



An informational newsletter compiled by the Rehabilitation and Community Providers Association for the health and human services communities

REHABILITATION & COMMUNITY PROVIDERS ASSOCIATION

AUGUST 2015

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■ A MESSAGE FROM THE CEO

Seven Months In



Richard S. Edley, PhD

It is hard to believe that the Wolf administration is over halfway done with its first year. So what have they accomplished thus far?

- The almost immediate dismantling of HealthyPa and the implementation of Medicaid expansion, to the cheers of our membership and constituents.
- Stabilization of many key departments with new leadership and staff (as indicated) in place.
- Release of a Physical Health HealthChoices RFI with the intent to release a re-procurement in September with several proposed programmatic changes.
- Pursuit of the Certified Community Behavioral Health Clinics (CCBHC) grant opportunity to be submitted in August.
- Development of a short-term PROMISe fix with further automation coming in the fall.

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RCPA NEWS

HealthChoices BHMCO/RCPATask Force

RCPA is pleased to report that the first meeting of the statewide HealthChoices Behavioral Health Managed Care Organization (BHMCO)/RCPA task force was extremely productive. The first meeting was held on July 16 and all BHMCOs attended, along with numerous oversight bodies. As previously reported, the purpose of this task force is to identify any operational compatibilities among the BHMCOs that exist or can be created, in areas such as credentialing, authorizations, procedure codes, billing, and forms. Members working with numerous BHMCOs with wide-ranging differences in operational procedures causes significant confusion and frustration among the providers. The differences also cause increased errors and ultimately increased costs for all involved. The response from the BHMCOs and oversight bodies was encouraging. Below are the 14 areas identified by the task force that need to be addressed to seek consistency and clarification:

1. Credentialing
2. Authorizations
3. Procedure Codes
4. Billing
5. Forms
6. Promise Applications
7. Interpretation of Medicaid Regulations
8. Overall Compliance Issues
9. Corporate Compliance
10. Treatment Record Reviews
11. Statewide Licensure for BS
12. ICD-10
13. Precertification Process
14. BH/PH Integration Data and Co-location

In response to a request from the BHMCOs, RCPA has agreed to develop a survey for the membership to determine which of the areas above are the most troublesome, and to request ideas on how to improve the process. In the meantime, it was decided that two work groups will be organized right away, to address credentialing and procedure codes. These work groups will meet several times between now and the next task force meeting, which will be held September 22.

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A MESSAGE FROM THE CEO

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- Release of the MLTSS discussion paper with the intent of an RFP release in October 2015.
- Numerous other new (e.g., Financial Management Services RFP) and continued initiatives (e.g., ODP work groups, HCBS final rule, other managed care discussions).
- And the development of an initial budget that notably took into account the need to properly fund health and human services. While the budget impasse is a critical issue to address for state and county funded services, at least these services are on the agenda to discuss in a real manner (*at press time the impasse was still ongoing*).

So I ask: Is that all? It has been seven months – what have you, the administration, been doing?

Indeed, it was noticeable at the Harrisburg hearing on the MLTSS discussion document, perhaps the most uniform stakeholder feedback was: “Please slow down.” Slow down... When was the last time we asked the government to stop moving so fast on key initiatives? So I give the Wolf administration credit for coming in with a clear agenda and getting to work. That is what people wanted, so we should not be so surprised when it happens. We should all support that type of change when we know change is needed in so many areas.

The concerns? With rapid change there are always areas which need to be carefully reviewed and issues raised. MLTSS is a great example:

- The timeframes, admittedly, do seem very fast. It is difficult not to be concerned about the details – and that is often what impacts the individuals being served.

- The need to ensure meaningful stakeholder voice and impact into such critical decisions and policy.
- Taking into account specialty and complex populations that risk being swept into larger program initiatives not specifically designed for them (e.g., brain injury, SMI dual eligibles).
- Managed care solutions being considered in areas where traditional PH/BH managed care principles do not necessarily fit easily.
- The importance that provider based solutions will be given equal footing in initiatives, when the easy default with quick timing is to larger corporate entities.

We are supportive. It is just important to consider these and other issues as we collectively strive for transparency, accountability, and the best program possible.

Now, for the big question – how would we grade the Wolf administration thus far? Actually as an association we really should not be grading, but collaborating to help get the administration high scores. If that happens, we would all benefit; especially the individuals and families that RCPA members serve. As an association, however, we also have to make sure our collective voices are heard when we see that collaboration slipping.

It is an interesting – and fast – start, to be sure.

Richard S. Edley, PhD
President/CEO

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

NEW MEMBERS

FULL PROVIDER MEMBERS

Community Resources for Independence

Erie, PA

Timothy J. Finegan, Executive Director

Homemaker Service of the Metropolitan Area, Inc.

