

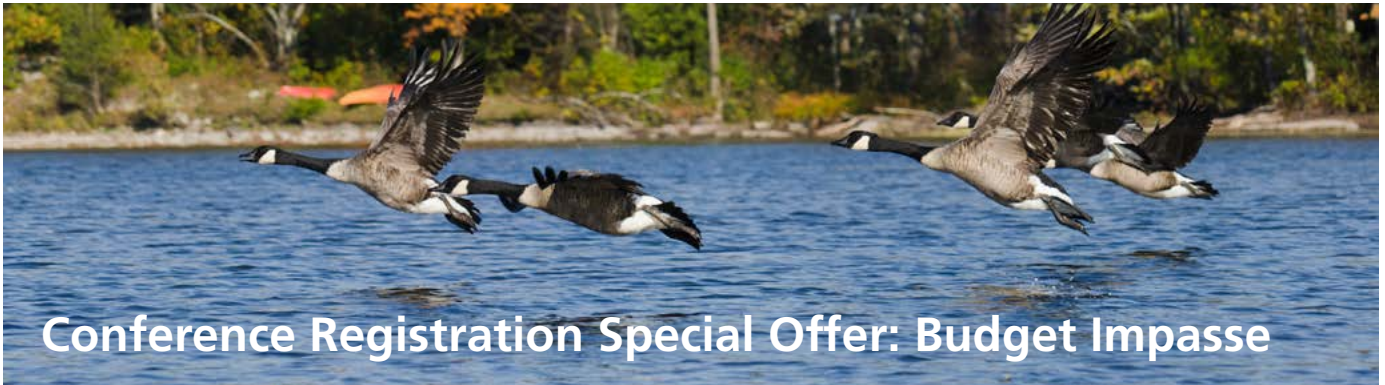


An informational newsletter compiled by the Rehabilitation and Community Providers Association for the health and human services communities

REHABILITATION & COMMUNITY PROVIDERS ASSOCIATION

SEPTEMBER 2015

ANNUAL CONFERENCE



As you have heard, registration is open for the 2015 RCPA Conference at Seven Springs, October 6 – 9. We hope you have plans to join us; the schedule is filled with excellent speakers. We also know that you are being asked to register and pay for the conference at a time when many are feeling the tremendous negative impact of the delayed state budget.

For this reason, RCPA is offering full provider members the opportunity to register for the conference now and defer payment until after the state budget is passed, or an interim stopgap measure is in place (an emergency solution for which we continue to push). All

attendees from full provider members are eligible for this offer. If you make RCPA aware of your intentions by September 4, we will include the early bird registration discount as well.

To take advantage of this conference payment deferral offer, please complete a print version of the conference registration form. Do not register electronically through the online system, which requires payment to be collected. Rather, print and complete the form, noting your request for this deferral, and send it to Tieanna Lloyd in the RCPA office via fax to 717-364-3287 or email. RCPA will then invoice members 90 days after the budget is

approved or a stopgap measure is in place to allow time for cash flow to stabilize.

We look forward to seeing you in October!

The Conference Website Is LIVE!

The conference website is up and running, featuring all the latest information you need about attending this premier industry event. Schedules, CE information, maps, vendor listings, hotel information, and more are all available in one convenient place.

RCPA Special Legislative Session at Conference

On Friday, October 9 at 8:30 am, Rep. Dan Miller will be holding a special session for conference attendees to discuss mental health, autism, and intellectual disability issues.



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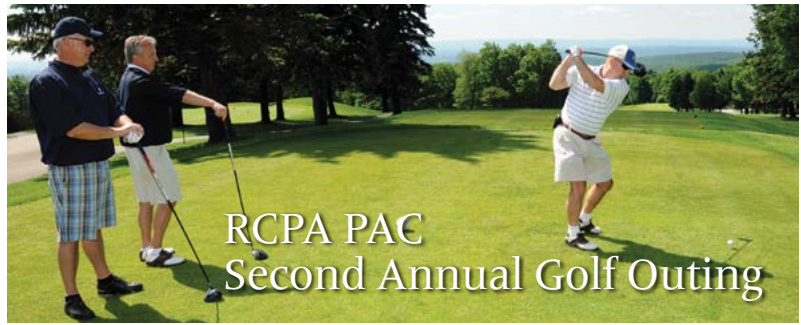
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RCPA NEWS



Please join us for RCPA PAC's second annual golf outing at the beautiful Seven Springs Resort on Tuesday, October 6! The RCPA PAC raises money and supports campaigns of state legislators who work tirelessly on issues that benefit mental health, intellectual and developmental disabilities, addictive disease treatment and services, brain injuries, medical and vocational rehabilitation, and other related human services, for children and adults. The funds raised can make the difference between a win and a loss on an issue, or assist in making a new ally. Even if you are unable to be a strong contributor to RCPA PAC fundraising efforts, we all have friends and business associates who are interested in helping our allies get our voices heard. Getting involved in RCPA PAC not only allows you to help make decisions on who the committee supports, but also helps to identify new folks who will join in our successes.

