). A variety of providers, including physicians and therapists, are paid via the MPFS, which is effective for services provided on or after January 1, 2015 through December 31, 2015. Of interest to rehabilitation providers, CMS announced the anticipated reductions required by the sustainable growth rate formula, the implementation of the therapy caps without an exceptions process, assesses the value of a variety of current procedural terminology codes the agency identified as potentially misvalued, and modified requirements associated with the value-based payment modifier.

2015 Physician Fee Schedule Final Rule Provider Call

The Centers for Medicare and Medicaid Services will conduct a national provider call focused on the 2015 Medicare Physician Fee Schedule [final rule](#) published in the November 13 *Federal Register*. The call, December 2, 1:30 – 3:00 p.m., will provide an overview of changes to the physician quality reporting programs in the 2015 physician fee schedule final rule, including the physician quality reporting system, value-based payment modifier, physician compare, electronic health record incentive program, Comprehensive Primary Care Initiative, and Medicare Shared Savings Program. The target audience includes physicians, therapists, and medical group practices. In order to participate, [registration](#) is required.

NQF Board Endorses Patient Safety Conditions Measures

The National Quality Forum (NQF) Board has endorsed and released [patient safety measures](#) that span conditions, populations, and settings of care. The measures focus on health care-associated infections, medication safety, and other patient safety measures. Seventeen measures were evaluated against NQF's endorsement criteria. Reconsideration of the endorsed quality measures may be requested by submitting an appeal. Appeals will be accepted until 6:00 p.m. December 12.

Understanding Medicare Webinar December 3

The Centers for Medicare and Medicaid Services (CMS) will host a webinar, "Understanding Medicare," on December 3, 1:00 – 3:00 p.m. The webinar is designed for new partners who counsel people with Medicare and for partners requiring a refresher. Participants will receive a high-level overview of Medicare Part A (hospital insurance), Medicare Part B (medical insurance), Medicare Part C (Medicare Advantage), and Medicare Part D (Medicare prescription drug coverage). Members must [register](#) to participate.

Federal Program Issuances Published

On November 14 the Centers for Medicare and Medicaid Services (CMS) published the quarterly listing (July – September) notice in the *Federal Register*. The quarterly notice lists CMS manual instructions, substantive and interpretive regulations, and *Federal Register* notices relating to Medicare, Medicaid, and other programs administered by CMS.

■ MEDICAL REHABILITATION

Proposed Rulemaking: Schedule of Civil Penalties for PTs and PTAs

A proposed rulemaking, published in the November 15 *Pennsylvania Bulletin* by the Bureau of Professional and Occupational Affairs, proposes to add a section relating to a schedule of civil penalties for physical therapists (PTs) and Physical Therapist Assistants (PTAs) in conjunction with Act 48. The commissioner, in consultation with the State Board of Physical Therapy, proposes for practicing on a lapsed or expired license or certificate a civil penalty of \$50 per month, up to a maximum of \$1,000, for practicing less than one renewal cycle. There is also a proposal for a first offense violation of failing to complete the required amount of mandatory continuing education during the biennial renewal period a civil penalty of \$25 for each credit hour that the licensee or certificate holder is deficient, up to a maximum of \$1,000. For a second offense violation with a deficiency of 20 hours or less, the civil penalty would be \$50 per hour of deficiency and for a third offense violation with a deficiency of 10 hours or less the civil penalty would be \$100 per hour of deficiency. Offenses beyond these amounts and subsequent offenses would not be subject to an Act 48 citation, but would proceed through the formal disciplinary process. Additionally, there is a proposal for a first offense of failing to respond timely to an audit notice a civil penalty of \$100, increasing to \$250 for a second offense and \$500 for a third offense, with subsequent offenses resulting in formal disciplinary action. However, a citation could only be issued if the underlying audit notice notified the licensee that failure to respond would result in issuance of a citation. Individuals are invited to submit written comments, suggestions, or objections regarding this proposed rulemaking to Regulatory Unit Counsel, Department of State, PO Box 2649, Harrisburg, PA 17105-2649, RA-STRegulatoryCounsel@pa.gov. Comments are due by December 15. Reference No. 16A-6516 (schedule of civil penalties – PTs and PTAs) when submitting comments.

