



A MESSAGE FROM THE CEO

The Annual Conference and More



Richard S. Edley, PhD

Next month, October 10–13, will be the RCPA Annual Conference; our second at the Hershey Lodge. We learned a lot from our successful conference last year and appreciated all the feedback we received on everything from possible speakers and topics for this year to the flow of the event and on ways we can improve the overall experience. For these reasons we are very excited about 2017.

First, the speakers. We open the conference on Tuesday with a Keynote Address from Teresa Miller, newly named DHS Secretary. Closing the program on Friday is a Plenary Session from Jean Bennett of SAMHSA and a panel discussion with Pennsylvania's Aging Secretary Teresa Osborne, OLTL Deputy Secretary Jen Burnett, ODP Deputy Secretary Nancy Thaler, OMHSAS Acting Deputy Secretary Ellen DiDomenico, and DDAP Acting Deputy Secretary Jen



2017 RCPA Conference Registration Is Now Open!

This year is shaping up to be another "sweet" success at the Hershey® Lodge. View the [registration brochure](#) or visit the [conference website](#) for more information.

Smith. The moderator for this panel will be Charlie Curie, national consultant, past SAMHSA Administrator, and past OMHSAS Deputy Secretary. In the middle of these events are the many high quality presentations and discussions

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COO/Director, IDD Division

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THE ANNUAL CONFERENCE AND MORE

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that create the conference. For those of you interested in Community HealthChoices, the heads of all three MCOs (AmeriHealth Caritas, PA Health and Wellness, and UPMC Community HealthChoices) will participate in a panel discussion on Thursday.

One new program this year is an embedded executive leadership (“C-level”) track on Wednesday, led by senior consultants from the Penn State Smeal College of Business. Organization leaders are encouraged to attend one or all of these presentations and discussions throughout the day. These same consultants led a recent RCPA Board strategic retreat.

Then, of course, are the many networking opportunities, receptions, and social events. Another change this year is the Association Dinner and Awards Recognition on Thursday evening. Many attendees noted that they would like at least one collective dinner and we chose it as an opportunity to recognize our colleagues and peers. This will be followed by an evening of entertainment, and there are many exhibitor events and other surprises throughout the week.

The conference will also mark the kickoff of a several month project to take the pulse of the membership. Over the next year, we will be holding regional meetings with RCPA members looking at such areas as:

- Why did you join RCPA?
- What do you get most from your membership?
- What would you like to see more of (or less of)?
- Where should the association be in five years?

Much of this comes from the aforementioned recent strategic retreat of the RCPA Board, which closely looked at where the association has been and is headed. We will also be reviewing the results from other initiatives that our divisions have more recently undertaken or considered (e.g., Drug & Alcohol, Children’s).

The goal through all of this is to ensure that RCPA remains vibrant and relevant to all members and divisions as well as across the divisions. This, too, is a primary goal of the Annual Conference.

In sum, it should be a fun and informative conference this year and a great opportunity to interact with colleagues. We look forward to seeing all of you there.

Richard S. Edley, PhD, President/CEO

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



NEW MEMBERS

PROVIDER MEMBER

Goodwill of Southwestern Pennsylvania

118 52 St
Pittsburgh, PA 15201
Ella Hoslinger, Vice President,
Human Services Southwest
Region

BUSINESS MEMBER

PrecisionCare Software

246 Main St, Ste 270
New Paltz, NY 12561
Jacquie Mastropietro, Director
of Sales & Marketing

As the largest state association of its kind, RCPA continues to look for ways to strengthen its voice. One way to facilitate this is by the recruitment of new members. For new provider members, there are financial incentives for the first two years of membership. If you have questions about membership or know of an organization that would benefit from membership with RCPA, please contact [Tieanna Lloyd](#), Accounts Receivable/Membership Services Manager.

In the News

Launching an Organizational Rebrand? Here's Some Crucial Considerations

RCPA member Devereux Advanced Behavioral Health shares some best practices and lessons learned from the process of rebranding their organization in this engaging, informative [article](#) (*Philadelphia Business Journal*, July 21, 2017).