Register [here](#) to participate in the golf outing. You can also become a [sponsor](#) of this event. Your involvement will make this year's event an extra special celebration. We appreciate your consideration and look forward to hearing from you soon. Should you have any questions, feel free to contact [Jack Phillips](#) or [Tina Miletic](#).

SIGN UP

RCPA Weekly Digest!

Get the latest information on industry happenings, legislative updates, meetings, training opportunities, and more! An exclusive RCPA member benefit.

Also, be sure to visit our mobile-friendly website at www.paproviders.org, and also "like" us on [Facebook](#) and follow us on [Twitter](#) – we are posting all the time, to help you stay informed!

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The Budget Crisis



Richard S. Edley, PhD

As this article is being written, we are still in the midst of the budget impasse, which is soon becoming a budget crisis for health and human services providers. Even if the budget has been passed by the time of

this newsletter, it is still inconceivable to think that the system was pushed to the brink and played as the pawn in this battle.

So what has RCPA done to try and impact this situation? A number of things, including:

- Position paper;
- Print articles;
- Letter campaign to legislative leadership and the governor;
- Interviews;
- Meetings with legislators and government officials; and
- Participation in the multi-association survey and press release.

All of these items can be found on the [RCPA website](#) for review.

RCPA and its members have also been present at a special meeting held by democratic leadership at the governor's residence and a series of regional meetings held by DHS Secretary Dallas.

The DHS meetings presented a particular dilemma for RCPA. On the one hand, we absolutely support Governor Wolf's budget and appreciate the difficult position Secretary Dallas has been in – and we want to show our support. We agree that the ultimate desired end point is a budget that properly funds health and human services *for the long term*. We just cannot understand why temporary

emergency funding could not be considered while the fight continues.

Recently, Governor Wolf did announce some relief – the payment of loan interest for non-profit agencies that have less than 100 employees and have 50% or more state funding. While a positive step, that measure does not touch RCPA members and the vast majority of health and human services providers.

What has also been clear is the blaming. Democrats are saying that the Republicans want a "fifth year of Governor Corbett" by refusing to fund these areas. The Republicans, on their part, state that funding would be in place if the governor had simply used a line item veto rather than rejecting the entire proposed Republican budget.

To us, the rhetoric does not matter. From our vantage point it is a game of chicken. I understand that bringing issues to a crisis point is sometimes needed to effect change. But this is one that places consumers and families, some of our most vulnerable citizens, in potential jeopardy as providers consider measures they need to take in order to keep their doors open.

In one recent [interview](#) with the *Harrisburg Patriot News* (08/17/15), I also reflected on the additional difficult position that providers are in:

"By borrowing money and finding ways to keep doors open as the impasse drags on, Edley said he believes agencies may be creating a false perception to state officials that they are okay when they really are not."

That becomes the real dilemma as the crisis continues.

Richard S. Edley, PhD, President/CEO

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

NEW MEMBERS

FULL PROVIDER MEMBERS

Homemaker Service of the Metropolitan Area, Inc.

444 N 3rd St, Ste 202
Philadelphia, PA 19123
Joan Hardaway, quality and compliance director

Service Coordination of South Central Pennsylvania, Inc.

141 Broadway, Ste 310
Hanover, PA 17331
Shelli Jones Panebaker, executive director

Supports Your Way, LLC

1118A Buttonwood St
Philadelphia, PA 19123
Juliet Marsala, CEO

BUSINESS MEMBER

Pepp Unlimited

252 W Swamp Rd
Doylestown, PA 18901
John Perry, CEO

RCPA NEWS

Meet Kathy M. Manderino, Secretary of the Pennsylvania Department of Labor & Industry



Kathy M. Manderino

RCPA asked the following questions, to help members become more acquainted with Secretary Manderino, and we thank the secretary for her responses:

What are your priorities in your new state position?

Working to serve people in need remains a cause dear to my heart. As a former board member for the Rehabilitation and Community Providers Association's predecessor PCPA, I'm pleased to have the opportunity to discuss my goals for the Pennsylvania Department of Labor & Industry (L&I).

What are your goals for your department/office?

Governor Tom Wolf's vision for Pennsylvania is jobs that pay, schools that teach, and government that works. That vision fits the mission of the L&I to a "T," and dovetails with L&I's mission to provide jobs that pay for every Pennsylvanian of every ability, education, and training to match those jobs, and the efficient and effective delivery of services.

What issues will you be addressing your first year?

A key L&I priority this year is the implementation of the federal Workforce Innovation and Opportunity Act, or WIOA. It is an historic collaboration between L&I and workforce development stakeholders statewide to reinvent the state's workforce development programs. The end goal is to help job seekers access employment, education, training, and support services to succeed in the labor market, and to match employers with the skilled workers they need to compete in the global economy.

What do you feel are obstacles to achieving your goals?

While there are always some hurdles to implementing change within any state agency, my approach is to address issues by focusing on what can be accomplished – versus what can't. I've charged my team at L&I to be a "can do" agency dedicated to making positive improvements and changes to existing programs that benefit and support Pennsylvania's workers and employers.

How will you work with the appropriate stakeholders as you move the system forward?

