



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

REHABILITATION & COMMUNITY
PROVIDERS ASSOCIATION

DECEMBER 2015

■ A MESSAGE FROM THE CEO

The “Re-Branding” of RCPA



Richard S. Edley, PhD

As we head toward 2016, there will be some changes ahead; both in the structure and presence of RCPA, and specifically, in this monthly newsletter.

As I have noted often in this column, although there are obvious commonalities and shared interests among the providers and members represented through our various divisions, we are as an association quite diverse by design. For example, many of our members are very affected by the Commonwealth’s budget, policies, and regulations; others are more concerned with the federal agenda. Even within Pennsylvania, we cut across DHS and DDAP, Aging, Education, and Health – and within DHS, providers may be concerned with OMHSAS, ODP, OLTL, and/or children and youth, and so forth.

As we continue to grow, it is important to note that our divisions have also grown to become true entities unto themselves: mental health, drug & alcohol, intellectual and developmental disabilities, children’s services, criminal justice, brain injury, medical rehabilitation, pediatric rehab, and long term living. And each of the divisions have sub-committees that even further break down the focus of the members involved (e.g., SCOs, vocational, outpatient rehab). Our staff, long referred to as “policy specialists” are really

more than that; they are the go-to individuals for all issues within their divisions. And, as I state in virtually all of my presentations, there is no shortage of issues.

The diversified, yet unified, RCPA has more visibility, increased strength, and ultimately greater value.

At the same time, to better represent each division, and all that the RCPA staff do to assist members within the specific divisions, we are undergoing a small but important rebranding process. Each division will now have its own logo to be unveiled in January, and the policy specialists will be more appropriately referred to as division directors. The division logos will be used initially in internal communications, such as this newsletter, and will all be consistent with the overall RCPA branding.

Further, this column will change. We will be rotating the information shared in this column through the divisions, to spotlight the issues that each director is focusing on, highlighting this for all RCPA members that are interested. I will continue writing a column, as the need arises, to highlight any issue that cuts across all of RCPA (as with this

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Richard S. Edley, PhD
President and CEO

Lynn Cooper
*Director, Drug & Alcohol Division,
Western Region Rep*

Melissa Dehoff
Director, Medical Rehab Division

Linda Drummond, MPA
*Director, Intellectual and
Developmental Disabilities Division*

Sarah Eyster, LSW
*Director, Mental Health Division,
Eastern Region Rep*

Connell O'Brien, MEd
Director, Children's Division

Cindi Hobbes
*Director, International Pediatric
Rehabilitation Collaborative*

Sharon Militello
Director, Communications

Jack Phillips, JD
Director, Government Affairs

Cindy Lloyd
Office Manager/HR

Tina Miletic
*Assistant to the President/CEO,
Finance Manager*

Tieanna Lloyd
*Membership Services/
Accounts Receivable Administrator*

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**Rehabilitation and Community
Providers Association**
777 E Park Dr, Ste 300
Harrisburg, PA 17111-2754
717-364-3280 — Phone
717-364-3287 — Fax
www.paproviders.org

A MESSAGE FROM THE CEO

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year's protracted state budget process). Communications and government relations are other areas that apply to all members, regardless of division affiliation, and members will be kept apprised of any developments in those areas.

While focusing our divisional approach, there is an even greater need for increased coordination and collaboration across divisions, and many of our members are now attending multiple cross-division committee meetings. For example, the new Certified Behavioral Health Clinic initiative brings adult MH, children's services, and D&A under one roof; dual diagnosis and complex case work brings MH and IDD together; brain injury, MH, and D&A providers are interested in criminal justice; pediatric rehab and children's services share many interests; brain injury and long-term care providers attend Community HealthChoices and managed care meetings; and so forth. The monthly column will highlight these issues of synergy as well.

The better highlighting of each division will also allow members an opportunity to determine if there is information that they are not routinely receiving from RCPA, or meetings that they now would like to attend that they had not realized were occurring. We are very respectful about not overloading members with information, yet I have increasingly heard from members who have not been receiving information and were not fully informed of the activities of RCPA. For this reason, we are also expanding the list of those receiving this newsletter, as well as our *Weekly Digest*. As always, you can opt out of receiving these mailings; however, we want to start from a position of inclusiveness.

Finally, we are looking at new technology in preparation for the annual conference next year, in order that smartphone apps will be available to allow for attendees to sort by division, track, etc., to make that experience more targeted and useful.

Many of these changes will be subtle, others a bit more apparent; in any case, we hope you see and appreciate them – and RCPA – throughout 2016!

Richard S. Edley, PhD, President/CEO

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

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



Potential Budget Deal in the Works

It appears the caucuses have a framework in place for the 2015/16 state budget impasse. The proposed plan would spend an additional \$350 million for basic education, an additional \$50 million for special education, and a 5-percent increase in funding for higher education.

In the potential budget deal there would be additional property tax relief. Terms were still being negotiated on how the additional education funding would be distributed. Additionally, officials are trying to impose caps on how much school districts can raise property taxes in the future.

