



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

REHABILITATION & COMMUNITY
PROVIDERS ASSOCIATION

JANUARY 2017

■ GOVERNMENT AFFAIRS

Government Affairs Update

In the past legislative session, the goal was to make RCPA more visible at the Capitol, and we believe we were able to achieve that goal because in the past year, RCPA was asked to testify or submit comments on a number of legislative/policy issues.

In the upcoming legislative session, RCPA intends to be more proactive on the vast array of issues facing membership. RCPA's goal is to identify one to two issues from each of the policy areas within the association and try to usher those issues through the legislative process. Additionally, RCPA staff is seeking three to four RCPA members from each of the policy areas to help review legislation or amendments when RCPA is asked for comments. If you are interested in serving as someone who is willing to look at legislation, please contact your policy director or [Jack Phillips](#), Director of Government Affairs.

RCPA Holds Workforce Forum

On December 2, 2016, RCPA, along with the Behavioral Health + Economics Network (BHECON), held a workforce forum on *Investing in Pennsylvania's Behavioral Health Workforce*. To address this problem, approximately 100 stakeholders including community health providers and government officials, joined together to discuss the workforce challenges facing the state.



The forum focused on the trend of the health care industry moving to value-based care and how providers are seeing greater demands being placed on their

organizations as a result of burdensome regulations and legislation from federal and state government/agencies. While providers are being asked to do more, the financial investments have not increased to support the workload that have been placed on health and human service providers.

The most repeated issue brought up during the forum was low reimbursement rates. Both state and federal reimbursement rates are often so low that providers are not able to offer competitive salaries to attract employees; therefore, providers are left struggling with offering services they know are necessary for the complex and vulnerable patients they serve, while still receiving insufficient funding.

The goal of this forum, and the subsequent forums, are to identify issues that are affecting providers, and to compile those issues and present them to oversight agencies as well as Congress and the General Assembly. The next forum will be held on **Thursday, January 12, 2017**, in Harrisburg, with the last forum being held on **Tuesday, February 28, 2017**, in Pittsburgh. Further questions may be directed to [Jack Phillips](#), RCPA Director of Government Affairs.

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GOVERNMENT AFFAIRS

RCPA Capitol Day



RCPA will be hosting its **2017 Capitol Day on Tuesday, April 25**. During the day, RCPC will hold a press conference in the Main Rotunda and members will be asked to visit key legislators to discuss the state budget, legislation, and regulations that affect the day-to-day activities of our members. More information will follow; for questions or suggestions regarding Capitol Day, please contact [Jack Phillips](#), RCPC Director of Government Affairs.

RCPC's Fourth Annual Golf Outing



RCPC is moving its annual **golf outing** from the fall to the spring, so please mark your calendars for **Thursday, May 11, 2017**, at the beautiful Hershey Country Club. Lunch will start at 11:00 am in the Picard Grand Pavilion. There will be a putting contest at 12:15 pm, followed by a 12:30 pm shotgun start.

RCPC PAC raises money and supports campaigns of state legislators who work tirelessly on issues that benefit mental health, intellectual/developmental disabilities, substance use disorder, brain injury, medical and vocational rehabilitation, and other related human services. The funds raised through RCPC PAC 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 RCPC PAC fundraising efforts, we all have friends and business associates who are interested in helping our allies to victory.

Getting involved in RCPC 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. Further questions may be directed to [Jack Phillips](#), RCPC Director of Government Affairs.

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Judge Halts Implementation of Overtime Rule

On November 22, 2016, a Texas federal judge issued a temporary injunction to the US Department of Labor's (DOL) overtime rule. In granting the preliminary injunction, the federal judge said DOL exceeded the authority it was granted by Congress. The DOL overtime rule was unveiled in May, and ever since has been opposed by many businesses and nonprofit organizations. Nonprofit human service providers whose revenue comes largely or entirely from public funds were especially vulnerable to this rule because they are unable to simply "raise prices" to cover the increase in costs, something commercial for-profit businesses have been widely expected to do.

The DOL rule was to take effect on December 1, 2016. Instead, US Secretary of Labor Thomas Perez, Wage and Hour Administrator David Weil, and Assistant Administrator Mary Zeigler appealed the court decision on December 1. DOL also filed a motion for an expedited briefing on their appeal on December 2. The incoming Trump administration is expected to take a fresh look at the rule and either make changes or rescind it altogether.

CMS Finalizes Measures Under Consideration List for Pre-Rulemaking

On an annual basis, the Centers for Medicare and Medicaid Services (CMS) publishes a list of quality and cost measures that are under consideration for Medicare quality and value-based purchasing programs. This involves collaboration with the National Quality Forum to get critical input from multiple stakeholders, including patients, clinicians, commercial payers, and purchasers, on the measures that are best suited for these programs. This year's measures under consideration list contains 97 measures that have the potential to drive improvement in quality across numerous settings of care. Members are encouraged to review the [List of Measures under Consideration for December 1, 2016](#).

President-elect Trump Announces Nominees for HHS Secretary and CMS Administrator

President-elect Donald Trump has nominated Seema Verma, the founder and CEO of a health policy consulting firm, to serve as Administrator of the Centers for Medicare and Medicaid Services. As part of her consulting work, Verma designed Vice President-elect Mike Pence's Affordable Care Act (ACA) Medicaid expansion model known as Healthy Indiana Plan 2.0. Additionally, President-elect Trump nominated Congressman Tom Price, MD (R-GA) to serve as Secretary of the Department of Health and Human Services (HHS). Price is an orthopedic surgeon and has introduced legislation to repeal and replace the ACA in the current Congress and in the three previous sessions.