Philadelphia, PA

Joan Hardaway, Quality and Compliance Director

Service Coordination Resources, Inc.

Erie, PA

Todd Proper, Executive Director

MEMBERS IN THE NEWS

RCPA Members Take to the Streets (and Airwaves)

With the state budget stalemate no closer to being resolved, the Conference of Allegheny Providers (CAP) and several Westmoreland County agency representatives are highlighting the local impacts, and in some cases the dire consequences, of a lengthy impasse on social service agencies and the people they serve. A press conference was held on Thursday, July 23, at Life’s Work of Western Pennsylvania. Speakers included CAP (and RCPA) members Stephen Christian-Michaels, President & CEO of Family Services of Western Pennsylvania; Noreen Fredrick, Regional Executive Director of Community Behavioral Health Network, Western Psychiatric Institute and Clinic UPMC; as well as Allen Kukovich, Former State Legislator, Director of Governor’s Office, Overland Park Chamber of Commerce. Following the conference, Christian-Michaels and Kukovich were interviewed on WESA radio show “Essential Pittsburgh.”

Lark Enterprises, Inc.



Rona Hilliard with Lanny

Individuals in Lark's Supported Employment program are enjoying a new volunteer opportunity at the Lawrence County Humane Society. Weather permitting, individuals visit the Humane Society twice a week to walk and socialize with the dogs available for adoption.

Both the volunteers and the dogs enjoy the benefits of exercise. Participants also have the opportunity to develop and improve skills such as social interaction, communication, patience, attentiveness, safety, and responsibility. "They learn to walk the dog appropriately and [use] commands. There's more [to it] than just having a leash on a dog," said Lark employment specialist Kim Howarth, who accompanies the individuals to the Humane Society.

Working with the dogs can also be calming and relaxing for the volunteers. Studies have shown that petting or playing with a dog can act as a stress reliever and mood enhancer in humans.

Lark Enterprises, Inc., is an RCPA member that provides job training and employment services to individuals with disabilities in Lawrence County, Pennsylvania, and the surrounding area. Through high-quality, cost-effective services and supports, Lark helps more than 200 people annually gain the skills and knowledge they need to attain an improved quality of life.

■ STATE NEWS BRIEFS

RCPA Submits Comments on MLTSS Discussion Document

On July 15, RCPA submitted comments, on behalf of its members, following many discussions on the Office of Long-Term Living managed long-term supports and services (MLTSS) discussion document that was released on June 1. This included general comments as well as specific submissions on behalf of brain injury providers, service coordination entities, and personal attendant service providers.

LB&FC Report Focuses on Family Caregivers in PA HCBS Waiver Programs

The Legislative Budget and Finance Committee (LB&FC) recently released a report, *Family Caregivers in Pennsylvania's Home and Community-Based Waiver Programs*, as a result of House Resolution 2014-241, which directed them to conduct a review of Pennsylvania's Medicaid Home and Community-Based Services (HCBS) waiver programs. The purpose was to determine the extent to which family members serve as caregivers in those programs and any barriers that exist which preclude family caregiving. Also available are a [report highlight](#) and [report presentation](#) that were given at a June meeting.

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.



Effects of a Late State Budget on Providers

RCPA drafted a [letter to the editor](#) regarding the effects of a late state budget on providers. In the letter, RCPA argues that a protracted budget impasse will reduce a provider's ability to effectively make important programmatic and capital investment decisions; providers may have to approve their budgets without knowing state aid amounts, a major source of their funding. Without funding, providers may have insufficient cash balances to provide services to clients, pay staff, and to pay day-to-day expenses. Without a quick solution, the individuals, who rely on human service programs, will not receive the quality services our members provide to the most vulnerable members of our communities.

The letter-to-the-editor has been published in the Harrisburg *Patriot-News*, *Philadelphia Inquirer*, and the Scranton *Times-Tribune*. Additionally, the *Philadelphia Inquirer* penned an [article](#) on this topic and RCPA was mentioned in it.

SB487–Fairness in Multiple Co-Pay Act

[SB487](#) passed by a 46-0 concurrence vote in the Senate, which means it will be sent to the governor for his signature. The governor has ten days to sign the bill, and it is anticipated that he will sign it into law.

SB487 is legislation that would prohibit multiple copayments for licensed physical and occupational therapy services covered under an insured person's health benefit plan. RCPA, along with many of its medical rehabilitation members, met with various legislators and leadership, expressing support for this very important piece of legislation. Without the legislation, patients were required to pay multiple insurance copayments, which sometimes limited or even prevented them from receiving the amount of care that they absolutely required. SB487 does not eliminate copayments; it simply prohibits burdening patients who require different and specific therapy services with copayments for each and every session.