Especially because of my past advocacy work and experience at Intercommunity Action Inc., I've taken a keen interest in the Office of Vocational Rehabilitation (OVR). Improving services for transition age youth and selecting a permanent director for the Hiram G. Andrews Center and implementing a strategic vision for its future success is another of my first-year priorities. I look forward to continuing to work closely with our OVR management team, and its dedicated stakeholders, to implement our vision to help people with disabilities prepare for, obtain, and maintain employment and independence.

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.



State Budget Impasse

The budget impasse, now in its second month, means the state is unable to pay vendors or nonprofit organizations and local governments that rely on state aid.

On Wednesday, August 19, Republican legislative leaders gave Governor Wolf a take it or leave it proposal. The Republican proposal would give the governor a portion of the money he wants for public schools as long as he accepts the Republican plan for pension reform. Republicans said they would agree to allocate an additional \$400 million for classroom spending on kindergarten through 12th grade, if the governor agreed to their counterproposal for reining in the ballooning cost of public employee pensions. Terms on how the \$400 million would be raised were not made clear, but Republicans still want the governor to privatize the state liquor system.

In additional state budget news, the governor is calling for reimbursement to nonprofits and schools for interest payments on loans taken due to the budget impasse, once a final budget agreement is reached. RCPA has been advocating with the administration and General Assembly for interest free loans, so it is good news to see the governor acknowledging our concerns.

RCPA staff continues to meet with legislative leaders and their staff to highlight the impact that the budget impasse is having on human service providers. RCPA staff is also meeting with administration officials and sent a [letter](#) to Governor Wolf's Chief-of-Staff, Mary Isenhour, informing her of the effects of a late state budget and requesting a meeting with her as well.

HealthChoices BHMCO/ RCPA Task Force Set to Meet Again

As previously reported, the first meeting of the statewide HealthChoices Behavioral Health Managed Care Organization (BHMCO)/RCPA Task Force was held on July 16, and all BHMCOs attended, along with numerous oversight bodies. 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. The first meeting generated a list of 14 areas identified by the task force that need to be addressed to seek consistency and clarification.

[Continued on page 6](#)

The BSC-ASD Staffing Challenge

Act 62 of 2008 created the license requirement for behavior specialists; however, in recent years, a significant issue has arisen due to the licensure requirement for behavior specialist consultants serving children with autism (BSC-ASD). Increasingly, providers report that this has jeopardized access to services for children and families needing autism services. Representatives Miller and Marguerite Quinn (R-Bucks) have proposed an amendment which will allow licensed behavior specialists 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 by establishing a temporary practice license.

The leadership of the Department of Human Services have expressed concerns about opening Act 62 to amendments, and have indicated a desire to study the ASD-BSC staff capacity need, to determine if it can be addressed administratively. RCPA will continue to work with legislators and with the department to implement a viable solution to this challenge faced by children, families, and autism service providers. (See *related article in Children's Corner*)

HEALTHCHOICES

Continued from page 5

In response to a request from the BHMCOs, RCPA has agreed to send out a [survey](#) to the membership to determine which of the areas identified are the most troublesome, and to request ideas for how to improve the process. If you have not yet completed the survey, please do so as soon as possible. The results of that survey will be available in mid-September. In the meantime, two work groups have been organized to address credentialing and procedure codes. Along with a report on the membership survey results, these work groups will also report at the next task force meeting, which will be held September 22.



*I alone cannot
change the world,
but I can cast a
stone across the
water to create
many ripples.*

— Mother Teresa



FEDERAL NEWS BRIEFS

Notice of Observation, Treatment, and Implication for Care Eligibility Act Passes

On August 6, President Obama signed the [Notice of Observation Treatment and Implication for Care Eligibility \(NOTICE\) Act](#). This new law requires beneficiaries to be notified within 36 hours when they are put under observation status rather than admitted to the hospital. Hospitals are also required to explain the implications of outpatient status on how much their treatment will cost and how it could affect eligibility for nursing home coverage. Outpatient status affects a patient's ability to receive Medicare coverage for post-acute care in a skilled nursing facility after discharge from the hospital, as Medicare requires beneficiaries to be admitted to the hospital for at least three days before the program will pay for a nursing home stay.

OIG Releases Report on Providers Terminated in one State and Continuing Participation in Another

The Office of Inspector General (OIG) released a report, [Providers Terminated From One State Medicaid Program Continued Participating in Other States](#). The findings contained in the report showed providers being terminated for cause in one state did not prevent their participation in other states' Medicaid programs. Included in their findings: 12 percent of providers (295 of 2,539) terminated for cause in 2011 were still participating in other states' Medicaid programs in January 2014. These Medicaid programs paid \$7.4 million to 94 providers for services performed after each provider's termination for cause by the initial state.

The challenges states faced included not having a comprehensive data source for identifying all terminations, and difficulty differentiating such terminations from other administrative actions that a state reports. The OIG reiterated its March 2014 recommendation that the Centers for Medicare and Medicaid Services (CMS) require state Medicaid agencies to report all for cause terminations. In addition, the report recommended that CMS: 1) work with states to develop uniform terminology to clearly denote for cause terminations; 2) require that state Medicaid programs enroll all providers participating in Medicaid managed care; and 3) furnish guidance to state agencies that termination is not contingent upon the provider's active licensure status. CMS concurred with the recommendations.

