



A MESSAGE FROM THE CEO

It's a New Day

"We need to be bold, we need to work together and we need to get started," Governor Tom Wolf told the audience at his inauguration on January 20. "We have to respect each other's ideas and we have to respect each other's values. We have to believe that none of us alone has all the answers."



Richard S. Edley, PhD

And so the next four years begin with our new governor. With that we also have a new team, staff, and department

heads in place with more changes certainly to come.

We have to be hopeful. As an association we are absolutely bi-partisan. We are fighting and advocating on issues critical to health and human services. Party lines are not relevant – those who care, regardless of party affiliation, are. Having said that, I do believe most of our members would agree that the last four years have been difficult ones. So with change we have new possibilities; therefore, we have hope.

Clearly, Governor Wolf will have an uphill struggle. The deficit looms large and it would be foolish to believe that he will come to office with a

blank check for our issues. I have had the pleasure of speaking with Tom Wolf on several occasions, including a lengthy one-on-one meeting early on in the campaign. It is safe to say that health and human services is not his forte and he readily admitted that. What did impress me was his willing-

"With change we have new possibilities; therefore, we have hope."

ness to ask questions – real ones – and try to get to the heart of the key issues facing us. This openness is the key to our hope for progress.

In addition, Governor Wolf has made it clear throughout his campaign that he is a businessman and offers business solutions. This is welcome music to our ears; how often have providers complained that the bureaucracy of government has made it impossible to operate agencies and hospitals as

businesses? Administrative overhead, paperwork, regulations, redundant and onerous audits... I could go on endlessly. All of this makes it impossible to operate efficiently while focusing on patient care and true quality. As a businessman, Governor Wolf should understand this.

So we begin by expecting no miracles. If, however, there is mutual respect and a willingness to entertain bold solutions, RCPA is ready. Over the next few weeks, RCPA will be meeting with key governmental officials to set the agenda for the coming year. We ended 2014, for example, by meeting with outgoing DHS Secretary Mackereth to review all that is still on the table. We thank Secretary Mackereth for her hard work right through the transition, and that agenda will be the perfect starting point to begin discussion with the new administration, including new DHS Secretary Ted Dallas; DDAP Secretary Gary Tennis; Secretaries Osborne (Aging), Wetzel (Corrections), Miller (Insurance), Manderino (Labor and Industry),

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A MESSAGE FROM THE CEO

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Murphy (Health), Rivera (Education); and Physician General Levine.

It's a new day in PA.

For more information on the RCPA agenda, see our [Healthy PA Position Paper](#) and our more comprehensive [Transition Document](#).

Richard S. Edley, PhD, President/CEO
redley@paproviders.org

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

NEW MEMBER

New Vitae Wellness and Recovery

Limeport, PA
William Hoke
Vice President, Development

MEMBERS IN THE NEWS



McConkey & Co. is celebrating its 125-year anniversary this year! They are very excited to celebrate this milestone with Central PA, their home base for more than 125 years.

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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.



Wolf Secretary Nominees

RCPA staff, and some of its members, are interacting with the new Wolf administration on a consistent basis to help guide and review the strengths and weaknesses of the various state agencies. RCPA is making recommendations on a multitude of policy issues and has made suggestions to the administration on Cabinet appointments. Over the course of the past few days, Governor Wolf has named many individuals to become a part of his new administration. RCPA has a broad membership and the association interacts daily with several state agencies; therefore, please find below a brief biography for each of Governor Wolf's agency appointees with whom our association will be working with over the next four years.

- ▶ **AGING: TERESA OSBORNE** — Ms. Osborne was a catalyst in the effort to enact "Peggy's Law," which was designed to enhance Pennsylvania's response to elder abuse and exploitation. She also helped form a four-county, non-profit Northeast Behavioral Health Care Consortium (NBHCC), which implemented Pennsylvania's mandatory managed care program, serving over 90,000 members who receive Medical Assistance. Osborne also served on the Mayor's Task Force on Law Enforcement & Mental Health in the City of Scranton.
- ▶ **CORRECTIONS: JOHN WETZEL** — Wetzel has served as secretary of the Department of Corrections since 2011 and is responsible for the management and operations of the department, which houses more than 51,000 inmates, has approximately 15,000 employees, and a budget of over \$2 billion. During his tenure,

Wetzel has become known for his efforts on prison reform and recidivism reduction. Wetzel has led Pennsylvania to its two largest prison inmate reductions since 1971, with a reduction of over 400 inmates in 2012 and a reduction of over 700 inmates in 2014.

- ▶ **DRUG & ALCOHOL: GARY TENNIS** — Tennis is the current secretary for the Department of Drug and Alcohol Programs and he will remain in his position. Secretary Gary Tennis is a nationally recognized expert in drug and alcohol treatment. Tennis is currently the chairman of the National Alliance on Model State Drug Laws and he serves on the Board of the National Association of State Alcohol and Drug Abuse Directors. In June of last year, Tennis received the Exceptional Leadership and Support of Substance Abuse Prevention and Treatment award from the National Association of State Alcohol and Drug Abuse Directors.
- ▶ **EDUCATION: PEDRO RIVERA** — Rivera is the current superintendent of The School District of Lancaster (he started in 2008). Prior to his tenure in Lancaster, Rivera, who was born and raised in Philadelphia, spent 13 years in the Philadelphia School District in various capacities, including principal, assistant principal, classroom teacher, and human resources director; he was also a Philadelphia Federation of Teachers staffer. Rivera is nationally recognized for his work on urban education, and under his leadership, both graduation rates and assessment scores have improved. Rivera also

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Tuesday
April 14

RCPA Capitol Day
Capitol Rotunda, Harrisburg

WOLF SECRETARY NOMINEES

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implemented a community schools model that breaks down barriers to students' successes.

