

■ A MESSAGE FROM THE CEO



Richard S. Edley, PhD

...having a strong local presence, county and payer relationships, internal operational strength, and forward thinking leadership, can help a provider survive long into the future.

Surviving the Change Ahead

Many years ago, I was asked to contribute to a book entitled *Surviving the Demise of Solo Practice: Mental Health Practitioners Prospering in the Era of Managed Care* (Cummings, Pallak, and Cummings, Eds., 1996). Indeed, back then we were all prophets and saw that very quickly all solo practices in behavioral health would be gone, swallowed up by group practices and larger systems.

We were wrong.

Certainly, the nature of private practice has drastically changed, and I still do not think I would be recommending to a social work or psychology graduate student that they should simply put out a shingle and start to practice. But obviously, nearly two decades later, there are private practices – and who would have predicted the small but growing segment of self-pay clients.

So, I have some reluctance in joining the growing bandwagon that smaller independent community providers will soon be extinct.

As I write this, I am attending the National Council Annual Conference. Thousands of attendees, hundreds of speakers. So what are the themes – even from the hallway buzz?

- The continued movement to the integration of physical and behavioral health;
- Implementation of best practices and evidence-based treatment;
- The importance of suicide prevention and counseling;
- Succession planning, or the lack thereof (see the RCPA Senior Leadership Retreat program for May 19–20 for more on that topic); and
- The continued wave of mergers and acquisitions particularly with the positioning for ACOs – also known as the demise of the small, independent, community-based agency.

RCPA is a diverse organization. We do get fairly frequent calls from relatively

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SURVIVING THE CHANGE AHEAD

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smaller members who are concerned about their future viability. Similarly, we get calls from larger provider systems and hospitals that are looking at ways to assist the smaller providers.

Clearly, the fear is that the larger players will simply swallow up the smaller providers and the local identity will be lost. But that does not have to be the inevitable outcome; there are many models out there – including in Pennsylvania – that are being utilized, including:

- Full merger/acquisition;
- Modified merger/acquisition, leaving the local agency with some independent direction and board oversight;
- Affiliations between systems without a legal merging of the entities.
- The sharing of administrative infrastructure (e.g., policies, procedures, training) all the way to the sharing of information technology and electronic health records.

There is no “one size fits all,” and certainly having a strong local presence, county and payer relationships, internal operational strength, and forward thinking leadership, can help a provider survive long into the future.

What also becomes clear from events such as this conference, or statewide ones that RCPA holds, is the importance of networking and having the discussion. There are a lot of interesting ideas being tossed around, in this area and others. Perhaps the real deciding factor in whether an agency survives lies not in its size or independence, but in the willingness of its leadership to be open to all discussions, and to meet with other systems and even competitors. Keeping up and ahead of the changes is the roadmap for strengthening and transforming agencies of all sizes and surviving into the future.

Much as the solo practitioner in the mid-90s had to do to survive and prove the prophets wrong.

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

Reference

N. A. Cummings, M. S. Pallak, & J. L. Cummings, Eds. (1996). *Surviving the demise of solo practice: Mental health practitioners prospering in the era of managed care*. Madison, CT: Psychosocial Press.

NEW MEMBERS

FULL PROVIDER MEMBER

Service Coordination Unlimited, Inc.
Pittsburgh, PA
Matthew Perkins, CEO
www.sc-unlimited.org

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MEMBERS IN THE NEWS

A Resolution recognizing Magee Rehabilitation Hospital on its 57th anniversary of providing specialized health care services to the residents of Pennsylvania and beyond.

Pyramid Healthcare and TODAY Treatment Facility Honored with Prestigious Industry Award

Pyramid Healthcare and TODAY, a member of Pyramid Healthcare's family of behavioral health care treatment facilities, have been announced as the winners of the 2015 Pennsylvania Certification Board (PCB) Presidents Award.

This honor recognizes outstanding facilities and programs that act as leaders and positive contributors in their respective communities, as well as the

chemical dependency field. Pyramid Healthcare and TODAY received a moving nomination for the award from a former client and his/her family, which supported the recognition from the Pennsylvania Certification Board. The PCB Presidents Award is a testament to the effectiveness of Pyramid Healthcare's full continuum of care, as well as their level of commitment, specifically that of TODAY's employees.

Pyramid Healthcare acquired TODAY (Treatment Of Drugs & Alcohol Among Youth) in October, 2014. Founded in 1970, TODAY, Inc. provided adult residential and outpatient drug and alcohol addiction treatment, as well as care for those with co-occurring disorders, at two locations in Bucks County, PA. Pyramid has continued this mission and provision of services.

RCPA NEWS

Exhibit Advertise Sponsor

RCPA will host its 2015 Conference October 6 – 9 at Seven Springs Mountain Resort. Here is your chance to be seen and to support the work of this dynamic organization! The event is a highlight for the Pennsylvania mental health, brain injury, intellectual and developmental disability, medical rehabilitation, vocational rehabilitation, children's, and drug and alcohol provider communities.

Exhibit and Advertise

Exhibit activities take place October 7 – 8. Exhibit hours occur during the two busiest days of the conference. RCPC includes two conference registrations with the exhibit fee and encourages companies to use those registrations to participate fully.

Sponsor

The association is privileged to have the backing of the finest companies and organizations in the field for its conference. Through the use of sponsorship circles (levels), RCPC is able to honor all supporting organizations. Deadline for inclusion in printed materials is **June 12**.

The association looks forward to welcoming you to the conference. Please contact [Sarah Eyster](#), conference coordinator, with questions. Space and opportunities are reserved on a first-come, first-served basis; no reservation is considered complete without payment.

2015 RCPC Conference

Leading the Way

October 6 – 9

Seven Springs Mountain Resort

RCPA Senior Leadership Retreat

May 19 – 20

Best Western Premier Hotel & Conference Center
800 East Park Drive, Harrisburg, PA 17111

Tuesday, May 19

A **Networking Reception** will kick off the event. Please join us for the opportunity to network with other RCPA senior leader members and RCPA staff, share ideas, and engage fellow members. The reception will offer hors d'oeuvres and beverages.