Therapy Caps for CY 2015 Released

On November 14, the Centers for Medicare and Medicaid Services released the therapy cap values for calendar year (CY) 2015 via [Transmittal 3120/Change Request 8970](#). The therapy cap amount for physical therapy and speech language pathology combined will be \$1,940 and for occupational therapy will be \$1,940.

IRF Quality Reporting Open Door Forum Slides Available

The Centers for Medicare and Medicaid Services (CMS) hosted a special open door forum October 29 regarding the Inpatient Rehabilitation Facility (IRF) Quality Reporting Program – specifically, the new National Healthcare Safety Network measures for Methicillin-Resistant *Staphylococcus Aureus* and *Clostridium Difficile* Colitis. The [slide presentation](#) from this special open door forum is now available and posted to the CMS website.

CMS Releases Updates on IRF Quality Measures

On October 29, the Centers for Medicare and Medicaid Services (CMS) released updates associated with the quality reporting measures for inpatient rehabilitation facilities (IRFs). The first update announces the deadline extension to November 15 for Quarter 1 2014 quality measure data, exclusively submitted via the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN). This data is for Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138). This new deadline aligns with the previously established Quarter 2 2014 quality measure data submission deadline. CMS strongly encourages all facilities to submit data several days prior to the deadline to allow time to address any submission issues and to provide opportunity to review submissions to ensure data is complete.

The second update relates to quality measures for fiscal year (FY) 2016 payment update determinations. The following quality measures are retained:

- Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short-Stay) (NQF #0678) – collected using the quality indicator section of the IRF-Patient Assessment Instrument (PAI), and
- NHSN CAUTI Outcome Measure (NQF #0138) – collected via the CDC's Network.

CMS also began implementation of two additional quality measures (the data collection and submission started October 1):

- Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay) (NQF #0680) – data collection using the quality indicator section of the IRF-PAI, and
- Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431) – collected via the CDC's NHSN.

For the purpose of NQF #0680 for FY 2016 payment update determination, IRFs must collect and submit data for any patient who is in the IRF one or more days between October 1, 2014 and March 31, 2015 (2014/15 influenza vaccination season). Quality data for this measure should be collected and submitted to CMS on an ongoing basis or at least by established quarterly deadlines. Data collected on patients with one or more days of stay during October 1 – December 31, 2014 should be submitted/corrected no later than May 15, 2015. Data collected on patients with one or more days of stay during January 1 – March 31, 2015 should be submitted/corrected no later than August 15, 2015. For the purpose of reporting NQF #0431 summary data for FY 2016 payment update determination, the NHSN guidance and definitions can be found in the [NHSN Influenza Vaccination Summary Protocol](#) and the [CDC's Operational Guidance for IRFs](#). Additional information on IRF quality initiatives can be located on the [CMS IRF QRP website](#).

Bollinger Activities

RCPA member, Bollinger Enterprises, Inc. (BEi) located in Warren, has several initiatives to assist individuals with intellectual and developmental disabilities. "Art as a Vocation" is in its second year. The BEi Art Advisory Council has representatives from Creative Citizen Studios, local artists, Erie Art Council, and Warren YMCA. Year two will include expanded art classes, art product development, community-based art training and the potential sale of project artwork.

To expand choices to meet individual needs, BEi has applied to the Department of Human Services for a Chapter 2380 Adult Training Facility License. This will provide an alternative to the vocational emphasis of the BEi workshop. This new program will offer personal skill development and non-vocational activities. BEi will continue to prove community-based supported competitive employment services as funded by the Office of Vocational Rehabilitation.