The potential budget deal would include:

- An increase in state spending up to \$30.7 billion; that would be a 6 percent increase from last year's approved budget.
- \$500 million in slot-machine gambling revenue that is currently passed along to homeowners as school property tax cuts. That money would be diverted into a restricted account to pay for public school employee pension obligations.
- The loss of the slot-machine money for school property tax cuts would be replaced by about \$2 billion expected from a state sales tax increase to 7.25 percent, up from the current 6 percent. The rate would rise to 8.25 percent in Allegheny County, where it is currently 7 percent, and to 9.25 percent in Philadelphia, where it is currently 8 percent.

The proposed budget would not include a new tax on Marcellus Shale; however, a cigarette tax and a tax on banks were still being discussed as potential revenue enhancements. Currently, there has been no specific mention of dollar amounts for health and human services, or providers being reimbursed by the Commonwealth for interest payments being made on loans that providers took out to continue these services.

Despite a possible agreement, legislators are still cautious about any last minute hiccups that might derail a potential budget deal. The budget deal could blow up if the governor and legislators cannot come to terms on how new money for schools and property tax cuts would be distributed to each district, and how to further limit the ability of school boards to raise taxes as part of the package of new money.

Some of the other budget highlights include:

- On pensions, the traditional pension benefit would survive, but newly hired public school and state government employees would get a diminished traditional pension benefit, plus a new, 401(k)-style plan with a 2 percent contribution. According to estimates, this plan would save the state \$12.5 billion in the coming decades.
- Changes to the state-controlled wine and liquor system were still under discussion, although the sides have agreed to make it part of an overall budget deal.

The budget, if all goes according to plan, will probably be passed sometime in December. RCPA will provide updates on any budget deal, because it could change drastically. In the meantime, RCPA encourages members to continue to contact the [governor](#) and [state legislators](#), and inform them why it's necessary for them to pass a state budget sooner rather than later. Contact [Jack Phillips](#), director, government affairs, with questions.

Rally at the Capitol

On Tuesday, November 17, health and human service providers, as well as consumers, rallied at the Capitol to urge the governor and the General Assembly to pass a state budget that takes care of the most vulnerable members of our communities. The event was organized by the Alliance of Philadelphia.

MEMBERS IN THE NEWS

RCPA member **NHS Human Services** featured in this [article](#)



RCPA member **CareLink** featured in this [article](#)

NEW MEMBERS

FULL PROVIDER

[Lifesteps, Inc. and its subsidiary accessAbilities, Inc.](#)

383 New Castle Rd
Butler, PA 16001
Karen Sue Owen, CEO

[Supports Coordination Group, LLC](#)

2141 Oregon Pike
Lancaster, PA 17601
Aytekin Oldac, CEO

BUSINESS INSURER

[Community Behavioral Health](#)

801 Market St, 7th Fl
Philadelphia, PA 19107
Joan Erney, JD, CEO



The call for nominations for the **National Council's Awards of Excellence** is now open. Each year, the awards honor those that are going above and beyond to provide better services and supports for those living with mental illnesses and addictions. There are 18 categories to choose from to honor individuals, clinicians and doctors, caregivers, treatment teams, advocates and leaders, and organizations. RCPA members are encouraged to apply and to take some time to think of the unsung heroes in your organizations. Learn more and get started [here](#).

STATE NEWS BRIEFS

DHS Releases Financial Management Services Request For Information

On November 4, 2015, the Department of Human Services (DHS) released a [Request for Information \(RFI\)](#) related to the current financial management services agreements in the Aging, Attendant Care, COMMCare, Independence waivers, and Act 150 program administered by the Office of Long-Term Living. Input on the RFI will be accepted until Friday, December 4, 2015.

DHS Launches New Website

The Department of Human Services (DHS) recently launched their new [website](#). The site was developed to be more user friendly, by making it easier to locate information and materials. Please contact the department via [email](#) if unable to find something.

OLTL Issues Rescission of HCBS Directives, Bulletins and Other Documents

The Office of Long-Term Living (OLTL) recently released [Bulletin 54-15-03, 59-15-03](#), pertaining to the *Rescission of HCBS Directives, Bulletins and Other Policy Documents*.

CY 2016 Medicare Physician Fee Schedule Final Rule Issued

On November 16, 2015, the Centers for Medicare and Medicaid Services (CMS) issued the calendar year 2016 Medicare Physician Fee Schedule [final rule with comment period](#). This is the first final rule since the repeal of the Sustainable Growth Rate (SGR). In the final rule, CMS finalized its proposal to classify as potentially misvalued several CPT codes used by rehabilitation providers, including: 97032 (electrical stimulation), 97035 (ultrasound therapy), 97110 (therapeutic exercises), 97112 (neuromuscular reeducation), 97113 (aquatic therapy/exercises), 97116 (gait training therapy), 97140 (manual therapy one or more regions), 97530 (therapeutic activities), 97535 (self-care management training), and G0283 (electrical stimulation other than wound).