US District Court for DC Orders HHS to Clear Administrative Law Judge Appeals

On December 6, 2016, the United States (US) District Court for the District of Columbia (DC) issued an order in the *American Hospital Association v. Burwell* case that gives the Centers for Medicare and Medicare Services (CMS) four years to clear the large backlog of appeals at the administrative law judge (ALJ) level. The Medicare Act requires ALJs to hold a hearing and render a decision within 90 days of filing the appeal with the Office of Medicare Hearings and Appeals. CMS has not been in compliance with this statutory deadline, having a backlog of almost one million appeals at the ALJ level. Included in the decision granted by the district court judge, CMS is required to meet the following deadlines and mandatory percentage reductions:

- A 30 percent reduction from the current backlog of cases pending at the ALJ level by December 31, 2017;
- A 60 percent reduction from the current backlog of cases pending at the ALJ level by December 31, 2018;
- A 90 percent reduction from the current backlog of cases pending at the ALJ level by December 31, 2019; and
- A 100 percent reduction from the current backlog of cases pending at the ALJ level by December 31, 2020.

The court also noted that if CMS fails to meet the above deadlines, claimants at the ALJ level may move for default judgment.

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■ MEMBERS
 IN THE NEWS

RCPA Member Hope Enterprises Board Names Robert Labatch Next President
[Robert Labatch](#) has been chosen as the successor to James F. Campbell as president of Hope. Campbell will retire at the end of December, having served as the president of Hope for 17 years.

RCPA Immediate Past Chair Susan Blue Featured NavWell Council Member Spotlight is on Susan Blue, Community Services Group

RCPA Member Children's Service Center in Wilkes-Barre Breaks Ground on New Facility



RCPA logo decals available free to RCPA members.

Contact
[Sharon Militello](#)
 for details.

Hospital Open Door Forum Rescheduled to January 11, 2017

The Centers for Medicare and Medicaid Services recently announced that the next Hospital Open Door Forum that was originally scheduled for December 6, 2016, will be rescheduled to Wednesday, January 11, 2017, from 3:30 pm – 4:30 pm. The agenda and call-in information will be forthcoming.

CMS Releases Final Medicare Outpatient Observation Notice

The Centers for Medicare and Medicaid Services (CMS) has released the finalized [Medicare Outpatient Observation Notice \(MOON\)](#). The MOON is a standardized notice to inform beneficiaries (including Medicare health plan enrollees) that they are an outpatient receiving observation services and are not an inpatient of the hospital. The MOON is mandated by the Federal Notice of Observation Treatment and Implication for Care Eligibility Act (NOTICE Act), passed on August 6, 2015. The NOTICE Act requires all hospitals to provide written and oral notification under specified guidelines. All hospitals are required to provide the MOON beginning no later than Wednesday, March 8, 2017.

Person and Family Engagement Strategy Released

On December 13, 2016, the Centers for Medicare and Medicaid Services (CMS) released the [Person and Family Engagement Strategy](#), which will serve as a guide for the implementation of principles and strategies throughout CMS programs. The goals and objectives of this strategy include:

- Actively encourage person and family engagement along the continuum of care within the broader context of health and well-being in the communities in which people live;
- Promote tools and strategies that reflect person and/or family values and preferences and enable them to actively engage in directing and self-managing their care;
- Create an environment where persons and their families work in partnership with their health care providers to develop their health and wellness goals informed by sound evidence and aligned with their values and preferences; and
- Develop meaningful measures and tools aimed at improving the experience and outcomes of care for persons, caregivers, and families. Also, identify person and family engagement best practices and techniques in the field that are ready for widespread scaling and national integration.

Autonomous Vehicles Task Force Releases Recommendations for Safety/Testing

Transportation officials reviewed Autonomous Vehicles Task Force recommendations in an [online public forum](#) on December 12, 2016. The public is encouraged to review the policy and [submit feedback](#) through Thursday, January 12, 2017.

Implementation of Community HealthChoices Postponed

The decision for Pennsylvania to postpone the implementation of Community HealthChoices (CHC) was announced recently. This decision was made as a result of the delays associated with the resolution of several bid protests.

Following the announcement of the selection of the managed care organizations (MCOs) that would deliver health care coverage in Community HealthChoices, several protests were filed. As a result, the progress of major components of CHC implementation was delayed, resulting in the Department of Human Services (DHS) feeling uncertain with moving forward with their established start dates. Some of the impacted activities associated with this decision include:

- **Developing an adequate network:** DHS has not been able to engage with the selected offerors. The agreement and rate negotiations and finalization typically take six weeks, and the agreements need to be finalized before the MCOs are able to engage in network development activities. The current delays mean the MCOs will not have enough time to meet the network adequacy requirements by Saturday, July 1, 2017.
- **Completing a readiness review:** Readiness review is a requirement for the MCOs before they are certified to be able to go live and provide services. Protests prohibit MCO engagement for readiness review and the window to complete the certification continuously shrinks. New programs require a minimum of six months to complete a readiness review.
- **Communicating:** Communication about selected MCOs and their available networks is a critical component to CHC education and outreach. Individuals who will be enrolling in CHC need to have complete information about the MCO provider network in order to be able to make an informed provider choice. That communication will not be able to take place until the agreements are largely finalized and the MCOs are in a position to provide network information.

Important dates to note include:

- Phase 1 will now begin in January 2018 in the Southwest region of the state.
- Phase 2 will now begin in July 2018 in the Southeast region of the state.
- The January 2019 start date for the rest of the state remains unchanged.