CMS on Sheltered Workshops

The Wisconsin Department of Health Services [requested clarification](#) from the Centers for Medicare and Medicaid Services (CMS) regarding the impact of the new Home and Community Based Services waiver rule changes on sheltered workshops and employment services. The CMS [response](#) indicates that all waiver-funded services are offered in community settings that provide integration in the community. A [federal website](#) has been developed to assist states in preparation of transition plans that cover residential and non-residential settings.

CoBI Offers Grant Opportunities

The Council on Brain Injury (CoBI), a non-profit organization that is dedicated to research, advocacy, and prevention of brain injury, recently announced the availability of grant funds. Grant applications for projects related to CoBI's mission (research, advocacy, outreach, and education/prevention) are accepted during the fall/winter of each year. Awards of up to \$5,000 are made. Public and private organizations, community-based programs, and agencies in Pennsylvania, New Jersey, and Delaware are eligible. Applicants may include schools/universities, sports organizations, camps, recreational organizations and centers, rehabilitation providers and organizations, and support groups. [Applications for 2015 grants](#) will be accepted October 31, 2014 – January 31, 2015. Awards will be made by April 15, 2015. Criteria for grant evaluation are available [online](#). Questions should be directed to MJ Schmidt (mschmidt@remed.com or 484-595-9300).

Presentation Focuses on Exercise and TBI

In mid-October, Upstate Medical University of the State University of New York's Physical Medicine and Rehabilitation conducted a [Brain Injury Symposium](#). Presentations from the symposium are available for download, including a presentation focused on [Exercise and Traumatic Brain Injury](#). The presentation included potential positive effects of aerobic training following traumatic brain injury (TBI).

Article Highlights Better Diagnostic Imaging for TBI

"[Better Diagnostic Imaging for Traumatic Brain Injuries](#)" by Phys.org, highlights the image-calibration technology designed and developed by scientists at the National Institute of Standards and Technology that has been adopted for use in multi-site clinical trials in the US and Europe to study the effects of traumatic brain injury (TBI). Two dozen units were recently distributed to trial participants in an effort to bring uniform quality control to an important technique in brain imaging.

Universal Helmet Laws Reduce TBI in Young Motorcyclists

[New findings](#) presented at the 2014 Clinical Congress of the American College of Surgeons show that young motorcycle riders are significantly less likely to sustain a traumatic brain injury (TBI) if they live in a state with universal motorcycle helmet laws instead of a state with age-restricted ones. Currently, only 19 states and the District of Columbia require all motorcyclists to wear a helmet. For the study, researchers used the Nationwide Inpatient Sample database, which is derived from 20 percent of all admissions and discharges of US hospitals. They looked at all patients under 21 with trauma-related hospitalizations in 2011. The aim was to assess the impact of helmet legislation on the incidence of motorcycle accident-related TBI. The primary outcome was incidence of TBI and, secondarily, death from TBI.

Transition Age Youth Make a Difference by Sharing Stories

In November, the Temple University Institute on Disabilities, George Washington University, and the Pennsylvania Youth Leadership Network hosted regional focus groups in Wexford and Pittsburgh. The purpose of these groups, funded by the Pennsylvania Developmental Disabilities Council, was to give youth with disabilities aged 14–24 and their families the opportunity to provide feedback about their experiences planning for life after high school. During each event two separate groups were formed, one for youth and one for family members. RCPA looks forward to sharing the stories and ideas generated at these events.

*Just as man cannot
live without dreams,
he cannot live without
hope. If dreams
reflect the past, hope
summons the future.*

– Elie Wiesel

COMPASS Community Partners

COMPASS is Pennsylvania's way to apply online for health and human services. All RCPA drug and alcohol provider members are encouraged to become COMPASS Community Partners to help clients apply for services. By registering as a COMPASS Community Partner, each organization can initiate and track applications. Each organization receives its own partner ID number and password. The Healthy PA assessment form is not currently on the COMPASS website, but it will be added soon. COMPASS will be used as one of the primary enrollment tools for Healthy PA. Computer glitches have been reported by members, especially those with newer software systems, but those using this system find it to be extremely helpful. For more information access www.compass.state.pa.us. A special webinar on COMPASS will be planned for drug and alcohol providers soon.