RCPA thanks its members for all their grassroots efforts, and applauds the General Assembly for passing this common sense legislation, to help ensure that Pennsylvanians who require medical rehabilitation can access the types and amount of care they need in order to get back to their day-to-day routines.

Contact [Jack Phillips](#), RCPA director of Government Affairs, with questions.

Letter to House and Senate Leaders

RCPA hand delivered individual [letters](#) to the governor, and all Republican and Democrat leaders in the House and Senate, explaining the effects of a late state budget on human services. In the letter, RCPA mentions that the association would be supportive of the General Assembly passing a short-term budget as a compromise until an agreement can be reached on a full spending plan.

Behavioral Specialist Licensure

RCPA has been working to introduce legislation which would amend Act 62 of 2008. The legislation would allow licensed behavior specialists, physicians, and psychologists, to supervise non-licensed, graduate-level clinicians providing autism services while they obtain the 1,000 required hours of clinical experience to apply for licensure. A temporary practice license would be granted to graduate-level clinicians as they obtain their hours. This will allow providers to adequately staff and provide services to children and families in need. Additionally, this legislation would amend the educational requirements of a behavior specialist to recognize those individuals who are Board Certified Behavioral Analysts (BCBAs).

Please watch your emails for an RCPA *Legislative Alert* to contact your legislator to sign on as a co-sponsor. Contact [Jack Phillips](#), RCPA director of Government Affairs, with questions.

CMS and AMA Announce Efforts to Assist Providers in Preparing for ICD-10

The Centers for Medicare and Medicaid Services (CMS) and the American Medical Association (AMA) are announcing their efforts to continue to assist physicians and providers in preparing for the October 1 implementation date of ICD-10. In response to requests from the provider community, CMS released a [Frequently Asked Questions guidance document](#). Also available is a web page, [Road to 10](#), aimed specifically at smaller physician practices with primers for clinical documentation, clinical scenarios, and other resources.

CY 2016 OPPTS/ASC Proposed Rule Released

On July 8 the Centers for Medicare and Medicaid Services released the calendar year (CY) 2016 [Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System proposed rule](#). The rule proposes updates to Medicare payment policies and includes proposed changes to the Two Midnight Rule for CY 2016. Comments on the proposed rule will be accepted through August 31.

Implementation of Comprehensive Care for Joint Replacement Model

On July 14, the Centers for Medicare and Medicaid Services (CMS) published a proposed rule in the [Federal Register](#), announcing the implementation of a new Medicare Part A and B payment model called the Comprehensive Care for Joint Replacement (CCJR) model. Under this model, acute care hospitals in 75 selected geographic areas would receive retrospective bundled payments for episodes of care for lower extremity joint replacement or reattachment of a lower extremity. All related care within 90 days of hospital discharge from the joint replacement procedures will be included in the episode of care.

CMS anticipates the proposed CCJR model would benefit Medicare beneficiaries by improving the coordination and transition of care, improving the coordination of items and services paid through Medicare fee-for-service, encouraging more provider investment in infrastructure and redesigned care process for higher quality and more efficient service delivery, and incentivizing higher value care across the inpatient and post-acute care spectrum spanning the episode of care. According to CMS, hip and knee replacements are the most common inpatient surgery for Medicare beneficiaries and can require lengthy recovery and rehabilitation periods.

CMS proposes to test CCJR for a five year performance period, beginning January 1, 2016, and ending December 31, 2020. Comments will be accepted on the proposals contained in the proposed rule, as well as other alternatives or suggestions, through September 8. Contact [Melissa Dehoff](#) at RCPA with questions.

Guidance Issued for Providers With Claims That Span ICD-10 Implementation Date

The Centers for Medicare and Medicaid Services (CMS) issued a revised MLN Matters article (SE1325), "[Institutional Services Split Claims Billing Instructions for Medicare Fee-for-Service Claims That Span the ICD-10 Implementation Date](#)," which provides guidance to providers with claims that will span the ICD-10 implementation date of October 1.

CMS Announces Development of New ACO Investment Model

The Centers for Medicare and Medicaid Services (CMS) [announced](#) the development of a new Accountable Care Organization (ACO) Investment Model initiative for organizations participating as ACOs in the Medicare Shared Savings program. This new investment model is one of pre-paid shared savings that builds on experience with the Advance Payment Model, to encourage new ACOs to form in rural and underserved areas. The model will be available to:

- New Shared Savings Program ACOs that joined in 2015 or are joining in 2016, to encourage uptake of coordinated, accountable care in rural geographies and areas where there has been little ACO activity through pre-payment of shared savings in both upfront and ongoing per beneficiary per month payments.
- ACOs that joined the Shared Savings Program starting in 2012, 2013 or 2014, in order to help ACOs succeed in the Shared Savings Program and encourage progression to higher levels of financial risk, ultimately improving care for beneficiaries and generating Medicare savings.