GO-TIME: DHS Launches a Mobile App for Benefits

Governor Wolf's Office of Transformation, Innovation, Management, and Efficiency (GO-TIME) and the Department of Human Services (DHS) have launched a mobile app for Pennsylvanians who have applied for or receive assistance benefits called [myCOMPASS PA](#).

Pennsylvania Long-Term Council Launched by Wolf Administration

On November 29, 2016, the Department of Aging [announced](#) appointments to the Pennsylvania Long-Term Care Council. Representative Lynda Schlegel Culver served as the prime sponsor of the Pennsylvania Long-Term Care Council Act, Act 64 of 2015, which was passed by the General Assembly as a replacement for the Intergovernmental Council on Long-Term Care, to reflect today's broader long-term care continuum. The council, comprised of 35 members, is intended to focus on several key areas of concentration, including regulatory review and access to quality care; community access and public education; long-term care service models and delivery; workforce; housing; and behavioral health issues of seniors over the age of 60. Chaired by Secretary of Aging Teresa Osborne, the council is comprised of a diverse array of stakeholders, including long-term care consumers, advocates, caregivers, providers, and policymakers. The next council meeting is scheduled for Thursday, February 9, 2017.

Voting Rights Documents Provide Helpful Resource for Those With Disabilities

Disability Rights Pennsylvania recently shared some helpful links to documents on voting rights and policies for individuals with disabilities that want to extend their right to vote in elections. The Bazelon Center for Mental Health Law and the National Disability Rights Network created a [voter guide](#) that encompasses many helpful documents and resources.

■ BRAIN INJURY

Upcoming Webinars Announced by BIAA

The Brain Injury Association of America (BIAA) recently announced their schedule for upcoming [live webinars](#) during the months of January through April 2017. Registration is required to participate and ends two days prior to the date of each live webinar.

Brain Injury Awareness Day in DC Scheduled

The Congressional Brain Injury Task Force has announced that Brain Injury Awareness Day will be held on Wednesday, March 22, 2017, in Washington, DC. The fair will be held in the Rayburn House Office Building foyer, and the briefing and reception will be held in the Gold Room (Rayburn 2168). The Brain Injury Association of America is involved in the planning and sponsoring of the event. Additional details will be forthcoming.

■ MEDICAL REHABILITATION

Call to Focus on IRF-PAI Therapy Information Data Collection

The Centers for Medicare and Medicaid Services (CMS) finalized a new *Therapy Information* section on the inpatient rehabilitation facility (IRF) patient assessment instrument (PAI) in the fiscal year (FY) 2015 IRF Prospective Payment System (PPS) final rule.

On Thursday, January 12, 2017, from 1:30 pm to 3:00 pm, CMS will conduct a call focusing on this IRF-PAI therapy information data collection. During this call, CMS will focus on reviewing the types and methods of therapy collected on the IRF-PAI, examples of each type of therapy, and how to accurately code and complete the therapy information section on the IRF-PAI. Prior to the call, participants are encouraged to review the [IRF-PAI Training Manual](#). A question and answer session will follow the presentation.

To participate, [registration](#) is required. Registration will close at 12:00 pm on January 12, 2017, or when available space has been filled. The call presentation will be posted at least one day in advance on the [MLN National Provider Calls and Events](#) web page.

Release of IRF Compare Website Publicly Displays Quality Reporting Data

On December 14, 2016, the Centers for Medicare and Medicaid Services (CMS) released the inpatient rehabilitation facilities (IRF) Compare [website](#). Under the Affordable Care Act (ACA), IRFs are required to report quality data to CMS on a number of quality measures and health outcomes. These new tools take this data and put it into a format that can be used more readily by the public to get a snapshot of the quality of care each hospital provides. Specifically, the following quality measures will be reported on the new Compare sites for IRFs:

- Percent of residents or patients with pressure ulcers that are new or worsened (short stay) (National Quality Forum (NQF) #0678) – based on IRF patient assessment instrument data submitted between January 1, 2015 and December 31, 2015
- All-cause unplanned readmission measure for 30 days post-discharge from inpatient rehabilitation facilities (NQF #2502) – based on Medicare claims data between January 1, 2013 and December 31, 2014

MACRA According to CMS Acting Administrator

A new Centers for Medicare and Medicaid Services (CMS) [blog](#) that was created includes remarks by Andy Slavitt, CMS Acting Administrator at the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) Merit-based Incentive Payment System and Advanced Alternative Payment Model Summit.

Retention Period for CASPER Provider Reports Changes From 730 Days to 60 Days

The Centers for Medicare and Medicaid Services (CMS) announced that as of December 1, 2016, the retention period for the inpatient rehabilitation facility patient assessment instrument (IRF-PAI) provider reports will change from 730 days to 60 days. Any IRF-PAI provider reports requested 60 days or more prior to December 1, 2016 were permanently deleted from the Certification and Survey Provider Enhanced Reporting (CASPER) folder. Deleted reports can be re-created on demand from the IRF-PAI provider report category in the CASPER Reporting application. For a list of affected IRF-PAI reports and detailed instructions on printing or saving CASPER reports, see the CASPER Reporting User Guide on the [QIES](#) and [QTSO IRF-PAI User Guides and Training](#) web pages.

MedPAC Releases Recommendations

Every December, the Medicare Payment Advisory Commission (MedPAC) begins the process of developing recommendations for payment updates for the various Medicare payment systems. Included in this recommendation is the inpatient rehabilitation facility (IRF) prospective payment system for fiscal year 2018, with a proposal to reduce the Medicare payment rate for IRFs by five percent. According to MedPAC, while this may impose financial pressure to IRFs, the effect should be eased by the expansion in the outlier pool (recommended in the March 2016 report). The presentation is available on the MedPAC [website](#).