- ▶ **HEALTH: DR. KAREN MURPHY** — Dr. Karen Murphy started her career as a nurse and worked her way up to become the chief executive officer at Moses Taylor Hospital in Scranton. Dr. Murphy has extensive knowledge of the health care industry and is a proven executive who has demonstrated her ability to lead complex organizations and initiatives in both the public and private sectors. For the past two years, Dr. Murphy has led the State Innovation Models Initiative, a \$900 million investment by the federal government aimed at accelerating health care innovation and transformation across the nation.
- ▶ **HUMAN SERVICES: THEODORE "TED" DALLAS** — Under Secretary Ted Dallas' leadership, the Maryland Department of Human Resources reduced poverty and set state records for job placement. The department was also recognized by the federal government as one of the most efficient and highest performing states at administering food assistance, which resulted in extra funds coming to the state. Secretary Dallas was recently chosen to receive a national award from Casey Family Programs for his contributions to the child welfare field and his efforts to improve the lives of children and families.
- ▶ **INSURANCE: TERESA MILLER** — Miller has extensive experience in the health sector at both the state and federal levels. She is the former administrator of the Oregon Insurance Division, where she received national recognition for her efforts to improve the rates review process. She also served as acting director of the State Exchanges Group, the Oversight Group, and the Insurance Programs Group at the Center for Consumer Information and Insurance Oversight, Centers for Medicare and Medicaid Services (CMS). Miller helped CMS roll out the regulations and guided the implementation of key provisions of the Affordable Care Act.
- ▶ **LABOR & INDUSTRY: KATHY MANDERINO** — Manderino is a former state representative and PCPA member. Manderino, who is also a private practice attorney, stayed busy after leaving the General Assembly; she became senior vice president of Intercommunity Action, Inc., a community-based organization providing services and housing to people with intellectual disabilities and behavioral health needs, and to older adults. She is currently the campaign manager of The Campaign for Fair Education Funding, a broad-based statewide coalition formed to advocate for a fair and adequate public education funding formula for Pennsylvania.
- ▶ **PHYSICIAN GENERAL: DR. RACHEL LEVINE** — Dr. Levine is an expert in pediatrics and psychiatry. While at Penn State Hershey Medical Center, Dr. Levine led the initiation of a Division of Adolescent Medicine for the care of complex teens with medical and psychological problems. She also started the Penn State Hershey Eating Disorders Program, which offers multidisciplinary treatment for children, adolescents, and adults with eating disorders such as anorexia nervosa and bulimia nervosa. In her role as physician general, Dr. Levine will advise the governor and secretary of the Department of Health on medical and public health related issues.

Perfection is not attainable, but if we chase perfection we can catch excellence.

— Vince Lombardi

House Energy & Commerce Committee Report Highlights Accomplishments

On January 6, the U.S. House Energy and Commerce Committee released an end-of-session [report](#) that provides a comprehensive look at accomplishments and milestones of the committee over the past two years. The report includes a discussion of key hearings and activities convened by each of their six subcommittees; a review of *The Policy Paper Series*, which the committee created to foster ideas and policy development; a listing of key legislation and oversight topics; and a preview of some upcoming key initiatives and priorities for the committee in the 114th Congress.

Physician Fee Schedule Call Transcript and Audio Recording Now Available

The Centers for Medicare and Medicaid Services (CMS) conducted a national provider call on December 2, 2014, that focused on the 2015 Medicare Physician Fee Schedule final rule. Topics focused on physician quality reporting system, value-based payment modifier, physician compare, electronic health record incentive program, comprehensive primary care initiative, and the Medicare shared savings program. As follow-up to this call, CMS has placed the [slide presentation](#), [audio recording](#) and [call transcript](#) on their website for providers.

Semiannual Regulatory Agenda Published

The semiannual regulatory agenda was published in the [December 22, 2014, Federal Register](#). The Regulatory Flexibility Act of 1980 and Executive Order (EO) 12866 require the semiannual issuance of an inventory of rulemaking actions under development throughout the Department of Health and Human Services (HHS), offering for public review summarized information about forthcoming regulatory actions. This agenda presents the rulemaking activities that HHS expects to undertake in the foreseeable future.

CMS Administrator Tavenner Resigns

On January 16, the administrator for the Centers for Medicare and Medicaid Services (CMS), Marilyn Tavenner, announced she would be stepping down at the end of February. Tavenner served as administrator since December of 2011. She will be replaced by Andy Slavitt, previously of UnitedHealthGroup, who joined the agency in late 2014. Slavitt will require confirmation by the Senate.

Final Rule Released on VA Caregivers Program

Included in the January 9, 2015, *Federal Register* was the [final rule](#) for the Veteran's Affairs (VA) Program of Comprehensive Assistance for Family Caregivers. The VA administers this program to provide certain medical, travel, training, and financial benefits to caregivers of veterans and service members who were seriously injured during service on or after September 11, 2001. Also addressed in the final rule is the Program of General Caregiver Support Services that provides support services to caregivers of veterans from all eras who are enrolled in the VA health care system. Specifically, changes in this final rule include a requirement that veterans be notified in writing, should a family caregiver request revocation (to no longer be a family caregiver), an extension of the application time frame from 30 to 45 days, or a change in the stipend calculation to ensure that primary family caregivers do not experience unexpected decreases in stipend amounts from year to year. The rule became effective on January 9.