Fairness in Multiple Copayments Act on Way to Governor

On July 14, Senate Bill (SB487) passed by a 46–0 concurrence vote in the Senate, which means it will be sent to the governor for his signature. The governor has ten days to sign the bill, and it is anticipated that he will sign it into law. SB487 is legislation that would prohibit multiple copayments for licensed physical and occupational therapy services covered under an insured person’s health benefit plan. RCPA, along with many of its medical rehabilitation members, met with various legislators and leadership, expressing support for this very important piece of legislation. Without the legislation, patients were required to pay multiple insurance copayments, which sometimes limited or even prevented them from receiving the amount of care that they absolutely required. SB487 does not eliminate copayments; it simply prohibits burdening patients who require different and specific therapy services with copayments for each and every session.

Article Focuses on Benefits of Physical Therapy and Treatment for Infertility

According to a recent *Health Beat* article, “[Physical Therapy for Infertility](#),” on the news site WFMZ News, some couples are turning to physical therapy to overcome infertility problems. One particular couple found their infertility problems were cured by sessions with a physical therapist in Florida, using a method of massaging fallopian tubes, which helps to clear blockages. As many as 57 percent of women who sought this treatment became pregnant, versus the 22 to 34 percent of women who turned to surgery.

IRF PAI Training Manual Updated in Preparation for October

The Centers for Medicare and Medicaid Services (CMS) has released an updated inpatient rehabilitation facility patient assessment instrument (IRF PAI) training manual, which includes information on new items that become effective for IRF discharges occurring on or after October 1. These new items, including the arthritis attestation item and therapy information, were finalized in the IRF prospective payment system fiscal year 2015 final rule. The *Updated IRF PAI Training Manual, Helpful Resources Document and Section 2 (Item by Item Coding Instructions)* is located in the “Downloads” section of the [IRF PAI web page](#). CMS has also made available a [YouTube](#) video from the January 2015 national provider call that focused on training providers how to code and complete these new items on the IRF PAI.

RCPA Outpatient Rehabilitation Committee to Convene on August 20

The RCPA Outpatient Rehabilitation Committee will meet for their quarterly meeting on Thursday, August 20 at RCPA from 10:00 am to 12:30 pm. The deadline to register for the meeting is August 18. Participation is also available via webcast.

“
The first step
toward success
is taken when
you refuse to be
a captive of the
environment in
which you first
find yourself.”

— Mark Caine

■ DRUG & ALCOHOL ACTION

RCPA Training on Drug and Alcohol Regulations September 29

A special training session on drug and alcohol regulations will be held on September 29 from 10:00 am to 4:00 pm. The purpose will be to review changes that have been made to date, discuss changes on the horizon, and provide clarification regarding current requirements. More information will be sent out soon.

■ BRAIN INJURY

PATS Program on Concussion Management to Air on PCN

As part of the Department of Health's Health Resources and Services Administration Traumatic Brain Injury grant, the Pennsylvania Athletic Trainers Society (PATS) has created a program on concussion management and care that will air on PCN during the "Sunday Fusion" programming for several weeks. The program, [A Consumer's Guide to the Management and Care of Concussion in Sport](#), gives a detailed look into the importance of proper identification and treatment of sport concussion, and the role of the licensed athletic trainer as part of the health care team to manage these injuries appropriately.

Alliance for Health Reform Releases LTSS Toolkit

The Alliance for Health Reform recently released a new toolkit, [Long-Term Services and Supports: Changes and Challenges in Financing and Delivery](#), which explains the current long-term services and supports (LTSS) system, trends in the delivery of care, and the current policy challenges. Included in the toolkit is an overview of funding for LTSS, summaries, links to key reports and new articles, and contact information for leading experts.

New CDC App Focuses on Concussion Safety

The Centers for Disease Control and Prevention (CDC) has released the [HEADS UP](#) App, which assists individuals in learning how to spot a possible concussion, and provides information on what to do if there is a suspected concussion or serious brain injury. The app also includes a 3-D helmet fit feature that teaches about proper helmet fit, safety, and care.

BIAA Offers Various Webinars for Caregivers and Brain Injury Professionals

The Brain Injury Association of America (BIAA) will offer a number of upcoming webinars. The first webinar, [Fatigue After Brain Injury: Strategies to Help](#), will be held on August 6 at 3:00 pm. The webinar will discuss strategies and resources that individuals with brain injury can use to better manage fatigue day to day, following a brain injury. The webinar will not cover medication issues. Registration will close on August 4. Dates and information on other upcoming webinars are posted on the BIAA website under [upcoming webinars](#).