Affiliation Expands Barber Institute's Programs in Warren, Forest Counties

The deal with Bollinger Enterprises will take effect as soon as January 1 ([see full article from GoErie.com](#)). The Barber National Institute will expand its behavioral health services in Warren and Forest counties after announcing it will affiliate with Bollinger Enterprises of Warren.

New Vitae Wellness and Recovery Partners With Local Television Station to Share Recovery Stories

May 23, 2017

New Vitae Wellness and Recovery has partnered with Lehigh Valley Public Broadcasting Station 39 to share personal and familial stories of recovery from depression.

"As a result of our deep Transcranial Magnetic Stimulation, or dTMS service, New Vitae Wellness and Recovery has been able to witness a remarkable transformation for individuals with long-term symptoms of depression," said New Vitae President and CEO Judith Yanacek. "PBS Channel 39's

commitment to educating our community about behavioral health issues offered a fantastic opportunity for dTMS participants to share their stories of strength and resiliency. We are humbled that two individuals wanted to speak about their experiences at New Vitae to facilitate wellness for our larger community."

Two individuals who participated in the cutting-edge therapy for depression were spotlighted in PBS 39's [Close to Home](#) program, aired on May 30. John, Jose, and Jose's wife Heather all met with television crew members at Nockamixon State Park in

order to share their stories of how the treatment impacted their experiences, including level of symptoms, quality of relationships, and level of activity. Each participant tells his story of how symptoms interrupted their goals for the future before making observations about the value of behavioral health treatment.

"New Vitae Wellness and Recovery is proud to be able to offer FDA-approved dTMS for depression treatment," Yanacek stated. "However, what is truly gratifying is being able to see individuals who have experienced depressive symptoms find relief from depression and reconnect with family members, friends, and the activities they enjoy. Although each person's recovery journey is different, New Vitae Wellness and Recovery's mission remains the same: to build communities by promoting hope, health, and wellness."

Individuals interested in learning more about New Vitae Wellness and Recovery's dTMS services are encouraged to contact Tracy Semmel at 844-Yes-dTMS.



Spending Plan Still on Hold

Almost two months after the General Assembly passed and Governor Wolf signed the budget spending plan into law, the Senate and House have yet to enact a spending plan for this fiscal year. In July the Senate passed the tax, fiscal, human service, and administrative code bills. One of the most controversial provisions in the code bills was to impose a Gross Receipts Tax (GRT) on natural gas and raise existing GRTs on electricity and telecommunications, which estimates say would bring a net amount of \$405.8 million to the General Fund this fiscal year.

However, the House opposes a GRT, and many of the proposals the Senate sent to the House within the code bills. As of today, House and Senate leadership continue to negotiate revenue proposals. The House is scheduled to reconvene on Monday, September 11. As soon as any revenue proposals are released, RCPA will notify members. Questions, contact [Jack Phillips](#), RCPA Director of Government Affairs.

Legislative Tracking Report

RCPA is constantly tracking various policy initiatives and legislation that may have positive or negative effects on our members and those we serve — so for your convenience, RCPA has created a [legislative tracking report](#). You can review this tracking report to see the legislative initiatives that the General Assembly may undertake during the 2017/18 Legislative Session by clicking on the policy area at the bottom of the spreadsheet. If you have questions on a specific bill or policy, please contact [Jack Phillips](#).

Federal News

Theme for Disability Employment Month Announced

Every year, October is “National Disability Employment Awareness Month” (NDEAM), and this year the US Department of Labor’s Office of Disability Employment Policy (ODEP) has made “Inclusion Drives Innovation” its theme. The annual NDEAM is an opportunity for businesses, disability advocates, and employment service providers to highlight and celebrate workers with disabilities, their contributions, and their achievements as members of the United States workforce. People with disabilities are a largely untapped labor pool that can meet the labor needs of American businesses.

In 1945, Congress declared the first week of October as “National Employ the Physically Handicapped Week.” In 1962, the word “physically” was dropped to acknowledge individuals with all types of disabilities. In 1988, Congress expanded the week to a month and changed the name to NDEAM. In 2001, ODEP was established and formally began selecting the NDEAM theme. [ODEP offers a range](#)



[of resources](#) to help organizations plan NDEAM observances, including not only the official poster in English and Spanish, but also sample articles, a press release, proclamation, and social media content.