In addition, while CMS initially requested comments on the implementation of the Medicare Access and CHIP Reauthorization Act (MACRA), it released a separate and more detailed request for information in early October and, as a result, did not implement any MACRA provisions in the final rule. MACRA repealed the SGR formula and replaced it with a series of payment updates through 2025, at which time providers will choose to participate in an alternative payment model for a higher payment update, or remain in the existing fee-for-service system subject to a lower payment update. Under the law, providers will see a payment increase of 0.5 percent each year, beginning in June of this year through 2019. Between 2020 and 2025 there will be a zero percent payment update. With regard to therapy caps, there are two – one for physical therapy and speech-language pathology services, and a second cap for occupational therapy services. In the final rule, CMS states that the therapy cap amount for 2016 will be \$1,960. The majority of the provisions contained in the final rule will become effective on Friday, January 1, 2016. Comments will be accepted through Tuesday, December 29, 2015.

Call to Focus on 2016 Physician Fee Schedule

On Tuesday, December 8, 2015, from 1:30–3:00 pm ET, the Centers for Medicare and Medicaid Services will conduct a call focusing on how the 2016 Medicare Physician Fee Schedule [final rule](#) impacts Medicare quality reporting programs. Other agenda topics include:

- Program changes to the Physician Quality Reporting System (PQRS), Electronic Health Record Incentive Program, Comprehensive Primary Care initiative, Value-Based Payment Modifier (Value Modifier), Medicare Shared Savings Program (Shared Savings Program), and Physician Compare
- Final changes to PQRS and Value Modifier reporting criteria for 2016
- Criteria for satisfactorily reporting to avoid a PQRS negative payment adjustment and an automatic Value Modifier downward payment adjustment in 2018
- Moving toward the Merit-based Incentive Payment System and Alternative Payment Models, based on the amendment of the Medicare Access and CHIP Reauthorization Act of 2015

Participants should [register](#) early as space may be limited.

OIG Releases Work Plan for FY 2016

The Office of Inspector General (OIG) released the [work plan](#) for fiscal year 2016. The report summarizes new and ongoing reviews and activities that the OIG plans to pursue with respect to health and human services programs and operations. Included among the programs to be reviewed are the number of provider-based facilities that hospitals own, the extent to which the Centers for Medicare and Medicaid Services has methods to oversee provider-based billing, and national incidence of adverse and temporary harm events for Medicare beneficiaries receiving post-acute care in inpatient rehabilitation facilities and long term-care hospitals.

CMS Establishes ICD-10 Ombudsman & Coordinator Center for Assistance

The Centers for Medicare and Medicaid Services (CMS) has established two contacts to assist with any problems related to ICD-10. [William Rogers, MD](#), is the ICD-10 ombudsman. Dr. Rogers is a practicing emergency room physician, and director of the agency's Physician Regulatory Issues Team (PRIT). The ICD-10 ombudsman serves as a one-stop shop for provider questions and concerns about ICD-10 and is an internal advocate for providers on ICD-10-related matters. Non-providers who need assistance should contact the [ICD-10 Coordination Center](#).

Final Rule Issued Detailing CJR Payment Model

The Centers for Medicare and Medicaid Services (CMS) issued a [final rule](#) detailing the [Comprehensive Care for Joint Replacement Payment Model](#) that will be tested in 67 geographic areas across the country, including Metropolitan Statistical Areas (MSAs) in Pennsylvania (Harrisburg-Carlisle, Pittsburgh, and Reading). The hospitals in these MSAs will be required to participate. Through the Comprehensive Care for Joint Replacement (CJR) model, the hospital in which the hip or knee replacement and/or other major leg procedure takes place will be accountable for the costs and quality of related care from the time of the surgery through 90 days after hospital discharge, known as the episode of care. The hospital will either earn a financial reward or, beginning with the second performance year, be required to repay Medicare for a portion of the spending above an established target, based on the hospital's quality and cost performance during the episode of care. According to CMS, the bundled payment structure gives hospitals an incentive to work with physicians, home health agencies, skilled nursing facilities, and other providers, to make sure beneficiaries receive the coordinated care they need with the goal of reducing avoidable hospitalizations and complications.

Slide Presentation from IMPACT Act National Provider Call Updated

The October 21 Centers for Medicare and Medicaid Services (CMS) national provider call that focused on the Improving Medicare Post-Acute Care Transformation (IMPACT) Act included a slide presentation. There were some errors identified in the slides during the presentation. As a result, an updated [slide presentation](#) has been posted to the CMS website (Call Detail page).

Discharge Planning Proposed Rule

A [proposed rule](#) to revise the discharge planning requirements for hospitals, including inpatient rehabilitation facilities and home health agencies, was published in the November 3, 2015 *Federal Register*. The proposed changes seek to improve patient quality of care and outcomes, as well as reduce adverse conditions and readmissions. This proposed rule also implements the discharge planning requirements of the Improving Medicare Post-Acute Care Transformation Act of 2014, to improve consumer transparency and beneficiary experience during the discharge planning process. Included in the proposed requirements: provide discharge instructions to patients who are discharged home; have a medication reconciliation process; send specific medical information to the receiving facility if a patient is transferred; and establish a post-discharge follow-up process. Comments on the proposed rule will be accepted through Monday, January 4, 2016.