ODP Updates

ODP has released the following information:

- [Bulletin #00-15-02: Rate Setting Methodology for Consolidated and Person/Family Directed Support Waiver and Base-Funded Services for Individuals Participating in the Office of Developmental Programs Service System.](#)
- [PA Bulletin June 20: Notice of Final Methodology for FY 2014/15 Rate-Setting Methodology for Waivers and Base-Funded Services.](#)
- [Informational Packet #047-15: Vendor Fiscal/Employer Agent Financial Management Services Wage and Benefit Ranges for Specific Participant Directed Services, Effective July 1.](#)
- [Informational Memo 048-15: Fiscal Year 2015/2016 Consolidated and Person/Family Directed Support Waivers Proposed Department Established Fees for Waiver Eligible Services, Residential Ineligible Services and Targeted Services Management.](#)
- [Announcement #049-15: Provider Applicant Orientation Requests for Plans from Administrative Entities; this new process is for individuals or agencies interested in becoming providers of waiver services. This mandated training is part of the enrollment process for provider applicants.](#)
- [Announcement #050-15: PA Department of Human Services Medication Administration Training Program.](#)
- [Announcement #051-15: Waiver Direct Service Provider Audit Requirements for Fiscal Year 2014/2015 Reporting Period; questions may be directed to ODP Regional Fiscal Officer \[Agnes Rudolf\]\(#\).](#)
- [Informational Packet #052-15: Rate Retention Factor Process Resulting from Provider Settlement Agreement; procedures apply only to providers who signed and submitted the Provider Settlement Agreement Addendum.](#)
- [Announcement #053-15: AE Oversight Monitoring Webcast Now Available in AE Information Center.](#)
- [Announcement #054-15: Delay Implementation of Fourth Waiver Amendments for ODP Consolidated and Person/Family Directed Support Waivers Effective July 1, 2015; ODP has not received federal CMS approval for the fourth set of waiver amendments. These amendments were shared in \[Announcement #039-15\]\(#\).](#)
- [Announcement #055-15: Summary of Changes to the Initial and Annual Qualification for Supports Coordination Organizations. These changes include: SCO must provide educational/experience documentation for new SCs hired, and must provide valid driver's licenses for all SCs and SC Supervisors if operation of a vehicle is necessary to provide SC services.](#)
- [Informational Memo #056-15: Submission of Remediation Information by Licensed Providers; new process to validate corrective actions for regulatory violations cited with inspections ending July 1, and thereafter.](#)
- [Announcement #057-15: New Outreach and Training Vendor Announced to Support Individuals and Families. Better Together: Tuscarora Intermediate Unit 11 has been signed as the new outreach and training vendor.](#)
- [Announcement #058-15: ODP Seeks Providers to Establish Homes for Individuals Who Are Deaf; interested providers contact \[ra-odpdeafservices@pa.gov\]\(mailto:ra-odpdeafservices@pa.gov\).](#)

RCPA Committee Schedule Change

The September 17 times for the RCPA IDD Committee and SCO and Vocational Rehabilitation Subcommittees will be changed, due to the extensive system changes, and numerous guests will be invited for discussion with members. **The SCO and Vocational Rehabilitation Subcommittees have been canceled.** The IDD Committee will be held from 10:00 am to 3:00 pm. Guests confirmed so far for the IDD Committee include new ODP Deputy Secretary Nancy Thaler and RCPA's new federal and state lobbyist, Patrick Brier. Watch for details as the agenda is finalized.

Community Providers Needed

The Office of Developmental Programs (ODP) is seeking community service providers who are interested in serving individuals that wish to transition from state-operated ICFs/ID to a community setting. Interested providers may find information about qualifying individuals online at the [ODP Provider Information Center](#). Use the same login username and password that you use for any of the ODP Information Centers (i.e., PIC, AEIC, SCOIC or SCC). New and updated information is posted regularly; providers are encouraged to check the website frequently.

Police Trainings Law

On July 10, Governor Wolf signed into law [Act 25](#), which was House Bill 221 of 2015 sponsored by Representative Caltagirone. This bill requires training of minor judiciary and municipal police about mental illness, intellectual disability, and autism. This legislation was originally introduced in 2013-14 as House Bill 1504, and would have only included training on mental illness. RCPA Policy Specialist Linda Drummond met with Representative Caltagirone's staff and presented the need to expand this training requirement to include intellectual and developmental disabilities. This was added to the legislation and passed the House, but did not move out of the Senate Appropriations. It was reintroduced in 2015 as House Bill 221 and is now law.

Hospitalization Staffing

Providers continue to have issues related to individuals they serve in residential settings being hospitalized, and the doctor or hospital requiring the provider staff stay with the individual. The Office of Developmental Programs has provided the following clarification on this issue. The Centers for Medicare and Medicaid Services (CMS) Technical Guide states the following:

"42 CFR §441.301(b)(1)(ii) provides that waiver services may not be furnished to individuals who are in-patients of a hospital, nursing facility or intermediate care facilities. Federal financial percentage is not available for waiver services in these situations."