IRF QRP Provider Preview Reports Available Until January 10

The Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) Provider Preview Reports are now available on the [IRF Quality Public Reporting](#) website. Providers are encouraged to review their performance data on each quality measure based on Quarter 2 - 2015 to Quarter 1 - 2016 data prior to public display on the IRF Compare website in spring 2017. Providers have until the end of the 30-day preview period (Tuesday, January 10, 2017) to review their data. Corrections to the underlying data will not be permitted during this time. However, providers can request a CMS review during the preview period if they believe their data is inaccurate.

MENTAL HEALTH HEADLINES

HHS Selects Eight States for New Demonstration Program to Improve Access to High Quality Behavioral Health Services

The Office of Mental Health and Substance Abuse Services (OMHSAS) has announced that **Pennsylvania is one of the eight Certified Community Behavioral Health Clinic (CCBHC) demonstration states**. The eight states that the US Department of Health and Human Services (HHS) selected for this demonstration program include: Minnesota, Missouri, New York, New Jersey, Nevada, Oklahoma, Oregon, and Pennsylvania. States have until Saturday, July 1, 2017 to begin their two-year demonstration programs.

Outpatient Regulations Update

As reported at the December Mental Health Committee meeting, the outpatient regulations are at the Governor's Office and have been signed off by one entity, now awaiting the Governor's Office legal review. It is hoped that the regulations will get to the Interstate Regulatory Review Commission in March and then be published for comments. The Mental Health Committee also discussed with the Office of Mental Health and Substance Abuse Services the fact that these and other regulations are creating a public health crisis which must be addressed. RCPA will be meeting with providers to discuss next steps.

Seeking Mental Health Committee Co-Chairs

The Mental Health Committee is in search of two co-chairs. Kathy Yarzebinski is retiring in June from Family Services of Western Pennsylvania, and after ten years, from the Mental Health Committee. The committee is looking for two interested and active individuals, preferably from two different parts of the state, to co-chair. Responsibilities include agenda development, facilitating the five committee meetings per year, and occasional remarks at the RCPA open board meetings. RCPA would like to thank Kathy for her time and commitment to the Mental Health Committee and the association, and wishes her well. Please contact [Sarah Eyster](#) with your interest.

Mental Health Committee Update

The Rural Work Group will need to be reconvened in 2017 with support from the Office of Mental Health and Substance Abuse Services (OMHSAS). The Behavioral Health Managed Care Organization (BH-MCO) Work Group has been active and will be introducing the uniform credentialing application this month. The next task for the BH-MCO Work Group is to explore standardizing treatment record reviews. The group will meet in January to determine the work necessary to achieve this.

During the Mental Health Committee meeting, it was requested that the BH-MCOs consider standardizing CPT codes. As it is now, there are different codes and differing definitions from MCO to MCO. If agreed upon, the use of a consultant will be reviewed as well.

Regarding population health, Sarah Eyster has reached out to Dr. Nash at the Jefferson College of Population Health to determine if there is a possibility of scheduling a series of presentations sponsored by RCPA and available to membership. More on population health will be forthcoming.

Committee Chair Kathy Yarzebinski then discussed the information-gathering process conducted by Allegheny County regarding the Opioid Epidemic. Some of that data included the number of overdose deaths post release from the county jail and other markers that appear to be significant on this issue. There was a suggestion that OMHSAS be approached to consider a pilot project that might involve over-arching waivers to a county system to specifically and jointly address an issue such as this. Kathy noted that there seemed to be a higher level of awareness on the part of drug and alcohol providers of the mental health system than the reverse. It seemed that creating a co-occurring system might be a positive addition to approach these issues. This is likely to lead to licensing and regulatory issues that affect operations and would need to be addressed at higher administrative levels at the Commonwealth in order to achieve a better system and encourage this type of operations.

RCPA Older Adult Work Group

The Older Adult Work Group met with Jen Burnett and Kevin Hancock from the Office of Long-Term Living, Rebecca May-Cole from the Pennsylvania Association of Area Agencies on Aging (P4A), Tara Miller from the Pennsylvania Aging and Behavioral Health Coalition (PABHC), and Sherry Peters from OMHSAS.

Behavioral health claims data would indicate low utilization of the people coming into the Community Health Choices (CHC) program, but that data does not include people currently in nursing facilities. It is expected that

utilization will increase as CHC rolls out and people are identified as eligible for behavioral health services.

This group will tackle training needs for the BH community as well as for primary care physicians who will be assessing the CHC members. It appears that PABHC would be the training avenue for behavioral health clinicians and PCPs alike, and the Certified Older Adult Peer Support program from Penn would be the training avenue for certified peer support. Additionally, many of the services delivered will be mobile, so RCPA and OMHSAS will

work together to ensure proper procedures and rates are available.

Moving forward, RCPA will reach out to the PA Nursing Home Association to invite them to future meetings. In addition, the group will tackle training needs for the community providers, transportation concerns for those who must travel for services, and learn how nursing facilities and behavioral health managed care organizations will work together to ensure timely and appropriate service delivery for those needing behavioral health care.