CMS Modifies ADR Limits for Recovery Audit Contractors

Based on a [memo](#) issued by the Centers for Medicare and Medicaid Services (CMS), the additional documentation request (ADR) limits for the Recovery Audit Contractor (RAC) program for providers has been modified. Each provider's annual ADR limit will be one-half of one percent (0.5%) of the provider's total number of paid Medicare claims from the previous year. The new annual limit restricts the number of records an RAC can request to support claims that are being audited. Currently, the annual limit is 2 percent of the provider's total number of paid Medicare claims from the previous year. The revised limits will be effective Friday, January 1, 2016.

*"I may not have gone
where I intended to go,
but I think I have ended up
where I needed to be."*

—Douglas Adams

■ BRAIN INJURY

PA State Plan for Independent Living Forums Scheduled Across the State

The Pennsylvania Statewide Independent Living Council, in partnership with the network of Centers for Independent Living and the Office of Vocational Rehabilitation, is providing opportunities to hear from individuals and their experiences as Pennsylvanians with disabilities. The dates, locations, and additional information are located [here](#).

BrainLineMilitary Receives Grant from Bob Woodruff Foundation

[Brainlinemilitary.org](#) has announced they received a grant from the [Bob Woodruff Foundation](#). The grant will assist with providing military-specific resources and information on the social and emotional impact of brain injury for veterans, service members, and family members.

Members Encouraged to Thank Brain Injury Caucuses

RCPA's Brain Injury Committee members are encouraged to reach out to their local legislators that are members of the Legislative Brain Injury Caucuses, to thank them for their support and assistance on issues surrounding brain injury.

Community HealthChoices Draft RFP Out for Comment Until December 11

On November 16, 2015, the Departments of Human Services and Aging announced the release of the draft of the request for proposal (RFP) to procure Community HealthChoices (CHC), and the program requirements that will be part of the agreement with the managed care organizations (MCOs). The draft RFP, program requirements, and a summary document are available on the CHC [website](#). Comments on the draft RFP should be sent via [email](#) (with "Community HealthChoices" in the subject line) by Friday, December 11, 2015.

■ DRUG & ALCOHOL ACTION

RCPA Review of DDAP Staffing Regulations near Completion

One of the top priorities of the RCPA Drug and Alcohol Committee is updating outdated licensing regulations. RCPA is proud to report that the work groups, with the support and authority of the Department of Drug and Alcohol Programs (DDAP), have successfully updated the general regulations and the facility standards (available on the [RCPA website](#)). The residential regulations have been submitted to DDAP. The RCPA work group has recently been working on the staffing regulations; a final version will be completed soon. The recommended revised regulations will first be sent to the entire Drug and Alcohol Committee for review and then submitted to DDAP for consideration. Many thanks to the members of the work group who have dedicated countless hours to this grueling process.

Stopping Opioid Overdose Deaths and Addictions: Sensible Plan for Action

Leading drug and alcohol researcher, Thomas McLellan, authors a [blog](#) in the *Huffington Post* about President Obama's recent national address, and explains in more detail some rationale behind the proposed priorities to address the opiate addiction epidemic. McLellan states "Today, 120 people will lose their life to a drug overdose – to put that number in perspective, it is the about equivalent to a fatal airplane crash happening *every day*. Many more lives will be lost to consequences of opioid and other drug addictions. Unfortunately, this devastating epidemic is not new – it has been growing for at least a decade."

DDAP Adds Several New Staff

Jen Smith, from the Governor's Comptroller's Office, will be the Department of Drug and Alcohol Programs' (DDAP's) new deputy secretary. Ms. Smith started with DDAP on November 16, 2015, and will be attending the next RCPA Drug and Alcohol Committee meeting on Tuesday, December 8. In addition, DDAP hired Jason Snyder as the new press secretary in mid-October. Mr. Snyder brings a deep personal stake in DDAP's mission, and experience with public relations in the private sector.

Secretary Tennis Issues Notice Regarding Hepatitis C

On October 25, Gary Tennis, secretary of the Department of Drug and Alcohol Programs (DDAP) issued a [letter](#) to all Pennsylvania licensed substance use disorder treatment providers, expressing concern about the rise in hepatitis C cases in Pennsylvania. DDAP recommends that all licensed drug and alcohol addiction treatment facilities perform a risk assessment for HCV, and refer to medical- and community-based providers for necessary screening/testing as appropriate, and for treatment as needed.