Wednesday, May 20

Leslie Bonner, a nonprofit consultant from Bonner Consulting, will facilitate the retreat. Ms. Bonner has 25 years of experience as an organizational and leadership development consultant with large organizations, the last seven years exclusively with nonprofit organizations of all sizes in every sector. She serves as an executive coach, certified in Marshall Goldsmith Stakeholder Centered Coaching Model, and is author of the *National Study on Nonprofit Leadership Development*. A panel discussion will follow.

Ted Dallas, secretary of the department of human services, will be our guest at the retreat luncheon. The **RCPA Annual Membership Meeting**, including the election of directors and officers, will immediately follow the lunch.

Financial Advisors and Senior Investment Management Consultants **Ellen Q. Bush** and **Karen B. Natishan** of Morgan Stanley Wealth Management will feature financial succession planning. The retreat will end with closing remarks from our President & CEO Richard S. Edley, PhD.

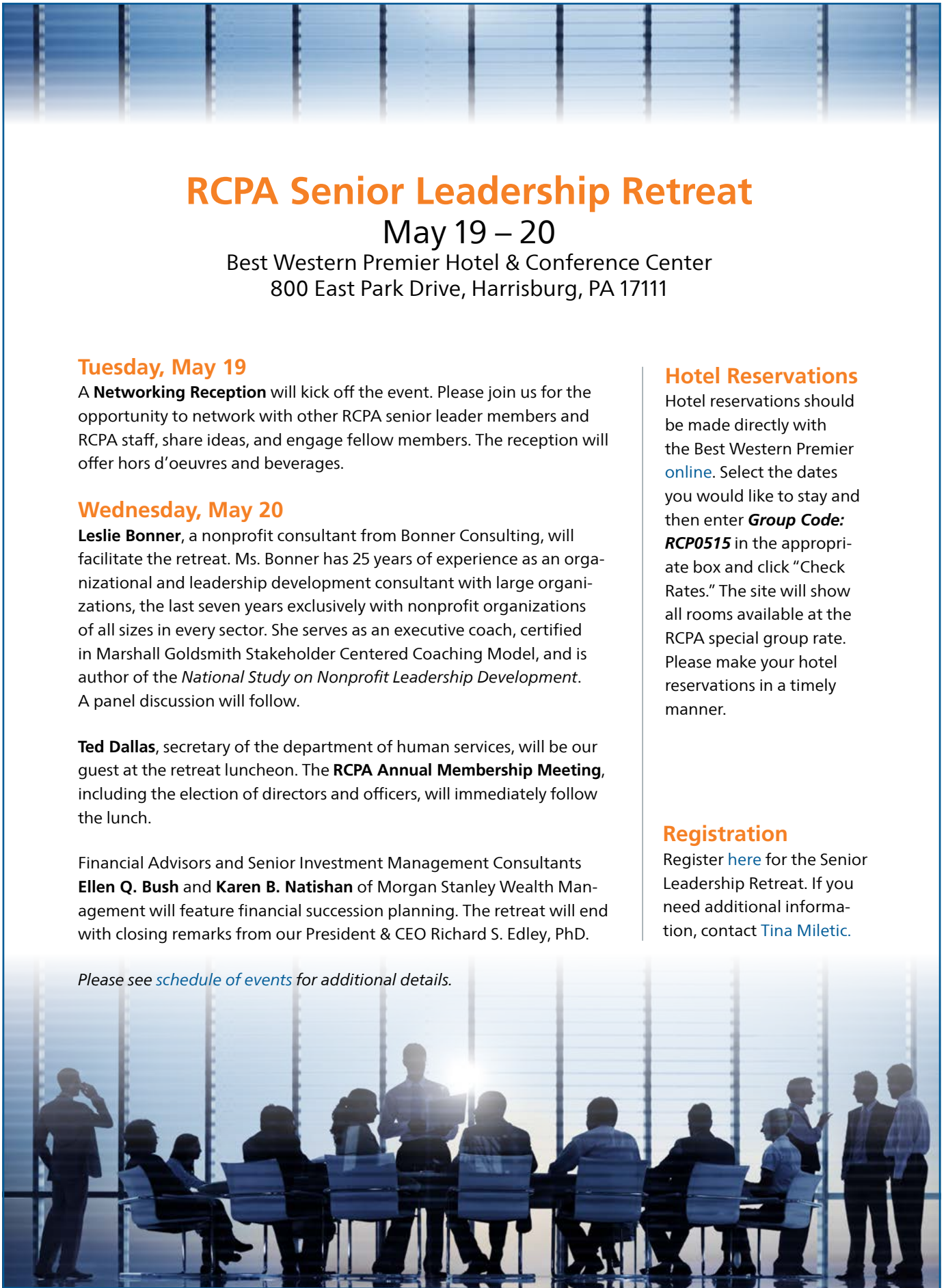
Please see [schedule of events](#) for additional details.

Hotel Reservations

Hotel reservations should be made directly with the Best Western Premier [online](#). Select the dates you would like to stay and then enter **Group Code: RCP0515** in the appropriate box and click "Check Rates." The site will show all rooms available at the RCPA special group rate. Please make your hotel reservations in a timely manner.

Registration

Register [here](#) for the Senior Leadership Retreat. If you need additional information, contact [Tina Miletic](#).



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



RCPA Rallies for Increased Human Services Funding

On Tuesday, April 14, RCPA held its Annual Capitol Day, and advocated for increased funding for programs that help children and adults who need vital mental health, drug and alcohol, intellectual and developmental disabilities, medical rehabilitation, and brain injury services for children and adults in all settings.

Gov. Tom Wolf's proposed spending plan makes a down payment to restore nearly \$84 million to county human services programs over the next three years. "We need to ensure that when people seek help, quality community services are available," said Richard S. Edley, PhD, President and CEO of the Rehabilitation and Community Providers Association (RCPA). "We look forward to working with lawmakers and the administration to ensure vulnerable residents get the support they deserve."