Long-Term Care Commission Report Accepted by Governor

The Department of Human Services (DHS) recently announced the acceptance of the Pennsylvania [Long Term Care Commission Final Report](#) by Governor Tom Corbett. The final report was created by the [Pennsylvania Long-Term Care Commission](#) (LTCC), which was established by Governor Corbett's [Executive Order](#) issued on January 31, 2014, and is a part of the Healthy PA plan. The commission was charged with developing recommendations to improve the current long-term care system, including identifying ways to provide better coordinated methods of administering long-term care programs and services, while ensuring quality health care for older Pennsylvanians and individuals with disabilities. The final report included public input that was received through the seven public input meetings that were conducted across the state over the past year. The meetings focused on where and how Pennsylvania's long-term services and supports (LTSS) could be improved. As a result, the commission developed the following four broad recommendations, along with accompanying strategies for implementation to enhance Pennsylvania's LTSS system:

- Improve care coordination;
- Improve service delivery;
- Improve quality outcomes; and
- Make the LTSS system more fiscally sustainable.

Questions regarding the report should be directed to [Georgia Goodman](#).

TBI Advisory Meeting Scheduled for February 6

The Department of Health (DOH) Traumatic Brain Injury (TBI) Advisory Board, established under Section 1252 of the Federal TBI Act of 1996, will hold a public meeting on February 6, from 10:00 am to 3:00 pm. The meeting will be held in the large conference room of the Community Center, Giant Food Store, 2300 Linglestown Road, 2nd floor, Harrisburg, PA 17110. During this quarterly meeting, updates will be provided on the number of individuals served – and waiting to be served – by the DOH Head Injury Program (HIP). HIP strives to ensure that eligible individuals who have a TBI receive high quality rehabilitative services to reduce functional limitations and improve their quality of life. Additionally, attendees will discuss budgetary and programmatic issues, community programs relating to TBI, and potential advocacy opportunities. For additional information, please contact Julie Hohney, Division of Child and Adult Health Services at (717) 772-2762.

Recent PHC4 Report Shows Readmission and Mortality Rates are Declining

On December 17, 2014, the Pennsylvania Health Care Cost Containment Council (PHC4) released their [Hospital Performance Report – 2013 Data](#) that shows in-hospital mortality rates decreased statewide between 2008 and 2013 for eight of the sixteen illnesses that were included. The report also found that readmission rates declined in eight of the thirteen conditions that were analyzed.

■ MENTAL HEALTH HEADLINES

Geriatric Work Group Meets to Discuss Priorities

The Geriatric Work Group of the Mental Health Committee met to discuss 2015 priorities, working in conjunction with the executive director of the Pennsylvania Behavioral Health and Aging Coalition (PBHAC). The priorities are for the group to make contact with the CMS/Medicare specialist, so he/she can attend the Mental Health Committee meetings on a regular basis. In addition, RCPA and PBHAC will coordinate a webinar on Medicare basics for providers. Finally, the group will begin work with the Coalition of Senior Centers to identify service gaps affecting the people that both organizations work with. The next meeting will be in March. Please contact [Sarah Eyster](#) if you are interested in joining the work group.

Collaborative Documentation Guidelines Released – What This Means to You?

The office of Mental Health and Substance Abuse Services (OMHSAS) has released approved guidelines for the use of collaborative documentation. The guidelines were developed by a stakeholder work group that included RCPA staff and members, counties, MCOs, peers, advocacy organizations, and OMHSAS staff. This work group was convened to address concerns regarding the OMHSAS policy clarification 02-14-01 released in April, 2013, and later a letter released in May, 2014, which created confusion about the use of collaborative documentation. Below are some highlights of the guidelines.

Collaborative Documentation (CD) Defined:

CD is a person-driven therapeutic approach and an interactive process that supports recovery-oriented services in which documentation of the assessment, goal setting, and progress notes is integrated into the delivery of service. The individual is face to face with the provider and engaged in the documentation process by providing input and perspective on their services and progress.

The Benefits of CD Include the Following:

1. Promotes the engagement, trust and involvement of the individual.
2. Allows for feedback regarding progress made, as well as an indication of the perceived benefit of the service. It enhances the value of the session by providing real-time feedback between the individual and the provider.
3. Supports individuals to be more empowered to determine their

course of assessment, intervention, and recovery.

4. Supports individuals and providers to clarify their mutual understanding of therapeutic goals and to focus on outcomes.
5. Results in increased accuracy and quality of documentation.

Essential Elements for CD Are:

1. Utilized in person-driven assessment, treatment/recovery planning, and progress notes.
2. Created by incorporating the ideas of the individual and the provider in real time during the face-to-face session.
3. Used intentionally as a technique or approach to engage individuals to develop their objectives and support their goals.
4. A highly engaged conversation through shared narrative between the individual and the provider to assure that both are of the same understanding with regard to what was accomplished during the session and what the next steps are that support the individual's treatment/recovery plan.
5. Clearly defined by the provider so that the individual is fully informed of the process and may choose to participate in CD.
6. Used to benefit the individual as part of his/her recovery.
7. Must clearly indicate that the documentation was collaboratively written with the individual.
8. Shall occur within the scheduled time limit for the appointment or session.

What CD Is Not:

1. Taking time during or at the end of a session to complete documentation while the individual is not involved or is waiting to leave.
2. To be billed beyond the scheduled appointment time.
3. To be mandated by the provider.
4. To be used primarily for the convenience or benefit of the provider or to simply complete their documentation "concurrently" without engaging the individual.
5. To be used during telephonic sessions.
6. Meant to replace any of the required documentation elements delineated in the *PA Medical Assistance Handbook* or various Pennsylvania regulations. All required elements must be included in each encounter.

What Does This Mean to You?

Providers must have specific policies and procedures for using CD, which include training for staff prior to the use of CD and ongoing supervision focused on fidelity. Providers must be ready for licensure visits, which will certainly entail reviewing internal policies on the use and monitoring of collaborative documentation.

OMHSAS will be offering technical assistance and training on the use of collaborative documentation during the first quarter of 2015. RCPA will continue to address collaborative documentation implementation with the OMHSAS team during the monthly scheduled meetings. Your comments, concerns, and feedback are welcome, so please contact [Sarah Eyster](#) as needed.