PA Physician General Signs Standing Order for Naloxone

Pennsylvania Physician General Dr. Rachel Levine signed a standing order on October 28, 2015, for Naloxone prescription for overdose prevention. Naloxone is a medication indicated for reversal of opioid overdose that is the result of consumption or use of one or more opioid related drugs. The standing order is intended to ensure access to the drug for residents of the Commonwealth who are at risk of experiencing an opioid related overdose, or family members, friends, or other persons in a position to assist a person at risk.

Licensing Update

The Department of Human Services Bureau of Human Services Licensing has issued an [update](#) regarding the certification and licensing system (CLS). Due to issues with providers regarding inaccurate certificates of compliance, it is necessary to make a system change to reduce the number of these errors. Beginning Saturday, December 19, 2015, CLS will only allow the provider to have one active application at a time per service type, per region. In addition, when a provider needs to add a new location to an existing license, that provider must get non-continuous approval from the Regional ODP Waiver Capacity Manager.

Dual Eligibles Project

The federal Centers for Medicare and Medicaid Services (CMS) is working with the New York State Department of Health and Office of People with Developmental Disabilities on the development of a new model for providing those that are dual eligible (Medicare and Medicaid) with more person-centered care and integrated and coordinated benefits. The [program](#), *Fully Integrated Duals Advantage for Individuals with Intellectual and Developmental Disabilities*, will focus on the person's long term care needs. This [program](#) will use the capitated model, which invoices the state and CMS contract with health plans that receive prospective, blended payments to provide the coordinated care.

Employment First Initiatives

Devon Grant, executive director of the Governor's Cabinet and Advisory Committee for People with Disabilities, has contacted RCPA Director, Intellectual and Developmental Disabilities Division Linda Drummond to participate in the next steps regarding the Employment First Initiative. This will include the development of provider work groups to address transformation regarding sheltered employment, day and prevocational program options, as well as options for severely involved individuals that are unsuccessful in competitive employment. Providers interested in serving on a provider work group should contact [Linda Drummond](#) at RCPA.

The November 10, 2015 Governor's Advisory Committee for Persons with Disabilities featured a presentation by the Sierra Group Foundation regarding their "[Employer Led Employment](#)" project. This project is funded by the PA Developmental Disabilities Council. The goal of the grant is to develop employer led employment for individuals with developmental disabilities. Educating employers regarding the benefits of hiring individuals with disabilities is one component of the Employment First initiative.

Employment First States Selected

The federal Office of Disability Employment Policy has selected the core states for its Employment First State Leadership Mentoring Program for FY 2016, which includes Pennsylvania. The role of these [programs](#) is to provide technical assistance to states' government cross-systems, to increase competitive and integrated employment options for individuals with disabilities. Each month, [webinars](#) are offered to address issues related to these efforts. These webinars are open to all disability policy stakeholders.

ODP Waiver Renewals Reminder

Announcement #088-15: *ODP's Listening Sessions for ID Waiver Renewal;* ODP's federal waivers expire in June of 2017, requiring application for renewals. These listening sessions will assist ODP in receiving stakeholder input into waiver services. RCPA is asking members to provide recommendations for waiver services and service definitions to [Linda Drummond](#) by Friday, December 4, 2015, to include in recommendations to ODP. Written comments may also be provided directly to ODP by Monday, December 21, via [email](#).

President's ID Committee

The President's Committee for People with Intellectual Disabilities has released its [2015 Report to the President: Leveling the Playing Field: Improving Technology Access and Design for People with Intellectual Disabilities](#).

The goals of this report are:

- Increase the cognitive accessibility of technology for everyday lives and to strengthen federal policies to ensure individuals with intellectual disabilities have equal access to this technology;
- Increase the affordability and availability of cognitive support technologies; and
- Implement federal policies to improve access and design of technology in four focus areas: education, community living, employment, and health.

Arc Center on Criminal Justice and Disability

The [Arc's National Center on Criminal Justice and Disability](#) is addressing issues related to individuals with intellectual and developmental disabilities who are in the criminal justice system. The center's services will include training and technical assistance, including monthly free webinars, information and referrals, and an online resource library. [Webinars](#) and white papers are archived and available for viewing on topics including *Sex Offenders with Intellectual/Developmental Disabilities*, among others.

DREAM Partnership

On a warm summer day in early August 2012, a small group of parents and professionals met to develop a strategy for making the dream of college a reality for students with intellectual disabilities. In a very short time, the DREAM (**D**reams **R**ealized through **E**ducational **A**spirational **M**odel) Partnership has become the voice of postsecondary education for students with ID in Pennsylvania.

This past October, DREAM and Millersville University were awarded the federal Department of Education's Transition and Postsecondary Programs for Students with Intellectual Disabilities grant. The grant will use the Millersville Career and Life Study program as a model for the development of other college programs. It will also allow DREAM to host a statewide postsecondary symposium. Over the past three years, DREAM has assisted in the development of five inclusive postsecondary programs at universities across Pennsylvania. For additional information on the DREAM Partnership, please visit the [website](#) and DREAM Partnership Facebook page.

ODP Updates

The Office of Developmental Programs has released the following information:

Announcement #095-15: *ODP Year 8 Cost Report Website is Now Available;* all year 8 cost reports were due by Thursday, October 29.