ICD-10 Deadline Quickly Approaching

The transition from ICD-9 to ICD-10 for coding medical diagnoses and inpatient hospital procedures is only one month away, with an implementation date of October 1. In order to assist providers in preparing for this transition, the Centers for Medicare and Medicaid Services (CMS) has provided some resources, including the [ICD-10 Quick Start Guide](#) and the [Road to 10](#) tool to help create customized action plans. These resources, as well as others, are available on the CMS ICD-10 [Latest News](#) web page.

MLTSS Subcommittee of the Medical Assistance Advisory Committee Being Established

The Department of Human Services Office of Long-Term Living (OLTL) is establishing a Managed Long-Term Services and Supports (MLTSS) Subcommittee of the Medical Assistance Advisory Committee (MAAC). The kickoff meeting is scheduled for Tuesday, September 1, from 10:00 am to 1:00 pm at Temple University in Strawberry Square, Harrisburg, PA.

The second meeting of the MLTSS Subcommittee will be held on Monday, September 14, from 10:00 am to 1:00 pm in the PA Department of Education Honors Suite, 333 Market Street, 1st floor, Harrisburg, PA. Future meetings will be posted on the OLTL [website](#) as dates are confirmed.

The membership of the subcommittee will be announced in the coming weeks. A majority of subcommittee members will be users of long-term living services and supports, and family caregivers. The subcommittee will advise the department on the design and implementation of MLTSS in Pennsylvania. A number of RCPA members submitted nominations to be considered for the subcommittee.

DHS Reviews Current Structure of Home Modifications Service/ Responds to Comments

The Department of Human Services (DHS) has been involved in the process of reviewing the current structure of its home modifications service as provided through the Consolidated, P/FDS, Autism, Aging, COMMCARE, Independence, and OBRA Waivers. Their goal is to increase accountability and predictability, create consistency across the waivers, and identify options for quality improvement strategies and process improvement. As a result, on June 3, DHS issued the [Home Modification Quality Improvement Program Discussion Document](#) to solicit feedback on the proposed regional broker model for the home modification waiver service. DHS received over 250 comments, recommendations, and questions from over 50 organizations, including counties, area agencies on aging, centers for independent living, service coordination entities, individuals and families, advocates, and providers. DHS issued a [response to public comment document](#) to address the comments, questions, and recommendations that were received.

Governor Wolf Announces Next Steps in Managed Long-Term Services and Supports

On July 22, the Departments of Human Services and Aging announced the next steps in Governor Wolf's plan to improve care coordination and move to Medicaid Managed Long-Term Services and Supports (MLTSS). These updates were a result of overwhelming response to the public comment period and stakeholder input, and include:

Doubling the number of staff who work on Nursing Home Transition (NHT) – Increase the number of staff from five to ten

Creating an advisory committee with at least 50 percent representation by participants and caregivers and conducting monthly webinars

- Host monthly [webinars](#) on the third Thursday of every month.
- Create an MLTSS Advisory Committee that will meet under the federally mandated purview of the Medical Assistance Advisory Committee.
 - MLTSS program participants will comprise half of the membership, with the remaining half representing provider communities.
 - Opportunities for participation via telephone for increased accessibility and convenience.
 - This committee will meet bi-weekly.
- Encourage open communications; questions can be submitted via [email](#).

Restructuring existing contracts to provide more choice for participants

- Issue a procurement for a home modification quality improvement program in August 2015.
- Issue a financial management services procurement in November 2015.
- Award new contracts for Independent Enrollment Broker (IEB) Services in November 2015.

Medicare Post-Acute Care Value-Based Purchasing Act of 2015 Introduced

On July 29, House Ways and Means Health Subcommittee Chairman Kevin Brady (R-TX) and Health Subcommittee Member Ron Kind (D-WI) [introduced](#) the Medicare Post-Acute Care Value-Based Purchasing Act of 2015 (HR 3298). This bill would establish a value-based purchasing program across four settings in Medicare, including inpatient rehabilitation facilities, home health agencies, skilled-nursing facilities, and long-term-care hospitals, to improve the quality of care for Medicare patients and reward innovation and efficiency with higher Medicare reimbursements. Based on performance around a quality metric (Medicare spending per beneficiary measure), the bill would establish a shared incentive pool across the four care settings which will compete with each other to earn bonus payments. A section-by-section summary of the bill is available [here](#).

CMS Publishes FY 2016 IRF Final Rule

CMS released and published the fiscal year (FY) 2016 inpatient rehabilitation facility prospective payment system (IRF PPS) final rule in the August 6, 2015 [Federal Register](#). In addition to IRF PPS payment rates increasing by 1.7 percent, the rule adopts measures that satisfy three of the quality domains required by the Improving Medicare Post-Acute Care Transformation (IMPACT) Act in FY 2016: skin integrity and changes in skin integrity; functional status, cognitive function, and changes in function and cognitive function; and incidence of major falls. IRFs that fail to submit the required quality data to CMS will be subject to a 2 percentage point reduction to their applicable FY annual increase factor. The quality reporting requirements are estimated to cost IRFs about \$24 million in FY 2016, or more than \$21,000 per IRF per year.