Comments on OLTL Proposed Waiver Amendments and Transition Plans

The Department of Human Services' (DHS) Office of Long-Term Living (OLTL) published their proposed amendments to the OBRA waiver, Aging and Attendance Care waivers, proposed CommCare and Independence waiver renewals, and accompanying transition plans for the CommCare and OBRA waivers in the December 20, 2014, [Pennsylvania Bulletin](#). Members are encouraged to submit written comments on this notice to: Department of Human Services, Office of Long-Term Living, Bureau of Policy and Regulatory Management, attention Jennifer Hale, PO Box 8025, Harrisburg, PA 17105-8025 – or electronically using the comment forms provided on the [OLTL web page](#) to RA-waiverstandard@pa.gov. Comments are due by February 3 and will be considered for revisions to the proposed waiver amendments, waiver renewals, and transition plans.

Benefits of Concussion Legislation and Treatment for Children

NeurologyNow included an article, "[Concussion Legislation Leads to More Treatment for Children](#)," focused on how new concussion laws across the United States have led to more kids and teens receiving treatment for these injuries. These findings were from an analysis that was published in the journal, *JAMA Pediatrics*. The researchers examined data from January 1, 2006, through June 30, 2012, for insured children between the ages of 12 and 18, in states with and without concussion legislation. They looked at the pre-legislation trends in concussion-related health care use prior to 2009, as well as post-legislation trends in states with and without concussion laws. In states with concussion laws, there was a 92 percent increase in the use of concussion-related health care services between the academic school years of 2008-2009 and 2011-2012. States without concussion legislation still experienced a 75 percent increase over the same period.

MedPAC Meeting Agenda Includes IRF Payment Topics

The Medicare Payment Advisory Commission (MedPAC) conducted their public meeting on January 15 and 16 in Washington, DC, to discuss Medicare issues and policy questions, in order to develop and approve reports and recommendations to Congress. Included on the agenda were a number of topics that impact inpatient rehabilitation facilities (IRFs), such as site-neutral payments and the adequacy of Medicare payments. MedPAC provided formal approval of a recommendation to implement site-neutral payments between IRFs and skilled nursing facilities (SNFs), ultimately eliminating the difference in payment for selected conditions.

The site-neutral policy for these conditions would have several components:

- IRF base rate would be the average SNF payment per discharge;
- IRFs will continue to receive add-on payments (such as teaching, rural, etc.);
- IRFs would get relief from regulations regarding how care is furnished;
- The 60 percent rule would be adjusted as needed; and
- The Centers for Medicare and Medicaid Services should gather stakeholder input on criteria and conditions.

The recommendation will be transmitted to Congress as part of MedPAC's March report; it is not immediately clear if and when Congress would consider adopting it. RCPA is in the process of planning a date in February to visit and educate legislators in Washington, DC, on issues of importance to the IRFs.

Updated IRF PAI Training Manual Now Available

An *Updated Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF PAI) Training Manual* is now available in the downloads section of the [IRF PAI](#) web page of the Centers for Medicare and Medicaid Services (CMS) website. The revised manual includes information on two new items on the IRF PAI; an arthritis attestation item and a therapy information section. In addition, there is now a signature page requirement. These new sections become effective for IRF discharges on or after October 1. CMS conducted a national provider call on January 15, focused on training providers how to code and complete these new items.

Outpatient Rehabilitation Committee to Convene on February 19

RCPA's Outpatient Rehabilitation Committee will convene for their first meeting of 2015 on February 19 from 10:00 am to 12:30 pm. Agenda or discussion topics, or questions in general, should be directed to [Melissa Dehoff](#). Members are invited to [participate](#) in person or via webcast.

Healthy PA Creates Problems for D&A Members

RCPA has received calls from many members with significant concerns regarding the impact of Healthy PA. In some cases, clients who were active in behavioral health treatment in 2014 were shifted from coverage under the HealthChoices physical and behavioral health MCOs to coverage under a Private Coverage Option (PCO) health plan. For these clients, the Office of Mental Health and Substance Abuse Services (OMHSAS) continues to work with others at the Department of Human Services (DHS) to correct this. DHS requested data from the BHMCOs, the Single County Authorities, and providers to help resolve the issues.

DHS and the Department of Drug and Alcohol Programs (DDAP) have sent out numerous memos assuring that the clients affected will be placed in the HealthChoices physical and behavioral health MCOs retroactively back to January 1, 2015.

The information below was requested for all clients receiving

mental health and/or drug and alcohol services that were in HealthChoices prior to December 31, 2014, and were switched to the PCO:

- Recipient name;
- Recipient ID number;
- Recipient's county of residence;
- Facility name;
- County the facility is located in;
- Level of care; and
- Admission date.

This information was due by January 16. However, if other clients are identified who were Medical Assistance eligible and were receiving behavioral health services prior to December 31, 2014, and were not included on that initial list, their information should be sent to [OMHSAS](#) promptly.

Many members are also having significant problems with clients enrolled *after* January 1. These clients should *not* be included on this list mentioned above; they will be handled through a different process. Several scenarios have been reported, including:

1. Clients are registered in Healthy Plus, but the BHMCO is not yet identified
2. Clients are enrolled in the Healthy PA PCO category

In these cases, RCPA has been assured that the BHMCO will be identified soon after the initial enrollment and that services will be covered retroactively to the date of enrollment. Obviously, all clients inappropriately placed in the PCO need to be placed in the correct category. All members are encouraged to work with the individuals on the COMPASS system through the client's *My COMPASS Account* or directly with the County Assistance Office to make sure they have appropriately completed the health assessment form as soon as possible.

RCPA members are to be highly commended for continuing much needed service in the middle of this crisis. More information to follow as it is received.

SAVE THE DATE!