Announcement #096-15: *Update EFTs Payments for Special Cycle 69*

Announcement #097-15: *ODP Year 8 Desk Review Procedures and Cost Report Submission Deadline Reminder;* Thursday, October 29, 2015, was the final deadline for submitting cost reports and supplemental schedules for year 8.

Announcement #098-15: *Providers Must Act to Revalidate Enrollment Information;* Reminder by the March 24, 2016 deadline.

Provider Transformation

The monthly Employment First State Leadership Mentoring on November 13 focused on "What Does It Really Take for Provider Transformation?" Presentations were made by SRVS, the largest provider of services for those with disabilities in west Tennessee, serving more than 1,000 with physical and intellectual disabilities. Also presenting was NEBS, which is known nationally for its work in supported employment, self-employment, skill building, and community inclusion programs in Massachusetts and Connecticut. Information was provided on the initial assessment process, business model design, leadership/board buy-in process, funding diversification, and strategic planning. The [video](#) of this webinar is available.

National Employment First Website

The US Department of Labor's Office of Disability Employment Policy has launched a [National Employment First website](#). The information is available by state, such as data on federally-funded systems, and comprehensive profiles of each state relevant to legislation, policies, funding, pilots, and strategic partners.

OVR I&E Bid

The Office of Vocational Rehabilitation (OVR) has issued a [restricted competitive bid](#) for innovation and expansion projects (I&E) on work-based learning experiences for OVR eligible transition-age students with disabilities. The emphasis will be on community projects that result in work-based experiences which lead to competitive integrated employment. Proposals are due by Thursday, December 3, 2015.

Think College

The Institute for Community Inclusion at the University of Massachusetts Boston has released its annual report, [Think College](#), on the transition and postsecondary programs for students with intellectual disabilities. The goal of the transitional postsecondary education programs is to facilitate career development and necessary supports to assist these students with career planning and job coaching to seek competitive employment.

Autism Arrives on "Sesame Street," Sort of...

Sesame Workshop unveiled its newest initiative, "Sesame Street and Autism: See Amazing in All Children." This includes the arrival of a child named Julia, with an autism spectrum disorder, to the neighborhood – but not yet to the "Sesame Street" broadcast. The initiative includes additions to the website of several videos about autism that use Sesame Street characters to aid in the teaching of basic skills to students with autism and overviews on different topics such as "being a friend," "brothers and sisters," "see the amazing," and "what to say to a parent of a child with autism." There's also a storybook called "We are amazing, 1, 2, 3" that shows Julia interacting with other Muppets and features audio narration as the digital pages turn. The show's chief executive noted that the initiative "really grew from being something to help families with children on the spectrum," but shifted in focus when she learned about "the lack of understanding of autism among neuro-typical children."

ASD, Recovery Over Time or Overdiagnosis

As many as one in ten children with an autism diagnosis may be over- or misdiagnosed, and may ultimately be losing their autism spectrum disorder (ASD) diagnosis, according to a new government study. The [study](#), published online this month in the journal *Autism*, was produced by researchers at the US Centers for Disease Control and Prevention (CDC), the University of Washington, the National Institutes of Health, and the federal Health Resources and Services Administration. Researchers looked at parent responses from the 2011 *Survey of Pathways to Diagnosis and Service* on 1,420 children with a current autism diagnosis and 187 previously diagnosed children, all of whom were between the ages of six and 17. About 13 percent of children initially identified on the spectrum subsequently lost the diagnosis, the study found. Most often, parents reported that children shed their label due to new information. The report reveals several factors may be contributing to overdiagnosis that may include imprecise screening and evaluation processes, or difficulty distinguishing children with language issues from those with developmental delays. An [article](#) in the October 27 issue of *Disability Scoop* provides an overview of this research.

Autism Insurance, Who Pays the Bill?

In late October, Representative Thomas Murt (R-Bucks) announced his plan to reintroduce HR 631 of 2014, directing the Legislative Budget and Finance Committee to conduct a study of the implementation of Act 62 of 2008 (Autism Insurance Act). Act 62 requires that private insurance plans cover autism spectrum disorder (ASD) treatment services up to \$38,000 per year for individuals under the age of 21. Prior to Act 62, most private insurance companies did not cover treatment services for ASD and many individuals had to rely solely on the Medical Assistance program. The intent of Act 62 was not only to stop discrimination by insurers against children and youth with autism spectrum disorder by requiring coverage for treatment, but also to shift some of the financial burden that has been placed on the Medical Assistance program to private insurers. There has been long standing concern that, while commercial plans now cover a range of autism intervention services for children, in many cases the fiscal burden continues to fall disproportionately on Medicaid as a taxpayer funded program. Representative Murt's resolution will direct the Legislative Budget and Finance Committee to conduct a comprehensive study and report its findings and recommendations to the House of Representatives by November 30, 2016.