CMS Extends Deadline for IRF Quality Reporting Measures

On August 12, the Centers for Medicare and Medicaid Services (CMS) [announced](#) they were extending the deadline for the submission of data associated with the inpatient rehabilitation facility (IRF) quality reporting program (QRP) for measures reported to the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN). This extension was granted to provide IRFs additional time to submit data. Although the NHSN system is working, intermittent production problems have been experienced. The CDC has been working to resolve these issues and they are expected to be corrected soon. The deadline for the Healthcare-associated Infection (HAI) data submission was extended from August 15 to August 28 at 11:59 pm PT.

CMS Announces Additional Participants in BPCI Initiative

The Centers for Medicare and Medicaid Services (CMS) [announced](#) the additional participants in the Bundled Payments for Care Improvement (BPCI) pilot project to improve care and reduce costs for Medicare. Participants include acute care hospitals, inpatient rehabilitation facilities, skilled nursing facilities, physician group practices, long term care hospitals, and home health agencies that have transitioned from a preparatory period to a risk-bearing implementation period in which they assumed financial risk for episodes of care.

Bundling payment for services that patients receive across a single episode of care is one way to encourage doctors, hospitals, and other health care providers to work together to better coordinate care for patients. Through the BPCI initiative, CMS is testing how bundled payments for clinical episodes can result in better care, smarter spending, and healthier people. This announcement means several hundred providers are advancing into a program that rewards them for increasing quality and reducing costs, while also penalizing them if costs exceed a set amount. The models, health care facilities, and other information are available on the BPCI [web page](#).

CDC Releases New Report on Concussions

The Centers for Disease Control and Prevention (CDC) has released a new report, [Concussion at Play: Opportunities to Reshape the Culture Around Concussion](#). The report provides an overview of current research on concussion knowledge, awareness, attitudes, and behaviors among athletes, coaches, parents, health care providers, and school professionals. This report also describes opportunities to help build a culture in sports where athletes take steps to lower their chances of getting a concussion, and recognize and report concussion symptoms. This involves moving beyond our general concussion knowledge and changing the way we talk about and respond to concussion. The goal is to empower athletes not to play with a concussion or hide their symptoms. The document builds from the work of the Institute of Medicine (IOM) report, [Sports-Related Concussions in Youth: Improving the Science, Changing the Culture](#).

Article Focuses on Returning Students to School After Concussion

On August 6, the article ["Returning the Student to School After Concussion: What do Clinicians Need to Know?"](#) was published online in *Future Medicine*. The article focuses on protocols that have been proposed which outline a gradual reintroduction for students following a concussion. This includes academic accommodations tailored to the student's specific symptoms. Key medical and school personnel must understand their respective roles to optimize the process. This review of the current literature examines the available data and expert recommendations that can support a student's successful return to school following concussion.

Research Reveals Commonly Used Drugs May Delay Recovery From Brain Injury

A new study led by the University of East Anglia in the UK, published in the journal *Brain Injury*, revealed that a class of drugs (anticholinergics) prescribed to treat and relieve pain, depression, etc., may delay recovery in individuals who experienced a brain injury. The study investigated 52 patients who had suffered brain or spinal injury and were treated at a neuro-rehabilitation unit. The researchers found that the average length of stay was longer for those with higher levels of anticholinergics in their system.

Drug and Alcohol Regulations Overview – Exclusively for RCPA Members!

On Tuesday, September 29, from 10:00 am – 4:00 pm, RCPA will be sponsoring a one-day training to update members on the latest information regarding Pennsylvania drug and alcohol regulations. State officials from the Department of Drug and Alcohol Programs will be presenting:

- Recent regulation changes;
- Changes being considered;
- How the changes relate to current regulations;
- Confidentiality regulations and other drug and alcohol regulations as they relate to co-occurring services; and
- Questions and answers from members.

It will be held at the RCPA facility, Penn Grant Centre, 777 E Park Dr, Harrisburg, PA 17111.

Registration is required. Members are encouraged to register early, given the overwhelmingly positive response that has been received. This training will be helpful to all members providing drug and alcohol services, and those considering providing drug and alcohol services in the future. A detailed agenda will follow. Contact [Lynn Cooper](#) with questions. [Register here](#).

D&A Regulation Changes in Effect

On September 4, 2014, the Independent Regulatory Review Commission (IRRC) passed the first set of regulations advanced by the Department of Drug and Alcohol Programs (DDAP). As reported, a small group of RCPA members worked for several months reviewing the regulations line-by-line. RCPA is pleased to report that all of the recommendations from the association were accepted by DDAP and, after a long process, the [Drug and Alcohol Facilities and Services](#) and companion [Standards for Licensure of Freestanding Treatment Facilities](#) were approved unanimously by IRRC.

It appears that this information has not yet reached some providers. A final copy of each set of new regulations is available online through the above links. Contact [Lynn Cooper](#) with any questions.

The background of the entire page is a photograph of the interior of the Pennsylvania State Capitol Rotunda. The image shows a grand, ornate space with a high, vaulted ceiling featuring intricate murals and decorative panels. The architecture includes classical columns, arches, and a wide staircase leading to a central entrance. The lighting is warm and highlights the detailed craftsmanship of the building.