Pennsylvania Association of County Drug and Alcohol Administrators
is sponsoring

Case Management Conference and Vendor Fair May 19–20, 2015

Toftrees Resort and Conference Center, State College, PA

Counties and Providers Welcome

ODP Fee Schedule Rates

The Office of Developmental Programs has released [Bulletin #00-14-06](#), *Fee Schedule Rates and Department-Established Fees for Consolidated and Person/Family Directed Support Waivers Services, Targeted Services Management and the Community Intellectual Disability Base-Funded Program*. These final Fee Schedule Rates include residential ineligible rates and county managed base-funded services. There is also an Enhanced Communication Services modifier for those in the Consolidated Waiver who are deaf and need specialized services.

The [Fee Schedule rates](#) for the Consolidated and P/FDS waivers were effective July 1, 2014. These rates are also published in the December 20, 2014, *Pennsylvania Bulletin, Volume 44, Number 51*.

CMS Rule Changes

The Centers for Medicare and Medicaid Services (CMS) has released the final *Home and Community Based Services Waivers* rule changes related to non-residential settings. A [tool-kit](#) is available which has two new components:

- [Exploratory questions](#) to Assist States in Assessment of Non-Residential Home and Community Based Service Settings
- HCBS Final Regulations 42 CFR Part 441: [Questions and Answers](#) Regarding Home and Community-Based Settings

ACCSES has released a [Preliminary Analysis](#) of these waiver rule changes.

ODP UPDATES

The Office of Developmental Programs has released the following information available on the [ODP Consulting website](#).

- Informational Packet [#095-14: Instructions for Revising Individual Support Plans \(ISPs\) with Updated Agency With Choice \(AWC\) Financial Management Services \(FMS\) Fees Effective January 1, 2015](#): This will assist Supports Coordinators (SCs) and Administrative Entities (AEs) on how to calculate AWC FMS service units and dollars due to issuance of Informational Packet [#091-14](#).
- The Office of Developmental Programs (ODP) has released for public comment the proposed amendments to the Home and Community Based Services Waivers per the federal Centers for Medicare and Medicaid Services Waiver Rule changes. The amendments and transition plans are available for the Consolidated, Person/Family Directed Support (P/FDS), and Adult Autism Waivers, [Announcement #096-14](#). More information, including how to provide comments, can be found in the *Pennsylvania Bulletin, Volume 44, Number 51*. Consolidated and P/FDS Waiver notice. Adult Autism Waiver notice.
 - [Consolidated Waiver](#) amendment and transition plan
 - [P/FDS Waiver](#) amendment and transition plan
 - [Adult Autism Waiver](#) amendment and transition plan
- [Announcement #001-15: Release of ODP Statewide Training Report for Fiscal Year 2013-14](#)
- [Announcement #002-15: Cancelled – January 7 Webinar: Vacancy Factor Exception Process](#)
- [Announcement #003-15: New Feature Story at ODP Consulting: T’s Story](#)
- [Announcement #004-15: 2015 Professional Development Training for SCs and SC Supervisors](#)
- [Announcement #005-15: 2015 ODP Required Training for Supports Coordinators and SC Supervisors](#) – ODP is providing 20 hours of the required training; remaining 20 hours may be acquired through local training and professional development.
- [Announcement #006-15: Biennial Provider Qualifications](#): Direct service providers and vendors scheduled to have their provider qualifications for the current fiscal year must submit their qualification applications to the Home and Community Services Information System, and supporting documentation to their lead AE, between February 1 and March 31.
- [Announcement #007-15: ODP Cost Report Information for Waiver Transportation Providers](#): Year 7 transportation cost report materials are now available and must be submitted to their qualifying AE by February 20 or ODP will assign rates.
- [Announcement #008-15: PA Department of Human Services Medication Administration Program New Toll-Free Support Line](#); Effective January 14, the new support line for medication administration issues is 855-252-9482.

CLS Video

Bureau of Human Services Licensing, Licensing Administration Director Robert Robinson, in cooperation with RCPA, has videotaped a [presentation](#) for our members on the Certification and Licensing System. View the [CLS Provider Handbook](#) and [CLS Training Topics](#). HCSIS Provider Access Updates Tip Sheet available [here](#). Topics addressed included:

- License renewals
- Civil Rights and Plan of Correction
- Opening and closing locations
- Self-inspection
- Provider Profile
- Licensing Inspection Summary
- Data scrub completed the week of December 15, to resolve issues with use of symbols in provider addresses and names
- Renewal notices are mailed 130 days and 60 days prior to licensing expiration; do not send duplicate applications if provider has already sent to licensing
- In July 2015, CLS is planning to release a revised provider Self-Service document

Deaf Blind Services

[Deaf Blind Living Well Services](#) is a new program, formed in partnership with the Office of Vocational Rehabilitation Bureau of Blindness and Visual Services, Pennsylvania Statewide Independent Living Council, and Pennsylvania Office for the Deaf and Hard of Hearing. The Center for Independent Living of Central Pennsylvania is the manager of this program.

This program will include trainings for Support Service Providers (SSPs) to assist individuals who are deaf-blind to achieve greater independence and quality of life in their communities. As a consumer-driven program, individuals will select and schedule their own SSPs for up to 14 hours of service each month. Individuals interested in becoming an SSP may apply [online](#).

Alzheimer's Disease Report

The Pennsylvania Alzheimer's Disease Planning Committee, established by Governor Corbett, has developed the *First Annual Alzheimer's Disease and Related Disorders Forum Report*. This report was one of the recommendations by the committee, which included a stakeholders' forum to build community support, strengthen partnerships, and identify next steps.

RCPA Policy Specialist Linda Drummond was asked to participate in this forum, since she is a member of the state's Joint Aging/Intellectual Disability Committee, and provided oral and written testimony at one of the public forums held last year. At the recent forum, Drummond participated in the work group "Building and Retaining a Competent, Knowledgeable, Ethical, and Caring Workforce."