Edley was joined at the Capitol by RCPA members, families, and several legislators, including keynote speaker state Rep. Mike Schlossberg (D-Lehigh), who has talked publicly about his own experiences with depression; Rep. Gene DiGirolamo (R-Bucks); and Rep. Thomas Murt (R-Montgomery/Philadelphia), who was RCPA's 2014 Legislator of the Year.

At the conclusion of the event, RCPA recognized the student winners of the 2015 Public Service Announcement (PSA) Contest for Youth Suicide Prevention. The contest was sponsored by the Pennsylvania Youth Suicide Prevention Initiative, a multi-system collaboration to reduce youth suicide. The two poster winners were Julissa Molina and Sandra Padilla from James M. Coughlin High School. Hannah Salazar and Alexis Thuahnai from Greencastle-Antrim High School collaborated to win the 60-second video award. View all of the [winning entries](#).

Failed plans should not be interpreted as a failed vision. Visions don't change, they are only refined. Plans rarely stay the same, and are scrapped or adjusted as needed. Be stubborn about the vision, but flexible with your plan.

— John C. Maxwell

President Obama Signs Medicare Access and CHIP Reauthorization Act of 2015

On April 16, President Obama signed into law [H.R. 2](#), the “Medicare Access and CHIP Reauthorization Act of 2015” (MACRA), which reforms Medicare payment policy for physician services and adopts a series of policy changes affecting a wide range of providers and suppliers. MACRA permanently repeals the statutory Sustainable Growth Rate formula and will link physician payment updates to quality, value measurements, and participation in alternative payment models. A detailed [overview](#) of MACRA is provided.

Health Care Payment Learning and Action Network Initiated

On March 25, Department of Health and Human Services Secretary Sylvia M. Burwell was joined by President Obama, as well as state representatives, insurers, providers, business leaders, and consumers at the White House to kick off the Health Care Payment Learning and Action Network. This network is being established to provide a forum for public-private partnerships to help the US health care payment system meet or exceed recently established Medicare goals for value-based payments and alternative payment models. These goals are to move 30 percent of Medicare payments into alternative payment models by the end of 2016 and 50 percent by the end of 2018. Alternative payment models include accountable care organizations, bundled payments, and advanced primary care medical homes. Additional information can be found on a [fact sheet](#) on the Centers for Medicare and Medicaid Services website.

House Members Introduce Post-Acute Care Bundling Legislation

On March 19, Representatives David McKinley (R-WV), Jerry McNeerney (D-CA), and Tom Price (R-GA) introduced [H.R. 1458](#), the [Bundling and Coordinating Post-Acute Care \(BACPAC\) Act](#).

The bill would:

- Provide bundled payments to a post-acute care (PAC) coordinator for PAC services for discharges occurring on or after January 1, 2017, for a PAC period
- Require Medicare to reimburse PAC providers at payment rates for services for which Medicare currently provides payment (the 2014 version would have authorized PAC coordinators to pay PAC providers a negotiated rate after the law had been in place for three years)
- Waive certain coverage limitations for post-acute care
- Authorize shared savings payable to PAC providers and the PAC physician of the individual patient; and if there is no PAC readmission of the individual to the discharging hospital
- Define “post-acute care services” to include inpatient rehabilitation hospital and unit services, outpatient physical therapy services, and outpatient occupational therapy services, as well as home health, long-term care hospitals, skilled nursing facilities, durable medical equipment, and outpatient prescription drugs and biologics
- Define “qualifying discharge” as a discharge after receiving acute care inpatient hospital services for which the discharge plan includes PAC services
- Define a “PAC period” as 90 days after the date of a qualifying discharge or the date on which a patient is admitted to a hospital for care not related to care the patient initially received in the acute care hospital, whichever is earlier
- Define “PAC Assessment Tool” as the CARE tool or an equivalent assessment tool specified by the Secretary of the Department of Health and Human Services
- Define “PAC coordinator” as a hospital, PAC provider, insurer, third-party administrator, or a combination of a hospital and PAC provider that is certified according to a process established by the secretary and has entered into a PAC agreement with the secretary
- Authorize a study to determine the feasibility of bundling all Medicare payments for PAC services due to Congress no later than January 1, 2020

The Subcommittee on Health (which is chaired by Representative Joe Pitts) held a “Medicare Post-Acute Care Delivery and Options to Improve It” [hearing](#) on April 16. The hearing focused on the current state of post-acute care for Medicare beneficiaries and ways to improve it, including H.R. 1458.

CMS Issues Info on 2015 Medicare Physician Fee Schedule

On April 1, the Medicare Physician Fee Schedule (MPFS) was updated using the Sustainable Growth Rate (SGR) methodology as required by current law. The SGR methodology required a 21% decrease in all MPFS payments beginning April 1. The Centers for Medicare & Medicaid Services (CMS) took steps to limit the impact on Medicare providers and beneficiaries by holding claims paid under the MPFS with dates of service on and after April 1. Additionally, Medicare is also holding all therapy claims that would no longer qualify for the therapy cap exceptions (those therapy claims with the 'KX' modifier), due to the expiration of the therapy cap exceptions process on April 1. In the absence of additional legislation to avert the negative update, CMS must update payment systems to comply with the law, and implement the negative update.

Beginning on April 15, CMS will release held MPFS claims, paying at the reduced rate, based on the negative update, on a first-in, first-out basis, while continuing to hold new claims as they are received. CMS will release one day's worth of held claims, processing and paying at the rate that reflects the negative update. At the same time, CMS will hold the receipts for that day, thus, continuing to hold 10 days' worth of claims in total. This is to provide continuing cash flow to providers, albeit at the rate that reflects the negative update. This "rolling hold" will help minimize the number of claims requiring reprocessing, should Congress pass legislation changing the negative update. Providers should remember that claims for services furnished on or before March 31 are not affected by the payment cut, and will be processed and paid under normal time frames. The Medicare administrative contractors will automatically reprocess the claims paid at the reduced rate if congressional action is taken to avert the negative update. No action is necessary from providers who have already submitted claims for the impacted dates of service.

Proposed Rule Outlines EHR Requirements for Providers for 2015-2017

The Centers for Medicare and Medicaid Services issued a [proposed rule](#) for the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs, to align Stage 1 and Stage 2 objectives and measures with the long-term proposals for Stage 3. The modifications would allow providers to focus more closely on the advanced use of certified EHR technology to support health information exchange and quality improvement. Comments on the proposed rule will be accepted through June 15.