There is a base-funded service called "Support (Medical Environment)." The description for this service is "This service may be used to provide support in general hospital or nursing home settings, when there is a documented need and the county program administrator or director approves the support in a medical facility. The service is intended to supply the additional support that the hospital or nursing home is unable to provide due to the individual's unique behavioral or physical needs. This service is available using base (non-waiver) funds to waiver participants and to individuals receiving base-funded services, including both individuals living at home and those residing in provider-operated, owned, leased, or rented settings. Base services are provided through non-waiver funding, and are available to all individuals with intellectual disability in need of services."

As you can see, CMS only prohibits payments for waiver services. The use of the base funds is permitted, but the provider must contact their county department to request and for availability.



Summer Safety Tips

The Arc of New Jersey, and The Arc's HealthMeet program, have developed several [tip sheets](#) to help persons with I/DD understand summer safety. These include sun safety, heat sickness, and water safety for the pool and beach.

ABLE Act Update

The proposed regulations for the federal *Achieving a Better Life Experience (ABLE) Act of 2014* have been published in the June 22 *Federal Register*. Public comments must be submitted by September 21 and a public hearing is scheduled for October 14.

ABLE allows states to establish savings accounts, similar to 529 college plans, which enable people to contribute money to assist family members with long-term disabilities which were diagnosed before age 26. Pay-ins up to \$14,000/year may be made to an ABLE account. Funds may be used for housing, education, transportation, job training, and other living expenses.

The Arc national has produced a [resource](#) outlining each state's ABLE implementation status. The chart details the effective date and the implementation date of the state's act; contact information for the administering agency; as well as any current details on implementation.

ADA Celebration

On July 26, 1990, President George H. W. Bush signed into law the Americans with Disabilities Act (ADA). This year is the 25th anniversary of this important legislation, which protects the rights of individuals with disabilities regarding employment, public accommodations, transportation, and telecommunications.

The US Department of Labor has developed a disability historical timeline, [Advancing Equal Access to Opportunity](#), and other information to highlight these important changes. The Pennsylvania House of Representatives has issued [House Resolution 418](#) in recognition of the 25th anniversary of the signing of the ADA.

ODP Futures Planning

The Office of Developmental Programs Futures Planning Work Groups continue to meet to further develop recommendations for the future. RCPA Policy Specialist Linda Drummond is a member of Work Group 4, Meeting Changing Needs including Behavioral and Physical. The recent meeting included a review of the sub-groups' activities. These included:

- **Sub-group #1:** Risk Screening Processes and Person Centered Methodology, received and reviewed over 50 assessment tools covering the lifespan.
- **Sub-group #2:** Gap Analysis, reviewed the lifetime issues needing to be addressed and barriers to these efforts, including discussion on dual diagnosis supports.
- **Sub-group #3:** Communication Strategy, includes outreach to self-advocates and families to determine the types of supports they feel are needed for community living.

WIOA Resources

The federal Workforce Innovation and Opportunities Act (WIOA), signed into law through 2020, reauthorized the Workforce Investment Act of 1998, and reauthorizes and updates the Rehabilitation Act of 1973. WIOA requires state vocational rehabilitation agencies to develop formal agreements with the state's intellectual and developmental disabilities offices. This now requires 15% of the state's vocational rehabilitation funds to be used for transition services, job exploration counseling, work-based learning, and workplace training.

The LEAD Center, funded by the US Department of Labor's Office of Disability Policy, has coordinated four webinars regarding WIOA. The first three webinars have been presented and are archived and available for [viewing](#). These included:

- *WIOA From a Disability Perspective: An Overview* – Part 1 of 4
- *WIOA and the Unified State Planning Process* – Part 2 of 4
- *Understanding Changes Regarding Youth Services* – Part 3 of 4

The fourth webinar; *Section 188, The Nondiscrimination Provisions of WIOA*, is scheduled for September 24 at 3:30 pm.

LEAD Center has released a new [resource](#), "Frequently Asked Questions: Using Customized Employment's Discovery and Group Discovery Models to Promote Job Seeker Success in American Job Centers." Discovery helps those with barriers to employment by using non-traditional options and choices.

Adult Programs & Transition Resources ACAP Overview Video

The Bureau of Autism Services has produced two programs on the transition resources available from the Autism Service Education Resource and Training (ASERT) Collaborative. This includes a four-minute [video](#), featuring important information for individuals with autism, ages 14-21, who are preparing for the transition from secondary education or high school to adult life. The information presented is also designed as a resource for family members, caregivers, and the professionals who support transition-age individuals with autism. Also included is information about how to apply for Pennsylvania's only programs specifically for adults with autism: The Adult Autism Waiver (AAW) and the Adult Community Autism Program (ACAP). Find additional transition resources [here](#).