Healthy PA as It Relates to D&A

RCPA staff has attended numerous trainings on Healthy PA. This article briefly highlights how Healthy PA relates to Drug and Alcohol (D&A) services.

1. The key is enrollment and eligibility.
2. The vast majority of people needing D&A treatment should be in Healthy Plus.
3. Providers are encouraged to become COMPASS Community Partners (see related article.)
4. Inpatient and residential treatment will be available under all three levels of coverage (in various ways), but Healthy Plus is the most immediate and appropriate for anyone needing inpatient or residential services.
5. Methadone services are available under all three levels of coverage, but Healthy Plus is the most immediate and appropriate plan for anyone needing Methadone treatment.
6. Providers are encouraged to help clients become enrolled (through COMPASS) and become eligible for Healthy Plus, where most D&A clients served by RCPA members need to be.
7. Clients have been and will receive letters indicating what type of plan they are enrolled in. If it is anything other than Healthy Plus, providers need to assist clients in completing the assessment form as soon as possible to help the client to be eligible for Healthy Plus.
8. Non-emergency medical transportation is available under the Healthy and Healthy Plus plans.
9. Moving clients from one plan to another based on needs will be possible. However, it will take approximately 15 days to make the switch. The Department of Human Services has stated that if the client needs the service immediately, the plan that the client was with originally (which are risk-bearing plans) will be required to cover the cost of the service until the switch is made.

Numerous members have expressed concern about investing in this work given the change in administration. Many rumors are flying, but what is known is that the Corbett administration has signed three-year contracts with managed care companies and, given that Medicaid is a line item in the budget, going straight to Medicaid expansion could be a problem with a Republican-controlled legislature.

RCPA will organize a webinar on Healthy PA specifically related to D&A services, with a special focus on the detailed mechanics of moving clients from one plan to another. For more information access www.HealthyPA.com.

DHS Presents at Governor’s Advisory Committee

The November meeting of the Governor’s Advisory Committee (GAC) for People with Disabilities included presentations by Secretary Bev Mackereth of the Department of Human Services (DHS) and Policy Director Kristen Ahrens of Temple University Institute on Disabilities, with discussion and recommendations related to the governor-elect’s transition planning. Highlights of Mackereth’s overview included:

- Healthy PA, effective January 1, 2015, is intended to assist over 1.6 million citizens currently without health care coverage. The program is focused on access, quality, affordability, and Medical Assistance sustainability.
- Former Department of Public Welfare Secretary Estelle Richman is chairing Wolf’s transition team.
- DHS updates, including current foci of the Office of Children, Youth and Families; Office of Mental Health and Substance Use Services, Chapter 51 settlement with the Office of Developmental Programs, the Office of Long-Term Living new long-term care commission, and the Office of Income Maintenance statewide prisoner release program.

Mackereth shared that Governor-elect Wolf is in discussion with DHS regarding his potential health care transition plan, but that he will not implement until it is confirmed as a better option.

Kristen Ahrens’ presentation on Person-Driven Services (PDS), a program funded by the Pennsylvania Developmental Disabilities Council, focused on supports brokerage, research on cash and counseling models, advocacy, and barriers. This presentation will be featured at the RCPA Supports Coordination Organizations Subcommittee meeting December 4. Highlights included the need for supports brokers to assist individuals with employer related duties, enhancing natural supports, adhering to program and waiver rules; use of a “Recovery Coach” as a personal guide provided by a certified peer support specialist, and information that PDS is allowed in most waivers except AIDS, Autism, and Infant/Toddler.

ODP Update

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

Announcement #084-14: *ODP Seeking Your Input for Training Areas Needed for Direct ID Services Providers.* A conference call was held on November 3. Providers may submit [comments](#) until December 15.

Announcement #085-14: *Free SELN Employment Trainings for Supports Coordinators (SCs).* The next webinar, “Social Security Benefits 101 for SCs – Innovative Employment Strategies; Successful Placement for Persons with Significant IDD,” is December 2, 3:00 p.m.