First Ever Hospital Compare Star Ratings Released

On April 16, the Centers for Medicare and Medicaid Services (CMS) introduced for the first time ever, [star ratings on Hospital Compare](#), a public information website to make it easier for consumers to choose a hospital and understand the quality of care they deliver. The ratings are based on data from the Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS) measures that are included in Hospital Compare. HCAHPS has been in use since 2006 to measure patients' perspectives of hospital care, and includes topics such as:

- How well nurses and doctors communicated with patients;
- How responsive hospital staff were to patient needs;
- How clean and quiet hospital environments were; and
- How well patients were prepared for post-hospital settings.

Consumers will now see 12 HCAHPS star ratings on Hospital Compare, one for each of the 11 publicly reported HCAHPS measures, plus a summary star rating that combines or rolls up all of the other ratings. These star ratings will be updated quarterly.

Provider Revalidation – Enroll Sooner, not Later

Secretary Ted Dallas sent a [notice](#) out on April 20 highlighting the changes resulting from the Affordable Care Act (ACA). If you enrolled on or before March 25, 2011, you must be revalidated by March 24, 2016. If you enrolled after March 25, 2011, your revalidation must occur on or before five years from the date of initial enrollment. The Pennsylvania Office of Medical Assistance Programs issued a [Bulletin on Provider Revalidation](#) on March 7, 2014.

Information is available on the DHS website regarding the [requirements and process of revalidation](#) (also called re-enrollment). Also included is a link to the Quick Tip 155 to view each service location revalidation due date.

Access the most current Pennsylvania PROMISE™ Provider Enrollment [base application](#), dated March 2.

Two program offices have issued additional information:

- [ODP Informational Memo](#) on Revalidation of Enrollment Required for All Service Locations (including special instructions for ICF/ID and ICF/ORC)
- [OMHSAS Informational Bulletin](#) for Behavioral Health Providers

The Office of Long Term Living required all of their providers to re-enroll as Provider Type 59 by December 31, 2014.

**Information provided by Joan Martin, senior associate, S.R. Wojdak & Associates*

Guides for New HealthChoices Expansion

The Department of Human Services has prepared training/informational guides to help providers, business and community partners in the transition to the new HealthChoices Expansion Program. These were added to the [HealthChoicesPA.com](#) website under the **Provider Information** tab.

Included are the following:

- Eligibility Verification System
- Benefit Package Coverage and Limits
- Transition Plans
- Continuity of Care
- Template for Resources
- Recipient Benefit Package
- Copayments
- Health Screening

Pennsylvania Leaders Convene Collaborative Health Care Summit

On April 16, the leadership of the Office of Mental Health and Substance Abuse Services, Office of Medical Assistance Programs, Department of Drug and Alcohol Programs, and the Department of Health, convened the Pennsylvania Collaborative Care Summit in Camp Hill. The day-long event brought together more than 300 health and behavioral health practitioners, policymakers, and managed care organizations to learn about, discuss, and advance the growing trend in collaborative and co-located physical and behavioral health care. The work of the state leadership in planning and convening this event was supported by RCPA, the Pennsylvania Psychiatric Leadership Council, the Pennsylvania Psychiatric Society, and the Pennsylvania Physical Health-Behavioral Health Learning Community.

Notice Describes Transition to Traditional Medicaid Expansion

The Department of Human Services (DHS) published a notice in the March 28 [Pennsylvania Bulletin](#) that describes their intent to transition from the prior administration's Healthy Pennsylvania plan to a traditional Medicaid expansion, as provided for under the Affordable Care Act (ACA).

RCPA Members and Staff Appointed to the PCMH Advisory Council

RCPA members Stephen Christian-Michaels, Family Services of Western Pennsylvania, and Tammy Marsico, Wesley Spectrum, along with staff member Sarah Eyster, have been appointed to the Patient Centered Medical Home (PCMH) Advisory Council by DHS Acting Secretary Ted Dallas.

Bill Passes Requiring Carbon Monoxide Detectors

On March 30, [House Bill 264](#) was passed. Known as the Care Facility Carbon Monoxide Alarms Standards Act, this bill provides standards for carbon monoxide alarms in care facilities, including requirements for installing and placing the detectors, as well as testing, replacement, and compliance. The effective date of the act is 90 days from the passage of the bill.

■ MEDICAL REHABILITATION

CMS Releases Corrected IRF Provider Preliminary Reports

On March 20, the Centers for Medicare and Medicaid Services (CMS) released corrected Inpatient Rehabilitation Facility (IRF) Provider Preliminary Review reports that contain IRF provider performance data on quality measures. The report gives each IRF an opportunity to view its quality measure-specific data in a facility-specific report. These reports were originally released by CMS in early February; however, potential errors were identified related to the calculation of quality metrics.

CMS also released an updated help document, the *Inpatient Rehabilitation Facility (IRF) Provider Preliminary Review Report Guide*, which provides direction on how to access the report, includes a detailed explanation of the data, and provides helpful resource links. Health Care Innovation Services (HCIS) has been designated as the outreach, education, and communication support contractor for the IRF Quality Reporting Program, as well as the respondent for any questions providers may have regarding the Provider Preliminary Review Reports. Questions about the content of the report should be directed to the [HCIS Help Desk](#).

IRF Quality Reporting Program Data Submission Deadline Is May 15

The next Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) deadline for the submission of quality data is May 15. IRF quality data collected and submitted for calendar year (CY) 2014 will affect the fiscal year (FY) 2016/2017 annual payment update (APU) determination. IRF quality data collected and submitted for CY 2015 will affect the FY 2017/2018 APU determination. CMS strongly encourages IRFs to submit quality measure data several days prior to the deadline, to allow time to address any submission issues, and to provide IRFs an opportunity to review submissions to ensure that data are complete. For further information, see the [IRF QRP website](#).