Thank You, Mr. Barry

Nearly 30 years ago, Brad Barry joined the board of directors of the Child Guidance Resource Centers, and began a long and distinguished career as a leader and innovator for child and adolescent services. Most recently, Brad has also shared his talent, professional abilities, and skills with his colleagues across the Commonwealth as an active member, and board member, of RCPA. Mr. Barry will continue to serve on the board of RCP-SO. Of particular importance for many of our members has been Brad's leadership to the PCPA – and now the RCPA – Children's Committee as committee co-chair, as well as co-chair of the Children's Steering Committee. RCPA and its members are grateful for Brad's contributions to our association and to the lives of so many children, youths, and families.

Children's Division Updates from OMHSAS and the Children's Bureau

With the state budget challenges soon behind us, the focus for providers of children's services is all about the future. To address challenges and opportunities for change, the December 8 meeting of the Children's Committee will feature a discussion with Ellen DiDomenico, the policy director at the Office of Mental Health and Substance Abuse Services. Recently, the Children's Steering Committee met with Ms. DiDomenico and Deputy Secretary Marion, offering a preview of several initiatives that will impact RCPA members. New information and initiatives are now emerging from the findings of the Mercer Consulting review of the OMHSAS Children's Bureau and the recent autism service capacity survey, as well as more expansive changes related to Certified Community Behavioral Health Centers, Medical Home, and state innovation planning efforts. The meeting on December 8 promises to offer an important glimpse into much of what 2016 will hold for RCPA members.

High Rate of ADHD in Foster Care

When researchers at the US Centers for Disease Control and Prevention looked at 2011 Medicaid data from across the United States, the investigators found that more than one in four children aged two to 17 in foster care had an Attention Deficit Hyper Activity Disorder (ADHD) diagnosis, compared to just one in 14 of those not in foster care. Children in foster care are three times more likely to have been diagnosed with ADHD than those in the general population. The researchers noted that "Some children are placed in foster care because of prior neglect or abuse by a parent – and we know that children who are hyperactive are at increased risk for abuse because of the parenting challenges that they sometimes pose."

The new report did have some good news, however – all children with ADHD, regardless of their home situation, were equally likely to be treated with ADHD medication, the study found. In addition, those in foster care were actually more likely to receive psychological care than those not in foster care, with a treatment rate of 75 percent. There is a significant need for medical and behavioral services for foster children with ADHD, according to lead author Melissa Danielson, a statistician at the CDC's National Center on Birth Defects and Developmental Disabilities. This report comes at the same time that Pennsylvania is also working to address concerns related to the high use of medication among children in the state's foster and kinship care system. Danielson reported her findings in the American Academy of Pediatrics news release, "Working Together, Primary Care and Specialty Clinicians can Best Support the Health and Long-term Well-being of Children with ADHD."

Project LAUNCH Updates

RCPA members and staff continue to work at the state level and in Allegheny County to advance the goals and strategies of this collaborative early childhood service initiative. One strategic effort relates to the work of four major pediatric practices that are implementing an integrated model of behavioral and physical health care. The observations and suggestions that are emerging from the primary care practice interviews include the need to develop a learning community for providers engaged in integration. Allegheny County planners are preparing for an event in January to introduce the Early Childhood Mental Health Consultation Learning Collaborative. The purpose of this event and training is to provide a detailed description of early childhood mental health consultation, including how it differs from other mental health interventions, where it is being implemented, and what roles mental health consultants play. While the current focus of activity is in Allegheny County, the resources, models, and approaches in development there represent the foundation for the expansion of Project LAUNCH as Pennsylvania's standard for early childhood support, prevention, and intervention.

Children and Youth Need to Be in PA's Olmstead Plan

The Office of Mental Health and Substance Abuse Services (OMHSAS) Children's Planning Council recently forwarded comments to the Department of Human Services on the draft Olmstead Plan. The council members expressed their concern that children and youth had not been identified by the state as a target population for purposes of Olmstead Planning. According to data provided to the OMHSAS Advisory Group, there were over 1,300 youth in accredited residential treatment facilities in any given month in 2013. The OMHSAS Planning Council members noted, "When one considers Pennsylvania's high rate of institutionalization in tandem with the significant cuts to community-based behavioral health services for children and youth imposed for the last several years, and the very real impact these cuts have had on children and youth, their families, and communities, the imperative for dedicated, coordinated, informed planning makes itself evident." RCPA has met with OMHSAS leadership to support the recommendations of the planning council and their concerns regarding the need for a plan, Olmstead or otherwise, to address challenges related to the recent reductions in residential treatment resources that have occurred "in tandem with the significant cuts to community-based behavioral health services for children and youth."