Pennsylvania Competes in Text4baby

Pennsylvania is now engaged in the National [2015 Text4baby State Enrollment Contest](#), to help pregnant women and new mothers. From now until October 17, states and territories will be encouraging moms, dads, families, and health care providers, to sign up for Text4baby. Text4baby is the country's first free health education program in the form of text messages. The messages provide timely tips and expert advice sent directly to the cell phones of pregnant women, new parents and their families, and health care providers. *The states with the highest overall rate of new Text4baby enrollment during the contest period will be declared the winners and recognized in the fall of 2015.* Health decisions made by women and new moms affect the health of their babies for a lifetime. Join the Pennsylvania Department of Health and encourage moms, dads, and families to sign up today.

In addition to the text messages, there is also a Text4baby app that provides additional information like appointment reminders, weekly planning lists, and more. Both services are free! Encourage your staff and the families they serve to sign up for text messages: text BABY (BEBE for Spanish) to 511411 or [download the app](#). Free materials are available in English and Spanish to help with promotion efforts! Pre-printed materials such as informational tear pads, referral cards, and 8 ½ x 11 posters, can be ordered or you can print and personalize your own materials directly from the [website](#).

September Brings FASD Awareness Day and Month

Birth defects that include behavioral, emotional, learning, addiction, and general health impairments related to prenatal alcohol exposure are diagnosed in approximately one percent of all U.S. newborns. Fetal Alcohol Spectrum Disorder (FASD) affects more children than autism, and the number of new cases each year is greater than the cases of muscular dystrophy, spina bifida, and Down syndrome combined. The Department of Drug and Alcohol Programs supports a variety of initiatives to raise awareness about FASD. The department encourages the single county authorities (SCAs) and their providers to conduct educational and awareness activities in their communities, for FASD awareness month and throughout the year. The department provides the SCAs with links to free resources to support this initiative.

For Adolescents Self-Inflicted Injuries on the Rise

A recent [study](#) published in the journal *Pediatrics* reported on emergency department visits for self-inflicted injury (SII) among adolescents. The researchers drew on information from patients aged 10 to 18 from the National Trauma Data Bank, covering the years 2009 to 2012. The study found a significant increase in the number of SIIs by adolescents that resulted in emergency room visits. The report notes that there was a decrease in the percentage of adolescents who self-injured with a firearm. Self-harm behavior is a major public health problem and a leading cause of death in adolescents. The majority of patients who self-injure do not die, but they are at increased risk for a successful future suicide attempt in the period immediately following that episode of self-harm. The study highlights the importance of mental health referral and follow-up treatment for this population, along with ongoing collaboration between adolescent mental health providers and their community primary and emergency health care colleagues.

PolicyLab, DHS Report on Medication Use in Foster Care

The Department of Human Services (DHS), in partnership with PolicyLab at the Children's Hospital of Philadelphia, released new data on psychotropic medication use among Pennsylvania children in foster care enrolled in Medicaid. The report also includes the state's action plan to address these findings. The prescribing of psychotropic medications to the foster care population has attracted critical attention at both the state and federal levels over the past decade. The PolicyLab-DHS research focused on the use of psychotropic medications for behavioral health treatment and on the use of combined medications, off label psychotropic medication, and behavioral health services, for children and youth in foster care. PolicyLab examined these trends for youth ages 3 to 18 years, using state Medicaid data from 2007-2010 and 2012.

- For youth ages 6-18 years old in 2012, the use of psychotropic medications was nearly three times higher among youth in foster care than youth in Medicaid overall.
- The use of antipsychotics was four times higher among youth in foster care than youth in Medicaid overall. More than half of youth antipsychotic users in Medicaid had a diagnosis of attention deficit hyperactivity disorder. This is troubling, as the majority of these youths did not have a diagnosis that clinically indicated the use of antipsychotics.
- Polypharmacy, the use of multiple classes of medications in combination, occurred at a rate four times higher for youth in foster care than all youth in Medicaid.

- Youth in foster care were more likely not to have received any visits within the year with a provider for their behavioral health concerns while on psychotropic medications.

DHS intervention and support plans to address the issue of appropriate treatment medication use with this population includes:

- Offer telephone child psychiatric consultative services to assist physicians, physician assistants, or certified registered nurse practitioners in the prescribing of psychotropic medication for children.
- Update assessment toolkits and revise regulations to encourage the use of trauma screening tools and require the use of state-approved screening and assessment tools.
- Revise guidance for health care providers who seek to treat a child, but are unable to secure timely consent from the parent(s).
- Create an electronic dashboard to monitor the use of antipsychotics in children and adolescents, and of those receiving behavioral health care services from DHS. Summaries of these reports, which will help state and county child welfare professionals ensure the needs of foster children are met, will be made available to the public through the DHS website.