New PEPPER Reports Released Include Inpatient Rehabilitation Facilities

The fourth quarter of fiscal year 2014 (Q4FY14) release of the Program for Evaluating Payment Patterns Electronic Report (PEPPER), with statistics through September, 2014, has been made available via the QualityNet secure portal. PEPPER summarizes provider-specific data statistics for Medicare services that may be at risk for improper payments. Providers can use the data to support internal auditing and monitoring activities. Included in this release are the PEPPER reports for the Inpatient Rehabilitation Facilities (IRFs).

■ BRAIN INJURY

OLTL to Hold Stakeholder Meeting on CMS' HCBS Final Rule

RCPA was invited to attend a stakeholder meeting being convened by the Office of Long-Term Living (OLTL) on May 7. The focus of the meeting will be on the Centers for Medicare and Medicaid Services (CMS) final rule for home and community-based services (HCBS). The meeting will include an overview of the rule's allowable HCBS settings, a review of its requirements on states, and a report on assessment progress made by OLTL to date. In addition, OLTL will review the results captured by the recent provider survey, have a dialogue on remediation, and then review some of the upcoming milestone dates on OLTL's HCBS Transition Plans.

Governor's Executive Order on Participant-Directed Home Care Services

Governor Wolf's [executive order](#) on participant-directed home care services was published in the April 18 *Pennsylvania Bulletin*. The order becomes effective upon publication and will remain in effect until amended or rescinded by the governor.

TBI Advisory Board Meeting Scheduled for May 1

The Traumatic Brain Injury (TBI) Advisory Board will hold a public meeting on Friday, May 1, from 10:00 am to 3:00 pm in the large conference room of the Giant Food Store Community Center, Second floor, 2300 Linglestown Road, Harrisburg, PA 17110. Additional information about the meeting can be located in the March 21 [Pennsylvania Bulletin](#).

Job Accommodation Network Provides Helpful Resource

The Job Accommodation Network (JAN) is a helpful resource for individuals with traumatic brain injury. The JAN [website](#) includes helpful information on topics such as reasonable accommodations that are broken down by functional limitation.

Study Finds Short-Term Exercise Programs Can Prevent Falls in Seniors

New research [findings](#) at University of the Sciences into how and why seniors fall may provide health care providers with insight on improved balance and strength-training strategies to prevent falls in the elderly. Students and faculty in the [Department of Physical Therapy at USciences](#) recently completed a study that explored the effectiveness of a five-week balance-training exercise program designed to focus on the lower extremity strength, balance, and fear of falling in seniors over the age of 60. Results found that a short-term balance program can improve lower extremity strength, balance confidence, and functional mobility in the older population, thereby reducing their risk of falling.

Rural Work Group Meeting Notes

The Rural Work Group met on April 14 to review priorities suggested at the first meeting and put into motion the next steps for the group. Briefly, the priorities are:

- Psychiatric rehabilitation as an in-plan service (recommendation);
- Transportation – every aspect from access to billing; and
- Recruitment and retention of licensed and non-licensed staff, including psychiatrists.

The group plans to meet with the Office of Mental Health and Substance Abuse Services (OMHSAS), the Department of Health (DOH), the Medical Assistance Transportation Program (MATP), and Behavioral Health Managed Care Organizations (BH-MCOs) in the future.

The work group will reconvene on May 19. If you are interested in joining the group, please contact [Sarah Eyster](#).

Mental Health Committee Highlights

The RCPA Mental Health Committee met on April 13 in Harrisburg. The committee discussed several items of interest:

Pay for Performance models

- Strategies from managed care organizations vary from service line to rate payment methodology

Collaborative Documentation (CD)

- Managed care organizations differing in their implementation/lack of implementation of CD
- OMHSAS workgroup developing training and policy guidelines to be distributed

Co-location of behavioral health and physical health services, including pharmacy

- No current waiver process for laboratory/clozaril clinic co-location
- PROMISE identification numbers continue to be problematic in accessing
- This is only a behavioral health issue, not a physical health issue

Licensing experiences

- Continued reports of licensing staff interpreting/creating regulations that just aren't accurate
- Lack of understanding by the Bureau of Human Service Licensing of programs
- Matt Jones will be invited to the next committee meeting

Center for Excellence Demonstration program to establish certified Community Behavioral Health Centers - Dr. Dale Adair taking the lead for OMHSAS

Outpatient regulations update

- Under review by new administrative staff before going to the Health and Human Services Subcommittee

OMHSAS request for recommendations for the next regulatory review

- The next meeting, June 9, will focus on RCPA recommendations

D&A Regulations Review Update

RCPA is continuing its efforts to review outdated drug and alcohol regulations and submit recommendations for changes to the Department of Drug and Alcohol Programs (DDAP). Two work groups have been organized – one to look at problem regulations and the other to review medical assistance drug and alcohol outpatient regulations. The first work group met on April 8; due to the large number of concerns related to the drug and alcohol staffing regulations, the decision was made to revisit the work done in 2014 on the staffing regulations that were previously submitted to DDAP. The work done in 2014 included major recommendations, such as elimination of the counselor assistant and the requirement for a bachelor's degree for counselors. Both of those regulation changes were not supported by the department. The work group has decided to submit a new set of regulations for consideration. The second work group will meet on April 22 to begin review of the D&A MA Outpatient regulations. For additional information, contact [Lynn Cooper](#).

Drug and Alcohol Committee

The Drug and Alcohol Committee met on April 13. Nikki Blythe from the Department of Human Services presented an update on the COMPASS; Dennis Marion and Ellen DiDoménico of the Office of Mental Health and Substance Abuse Services provided an update on the move away from Healthy PA and toward Medicaid Expansion. Wenona Wake and Ron Young, both from the Department of Drug and Alcohol Programs, provided a detailed update on licensing changes being made. Both highlighted the emphasis on standardization and utilization flexibility.