CMS Releases FY 2018 IRF PPS Final Rule



On July 31, 2017, the Centers for Medicare and Medicaid Services (CMS) released the fiscal year (FY) 2018 inpatient rehabilitation facility prospective payment system (IRF PPS) [final rule](#). Some of the key provisions contained in the final rule include:

Updates to IRF Payment Rates

- **Update to the Standard Payment Rates** — CMS finalized an update to the IRF PPS payments to reflect a 1.0 percent increase factor, in accordance with section 1886(j)(3)(C)(iii) of the Social Security Act, as added by section 411(b) of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). An additional approximate 0.1 percent decrease to aggregate payments due to updating the outlier threshold results in an overall estimated update for FY 2018 of approximately 0.9 percent (or \$75 million), relative to payments in FY 2017.
- **Update to CMG Weights, Lengths of Stay and Comorbidities** — CMS updated the Case Mix Group (CMG) weights based on FY 2015 IRF cost report data and the FY 2016 IRF claims data, as well as the average lengths of stay (ALOS) per CMG. The final rule estimates 99.3 percent of all IRF cases are in CMGs and tiers that would experience less than a five percent change in the CMG relative weight under their proposal.
- **Rural Adjustment Transition** — FY 2018 is the third and final year of the phase-out of the 14.9 percent rural adjustment for the 20 IRF providers that were designated as rural in FY 2015 and changed to urban under the new Office of Management and Budget (OMB) delineations in FY 2016. As a result, the rural adjustment for these IRF's will no longer be applied.

ICD-10-CM Presumptive Compliance Coding Changes

CMS made refinements to the ICD-10-CM lists used in determining IRFs' presumptive compliance with the 60 Percent Rule. The complete lists of the adopted code revisions are available for download on the [IRF Data Files](#)

[website](#). CMS notes that the version of these finalized lists will constitute the baseline for any future updates to the presumptive methodology lists. The changes will be effective for discharges on or after October 1, 2017. CMS adopted only those coding changes that will increase the number of cases counting toward presumptive compliance and did not adopt any changes that would remove codes from counting toward the presumptive compliance threshold. CMS also stated that since it is not making any negative changes, it would consider the comments it received on the need for a delayed effective dates should any of these negative changes occur in future rulemakings.

For FY 2018, the following refinements to the ICD-10-CM lists used in determining IRFs' presumptive compliance to ensure that these lists reflect as accurately as possible the types of patients that should count presumptively toward the 60 percent rule were finalized by:

- Counting certain ICD-10-CM diagnosis codes for patients with traumatic brain injury and hip fracture conditions; and
- Revising the presumptive methodology list for major multiple trauma by counting IRF cases that contain two or more of the ICD-10-CM codes from three major multiple trauma lists in the specified combinations.

CMS did not finalize the proposal to remove certain ICD-10-CM codes from the presumptive methodology at this time indicating they would continue to monitor and consider their appropriateness for inclusion on the presumptive methodology lists for future policy development and rulemaking.

Other Policy Changes

CMS proposed several changes for the purposes of eliminating redundancies and simplifying administrative burden for providers and for the agency and finalized the following:

- Remove the 25 percent payment penalty for late submissions of the IRF PAI beginning October 1, 2017;

- Remove the voluntary swallowing assessment item (Item 27) in the IRF PAI beginning October 1, 2017; and
- Use the height/weight items on the IRF PAI (items 25A and 26A) to determine patients' BMI greater than 50% for cases of lower extremity single joint replacement.

IRF Quality Reporting Program (QRP)

Under the IRF QRP, the applicable annual payment update for any IRF that does not submit the required data to CMS is reduced by 2 percentage points. In this final rule, CMS is finalizing the replacement of the current pressure ulcer measure with an updated version of that measure, as well as the removal of the All-Cause Unplanned Readmission Measure for 30 Days Post-Discharge from IRFs (NQF #2502). CMS is also finalizing the public display of six additional quality measures on the IRF Compare website in calendar year 2018.