Accessing Medical Care Upon Release From SCIs, CCCs, and County Jails

The Department of Human Services (DHS) is improving the ability of Pennsylvanians to access medical care immediately upon release from county jails and state correctional institutions (SCIs). RCPA and other groups have been advocating for these changes for numerous years. Many inmates have behavioral health issues such as serious mental illness and/or substance use disorder. Coordinating services to ensure Medical Assistance (MA) availability immediately upon release from county jail or state prison is difficult, mainly due to the following:

- Inmate release dates are not always known to jails;
- Jail and prison staff ability to complete MA applications are limited;
- Inmates do not always return to the location they have stated in order to claim their benefits; and
- MA cannot be authorized while the inmate is still incarcerated, often leaving a gap between when the individual leaves the jail/prison and when his/her benefit is activated.

DHS is operating three pilot programs to enroll returning citizens in MA:

- SCI Graterford;
- Montgomery County Jail; and
- Philadelphia County Jail.

DHS is making three IT system changes to address this problem:

- Developing a shortened application and COMPASS workflow to expedite application completion and benefits authorization.
- Suspending benefits for up to two years for individuals who are incarcerated while receiving an MA benefit.
- Developing a data exchange to process incarceration release data from DOC, automation of MA suspension, real-time eligibility for departing inmates.

This exciting information was presented by Carl Feldman from DHS at the last RCPA Criminal Justice Committee meeting. Members expressed gratification to DHS for these much needed changes. Questions should be directed to [Lynn Cooper](#).

DDAP Working Through SCAs on Data Collection Survey

The Department of Drug and Alcohol Programs (DDAP) is exploring options for collecting treatment data covering the period from September 2015 through the present. This data has not yet been reported to DDAP due to the lack of a functioning data system. In order to properly assess each option, DDAP needs some critical information from the provider community. Single County Authorities (SCAs) will be distributing the survey immediately to the providers with which they contract; responses must be provided by Friday, January 13, 2017. Please complete the survey accurately and within the requested timeframe so DDAP can appropriately assess the options for collecting this much needed data.

Illegal Routing of Calls for Treatment Placement Creates Major Problem

The Department of Drug and Alcohol Programs (DDAP) sent an [announcement](#) out to the drug and alcohol community warning of incorrect routing of calls for treatment placement. The purpose of the announcement is to make single county authorities (SCAs) and treatment providers aware of an issue that has been occurring more frequently over the past few days. Individuals from the general public have been using Google to locate treatment providers and/or SCAs and the phone number Google shows for the facility is NOT that of the SCA/provider. Apparently, scammers are working to direct unsuspecting people in need of treatment to programs in Florida. As to be expected, their interest is only with people who have private insurance. These scams are creating roadblocks to treatment and major confusion for those seeking needed treatment. Numerous RCPA members have verified that these acts are creating major problems. Members have reported that these companies, and ones like them, are using false and misleading advertising/tactics and illegally using the identities of treatment providers here in Pennsylvania.

DDAP reported that it appears there is an option on Google where the SCA/provider can suggest an edit to the incorrect information and by doing so, can select scam/scammer as the reason for the change. DDAP is working hard to get callers the correct contact information for the SCA/provider. Individual agencies may want to attempt to correct the information on the web search engines whenever possible. Questions should be directed to [Lynn Cooper](#).

Ethics Corner by Tom Baier, CADC/CCS: An Update on the Issue of Client Abandonment

Provided by Pennsylvania Certification Board (PCB)

Most recently, at the September PCB Board meeting, we collectively engaged in the continuation of a conversation that has been ongoing for several years. As a means of maintaining a relevant code of ethical conduct for our credentialed individuals, these conversations are critical for this purpose. Many times, these lengthy discourses result in changes to the code. Sometimes these changes become more about an interpretation of a code than any changes to the code itself. To this end, we have recently simplified the discussion area related to the code that addresses client abandonment.

Rule 5.7 of our Code of Ethical Conduct reads as follows:

The certified professional shall not discontinue professional services to a client nor shall they abandon the client without facilitating an appropriate closure of professional services for the client.

The previous interpretation of this rule provided a distinction between practitioners in private practice and those working within an agency setting. The belief was that in an agency setting the continuity of services was the sole responsibility of the agency and not the responsibility of the individual practitioner working within the agency. With this interpretation, a certified individual could suddenly terminate his or her professional relationship

with clients without concern for being held to an ethical standard for having abandoned these clients.

Keeping in mind that our primary mission in credentialing individuals is consumer protection, we have made a change to the interpretation of this rule that would now allow the Ethics Committee to entertain complaints against certified individuals who suddenly, and without clinically appropriate closure or transfer, abandon clients.

The recent edit to the discussion for this code now reads:

In the case of a certified professional who has direct care responsibilities, this person shall not discontinue professional services to a client unless:

- 1) services have been completed;
- 2) the client requests the discontinuation;
- 3) alternative or replacement services are arranged, or the client is given reasonable opportunity to arrange alternative or replacement services.

What this means for certified professionals under this ethical rule: If one morning your contentious relationship with your boss exceeds your ability to cope and you suddenly tender your resignation on the spot, pack up your personal belongings, load them in the car

after passing your waiting clients in the lobby, you may be charged with abandonment of your clients. From a consumer protection point of view, this action may and can cause significant distress to the clients on your caseload. The point here is that you could have prevented this sudden disruption in the lives of your clients and you have chosen your own needs over the needs of the clients.

How can you prevent this from happening? The simplest way is to provide the appropriate notice to your employer and then work diligently with your clients to assist them in the continuity of services as needed. All employee handbooks state conditions for employment termination. These are typically, at minimum, two weeks' notice and, in many cases, might be up to four weeks. Since these ethical complaints are most often generated by employers when an employee suddenly quits, the best way to prevent such a complaint is to follow the dictate for terminating your employment as defined in your employee handbook or otherwise defined in agency policy.