ODP UPDATES

The Office of Developmental Programs has released the following information:

- DHS Secretary Dallas has released the first two editions of *DHS: The Impact*, which provides an update on the department's efforts and its impact on the commonwealth;
 - [DHS: The Impact: Intellectual Disabilities Awareness Month – March 27, 2015](#)
 - [DHS: The Impact: Autism Awareness Month – April 10, 2015](#)
- [Announcement #022-15: Availability of the Webinar Transcript for the Proposed Consolidated and P/FDS Waiver Amendments Effective July 1, 2015](#)
- [Informational Memo #023-15: Clarification on Informational Packet 045-14: Money Follows the Person Initiative Billing for Start-up and Supports Coordination Transition Support](#)
- [Announcement #024-15: Review and Archiving of Obsolete Office of Developmental Programs Communications](#)
- [Informational Memo #025-15: Incident Report Finalization](#); reinforces the 30-day requirement for finalization of incidents or notification of extension
- [Informational Memo #026-15: Processes to Support the Provider Settlement Agreement Webinar: Training Q&A and Recording Posted Vacancy Factor Exception](#)
- [Announcement #027-15: Risk Mitigation Training](#); two webcasts for administrative entities, providers, and supports coordinators, regarding the role of each stakeholder and the shared responsibilities with the supports coordinator
- [Informational Packet #028-15: Changes to the Approved Program Capacity Process Resulting from the Provider Settlement Agreement](#); these procedures only apply to providers that have signed and submitted the Provider Settlement Agreement addendum, which will be made available in the near future
- Save the Date: Bureau of Autism Services, [Pennsylvania Autism Training Conference](#), June 9–11 at Eden Resort, Lancaster – details will be forthcoming
- PA Lifesharing Conference – Save the Date: October 19–20

WIOA Webinars

LEAD Center is offering a series of webinars addressing the federal Workforce Innovation and Opportunity Act (WIOA). The first part of four webinars, *WIOA From a Disability Perspective: An Overview: Part 1 of 4*, is available on the [LEAD archives](#). Future sessions and topics:

- April 29 — *WIOA and the United States Planning Process*
- June 24 — *WIOA Youth Services*
- September 24 — *Section 188, The Nondiscrimination Provisions of WIOA*

VCU WorkSupport

Virginia Commonwealth University's [Rehabilitation Research and Training Center](#) provides numerous resources for professionals and individuals with disabilities. Major areas of focus include: employment of people with physical disabilities, autism, supported employment, transition from school to work, post-secondary education, traumatic brain injury, and social security policy.

Resources include:

- [Accommodations](#);
- [Fact sheets](#);
- [Information and Materials](#) such as the WorkSupport Newsletter;
- [Research studies](#); and
- [Webcasts and online courses](#) on customized employment, plans to achieve self-support, and supported employment.

Supreme Court Decision

The US Supreme Court has [ruled against disability providers](#) being able to sue states to raise their reimbursement rates for Medicaid programs. In the decision *Armstrong et al v. Exceptional Child Center, Inc.*, the court has ruled in a 5-4 decision against Idaho home-care provider agencies serving individuals with developmental disabilities. The lawsuit was filed by providers that felt Idaho kept reimbursement rates low and ignored increased costs for services. This decision impacts states' Medicaid funded services, including hospitals and health care companies. The court indicated it is the federal agency that oversees Medicaid's decision to determine if a state is in compliance with reimbursement rules.

WIOA Proposed Rulemaking

The US Departments of Labor and Education have released five notices of proposed rulemaking regarding the Workforce Innovation and Opportunity Act (WIOA). These announcements are open for [public inspection](#).

The rules included:

- Jointly administered activities with the two departments regarding unified and combined state plans, performance accountability, and the one-stop system
- Dept. of Labor changes to the adult, dislocated worker, and youth programs under Title 1
- Adult Education and Family Literacy Act changes
- Rehabilitation Act of 1973 will have two changes regarding Title IV and new providers, related to state vocational rehabilitation services and state supported employment services programs

Positive Practices

The Department of Human Services Positive Practices Committee met recently; presentations and discussion focused on trauma and restraints, and dual diagnosis resources. The Arc of Washington County presented a self-advocated video, "Personal Experience with Trauma and Restraint." This overviewed several individuals' stories and their road to recovery. Recovery for people with complex issues needs complex solutions. These solutions include a team effort, knowledge of the persons' behavior triggers, and helping individuals learn problem-solving skills and self-awareness.

The state's Health Care Quality Units (HCQUs) are available to provide [trainings and resources](#) to direct service providers and supports coordinators, regarding a variety of topics, including the Office of Developmental Programs' [Dual Diagnosis Curriculum](#).

The HCQUs also provide complex technical assistance to teams of caregivers of individuals with challenging physical and behavioral health issues. Education materials and trainings are available to help individuals overcome fear and anxiety, and deal with stressful situations in a healthy and appropriate manner.

Archived Webinar Available

The LEAD Center [webinar](#) on *Redefining Home and Community-Based Services: CMS Guidance on Non-Residential Services and Its Implications for Employment* is now available.

The federal Centers for Medicare and Medicaid Services (CMS) has published a [toolkit](#) with a number of fact sheets regarding these waiver rules changes; “HCBS Basic Element Review Tool for Statewide Transition

Plans and the HCBS Content Review Tool for Statewide Transition Plans.” This will assist states in understanding the waiver rule transition changes that CMS is reviewing for compliance.

ABLE Act

The Achieving a Better Life Experience (ABLE) Act allows individuals with disabilities and their families to open tax-free savings accounts which will not impact the person’s Medicaid or Social Security benefits until the accounts reach \$100,000, with the allowance of \$14,000 maximum deposited annually. ABLE was signed by President Obama on December 19, 2014. The National Disability Institute has developed an [ABLE Resource Center](#) to provide states with implementation information. Federal ABLE Regulations are scheduled for release on June 19.

Each state must now establish the regulations needed to allow financial institutions to begin offering the ABLE accounts. Virginia was the first state to pass legislation related to Achieving a Better Life Experience. Pennsylvania has two bills that have been introduced to establish the state’s ABLE accounts; [House Bill 444](#) and [House Bill 583](#). Currently, 29 states have introduced legislation and seven others have draft bills under development.

Building Bridges

The state’s Departments of Aging and Human Services Joint Aging/Intellectual Disability Committee is preparing its annual conference, “Building Bridges,” scheduled for September 15-16 at the Holiday Inn, Grantville.