Corbett Announces Employment First Program

Governor Corbett has announced that the state is now a participant in the US Department of Labor, Office of Disability Employment Policy's "Employment First State Leadership Mentoring Program." This initiative promotes competitive employment opportunities for individuals with disabilities.

The program will assist the state Departments of Human Services, Labor and Industry, and Education, to work together to increase school-to-work opportunities for students with disabilities. This effort is encouraged by the Federal Workforce Innovations and Opportunities Act, signed by President Obama in July 2014.

The Office of Developmental Programs has been a member of the State Employment Leadership Network for several years; these efforts will be expanded with this increased federal involvement.

ABLE Act

On December 16, 2014, the US Senate passed the Achieving a Better Life Experience (ABLE) Act, which passed the US House earlier this month. ABLE will allow individuals with disabilities which were identified before age 26 to create tax-exempt savings accounts that can be used for living expenses. The annual contribution to these accounts are \$14,000 per year. The first \$100,000 in the ABLE account is exempt from the Supplemental Security Income (SSI) individual resource limit of \$2,000. If the ABLE account exceeds \$100,000, the individual would be suspended from SSI benefits, but he/she would continue to be eligible for Medicaid. Additional information is available at the National Disability Institute [website](#).

New WIOA Advisory Committee

The US Department of Labor has announced 17 public members for the new [Advisory Committee](#) on Increasing Competitive Integrated Employment for Individuals with Disabilities. This is a key providing of the federal Workforce Innovation and Opportunity Act signed by President Obama in July 2014. There were over 280 nominations, and members were selected to fit into six groups:

- Self-advocates for individuals with intellectual or developmental disabilities (IDD);
- Providers of employment services;
- Representatives of national disability advocacy organizations for adults with IDD;
- Experts with a background in academia or research on employment issues;
- Representatives from the employer community; and
- Other representatives of organizations with expertise in increasing competitive integrated employment options.

US Dept. of Labor

The US Department of Labor's Office of Disability Employment Policy [awarded](#) \$1.8 million to the Viscardi Center in Albertson, NY, to

manage the National Employer Policy, Research, and Technical Assistance Center on the Employment of People with Disabilities. The center's role is to be a resource to employers with hiring, training, and promoting people with disabilities. The Viscardi Center is partnering with a variety of agencies, including the US Business Leadership Network, World Institute on Disability, National Conference of State Legislators, and George Washington University's Graduate School of Education and Human Development.

Vocational Counseling Grant

The US Department of Education's Rehabilitation Services Administration has issued [notification](#) of grant availability under the "Rehabilitation Long-Term Training Program – Vocational Rehabilitation Counseling" program. There will be approximately 20 awards averaging \$190,000 to \$200,000. Eligible applicants are states, and public or nonprofit agencies and organizations. Applications are due by March 9.

This program provides financial assistance for projects that offer:

- Basic or advanced training leading to an academic degree in areas of personnel shortages in rehabilitation
- Specified series of courses or programs of study leading to certificate in areas of rehabilitation personnel shortages



[I'M IN TO HIRE](#) is an initiative to promote the business benefits of hiring persons with intellectual or developmental disabilities. Founded by Best Buddies International, and based on the findings in the 2014 Institute for Corporate Productivity research report [Employing People with Intellectual and Developmental Disabilities](#), this project is aimed at supporting the hiring of the 85% of people with these disabilities who do not have a competitively paid job in the community.

WIOA Regulations

The US Departments of Labor and Education are working to [publish regulations](#) for the Workforce Innovation and Opportunity Act (WIOA). These are expected to be published in the spring of 2015, available [online](#). Because many of the provisions of WIOA become effective on July 1, the Department of Labor's Employment and Training Administration will also issue operating guidance this spring.

The Departments plan to publish five Notices of Proposed Rulemaking to implement WIOA, which will be published in the *Federal Register*, posted [online](#). These will include:

- Jointly administered activities including state plans, performance, and one-stop system;
- Provisions of Title I and Title III, administered by the Department of Labor; and
- Department of Education Title II Adult Education and Literacy, and Title IV Amendments of the Rehabilitation Act of 1973.

■ CONFERENCES / TRAININGS

March 18, 2015, 8:00 a.m. – 4:30 p.m. *CoBI BRAIN INJURY CONFERENCE: New Advances in Brain Injury Rehabilitation.* Duquesne University Power Center Ballroom, 1015 Forbes Avenue, Pittsburgh, PA 15219.

Contact Janaki Spickard-Keeler at 484-595-9300, ext. 136

Pennsylvania's FASD Expert and Resource

Fellow Pennsylvanian Dan Dubovsky is nationally recognized as a champion of Fetal Alcohol Spectrum Disorder (FASD) research, training, and intervention development. After many years at the SAMHSA FASD Centers of Excellence, Mr. Dubovsky is now working with and training organizations in Pennsylvania, designing and implementing FASD informed services, as he continues his collaboration with the state's FASD Task Force. Recently, Mr. Dubovsky noted,

"I am encouraged that there is still the interest in addressing FASD in Pennsylvania, especially with my experiences here when I was raising my son in the 1980s and 1990s. Then almost all providers were lacking in understanding about FASD or willing to see him as not willful in his behaviors and needing to modify their approaches (rather than his needing to modify his behavior). It is so important to get every system of care to recognize FASD and implement both prevention and effective treatment."

A proven expert and resource on FASD prevention, identification, and service design, Dan will be increasingly engaged with community providers and can now be [contacted](#) for consultation, training, and program development.