In addition to the proposals related to quality measures and public reporting, CMS is finalizing that the data IRFs submit on the measure Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678) meet the definition of standardized patient assessment data for the FY 2019 IRF QRP. For the FY 2020 IRF QRP, CMS is finalizing that the data IRFs submit on the measures Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631) and Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury meet the definition of standardized patient assessment data. However, in response to the comments received for the FY 2020 program year, CMS is not finalizing the proposed additional standardized data elements.

Request for Information

CMS also included a Request for Information (RFI) in the proposed rule for continuing feedback on the Medicare Program. Input was requested on potential regulatory, sub-regulatory, policy, practice and procedural changes to make the delivery system less bureaucratic and complex, reduce burden for clinicians and providers, and increase quality of care while decreasing cost. CMS said it would not respond to RFI comment submissions in the final rule, but rather will actively consider all input in developing future regulatory proposals or future sub-regulatory guidance. There was no response provided in the final rule.

Medicare Physician Fee Schedule Proposed Rule Out for Comment

The Centers for Medicare and Medicaid Services (CMS) released the calendar year (CY) 2018 Medicare Physician Fee Schedule (MPFS) [proposed rule](#) in the July 21, 2017 *Federal Register*. This proposed rule updates payment policies, payment rates, and other provisions for services furnished under the MPFS on or after January 1, 2018. In addition to policies affecting the calculation of payment rates, this proposed rule includes potentially misvalued codes, adding procedures to the telehealth list, and a number of new policies. CMS will accept comments on the proposed rule until Monday, September 11, 2017.

“Choose Work” Website for People With Disabilities

The Social Security Administration (SSA) has unveiled a new and improved website for people with disabilities who want to work but are concerned about risking critical publicly-funded supports and benefits. The [Choose Work website](#) is now available as an online, one-stop shop to learn about the SSA's "Ticket to Work" program, which supports career development for Social Security disability beneficiaries age 18 through 64 who want to work. The Ticket to Work program is free and voluntary. The website gives information on how to get the help necessary to find a job, be supported on the job so you can succeed and advance, learn how your earnings will or will not impact government benefits eligibility, and who to contact to take the next step.

Webinar to Focus on New Medicare Cards

The Centers for Medicare and Medicaid Services (CMS) will host a webinar on Tuesday, September 12, 2017, from 2:00 pm – 3:30 pm that will provide an overview about the new Medicare cards. Agenda topics will include why there will be new cards, what to expect during the transition period, etc. To participate, [register here](#).

OLTL Proposed Waiver Amendments Released for Comment

The Department of Human Services (DHS) made available for public review and comment the Office of Long-Term Living's (OLTL) proposed waiver amendments to the [Aging Waiver](#), [Attendant Care Waiver](#), [Independence Waiver](#), and [OBRA Waiver](#). The notices were released and published in the July 29, 2017 [Pennsylvania Bulletin](#). Comments on the proposed waiver amendments submitted within a 30-day period were reviewed and considered; RCPA submitted comments for consideration. In addition, DHS held two webinars on the proposed waiver amendments. Comments were due by August 31, 2017.

PATS PA Cable Network Program Focuses on Concussion Safety Program

The Pennsylvania Athletic Trainers' Society (PATS), through a grant from the Pennsylvania Department of Health, will offer the program "Concussion Management and Care for the Community," focusing on traumatic brain injury education in the Commonwealth of Pennsylvania.

This program gives a detailed look into the importance of proper identification and treatment of concussion, and the role of the licensed athletic trainer as part of the health care team to manage these injuries

appropriately. The Safety in Youth Sports Act directs schools and athletic programs to create a health care team and a concussion policy action plan to aid in the management of concussions. This program will air on the Pennsylvania Cable Network (PCN) during the "Sunday Fusion" programming on the following dates and times:

- **Sunday September 3 @ 4:00 pm**
- **Sunday September 10 @ 4:00 pm**

The program is also available on the PCN [website](#).