For the complete PolicyLab-DHS report, visit their [web page](#) and click on Psychotropic Medication Use Among Medicaid-Eligible Foster Children.

New Thinking for Foster and Kinship Care

The state's Children and Youth Administrators Association (PCYA) recently provided an update from the work group, developing recommendations for implementing *The Preventing Sex Trafficking and Strengthening Families Act* (HR4980). Several provisions of this federal legislation are already in effect, but the majority are scheduled to become effective in September. The work group is finalizing recommendations for implementation of this law, which will require a number of legislative changes. Some of the key changes include a procedure for assessing youth in care, for their risk of being the victim of sex trafficking. The act includes requirements for "normalcy" for older youth in care. In the future, adolescents in care will need to be given greater opportunities to visit with friends, participate in sleepovers, go to the movies, and play sports, similar to those of other children living at home. PCYA notes that "this is an issue that most counties are happy to see implemented and one there has been extensive efforts to provide previously through court orders to allow such activities."

2015 PCIT International Convention in Pittsburgh

Parent Child Interaction Therapy (PCIT) has grown rapidly among clinicians and early childhood mental health provider organizations across Pennsylvania. Pittsburgh will be the host city for the PCIT International Convention, September 30 – October 2, at the Sheraton Station Square Hotel. The convention will bring PCIT professionals from around the world to share innovations, insights, and experiences. A block of rooms has been reserved at the hotel for individuals attending the convention. To learn more, visit the PCIT international convention [website](#).

Clarifications and Fee Reductions for State Background Checks

As of July 25, the fees for child abuse clearances and criminal background checks required by the Child Protective Services Law were waived for volunteers working with children. Additionally, the Department of Human Services and the Pennsylvania State Police have now reduced the cost of both the child abuse and criminal history record checks from \$10 to \$8 for all other applicants. On July 1, Governor Wolf signed into law Act 15 to “clarify and make more explicit provisions” about which employees and adult volunteers, who work or volunteer with children, must obtain criminal background check clearances and child abuse clearances. Some of the key changes to the Child Protective Services Law made by House Bill 1276 include:

- Extends to 60 months (vs. 36 months) the time frame by which employees and volunteers must have their background checks updated.
- Expands the portability of the checks.
- Includes a presumption of “good faith” for agencies screening employees and volunteers.
- Adds definitions of adult family member, direct volunteer contact, education enterprise, family child-care home, immediate vicinity, and matriculated student.
- Reworks the definition of “program, activity, or service” to further flesh out definition.
- Clarifies which adults will require background checks and need to be in the “vicinity” of the child during an internship, externship, work-study, co-op, or similar program.
- Exempts volunteers, who are also students, from the background checks under specific conditions.
- Permanently waives the fees associated with volunteers completing state background checks.

It is anticipated that the Department of Human Services will provide additional information on these changes and will post that information [online](#) as it becomes available.



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- Certified Registered Nurse Practitioner (CRNP)
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For more information or to apply, visit our website at www.dickinsoncenter.org. Dickinson Center, Inc. is an EOE.

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Bachelor's degree required; MBA preferred, five years COO experience, 15 years behavioral healthcare experience, multi-site & multi-state experience, relationship building, technology understanding, and "for profit" financial experience.

Please apply [online](#).

AUGUST

Tuesday, August 4	12:00 – 1:00 pm	IPRC Webinar Exploring Equilibrium: Vestibular & Balance Training
Wednesday, August 19	10:00 am – 12:30 pm	Human Resources Committee <i>Penn Grant Centre</i>
Thursday, August 20	10:00 am – 12:30 pm	Outpatient Rehabilitation Committee <i>Penn Grant Centre</i>

SEPTEMBER

Thursday, September 10	10:00 am – 12:30 pm	Medical Rehabilitation Committee <i>Penn Grant Centre</i>
Tuesday, September 15	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>
Wednesday, September 16	9:00 am – 11:30 am 12:00 – 1:00 pm 1:00 – 4:00 pm	Open Meeting with Board of Directors Lunch with Board of Directors The Excellence in Behavioral Health Act <i>Penn Grant Centre</i>
Thursday, September 17	10:00 am – 3:00 pm	Intellectual/Developmental Disabilities Committee <i>Penn Grant Centre</i>
Wednesday, September 23	10:00 am – 2:00 pm	Brain Injury Committee <i>Penn Grant Centre</i>
Tuesday, September 29	10:00 am – 4:00 pm	Drug and Alcohol Training <i>Penn Grant Centr</i>