Informational Packet #086-14: *Release of Benjamin Website and Transition Process Workflow Helping Individuals Transition to Community Residency.*

Announcement #087-14: *ODP’s Quality Management Certification Program: Leadership Resources Available.*

BIP Meetings

Pennsylvania received approval for its application to the Balancing Incentives Program (BIP), a federal grant to assist states in rebalancing long-term services and supports systems and improving access to home and community-based services. This grant provides the state with a two-percent Federal Medical Assistance Percentage increase, totaling \$94 million in additional funding, to be implemented by September 30, 2015.

The Departments of Human Services and Aging are developing a detailed work plan required by the federal government that includes how to implement required tasks for the BIP. They are requesting stakeholder input for this at upcoming regional BIP meetings. For details and to register contact [Leahann Moslak](#).

December 2	10:00 a.m.–1:00 p.m.	Westmoreland Manor Greensburg
December 8	1:00–4:00 p.m.	PaTTAN, Harrisburg
December 11	12:30–3:30 p.m.	North Central Pennsylvania Regional Planning Commission, Ridgway

Disability Employment Initiative

The US Department of Labor [Disability Employment Initiative \(DEI\) fact sheet](#) provides an overview of 37 projects in 26 states to improve education, training, and employment outcomes for individuals with disabilities. The DEI design has [three components](#):

- Cooperative agreements through partnerships and collaboration at the state and local levels,
- Technical assistance by hiring a disability resource coordinator to achieve program goals, and
- Evaluation of activities to measure outcomes.

States as Employers

The [Employer Assistance and Resource Network](#) has released a report from the Heldrich Center for Workforce Development at Rutgers University – [States as Model Employers of People with Disabilities: A Comprehensive Review of Policies, Practices, and Strategies](#), which provides information regarding the role of state and local governments in advancing the employment of persons with disabilities. The study found that nine states have policies and/or programs that encourage including those with disabilities in state government jobs and seven states have activities to improve the including of disabled individuals in the state workforce, including planning groups/task forces, education and awareness training, internships, and retention programs.

Work Group Recommendations for Transition Planning

As part of the Governor's Advisory Committee meeting, work groups made recommendations for the state transition plan.

- **Education and Transition Work Group** – Establish an Employment First policy, support seamless transition from school to a job or continuing education; and provide adequate special education funding for students with disabilities to be educated in regular education classes.
- **Healthcare/Independent Living/Transportation** – Expand Medical Assistance and the Medical Assistance Transportation Program and provide sensitivity and diversity trainings as individuals transition from institutional settings to the community.
- **Legislative/Policy/Budget** – Finalize implementation of the Adult Protective Services Act, rebalance the long-term care system to increase home and community-based services and reduce reliance on institutions, increase use of person-directed services and access to support brokers, explore hiring initiatives for people with disabilities; and make sufficient state match funds available to the Office of Vocational Rehabilitation to draw down available federal funds.

Money Follows the Person

Mathematica released a "Money Follows the Person (MFP)" report, [The Changing Medical and Long-Term Care Expenditures of People Who Transition from Institutional Care to Home and Community-Based Services](#). The emphasis of the report is on Medicaid beneficiaries who made such a transition. MFP was initially authorized by Congress in 2005 and extended with the Affordable Care Act of 2010. Increased federal Medical Assistance matching funding is provided to states using MFP to transition individuals to community homes, apartments or group homes of four or fewer residents, and allows the state to use these funds to "follow the person" to the community placement of his/her choice. There are 43 states participating with this demonstration project. The report provides information regarding average total expenditures for MFP participants before and after transition to the community.

Workplace Flexibility

The US Office of Disability Employment Policy developed a [Workplace Flexibility Toolkit](#) to assist employers, employees, and policymakers with flexibility that is mutually beneficial to the employer and employee. The toolkit covers work arrangements, work-life balance, and workplace options, and includes tip sheets, reports, websites, and case studies.