Please note that as of this publication date, all certified individuals granted a credential by the PCB will be held to this standard. As always, the Ethics Committee is open to feedback and questions regarding our Code of Ethical Conduct or specific questions regarding ethical concerns.

Job Postings Available on PCB Website

Provided by Pennsylvania Certification Board (PCB)

If you are an employer looking to fill a job opening, PCB will list your employment opportunity on their website free of charge. Employment postings are located on the PCB home page for easy access. Your job posting will remain on the PCB website for three months. Whether you are seeking a counselor, clinical supervisor, co-occurring disorders professional, prevention specialist, or recovery specialist, PCB can assist with your search. To have your job opening(s) posted on this website, email the announcement [here](#).

Buprenorphine Training for Nurse Practitioners and Physician Assistants

From *ASAM Weekly*

The Department of Health and Human Services (HHS) announced on November 17, 2016, that nurse practitioners (NPs) and physician assistants (PAs) can begin taking the 24 hours of required training to prescribe buprenorphine to treat opioid use disorder. NPs and PAs who complete the required training and seek to prescribe buprenorphine for up to 30 patients will be able to apply to do so beginning in early 2017. HHS is also announcing its intent to initiate rulemaking to allow NPs and PAs who have prescribed at the 30-patient limit for one year to apply for a waiver to prescribe buprenorphine for up to 100 patients. The Substance Abuse and Mental Health Services Administration (SAMHSA) is working quickly with training providers to help them adapt curricula and obtain continuing education credits for this training. Updates on training information and the waiver application will be available on the [SAMHSA](#) and [American Society of Addiction Medicine](#) websites.

■ IDD FOCUS

RCPA Submits Comments on 6100s

On December 19, 2016, [comprehensive comments](#) were submitted on behalf of RCPA members in response to the Department of Human Services' (DHS) proposed 6100 regulations. The comments were the product of a diverse work group of RCPA members assembled by the RCPA Intellectual and Developmental Disabilities Committee.

In the [cover letter](#) accompanying the comments, Dr. Richard S. Edley, RCPA President and CEO, commended DHS for the open and participatory process it used to develop the proposed regulations, citing the original 6100 Work Group convened by DHS in December 2014 to develop the new regulations, but added, "while we eventually want to support this regulation package because of the problems our members have experienced with the existing Chapter 51 regulations, it will not be

possible to do so unless the department makes a significant number of additional improvements."

One of the positive aspects of the proposed 6100s is that the regulations would place an affirmative obligation on DHS to refresh the market data used to develop the fee-schedule rates it pays service providers. Unfortunately, as drafted, the regulations would only obligate DHS to refresh the market data every three years. Equally problematic is the fact that there are no transparency requirements that would enable stakeholders to know where DHS is getting its data to develop the rates or the methods it uses to consider the several factors that go into rate development.

Other positives include DHS' attempt to eliminate inconsistencies between

program requirements and licensing requirements, and a section that would allow DHS to approve innovation requests by providers who are trying new and better ways to deliver services but fear they may run afoul of the rules as written or interpreted.

One of the many concerns with the proposed 6100s include the arbitrary limits DHS would like to impose on new and existing programs that provide in-facility services supported with waiver funds or county base funds. As proposed, new in-facility programs could serve no more than 15 individuals, and existing ones that serve more than 100 individuals would have to eliminate program capacity until the proposed 100-person cap is met. Other concerns involve residential service

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ON 6100S

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requirements, pertaining to leases, bedroom locks, “all-hours” visitors, and access to food. Many of these new requirements are well meaning but fail, as drafted, to consider the health and safety risks to others in the home or the health and safety risks to individuals with particular conditions or circumstances. Finally, new requirements pertaining to “rights teams,” incident management, and medication administration are onerous, and would add costs to the system while adding little to no value to individuals receiving supports.

Overall, there are serious concerns that the proposed 6100 regulations will result in the need for more staff and more money simply to serve people already in the system (e.g., for compliance, smaller staff-to-client ratios, etc.). These will place additional strains on a system already underfunded and severely challenged when it comes to recruiting and retaining staff. Given the state’s fiscal situation and political climate, it is not clear how ODP plans to pay for all the new costs associated with the proposed regulations.

Next steps? DHS is expected to reconvene the original 6100 Work Group (Dr. Edley and several RCPA members serve on this work group) in early February to start discussing changes that can be made by DHS before final regulations are submitted to the Independent Regulatory Review Commission. Also, during the first week of February, the Governor’s proposed budget for state fiscal year 2017/18 will be unveiled, and at that time we will know whether sufficient new funds were included in the DHS budget to cover the 6100s’ fiscal impact.

ODP Waiver Comments Deadline January 17

The Office of Developmental Programs (ODP) published its [required notice](#) in the *Pennsylvania Bulletin* asking for public comments on its proposed [waiver renewals](#) for the Person/Family Directed Services and Consolidated waivers. Public comments are due to ODP on Tuesday, January 17, 2017.

The primary purpose of the two waiver documents is for the Department of Human Services to seek approval from the federal Centers for Medicare and Medicaid Services to allow Pennsylvania to draw down federal matching funds, to cover the costs of providing home and community-based services for people with an intellectual disability and/or autism, in lieu of providing services in an intermediate care facility. The current waivers expire June 30, 2017.