Upcoming Webinars Announced by BIAA

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

Medical Rehabilitation

CMS Proposes Cancellation of Cardiac, Orthopedic Bundled Payment Models

The Centers for Medicare and Medicaid Services (CMS) has submitted a [proposed rule](#) ("Cancellation of Advancing Care Coordination through Episode Payment and Cardiac Rehabilitation Incentive Payment Models; Changes to Comprehensive Care for Joint Replacement Payment Model") to the Office of Management and Budget (OMB). The proposed rule is currently pending regulatory review.

Included in the proposed rule is the reduction of the number of mandatory geographic areas participating in the Center for Medicare and Medicaid Innovation's (CMMI's) [Comprehensive Care for Joint Replacement \(CJR\)](#) model from 67 to 34. In addition, CMS proposes to allow CJR participants in the 33 remaining areas to participate on a voluntary basis. In this rule, CMS also proposes to make participation in the CJR model voluntary for all low volume

and rural hospitals in all of the CJR geographic areas.

CMS also is proposing through this rule to cancel the [Episode Payment Models \(EPMs\)](#) and the Cardiac Rehabilitation (CR) incentive payment model, which were scheduled to begin on January 1, 2018.

The proposed rule (CMS-5524-P) will be published in the [Federal Register](#). Public comments will be due by October 16, 2017.



2016 Labor Force Report for Persons With a Disability

The US Bureau of Labor Statistics has issued the report for 2016 on the characteristics of the labor force for persons with a disability. The annual report describes the employment-population ratios and unemployment rates for persons with a disability and persons with no disability. The data are collected through the monthly Current Population Survey (CPS) by the US Census Bureau. Individuals who are surveyed self-report their disability status, whether they are working, and, if not working, whether they were looking for work.

The employment-population ratio is the number of persons who are working compared to the total non-institutionalized population over age 15. For persons with a disability, the ratio was 17.9% compared to 65.3% for persons with no disability. These are both up slightly over the 2015 report. The report describes the rates of employment in various occupations, full and part-time work statistics, and the likelihood of being self-employed.

The unemployment rate reflects whether a survey respondent indicated that he or she was available to work and had actively looked for a job in the previous four weeks. In the 2016 report, the unemployment rate for persons with a disability is 10.5% — almost the same as the 2015 report. The unemployment rate for persons with no disability is 4.6% which declined from the previous year. The report and tables of all the CPS measures are found [online](#). For technical information about the report or survey methodology, contact the Bureau of Labor Statistics at 202-691-6378 or via [email](#).

Quality Is Trending in Aging and Disability Services

Social media trends are part of our everyday lives, but there are trends affecting the services we provide that could be with us for a long time. As more states adopt Managed Long Term Services (MLTSS) for the delivery of services to aging consumers and people with disabilities, the trend is to develop measures to gauge the quality of these services, focusing on outcomes instead of quantity. One such group working on developing quality is the Administration for Community Living, part of the Federal Department of Health and Human Services (US DHHS).

The ACL is hosting a Home and Community-Based Services informational webinar series on quality measure development, including discussions on the importance of quality measurement, how measures are developed, and the progress made through measure development. Three webinars have been held:

1. ACL's interest in HCBS Quality
2. HCBS Quality Framework Development
3. HCBS Quality Measures Development

You can access information about this series and archives of prior webinars [here](#).



Physical Disabilities and Aging Division Meeting

Registration Ends 09/19/2017

Thursday
September 21, 2017

1:00 pm – 3:30 pm
Penn Grant Centre (RCPA)

Special Focus

In addition to recent updates and developments in CHC, the highlighted topic is “Coordination of Care,” specifically the coordination of dual eligibles, Medicaid/Medicare. This is from a clinical and quality perspective, authorizations, billing, etc.

Presenters (confirmed)

UPMC Community HealthChoices
Kevin Hancock from OLTL

- Update on CHC Implementation
- Readiness Review Activities
- Timelines
- [Upcoming RCPA Events](#)

RCPA Outpatient Work Group

RCPA convened a work group of members to address the outpatient crisis in Pennsylvania. This group met several times over the last few months culminating in a position paper being sent to the Department of Human Services (DHS), the Office of Mental Health and Substance Abuse Services (OMHSAS), the Department of Drug and Alcohol Programs (DDAP), and the Office of Medical Assistance Programs (OMAP).