SAVE THE DATE

Recovery Advocacy Day

September 22, 2015

Pennsylvania State Capitol

*Please join us for legislative visits followed by a brief
press event at 3:30 p.m. in the Capitol Rotunda.*

Details to follow



PACDAA

Pennsylvania Association of County Drug and Alcohol Administrators
An Affiliate of the County Commissioners Association of Pennsylvania

ODP Updates

ODP has released the following information:

- [Announcement #059-15](#): *Certified Investigator Training Schedule for Fiscal Year 2015/16.*
- [Announcement #060-15](#): *Adult Protective Services SC Required Training*; required training for SCs and AEs, and waiver providers may also participate in this training regarding mandatory reporting.
- [Announcement #061-15](#): *Professional Development Training for Supports Coordinators on Participant-Directed Services*, effective July 22.
- [Informational Memo #062-15](#): *Enforcement Actions Against Noncompliant ODP Intellectual Disability Waiver Providers*; provides overview of regulations compliance, enforcement factors, and sanctions.
- [Informational Memo #063-15](#): *ICD-10 Implementation at the Intermediate Care Facilities for Individuals with an Intellectual Disability*; compliance date set for October 1.
- [Announcement #064-15](#): *SCO Monitoring Tool for Fiscal Year 15/16 Now Available*; tool survey must be completed by October 16.
- [Informational Memo #065-15](#): *Fiscal Year 14/15 Vacancy Exception Process*; residential habilitation service providers that signed the addendum to the provider agreement for the settlement agreement will receive a copy of the vacancy exception forms by separate email, which must be completed and returned no later than September 30.
- [Announcement #066-15](#): *PA Department of Human Services Medication Administration Training Program Fall Training Dates Announced*; effective June 1, Temple University, Harrisburg is managing the Medication Administration Program. Trainings are being offered across the state from August 25 through October 26.

DD Assistance Bill Rule

The US Administration on Intellectual and Developmental Disabilities has released a [new rule](#) to strengthen programs for individuals with developmental disabilities (DD). This final rule implements the *Developmental Disabilities Assistance and Bill of Rights Act of 2000* to promote community inclusion, independence, and civil rights. A toolkit is available to explain the new rule.

Building Bridges Rescheduled

The Joint Aging/Intellectual Disability Cross-Systems Conference, *Building Bridges*, originally scheduled for September 15–16, has been cancelled and will be rescheduled in the spring of 2016, at the Holiday Inn Harrisburg Hershey, Grantville, PA.

PADES

The [PA Disability Employment and Empowerment Summit](#) (PADES) will be held at two locations; October 27 in Pittsburgh and November 13 in Lancaster. This summit is presented by the Governor’s Disability Cabinet and supported by the Departments of Human Services and Labor and Industry.

Service Animals

The US Department of Justice has developed a [technical assistance document](#) addressing issues related to previously revised rules on service animals, based on the Americans with Disabilities Act (ADA). The ADA requires government agencies, businesses, and non-profits to make reasonable modifications to policies, to accommodate those with disabilities using service animals.

Autistic Supported Housing

An RCPA member is requesting assistance with developing a “supported housing” program for adults with autism, perhaps those that are transitioning from youth to adult services. If you provide such a program and would be willing to share information on this, please contact RCPA Policy Specialist [Linda Drummond](#).

NCD Transportation Report

The National Council on Disability (NCD) has released a report, *Transportation Update: Where We've Gone and What We've Learned*. This report provides an overview of the country's transportation changes and public policy recommendations.

"Much has happened in the last decade. More people with disabilities are riding public transit than ever before and yet, in many areas, significant barriers to ground transportation for Americans with disabilities remain pervasive," said NCD Chair, Jeff Rosen. "...For many Americans with disabilities the prospects and possibilities for going to and from work, school and recreational activities are stuck in neutral. NCD's report addresses the broad range of surface transportation, including these, and makes recommendations policymakers should use to address these barriers promptly."

"Taxi alternatives like Uber, SideCar, Lyft, and others, could open up exciting business opportunities and provide much-needed travel options for passengers with disabilities," added Marilyn Golden, senior policy analyst for the Disability Rights Education and Defense Fund, the research contractor for the report, "but recent court cases and news reports show potential customers being routinely discriminated against because of service dogs and wheelchairs. As our nation gears up to celebrate the 25th anniversary of the Americans with Disabilities Act later this year, let us resolve to move equal transportation access forward."

Violence, Abuse, and Bullying

The Arc's National Center on Criminal Justice and Disability has published a [white paper](#), *Violence, Abuse and Bullying Affecting People with Intellectual/Developmental Disabilities: A Call to Action for the Criminal Justice Community*.

The Arc National's [White Paper Series](#) of webinars and papers focuses on promising practices and research regarding a variety of criminal justice issues. The papers also cover topics such as crime victims with disabilities, people with disabilities suspected of sexual offenses, and juveniles with disabilities.