December Children's Committee Focus on Child Abuse Laws

In November, hundreds of staff at RCPA member organizations helped pilot delivery of a new online curriculum, *Recognizing and Reporting Child Abuse: Mandated and Permissive Reporting in Pennsylvania*. On November 14, this online training went live as part of the statewide implementation of Child Protective Services Law and other statutory amendments focused on the role of mandated reporters. The December 3 meeting of the RCPA Children's Committee will feature a presentation by the Office of Children, Youth and Families to review these laws and the training, reporting, and informational resources that will be available to community providers.

FASD Information and Resources

The RCPA Conference included the workshop *FASD: Implications for Youth, Families, and Systems*. Key staff from the Office of Mental Health and Substance Abuse Services and a family member impacted by Fetal Alcohol Spectrum Disorder (FASD) provided an overview of this brain disorder that is often an invisible disability in children, youth, and young adults. A recommendation from child and adolescent psychiatrist Dr. Gordon Hodas was use of diagnostic code 315.8 – "Other Specified Neurodevelopmental Disorder: Neurodevelopmental disorder associated with prenatal alcohol exposure." FASD has not yet been included in the American Psychiatric Association's diagnostic manual. The expanded and appropriate use of the 315.8 code may prove helpful in reflecting the condition, treatment plan, service delivery, and access to managed care authorization and payment for services.

The Substance Abuse and Mental Health Service Administration FASD Center for Excellence presented a webinar on Treatment Improvement Protocol #58, *Addressing Fetal Alcohol Spectrum Disorders (FASD)*. Materials from that session as well as other [FASD information and resources](#) are available for download and dissemination. RCPA is part of the Pennsylvania FASD Task Force Executive Committee, under the leadership of the Department of Drug and Alcohol Programs, and in collaboration with other health care organizations and the Departments of Human Services and Health.

Student Mental Health Campaign

More than 100 Pennsylvania students gathered in Lancaster to kick off a new campaign for Aavidum, a non-profit promoting mental health awareness in schools. The "Let's Talk, Pennsylvania!" campaign aims to create school environments where students feel accepted, appreciated, acknowledged, and cared for. Ultimately, the goal is for students to engage every one of their peers in a conversation about those qualities. Aavidum was started by Cocalico High School students after a classmate committed suicide in 2003. Students made up the word "aavidum" to mean "I've got your back." Since 2004, Aavidum clubs have spread to about 80 schools with chapters across Lancaster County and as far away as San Diego, CA. Aavidum Executive Director Joe Vulopas noted, "The 'Let's Talk' campaign will take those groups to a new level. For so long, schools simply had to raise awareness about mental health, depression and suicide. Once you start talking about these issues, now what? That's when changing school culture comes in."

OVR Early Reach to Transition Age Youth Webcast

The Office of Vocational Rehabilitation (OVR) launched its Early Reach initiative a year ago to connect with schools, community service providers, families, youth, and transition age young adults. Since then, Early Reach has connected with scores of young people with a broad range of intellectual, physical, and mental health disabilities to introduce them to supportive services available through OVR as they transition from school to employment and further education opportunities. The initiative now serves nearly every county in the state, supporting the transition process for young people challenged by conditions such as physical/intellectual/developmental disabilities, head trauma, spinal cord injury, speech/visual/hearing impairment, drug addiction, mental health issues, diabetes, epilepsy, cerebral palsy, and skeletal/joint disease.