Session topics, coordinated by RCPA Policy Specialist Linda Drummond, include:

- Supported decision making and the human right of legal capacity;
- Home, employment, and vehicle modification options;
- Aging with intellectual disability and mental health issues presents a unique problem;
- Independent Living Technology: smart home technology for people with disabilities and older adults; and

- Pennsylvania’s Balancing Incentives Project: current status and next steps.

Other sessions under development include:

- Update on adult protective services and interaction with older adults protective services;
- Overview of OLTL and ODP Waiver Changes due to the federal rule changes;
- Deaf and hard of hearing supports and resources;
- Estate planning, guardianship, special needs trusts;
- End of life decision making; and
- Person-directed framework

CRIMINAL JUSTICE

Criminal Justice Committee

The Criminal Justice Committee met on April 13. Nikki Blythe from the Department of Human Services presented an update on the COMPASS. In addition, Luis Resto from the Department of Corrections (DOC) provided an update on the Invitation for Bids (IFBs) coming out soon. The DOC is working to provide more outpatient treatment when needed. Numerous IFBs will be covering areas such as sex offenders, day reporting centers, housing assistance, family reunification, offender workforce development, cognitive and behavioral intervention, and drug and alcohol treatment. Thirty-one counties will be targeted. The DOC also plans to add drug and alcohol inpatient treatment in all 67 counties. All providers must be registered vendors in order to bid. To register, visit www.dgs.pa.gov.

School Mental Health = Academic Success Too

The Center for Health and Health Care in Schools (CHHCS) has a 25-year history of developing school-connected strategies for better health and education outcomes for children. CHHCS commissioned a [scientific review](#) of more than a decade of research literature on *The Impact of School-Connected Behavioral and Emotional Health Interventions on Student Academic Performance*. Not surprisingly, the research demonstrates that effective behavioral health interventions are associated with improved academic outcomes, as well

as improvements in related behaviors known to influence academic success.

- Improved academic achievement was demonstrated by increases in school grades, standardized test scores, grade point averages, and teacher-rated academic competence.
- Improvement in related areas included increased on-task learning behavior, better time management, strengthened goal-setting and problem-solving skills, and

decreased rates of absenteeism and suspensions.

While Pennsylvania now has more than a decade of increasing partnerships between local schools and community behavioral health providers, there is still much to do. The research is clear; school-based behavioral health and emotional health intervention provide students with the academic and quality-of-life outcomes that communities want for their children.

STAP Survey Report

This spring, at the suggestion of RCPA members, a survey of both member and non-member organizations was conducted to assess the degree to which Pennsylvania has experienced a decline in the availability of Summer Therapeutic Activity Programs (STAP) between 2011 and 2015. The survey was designed to measure the level of decline in the number of programs, the change in capacity in service for both children with autism and children with an emotional or mental disability, and the impact on urban and rural communities. At the request of the Children's Bureau, the survey also looked at the number of STAP providers that conducted formal behavior/clinical change (outcome) assessments and family satisfaction assessments both during and following their programs.

The survey was a self-report and not a formal research design. It does provide a "snapshot" of the changes that have occurred over the past five years. The survey findings were based on responses from 34 STAP programs from every region of the state and found the following changes in capacity and availability:

- Organizations providing STAP dropped by 62%, from 34 to 13 organizations in the five-year period;
- More than 30 programs closed or significantly reduced service sites;
- Available STAP service sites were reduced by 60% from 96 to 39;
- Just three providers currently account for the majority of remaining sites;

- Services for children on the autism spectrum were reduced by 54% from 1,700 to 787; and
- Services for children with social or emotional disturbance were reduced by 77% from 2,242 to 619.

The most dramatic reductions in STAP service providers were in rural parts of the state, where a significant number of counties do not have – or have very limited – STAP options for children.

With regard to formal behavior/clinical change (outcome) assessments and family satisfaction assessments, the survey found that:

- 100% of the STAP programs surveyed used behavior/clinical change assessment as part of their program and 34% also conducted a change assessment in the months following the program.
- 93% of programs responding to the survey conducted a consumer satisfaction survey of families as part of their programs.

All of the programs participating in the survey, including those that had STAP services designed to conform to evidence-based programs, reported substantial changes in their program design, operation, and delivery, as a result of requirements imposed by the state and/or the managed care organization. The most dramatic reductions in STAP service providers were in rural parts of the state. A significant number of rural counties have no or very limited STAP options for children.

Children's Mental Health Awareness Month



May is Children's Mental Health Awareness Month. Each year national, state, and local organizations use the month of May to inform the community about the prevalence of mental health challenges experienced by children, youth, and young adults. During the past several years, the Office of Mental Health and Substance Abuse Services, along with the System of Care Partnership, have worked to create both awareness and stigma reduction campaigns across the commonwealth.

Partnership for Children 2015 State of Child Welfare Report

The Pennsylvania Partnership for Children (PPC) recently released their 2015 *State of Child Welfare* report. The report details how improvements to Pennsylvania's child protection laws, and an increased public awareness of child abuse and neglect, are helping to fuel an increased need for foster care in Pennsylvania. The report points out that the commonwealth now faces the challenge of making sure the children who have been removed from harmful environments have the services and support they need to thrive. Two areas were noted where improvements can be made:

- Children in foster care who have a court-ordered goal of a permanent living arrangement sometimes never reach that goal. Many age out of the foster care system between ages 18 and 21 without ever finding a permanent family upon which they can rely. Looking ahead, Pennsylvania needs to strengthen its efforts to ensure foster care is a pathway to finding a "forever family" for every child.
- State policymakers should examine ways to better provide educational stability to children and youth in foster care, who often face school-related challenges due to foster care placements. Education interruptions and school changes make it hard for many of these children to succeed academically.

Saving a child from an unsafe or abusive environment is only half the battle. Looking ahead, Pennsylvania also needs to make sure that child ends up in a safe, loving, and permanent family, and has the support needed to succeed in school and life. RCPA thanks and complements PPC for their advocacy and reporting on children's issues.