ACE Impact on Child Health and School Success

New research led by the Johns Hopkins Bloomberg School of Public Health finds that nearly half of all children in the nation experience at least one social or family adverse childhood experience that can lead to traumatic stress and impact their healthy development. The well-known and reported Adverse Childhood Experience (ACE) survey, and related research, have shown clearly that negative events in childhood increase the risk of negative long-term health consequences in adulthood. The findings of this new study, published in a recent issue of *Health Affairs*, reports on new data showing the magnitude of these adverse experiences in the child population in the United States, impacting health, school performance, and social and emotional wellness. The report also suggests that training parents, providers, and communities to help children with trauma cope – and build even basic aspects of resilience – may soften the blows and lead to later success, despite the obstacles. Data from the *2011–12 National Survey of Children's Health*, a survey of parents of 95,677 children under 17, included questions about nine adverse childhood experiences as reported by parents. More than 22 percent of children represented in the survey had two or more of these traumatic childhood experiences. Researchers found that children with two or more adverse experiences were over two and a half times more likely to repeat a grade in school as well as be disengaged. Children with these experiences were also much more likely to have a wide range of chronic health problems. One positive finding was that children and families who received quality health care from a doctor who knows and ensures that children's whole health care needs are met, fared better than those who did not.

Children's Committee Focus on the Future

The February 10 meeting and webcast of the RCPA Children's Division will focus on some of the initiatives and opportunities for school-based services, as well as child, adolescent, and transition age behavioral health care. State leaders will join the committee to review and discuss an array of new, collaborative grant-based and policy-driven initiatives. RCPA will continue to address the challenges that are faced by community providers, looking ahead to initiatives that will enhance the social and emotional wellness, behavioral health, and full range of rehabilitation services for children, adolescents, and transition age youth.

CPSL Implementation

The Office of Children, Youth and Families (OCYF) continues to move forward with implementation and resource development in support of the new Child Protective Services Laws (CPSL). OCYF is distributing fact sheets that communicate exactly who is now required to obtain clearances under the new law. In addition to a dramatic increase in reports to ChildLine, there have been numerous questions regarding the requirements for parents to get clearances for activities at their children's schools. The Department of Education is developing guidance on this issue; however, individual schools may choose to require clearances beyond what is set forth in the law. OCYF is also moving forward with a broad public awareness campaign to disseminate information concerning the new law.

Stay Informed Through AlertPA

Pennsylvania uses [AlertPA](#) to provide citizens with timely information and assist them in making informed decisions. When an incident or emergency occurs, authorized senders will instantly notify you. AlertPA is a personal connection to real-time updates, instructions on where to go, what to do – or what not to do, who to report to, and other important information. You and your staff can be kept informed about the weather and environmental emergencies, Amber Alerts, power outages, 911 system interruptions, and other events that may impact the safety of your consumers and colleagues and the operation of your programs. AlertPA delivers alerts and updates on all of your devices, including email, cell phones, pagers, smart phones, and PDAs. [Register](#) with AlertPA today!

Youthful Offenders Freed From Lifetime SORANA Registration

The Pennsylvania Supreme Court recently ruled 5-1 against the provision of the Sex Offender Registration and Notification Act that applies to more serious sex offenses committed by older juveniles. At the heart of the case was the court's finding that the registration represented an "irrefutable presumption" that violated the defendants' due process rights. The justices found that the law was unconstitutional because it did not give youthful offenders the ability to challenge a presumption that they would likely reoffend. Prior to this decision, juveniles who were at least 14 when the offense occurred had been required to register for life if adjudicated delinquent of rape, aggravated indecent assault, or involuntary deviate sexual intercourse.

"We agree with the juveniles that [the law]'s registration requirements improperly brand all juvenile offenders' reputations with an indelible mark of a dangerous recidivist, even though the irrefutable presumption linking adjudication of specified offenses with a high likelihood of recidivating is not 'universally true,'" Justice Max Baer wrote for the majority. Marsha Levick with the Juvenile Law Center represented the defendants, calling the decision a great victory for children who have been wrongly affected by the law.

ADHD Medication and Injury Reduction

Taking medication for attention-deficit hyperactivity disorder (ADHD) might reduce the risk of young patients accidentally injuring themselves. Researchers reported their findings recently online in the journal *Pediatrics*. Estimates based on the research suggest that for every 88 children taking methylphenidate, one child's injury would be prevented. Older teens were especially less likely to go to an emergency room for trauma while taking ADHD medication. The risk of those aged 16 and older dropped 32 percent while on methylphenidate, compared to a 7 percent drop for younger children. "These studies also suggest that impulsivity and poor concentration in some patients with ADHD may contribute to the high incidence of injury. The researchers compared the medical records of nearly 5,000 children and teens, aged 6 to 19, who had at least one prescription for methylphenidate and went to the emergency room for trauma at least once between 2001 and 2013. After considering patients' ages and other variables, the researchers found that children and teens taking methylphenidate were about 9 percent less likely to injure themselves than those not taking the drug.

Missed the Presentation? We Saved It For You!

Recently, RCPA has hosted several webinar presentations that have attracted hundreds of online participants from child-serving organizations across Pennsylvania. With the arrival of RCPA's Director of Communications Sharon Militello, these presentations are now being recorded and made available to our members through the "Members Only" link on the RCPA [website](#). Among the more recent presentations have been "Preparing for the Child Protective Services Laws," presented by the Office of Children, Youth and Families and "Introducing Early Reach Initiative," presented by the Office of Vocational Rehabilitation. If you or your organization have suggestions or ideas about webinar topics and training presentations you'd like to see, contact [Connell O'Brien](#) or [Sharon Militello](#).