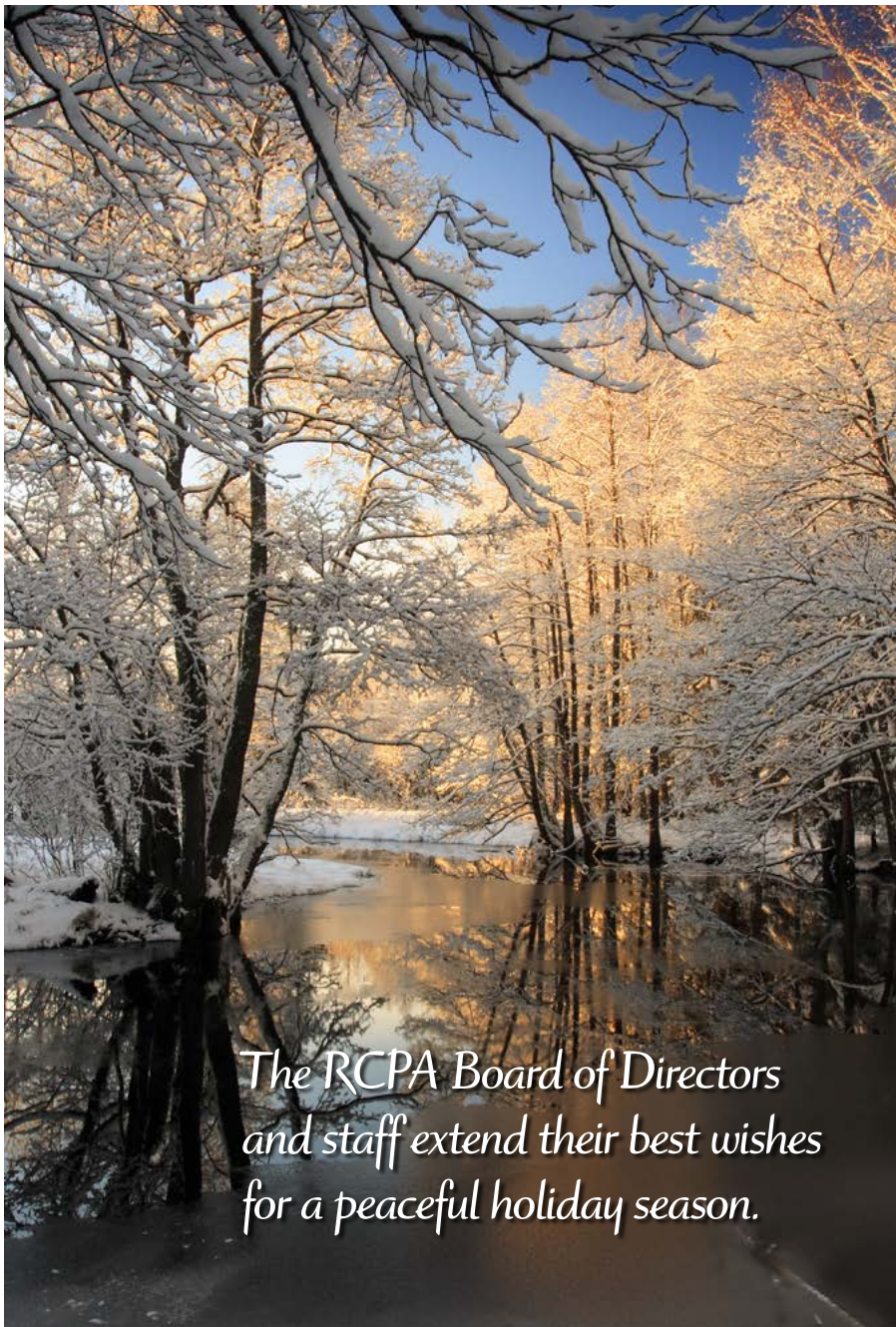
On December 16, RCPA will host a webcast by OVR Early Reach to introduce this service and process to members. OVR has arranged to have all the regional coordinators participate. This will be a valuable opportunity for providers to engage with OVR staff, learn about Early Reach, and arrange for collaboration with member organizations and the transition age youth that they serve.

School Support Lags for Students With ADHD

According to a recent [study](#) published in *School Mental Health*, just over half of high school students with Attention Deficit Hyperactivity Disorder (ADHD) receive some kind of service from school. The report also found that many supports generally provided to these students have no reported effectiveness in improving academic performance. The report surveyed 543 students aged 15 – 17. Researchers found that 51.6 percent of students had either an individualized education plan or a 504 plan through school. Of particular concern is that only about a quarter of respondents reported receiving school services that have been shown to support students with the disorder.