Children's Health Care Needs, Costs, and the Impact of Poverty

PolicyLab at The Children's Hospital of Philadelphia conducted a series of studies to better understand the relationship between socioeconomic status and the processes of health care and health outcomes for children. Key findings included:

- Children from families with psychosocial and economic risk factors enter the health care system with greater needs;
- These children stay in the hospital longer and require additional services while hospitalized; and
- Since current payment models do not account for the effects that these risk factors have on health care utilization and health care workload, these children are readmitted more frequently.

To help break this cycle, the PolicyLab Evidence to Action Brief, ["Shifting the Care and Payment Paradigm for Vulnerable Children,"](#) identifies several opportunities for action for multiple stakeholder groups. It includes linking high-risk families at the point of care to services that can help alleviate the pressures of poverty as well as a roadmap for clinicians, hospitals and health systems, and public and private payers, to move toward a model that allows and incentivizes health systems. The report's authors make important recommendations for immediate action to reduce overutilization of the health care system while improving health outcomes, reducing health disparities, improving the patient experience, and lowering the per capita cost of care in the long term.

School Based Services Work Group to Meet in Pittsburgh

The next meeting and webcast of the School Based Services Work Group will be held on Tuesday, September 29 from 2:00 – 3:30 pm at the Pennsylvania Training and Technical Assistance Network (PaTTAN) in Pittsburgh. Western region members and their school partners are invited to attend the meeting at PaTTAN, with webcast participation available for all others. During the work group meeting this spring, the group discussed a range of issues and opportunities, including:

- Funding and purchase of services;
- Wait list and professional service shortages;
- Individualized Education Plan (IEP) provider roles and process;
- Collaborative service and communications;
- New Child Protective Service Laws; and
- Student/youth suicide awareness and prevention.

RCPA members and others interested in joining this work group should contact [Connell O'Brien](#).

Department of Ed Resources for Youth Suicide Prevention in Schools

In June, 2014, Act 71 was signed into law in Pennsylvania. This law, which is now included in the Pennsylvania School Code, requires public schools to:

- Adopt a youth suicide awareness and prevention policy; and
- Provide ongoing professional development in youth suicide awareness and prevention for professional educators in buildings serving students grades 6-12.

Youth Mental Health First Aid has been selected as one of the approved suicide awareness curricula for school staff. The school code also permits schools to incorporate a curriculum on this topic into their student focused instructional programs' youth suicide awareness and prevention polices. A list of student, policy, and other resources is available on the department's [website](#).

Act 71 also permits schools to provide age-appropriate instruction regarding child exploitation for students in grades K-8. If a school elects to provide this instruction to its students, it must provide professional development related to child exploitation awareness to those educators assigned to teach such courses. The department has included instructional resources for schools that provide child exploitation awareness courses on its [website](#).

The Interface of FASD and Co-Occurring Issues

Many individuals with a Fetal Alcohol Spectrum Disorder (FASD) have co-occurring mental health and other issues. Some reasons for this are genetic vulnerability, personality structure, repeated experience of loss, trauma, and stress, and environmental experiences. Behaviors seen in FASD in school, at home, and in treatment settings, are often mistaken for psychiatric illnesses such as oppositional defiant disorder, attention deficit hyperactivity disorder, and reactive attachment disorder.

Earlier this year Dan Dubovsky, of the SAMHSA FASD Center of Excellence presented a webinar titled *The Interface of FASD and Co-Occurring Issues: Essential Considerations*. The presentation looks at mental health issues in individuals with FASD, discusses why those with FASD have to be approached differently in education, treatment, home, and other settings, and examines strategies geared to the recognition of what is causing the behaviors that we see. The recording of this webinar is now available [here](#). The presentation emphasizes how important it is in treatment planning and delivery to distinguish whether a person has a true co-occurring mental health issue, or whether the behaviors are due to the brain damage related to FASD.

DBT Shows Promise in Reducing Student Self-Injury

A recent article in the *Wall Street Journal* reports on the growing use of dialectical behavior therapy (DBT) to help students regulate their emotions and teach skills for avoiding self-injury when the urge arises. What is believed to be the first randomized, controlled study of DBT in self-injuring adolescents showed the treatment significantly lowered the frequency of self-injury. "One of the key mechanisms of action [in DBT] seems to be to give them replacement behaviors," says Alec Miller, clinical professor of psychiatry and behavioral sciences at Albert Einstein College of Medicine in New York, and one of the authors of the DBT study, published in the *Journal of the American Academy of Child & Adolescent Psychiatry*.

Early Childhood Mental Health Conference

[Registration](#) is now open for the 7th Annual Pennsylvania Infant Mental Health Conference. The conference will be held October 15-16, at the Doubletree by Hilton in Monroeville. This annual conference, hosted by the Pennsylvania Association for Infant Mental Health (PA-AIMH), brings together early childhood mental health practitioners, consultants, researchers, and other experts from across the Commonwealth and the country. RCPA and many of its members are organizational and individual members of PA-AIMH.

Pennsylvania Reports to Washington on Developmental Screening Needs

The Packard Foundation has funded child advocates in California, Colorado, Illinois, Ohio, Pennsylvania, and Texas, to increase rates of developmental screening in children and to improve referrals so a family with concerns receives supportive services. Child health advocates in these states are working with coalitions, to move the issue forward at the state level, in ways that will affect policies, children, providers, and payors. Research shows that about 13 percent of children between the ages of 3 and 17 have a developmental or behavioral disability like autism, intellectual disability, or attention-deficit/hyperactivity disorder. However, only 20–30 percent of children who have – or are at risk of having – developmental problems are identified before they begin school.