AMA on Suicide and Gun Safety

Recent articles and editorials in the *Journal of the American Medical Association (JAMA)* have focused on gun safety. The information and advice in *JAMA* is applicable to both physical health, medical rehabilitation, and certainly mental health and substance use treatment professionals working with children, adolescents, and families. A great deal of evidence indicates that many suicide attempts are impulsive acts and that access to firearms turns an attempt into a fatality.

Access to firearms appears to be a strong risk factor for suicide, especially suicide among youth. The AMA notes that there are tangible steps that physicians can take to reduce the risk of suicides associated with firearms:

- In health visits, inquire in a non-judgmental tone whether firearms are present in the home.
- If the patient is depressed or has other signs of mental illness, the physician should make greater efforts to inquire about firearms in the home.
- If firearms are present, forgo one's personal philosophical beliefs about firearm ownership and concentrate on the pragmatic matter of safe storage.
- Participate in community efforts to promote safe storage of firearms.

The problem of suicide and the issue of firearms are very complex public health concerns. Across Pennsylvania, and especially in our rural communities, the issues of access to firearms, safe storage of firearms, and the clinical consideration of firearm availability, demands consideration by all sectors of the health care delivery system.

Children's Committee Focus on Service Sustainability

The April 13 meeting of the RCPA Children's Committee focused on how RCPA members and staff can work to insure that the behavioral health and autism service needs in their communities are adequately and effectively met. A growing body of data reflects a multi-year decline in the quantity, sustainability, and availability of behavioral health and other disability services for children and adolescents. Informing the discussion was a presentation by the Penn State University EPISCenter staff focused on data, capacity declines, and the information gathered by the center around challenges and approaches to improving services.

Deputy Secretary Marion, and his Policy Director Ellen DiDomenico, joined the meeting for the presentation and discussion that followed. Marion also discussed the program office's vision for improving the behavioral health system in the context of the evolving delivery, integration, and purchase of service components of the larger health care industry. Curt Davis announced the reestablishment of the School-Based Behavioral Health Work Group, with plans to convene an organization planning meeting this spring. The next meeting of the Children's Committee is scheduled for June 9.

New Study Links Antipsychotic Medication and Health Risks in Children

In April, the largest study to date documenting potentially significant health risks associated with antipsychotic medication use by children was released by the PolicyLab at The Children's Hospital of Philadelphia, and published in the journal *JAMA Pediatrics*. This research suggests that the use of antipsychotics with children may elevate their risk for significant weight gain, and also for Type II diabetes, by nearly 50 percent.

Among those who were also receiving antidepressants, the risk may double. Prescribing physicians are invited to read a [blog post](#) written by PolicyLab Co-Director Dr. David Rubin, MD, MSCE, discussing the research findings and providing recommendations for going forward. The study recommendations are not a "one-size-fits-all" solution; they instead suggest a balanced approach for trying to reduce the number of children and adolescents exposed to these powerful medications. The recent findings are part of a larger body of work at PolicyLab, examining the national problem of over-prescription of antipsychotic medication, particularly among children and adolescents in our nation's Medicaid program and foster care systems. See the full [article](#).

■ ON THE AUTISM SPECTRUM

More Online ASD Training for Professionals

The Bureau of Autism Services has a two-part introductory training specifically designed for direct support professionals and other community professionals who may interact with individuals with an Autism Spectrum Disorder (ASD) in various environments. This training provides basic information that can enhance the quality and effectiveness of services that children and adults with autism receive, such as opportunities to better understand core deficits of ASD, how to address challenging behaviors, and strategies based on best practices. More information is available at www.PAautism.org.

Microsoft Announces Collaboration to Hire Individuals With ASD

Microsoft has announced plans to hire individuals with autism for full-time positions at its Redmond, Washington headquarters. "Microsoft is stronger when we expand opportunity and we have a diverse workforce that represents our customers," [wrote](#) Mary Ellen Smith, Microsoft's corporate vice president of worldwide operations, in a blog post announcing the pilot program. "People with autism bring strengths that we need at Microsoft, each individual is different, and some have amazing ability to retain information, think at a level of detail and depth or excel in math or code." Microsoft plans to work with [Specialisterne](#), a nonprofit that focuses on helping people with an Autism Spectrum Disorder (ASD) apply their talents to work in the technology field and facilitate the hiring effort.

Bureau of Autism Services Conference in Lancaster

The 8th annual [Pennsylvania Autism Training Conference](#) will be held again this year on June 9-11 at the Eden Resort in Lancaster. This conference is designed to provide tools and strategies for professionals who work directly with individuals with autism and their families, with an emphasis on supporting transition-age individuals and adults.

■ CALENDAR

MAY		
Thursday, May 7	10:00 am – 2:00 pm	SE Regional Meeting <i>Eagleville Hospital – Conference Center</i> 100 Eagleville Road Eagleville, PA 19403
Wednesday, May 13	10:00 am – 2:00 pm 10:00 am – 12:30 pm	Brain Injury Committee Human Resources Committee <i>Penn Grant Centre</i>
Thursday, May 14	10:00 am – 12:30 pm	Outpatient Rehabilitation Committee <i>Penn Grant Centre</i>
Tuesday & Wednesday, May 19 & 20		Senior Leadership Retreat Annual Meeting <i>Best Western Premier</i>
JUNE		
Thursday, June 4	1:00 pm – 2:00 pm	IPRC Webinar <i>CNCYR</i>
Tuesday, June 9	9:30 am – 12:00 pm 9:30 am – 12:00 pm 1:00 pm – 4:00 pm 1:00 pm – 4:30 pm	Criminal Justice Committee Mental Health Committee Drug & Alcohol Committee Children’s Committee <i>Penn Grant Centre</i>
Thursday, June 11	9:00 am – 11:00 am 11:30 am – 2:30 pm 2:45 pm – 4:45 pm 10:00 am – 12:30 pm	Supports Coordination Organization Subcommittee Intellectual/Developmental Disabilities Committee Vocational Rehabilitation Subcommittee Medical Rehabilitation Committee <i>Penn Grant Centre</i>
Thursday, June 18	10:00 am – 12:30 pm	Finance Committee <i>Penn Grant Centre</i>