ODP is publishing its waiver renewals in two parts. In this release, ODP is asking for comments on Appendices A through H (in January, ODP is expected to release Appendices I and J for public comment). The following is a very brief summary of the proposed changes to Appendices A through H:

- Expand eligibility:
 - People with a diagnosis of autism who do not have an intellectual disability.
 - Children under eight years of age who have a developmental disability with a high probability of resulting in an intellectual disability or autism.
 - Children under three years of age with an intellectual disability.
- Add new services and revise existing services.
- Enhance participant-centered services, participant rights, and safeguards.
- Revise quality improvement.

Comments should be sent to [Julie Mochon](#), Department of Human Services, Office of Developmental Programs, 625 Forster Street, Room 501, Harrisburg, PA 17120. Questions or comments may also be submitted to ODP [via email](#). In addition to accepting written comments, stakeholders can [register](#) for the following three ODP webinars to receive comments:

- Thursday, January 12 from 1:00 pm – 4:00 pm
- Friday, January 13 from 9:00 am – 12:00 pm
- Tuesday, January 17 from 1:00 pm – 4:00 pm

RCPA has established a work group of its Intellectual and Developmental Disabilities Committee to review the proposed waiver language and develop consensus comments that will be submitted on behalf of RCPA. Every provider is encouraged to submit its own comments directly to ODP. Questions for RCPA should be directed to [Steve Surovic](#).

Facility Services Threatened

In two recently unveiled proposals that have the potential to permanently reshape the service system for Pennsylvanians with intellectual and/or developmental disabilities, the Office of Developmental Programs (ODP) is taking aim at home and community-based services provided in licensed adult training facilities and vocational facilities. In the proposed 6100 program regulations, provisions exist that would limit the size of new programs to 15 and force existing programs to eliminate capacity until a 100-person cap is met. In addition, ODP's recently unveiled proposal ([Appendix C: Participant Services – Service Definitions](#)) to renew the Person/Family Directed Supports Waiver and the Consolidated Waiver eliminate service definitions for Day Habilitation and Prevocational Services, and instead build those services into a new "Community Participation Support" service definition.

While the concept of including prevocational and day habilitation services in a new service definition so that individuals, families, and providers have greater flexibility to support a person based on their individualized needs and circumstances is positive, it is extremely troubling that ODP is also proposing to place arbitrary restrictions on the amount of time any individual may spend in a facility holding a 2380 or 2390 license. As proposed, by January 1, 2019, no individual will be able to receive prevocational or day habilitation (community participation support) in a 2380 or 2390 for more than 25 percent of their time during a week. ODP has indicated it is willing to offer waivers to this requirement on a case-by-case basis, but nothing has been shared by ODP as to what will guide their approval or disapproval decisions.

Opponents view the percentages and timelines as arbitrary, unnecessary, and antithetical to the individualized nature of service planning in the ODP system. Given the large number of individuals some providers serve, it is feared that the tracking and monitoring of these percentage restrictions will become an administrative nightmare.

When it comes to the 6100 regulations, they must go through the Independent Regulatory Review Commission as well as the House and Senate Committees with oversight responsibilities for the Department of Human Services (DHS). Therefore, the possibility still exists to improve the regulations before they are finalized. However, no such process exists for the waivers. Before they are submitted to the federal Centers for Medicare and Medicaid Services for approval, decisions about waiver service definitions rest solely with DHS. RCPA is working with members of its Intellectual and Developmental Disabilities Committee, as well as Jack Phillips, RCPA's Director of Government Affairs, to develop and coordinate a thoughtful response to ODP's proposals. Comments on the waiver proposals are being accepted through January 17, 2017. They can be sent to [Julie Mochon](#), DHS-ODP, 625 Forster Street, Room 501, Harrisburg, PA 17120. Questions or comments may also be submitted to ODP [via email](#).

Mandatory Training for Supports Coordinators Announced

The Office of Developmental Programs (ODP) announced two mandatory 2016 trainings for supports coordinators (SCs) and supports coordinator supervisors.

The first is entitled, *Introduction to LifeCourse Framework*. As part of Pennsylvania's membership in the National Community of Practice Supporting Families throughout the Lifespan, the LifeCourse Framework provides a general understanding of the foundational principles and tools that make up the basis of the Community of Practice. The goal of this Community of Practice is to support families in ways that maximize their capacity, strengths, and unique abilities to promote everyday lives for their family members. Additional information from ODP can be found [here](#).

The second training is entitled, *What SCs Need to Know About the Upcoming P/FDS and Consolidated 2017 Waiver Renewals*. The waiver renewals, which are scheduled to be effective Saturday, July 1, 2017, will bring about changes that are critical to the ODP support structure as it continues to implement the Centers for Medicare and Medicaid Services' Home and Community-based Services Rule and incorporate other planned initiatives. Supports coordinators play a vital role in the dissemination and communication of all information, planning, and proposed changes being implemented. Additional information from ODP can be found [here](#).

ODP Issues Flu Alert

Dr. Gregory Cherpes, MD, Medical Director for the Office of Developmental Programs (ODP), issued a reminder to get immunized against



the flu. The [Health Alert](#) provides guidance on who should get the immunization, when, and why. As the alert points out, the federal Centers for Disease Control and Prevention recommends that those aged 6 months and older get a flu shot each year. It is especially important that some people who are at risk for complications get immunized, including:

- People who have certain medical conditions including asthma, diabetes, chronic lung disease, heart disease, blood disorders, endocrine disorders, kidney disorders,

metabolic disorders, liver disorders, and morbid obesity;

- Pregnant women;
- People 65 years and older;
- People who have a weakened immune system; and
- People who live with or care for others who are at high risk of developing serious complications.

It is not too late to get a flu shot. Additional information about the flu from the Pennsylvania Department of Health can be found [here](#).