A recent [congressional briefing](#) on this issue, hosted by First Focus and sponsored by Senator Sherrod Brown (D-OH) and Mary Ellen Mannix, health care consultant at Pennsylvania Partnerships for Children (PPC), discussed [Pennsylvania's statewide mechanism](#) for early childhood screenings. RCPA has been working closely with Ms. Mannix, PPC, and members of the Pennsylvania Developmental Screening Project funded by the Packard Foundation.

Applying for Child Abuse History "Certification"

The Office of Children, Youth and Families is providing additional guidance for workers and volunteers applying for Child Abuse History Certification (Clearance). Note that in the new laws the term "clearance" has been changed to "certification," and these two terms now have the same meaning. Individuals applying for their Child Abuse History Certification can apply, and if applicable, pay [online](#). Applying online expedites the application process and provides applicants with their results electronically. The Department of Human Services (DHS) strongly encourages this, to streamline the process and make it more efficient for the applicants. For individuals who prefer to apply for their certification by paper, DHS will continue to accept paper applications; however, a paper application takes additional time to process. For individuals applying for certification for employment or "non-volunteer" purposes, the fee has been reduced to \$8. DHS will be issuing refunds for overpayment of fees for applications submitted after July 25. The fee has been waived for individuals now applying for volunteer purposes.

Act 62 and the BSC-ASD Staffing Challenge

Act 62 of 2008 created the license requirement for behavior specialists. As mentioned in the Government Affairs section above, a significant issue has emerged, due to the licensure requirement for behavior specialist consultants serving children with autism (BSC-ASD). This has jeopardized access to autism services for children and families who need them. For the past several months, RCPA government affairs and policy staff, along with RCPA members in southwestern Pennsylvania, have been working with Representative Dan Miller (D-Allegheny) to draft an amendment to address this concern. Representatives Miller and Marguerite Quinn (R-Bucks) have proposed an amendment that will:

- Allow licensed behavior specialists 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.
- Establish a temporary practice license that could be granted to the graduate-level clinician as they obtain their service hours under the supervision of allow licensed behavior specialists, licensed physicians, and licensed psychologists.
- Amend the educational requirements of a behavior specialist to recognize those individuals who are Board Certified Behavioral Analysts.

RCPA is encouraging members to contact their local [representatives](#) to sign onto the co-sponsorship memo, [Protect Access to Autism Services-Behavioral Specialist Consultant Licensure](#), in support of the creation of a temporary behavior specialist license.

At the same time, Secretary of the Department of Human Services (DHS) Ted Dallas, and other DHS leadership, have expressed concerns about opening Act 62 to amendments, and have indicated a desire to study the ASD-BSC staff capacity need to help determine if it can be addressed administratively. RCPA will continue to work with legislators and with the department to implement a viable solution to this growing challenge now faced by children, families, and autism service providers.

Researchers Estimate the Cost of ASD

Researchers estimate that the cost of caring for Americans with autism will be \$268 billion this year and is only going up. By 2025, costs related to the developmental disorder are forecast to reach \$461 billion, according to findings published online this month in the *Journal of Autism and Developmental Disorders*. This projection comes from an analysis of data from the U.S. Centers for Disease Control and Prevention and the U.S. Bureau of Labor Statistics, among other sources. Economists at the University of California, Davis, estimated per-person spending and then determined national totals by factoring costs for medical services, residential care, special education, in-home care, transportation, employment support, and lost productivity.

The researchers called their estimates conservative and said true costs related to autism could reach \$1 trillion by 2025. "The current costs of Autism Spectrum Disorders are more than double the combined costs of stroke and hypertension and on a par with the costs of diabetes," said Paul Leigh, a professor of public health sciences who led the study. Leigh said that added emphasis on early intervention for children on the spectrum, as well as greater employment assistance and other supports for adults, could help reduce long-term costs.

Autism Resource

The Autistic Self Advocacy Network has released a new resource, "*Health Insurance and Medicaid Coverage for Autism Services*," for individuals and their families regarding Medicaid coverage for autism-related services. These services go beyond behavioral approaches and include developmental approaches, such as social communication, sensory integration, emotional regulation, and adaptive skills.

SEPTEMBER		
Wednesday, September 9	10:00 am – 2:00 pm	Brain Injury Committee <i>Penn Grant Centre</i>
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 – 12:00 pm 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>
Tuesday, September 29	10:00 am – 4:00 pm	Drug and Alcohol Training <i>Penn Grant Centre</i>
Tuesday, September 29	2:00 pm – 3:30 pm	School Based Services Work Group <i>PATTAN, Pittsburgh</i>
OCTOBER		
Thursday, October 1	12:00 pm – 1:00 pm	IPRC Webinar <i>Family Advisory Councils Webinar</i>
Tuesday–Friday, October 6–9		2015 RCPA Conference <i>Seven Springs, Champion, PA</i>