Better Managing Medications for Children in Medicaid

The PolicyLab at the Children's Hospital of Philadelphia has been examining the national problem of over-prescription of psychotropic medication, particularly among publicly insured children and adolescents. The disproportionately high use of psychiatric medication is of special concern for those youth involved with the child welfare system. The PolicyLab's most recent report, *Psychotropic Medication Use by Pennsylvania Children in Foster Care and Enrolled in Medicaid*, highlighted some troubling statistics. As PolicyLab co-director Kathleen Noonan pointed out in a recent interview with *Medscape*, "This is not a story about bad doctors; it's about limited resources...We need pediatricians at the table when these policy and resource decisions are made. Their experiences with families and children must shape the policy about the appropriate use of medications." With this in mind, PolicyLab has begun the initial phase of their next project, a qualitative exploration of physician attitudes on psychotropic prescribing practices among children and adolescents. The PolicyLab interviews of health care providers has already revealed a range of difficult circumstances physicians wrestle with, ranging from pressure from the family or school system for an immediate solution to behavioral health issues, to month-long waiting lists for an appointment with a behavioral health specialist. At the Department of Human Services, work has already begun to develop critically needed mental health consultation resources for primary care providers treating the physical and behavioral health needs of children in out-of-home placements. RCPA looks forward to reporting on this system enhancement in the months ahead.

RCPA Requests BH-MCO Revision in Credentialing Policy

On July 1, Governor Wolf signed HB 1276, designed to clarify and make changes to the Child Protective Services Laws. One important change is that, as of July 1, 2015, "Any employee who begins employment with a new agency or organization that is responsible for the care, supervision, guidance or control of children is permitted to use their current certification (formerly called clearances) as long as they are no older than 60 months." The intent of this change in the law is to reduce the cost and time demands on child serving staff and organizations, as well as the substantial processing demands on the Department of Human Services and the Pennsylvania State Police. In a letter to all of the behavioral health managed care organizations (BH-MCOs) and HealthChoices contractors, RCPA President and CEO Richard Edley requested that these BH-MCOs review and revise their credentialing standards to reflect the 60-month maximum period for the state ChildLine and State Police certifications. RCPA believes that the new law reflects a reasonable approach to both child protection and to the better management of compliance costs and administrative burdens across the child serving, HealthChoices, and government systems.

Developing New Mental Health Services for Youth and Young Adults

The Office of Mental Health and Substance Abuse Services has now formed two work groups that will be developing recommendations for Medicaid funded services to better address the mental health needs of transition age youth and young adults. Clinical research and public policy information continues to increase recognition that a range of critical mental health issues develop, or become apparent, in late adolescence and early adulthood. In Pennsylvania, youth with a persistent mental health care need often find that adult- or child-focused services don't meet the needs of individuals just transitioning from adolescence and school to adulthood and jobs or post-secondary education. RCPA members, staff, and other key stakeholders are participating in both work groups.

The Challenges of Serving Youth with Dually Diagnosed IDD and MH Needs

A recent report, from the National Technical Assistance Center for Children's Mental Health and the Georgetown University Center for Child and Human Development, found that approximately 13 percent of children under 18 in the US have a developmental disorder. The report also notes that 30-50 percent of children and adolescents with intellectual disability also exhibit a mental health disorder or challenging behavior. Public systems are confronted with obstacles when providing for children with intellectual/developmental disabilities who also have mental health or behavioral disorders. The report notes that "Many among this very diverse group of children and youth encounter restricted access to essential supports. Their behavioral difficulties and distress are often misunderstood and sometimes ignored." The [Learning Community report, Youth with Co-occurring Intellectual/Developmental Disabilities and Mental Health Disorders](#), provides a range of information, including examples of strategies related to policy, services, supports, workforce, and other lessons learned shared by the members of the Learning Community.

Executive Director

Bollinger Enterprises, Inc., a licensed vocational and adult training facility in NW Pennsylvania, serving individuals with disabilities, is accepting resumes for CEO. Candidates should have a master's degree in a human services field and three years of administrative /management experience.

Visit www.beiwarren.com for more details.



■ CALENDAR

DECEMBER 2015		
Tuesday, December 1	12:00 pm – 1:00 pm	IPRC Webinar Getting the Words Out: Using Biofeedback for Articulation Remediation!
Thursday, December 3	12:00 pm – 1:00 pm	IPRC Webinar WeeFIM Pilot Study
Tuesday, December 8	9:30 am – 12:00 pm 9:30 am – 12:00 pm 1:00 pm – 4:00 pm 1:00 pm – 4:30 pm	Criminal Justice Committee Mental Health Committee Drug & Alcohol Committee Children’s Committee <i>Penn Grant Centre</i>
Thursday, December 10	9:00 am – 11:00 am 9:00 am – 11:00 pm 11:30 am – 2:30 pm	Supports Coordination Organization Subcommittee Vocational Rehabilitation Subcommittee Intellectual/Developmental Disabilities Committee <i>Penn Grant Centre</i>
Thursday, December 10	10:00 am – 12:30 pm	Medical Rehabilitation Committee <i>Penn Grant Centre</i>
Thursday, December 17	9:00 am – 10:00 am	Government Affairs Committee <i>Conference Call</i>
JANUARY 2016		
Wednesday, January 13	10:00 am – 2:00 pm	Brain Injury Committee <i>Penn Grant Centre</i>