Project LAUNCH, Developing a State Model for Integrated Early Childhood Services

For several years, RCPA members and staff have collaborated with state departments in hopes of seeing Pennsylvania obtain a grant for Project LAUNCH (Linking Action for Unmet Needs in Children's Health). Recently the Office of Mental Health and Substance Abuse Services (OMHSAS) announced that it was awarded a five year, \$4 million federal grant for Project LAUNCH. The pilot project will develop a model for an integrated plan to promote the wellness of young children, from birth to age eight. Pennsylvania's LAUNCH project is a partnership between OMHSAS, the Department of Health, and the Office of Child Development and Early Learning (OCDEL), as well as Allegheny County, which is serving as the local demonstration site. Interviews with key informants, focus group meetings, data analysis, and surveys have been part of the comprehensive effort to gather information to serve as the basis for state and local LAUNCH plans. Brandy Fox, a longtime collaborator with RCPA who has been working for the Early Child Mental Health Consultation Project, is now the project director. RCPA Policy Specialist Connell O'Brien has been invited to serve as a member of the State Young Child Wellness Council, the group that will advise state and local leaders on the implementation of Project LAUNCH.

Psychiatric Consultation to Pediatricians Improved Medication Practices

A recent article in *Psychiatric News* reports that a New York state initiative to provide psychiatric consultation to pediatric primary care providers about prescribing psychotropic medication shows promise for enhancing providers' comfort with prescribing. According to the report [Detection and Treatment of Mental Health Issues by Pediatric PCPs in New York State: An Evaluation of Project TEACH](#), researchers in the Department of Child and Adolescent Psychiatry at New York University School of Medicine, and colleagues at other institutions, evaluated a statewide training and consultation program for pediatric primary care providers. The focus of the consultation was the identification and treatment of child and adolescent mental health conditions. Researchers compared an intervention group of 176 primary care providers who volunteered for the project's training with a random sample of 200 PCPs who did not receive training. New York State Medicaid files for youth provided the core data for prescription practices, diagnoses, and follow-up care. Researchers found that the percentage of children prescribed psychotropic medication increased after training from 9 to 12 percent, as compared to the untrained group where prescriptions increased from 4 to 5 percent.

"The report noted that provider training and consultation may be a meaningful way to help reduce the number of children who do not receive treatment for mental health conditions, but further research is necessary to determine whether this type of model will be useful as the responsibility for mental health care and outcomes shifts under health care reform."

Autism and IDEA, Higher Income Equals More Due Process

A nationwide survey of over 500 parents with children on the autism spectrum found that families earning more than \$100,000 a year are significantly more likely to pursue litigation compared to those with incomes that are half that level. The survey also found that parents were nearly twice as likely to pursue litigation if they had a child who spent less than 20 percent of their time in mainstream classrooms. Families were also significantly more likely to resort to mediation or due process if they had an older child, and in cases where students were more withdrawn or anxious as opposed to those who displayed physical behaviors or verbal aggression. The findings, published recently in the [Journal of Autism and Developmental Disorders](#), may point to fundamental inequities in the special education process. More than 25 percent of parents surveyed for the study said they had participated in mediation or due process.

CALENDAR

FEBRUARY		
Tuesday, February 3	8:00 a.m. – 10:00 a.m.	Legislative Breakfast <i>Harrisburg Capitol – Room 60 East Wing</i>
Thursday, February 5	12:00 p.m. – 1:00 p.m.	IPRC Webinar Exploring Sexuality and Disability in Teenagers
Tuesday, February 10	9:30 a.m. – 12:00 p.m. 9:30 a.m. – 12:00 p.m. 1:00 p.m. – 4:00 p.m. 1:00 p.m. – 4:30 p.m.	Criminal Justice Committee Mental Health Committee Drug & Alcohol Committee Children’s Committee <i>Penn Grant Centre</i>
Wednesday, February 11	9:00 a.m. – 11:30 a.m. 12:00 p.m. – 1:00 p.m.	Open Meeting with Board Lunch with Board <i>Penn Grant Centre</i>
Thursday, February 12	9:00 a.m. – 11:00 a.m. 11:30 a.m. – 2:30 p.m. 2:45 p.m. – 4:45 p.m.	Supports Coordination Organization Subcommittee Intellectual/Developmental Disabilities Committee Vocational Rehabilitation Subcommittee <i>Penn Grant Centre</i>
Wednesday, February 18	10:00 a.m. – 12:30 p.m.	Human Resources Committee <i>Penn Grant Centre</i>
Thursday, February 19	10:00 a.m. – 12:30 p.m.	Outpatient Rehabilitation Committee <i>Penn Grant Centre</i>
MARCH		
TBD	10:00 a.m. – 2:00 p.m.	SE & Central Regional Meetings <i>Location: TBD</i>
Wednesday, March 4	10:00 a.m. – 2:00 p.m.	Brain Injury Committee <i>Penn Grant Centre</i>
Friday, March 13	10:00 a.m. – 2:00 p.m.	NE Regional Meeting <i>Behavioral Health Services An Affiliate of Commonwealth Health Nesbitt Medical Arts Building-Auditorium 534 Wyoming Avenue Kingston, PA 18704</i>
Tuesday, March 17	10:00 a.m. – 3:30 p.m.	Children’s Steering Committee <i>RCPA Conference Room</i>
Thursday, March 19	10:00 a.m. – 12:30 p.m.	Medical Rehabilitation Committee <i>Penn Grant Centre</i>
Monday, March 23	10:00 a.m. – 12:30 p.m.	Legislative Affairs Committee <i>Penn Grant Centre</i>
Tuesday, March 24	12:00 – 1:00 p.m. 10:00 a.m. – 2:00 p.m.	IPRC General Membership <i>Conference Call</i> NW Regional Meeting <i>Location: TBD</i>
Wednesday, March 25	10:00 a.m. – 2:00 p.m.	SW Regional Meeting <i>Location: TBD</i>
Thursday, March 26	10:00 a.m. – 12:30 p.m.	Finance Committee <i>Penn Grant Centre</i>