■ CHILDREN'S CORNER

Department Leaders Call for More Funding for Early Childhood Education

Ted Dallas, Secretary of the Department of Human Services (DHS) and John Wetzel, Secretary of the Department of Corrections (DOC) have a united vision on how to help children and save money in the future. A partnership between the departments of corrections, human services, and education highlighted the importance of access to quality education programs for preschool children whose parents are incarcerated. The initiative was launched earlier this year and calls for funding to invest in early childhood education. According to an article published in *The Times Tribune* last month, high quality early education decreases the likelihood that children become incarcerated adults. Studies also show that an investment in early education means

that children are less likely to drop out of school.

Governor Tom Wolfe has secured \$60 million of additional funding for this initiative. The state leaders are committed to making a difference for children instead of continuing to pay for adults in Pennsylvania's prison system. The average cost per inmate, per year is about \$42,000. The RCPA Children's Division plans to provide updates to members and collaborate with the Criminal Justice Committee to discuss future efforts to support DHS and the DOC with quality, cost-saving strategies that improve outcomes for children, youth, and families. For more information, please contact [Robena Spangler](#), Children's Division Director.

2017 Pennsylvania Youth Suicide Prevention Initiative PSA Contest

The Pennsylvania Youth Suicide Prevention Initiative (PAYSPI) Fifth Annual PSA Contest for Suicide Prevention is under way – submissions are due in on **Friday, January 6, 2017**. With the holidays around the corner, it's a great time of year for students to think about creating a message of hope for their fellow peers and community, either as a poster, audio clip, or video clip. Please visit the [PAYSPI website](#) for more information.



Director of Child and Adolescent Partial Hospitalization Continuum of Services

Chestnut Ridge Counseling Services, Inc., a comprehensive and premier behavioral health agency has an exciting and rewarding career opportunity for an experienced, innovative leader for our New Directions Child Partial Hospitalization and Private Academic School Program. The Director will oversee all Clinical, Academic, and Administrative operations while continuing to evolve services in response to the current market and extend New Directions as the anchor for new and expanded child services with Chestnut Ridge Counseling Services, Inc.

New Directions specializes in evidence-based partial hospitalization and intensive treatment plans. We have a highly skilled, personable, passionate staff to include a Board Certified Child and Adolescent Psychiatrist, Strong Leadership Team, Mental Health Professionals, Qualified Teachers, Therapeutic Assistants, and additional support staff. This position would oversee a census of 70–80 clients and a staff of approximately 35 employees.

Our team of experts works closely with families, schools, other CRCSI programs, and involved agencies to help children and adolescents function with minimal disruptions to their life. Our New Directions program operates Monday through Friday year round and provides an opportunity to obtain a full academic curriculum K–12, while receiving intensive mental health services.

Qualified candidates will be well versed in behavioral health services for Child and Adolescent Partial Hospitalization specialty. Work history should demonstrate successful leadership skills, child treatment/service experience, and program implementation. Master's Degree in Mental Health Field, License preferred. Five plus years of management experience.

CRCSI offers a competitive wage and excellent benefits to include medical, vision, company paid dental, life insurance, and long term disability. CRCSI also offers an excellent 401k contribution match and time off package. Interested candidates should send their resumes and cover letter to hr@crcsi.org.

CALENDAR

Events subject to change; members will be notified of any developments

JANUARY 2017

Tuesday, January 10	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee <i>Conference Call</i>
Wednesday, January 11	10:00 am – 2:00 pm	Brain Injury Committee <i>Penn Grant Centre</i>
Thursday, January 12	9:30 am – 1:30 pm	BHECON/RCPA Forum <i>Best Western Premier 800 East Park Drive Harrisburg, PA 17111</i>
Tuesday, January 17	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee <i>Conference Call</i>
Thursday, January 19	9:00 am – 10:00 am	Government Affairs Committee <i>Conference Call</i>
Wednesday, January 25	10:00 am – 3:00 pm	Children’s Steering Committee <i>RCPA Conference Room</i>

FEBRUARY 2017

Tuesday, February 7	1:00 pm – 4:00 pm	Drug & Alcohol Committee <i>Penn Grant Centre</i>
Wednesday, February 8	9:30 am – 12:00 pm 1:00 pm – 4:00 pm 1:00 pm – 4:00 pm	Mental Health Committee Criminal Justice Committee Children’s Division <i>Penn Grant Centre</i>
Thursday, February 9	9:30 am – 11:30 am 12:00 pm – 4:00 pm	Supports Coordination Organization Subcommittee Intellectual/Developmental Disabilities Committee & Vocational Rehabilitation Subcommittee <i>Penn Grant Centre</i>
Thursday, February 9	12:00 pm – 1:00 pm EST	IPRC Webinar: Pediatric Feeding in a World of “Medical Necessity”: Outcomes That Matter
Tuesday, February 14	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee <i>Conference Call</i>
Wednesday, February 15	12:00 pm – 3:30 pm	BH-MCO/RCPA Task Force Meeting <i>Penn Grant Centre</i>
Wednesday, February 15	10:00 am – 12:30 pm	Human Resources Committee <i>Penn Grant Centre</i>
Tuesday, February 21	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee <i>Conference Call</i>
Thursday, February 23	10:00 am – 12:30 pm	Physical Disabilities & Aging Division Meeting <i>Penn Grant Centre</i>
Tuesday, February 28	10:00 am – 3:00 pm	BHECON/RCPA Forum <i>Pittsburgh Marriott North 100 Cranberry Woods Drive Cranberry Township, PA 16066</i>