Student Restraints Continue to Challenge Schools

While school leaders in many states have revised policies, procedures, and training for physical restraint or seclusion interventions, a new analysis suggests that students with disabilities continue to experience high rates of restraint and seclusion at school. According to a [review](#) of federal education data conducted by the University of New Hampshire, nearly 69 percent of school districts reported no use of restraint and 87 percent did not use seclusion. However, a small percentage of districts had “exceedingly high rates.” School districts at the high and low ends were found in nearly every state. “Although restraint and seclusion rates across states continue to range considerably, between-state variation is overshadowed by the tremendous within-state variation,” researchers said. “These findings suggest that local policy decisions and other factors related to school culture, rather than state policy, seem to be the greatest determinants of restraint and seclusion rates.” The US Department of Education found that during the 2011/12 school year, [students with disabilities](#) accounted for three-quarters of those who were physically restrained and 58 percent of students who were placed in seclusion or some other form of involuntary confinement.



The RCPA Board of Directors and staff extend their best wishes for a peaceful holiday season.

Tweens at Risk for OTC Medicine Abuse

A national survey revealed that only about half of “tweens” (youth aged 9 – 12) believe over-the-counter (OTC) medicines can be dangerous when misused. The survey was conducted by the American Association of Poison Control Centers and Scholastic as part of its education program on the safe use of OTC medicines. Research shows that tweens begin to self-administer medicine around 11-years-old or in the fifth to sixth grade. Preteen youth answered just 37 percent of questions correctly when asked how to use OTC medicines responsibly. Only 31 percent know it is not safe to take more medicine than what is directed on the label. In contrast, parents tend to overestimate their children’s knowledge.

The surveys also revealed the level of importance that medicine safety education holds among parents. While OTC literacy is viewed by parents to be as important as the wellness topics of exercising or maintaining a healthy diet, they don’t believe it’s as important as other health topics, such as the dangers of smoking or using drugs or alcohol. Health and mental health providers, teachers, and parents play a critical role in helping tweens learn about the responsible use of OTC medicines. The [OTC Literacy program](#) was launched in 2013 and includes resources and educational activities/materials specifically designed for parents and teachers.

CALENDAR

DECEMBER		
Tuesday, December 2	9:30 a.m. – 12:00 p.m. 1:00 p.m. – 4:00 p.m.	Criminal Justice Committee Drug and Alcohol Committee <i>Penn Grant Centre</i>
Wednesday, December 3	9:30 a.m. – 12:00 p.m. 1:00 p.m. – 4:00 p.m.	Children’s Committee Mental Health Committee <i>Penn Grant Centre</i>
Thursday, December 4	9:00 a.m. – 11:00 a.m. 11:30 a.m. – 2:30 p.m. 2:45 – 4:45 p.m.	Supports Coordination Organizations Subcommittee Intellectual and Developmental Disabilities Committee Vocational Rehabilitation Subcommittee <i>Penn Grant Centre</i>
Tuesday, December 9	3:00 p.m.	Legislative Affairs Committee <i>Conference Call</i>
Thursday, December 11	10:00 a.m. – 12:30 p.m.	Medical Rehabilitation Committee <i>Penn Grant Centre</i>
Thursday, December 11	1:00 p.m. – 2:00 p.m.	LEAN and CPI: Implementation of These Principles in Even the Unique Rehab Environment <i>IPRC Webinar</i>
Thursday, December 18	10:00 a.m. – 12:30 p.m.	Finance Committee <i>Penn Grant Centre</i>
JANUARY 2015		
Wednesday, January 14, 2015	10:00 a.m. – 12:30 p.m.	Brain Injury Committee <i>Penn Grant Centre</i>
Monday, January 26, 2015	10:00 a.m. – 12:30 p.m.	Legislative Affairs Committee <i>Penn Grant Centre</i>