This position paper is just the first step in addressing the issues with the outpatient service system in Pennsylvania. RCPA has asked that a group be formed, to include RCPA members, to review and create a roadmap on addressing the concerns. RCPA is seeking support from both local and federal partners as well as exploring successful models from around the country.

Proposed Outpatient Regulations Open for Comment

The Department of Human Services (DHS) has published proposed amendments to 55 PA Code Chapters 1153 and 5200 related to outpatient behavioral health services and psychiatric outpatient clinics.

RCPA member and other stakeholders submitted requested changes to these regulations to OMHSAS in 2014, which appear to have been made in this published document. RCPA has convened a task force to review the published amendments and submit comments as requested.

Comments are due to the Office of Mental Health and Substance Abuse Services (OMHSAS) by [email](#) during the 30-day comment period which closes on Monday, September 11, 2017.

CCBHC Corner

Pennsylvania CCBHCs have completed their first two months of the two-year pilot. With seven active program sites, successes have been experienced. Enrollment and authorization into the CCBHC model is going smoothly, enhanced screening is resulting in improved care planning, and positive relationships are being experienced between the CCBHC and Designated Care Organizations (DCO) — especially around care transitions. Additionally, CCBHC consumers are responding favorably to both evidence-based programming and the increased use of peer and recovery supports. There have been some exciting CCBHC consumer successes to be celebrated as well. Challenges remain around conflicting regulatory requirements and with billing success as required by the demonstration grant, resulting in significant payment concerns.

Drug & Alcohol



Lawmaker Wants Better Response to Drug-Exposed Babies

See [full article](#) from the *Meadville Tribune*

Pitt Research Points to Treatment Gap After Opioid Overdoses

See [full article](#) from the *Pittsburgh Post-Gazette*

What Do PA Medicaid Patients Get After Overdosing on Opioids? Prescriptions for More Opioids

See [full article](#) from *PennLive*

ODP Publishes Rates and Advance Notice of Rulemaking

In the [August 19, 2017 Issue of the *Pennsylvania Bulletin*](#), the Office of Developmental Programs (ODP) published proposed rates and rate methodology for Fiscal Year 2017/18 and an “advance notice of rulemaking” regarding the fee schedule rate section of the proposed 6100 regulations. The *Pennsylvania Bulletin* notice included three distinct sections:

1. Notice of Advanced Rulemaking

In this notice, ODP seeks additional input regarding just the section of the proposed 6100 regulations that deal with fee schedule rates. The regulations are supposed to ensure that the rates are: “consistent with efficiency, economy and quality of care,” and “sufficient to enlist enough providers so that care and services are available to individuals with an intellectual disability or autism who receive home and community-based services (HCBS).”

2. Proposed Fee Schedule Rates and Department-Established Fees

This notice officially publishes “proposed rates” for state fiscal year 2017/18 (ODP is currently using “draft” rates published on its website). This notice covers Targeted Service Management and select services funded through the Consolidated and Person/Family-Directed Support (P/FDS) Waivers and Department-established fees for residential ineligible services effective July 1, 2017, as well as new services the Department will be placing on the Medical Assistance (MA) program fee schedule beginning January 1, 2018, and services that will no longer be available effective January 1, 2018. The proposed Fee Schedule Rates in this notice also serve as the Department-established fees for base-funded services managed through county programs for individuals with an intellectual disability under the Mental Health and Intellectual Disability Act of 1966.

3. Proposed Payment Methodology for Residential Habilitation, Life Sharing, and Transportation

This notice announces the proposed cost-based payment methodology ODP will use to develop rates, effective July 1, 2017, for residential habilitation eligible, life sharing eligible, and transportation trip services funded through the Consolidated and Person/Family-Directed Support (P/FDS) Waivers and for the same service that is provided with base funding in a waiver-funded service location.

All three notices include information on where to send comments either by US mail or email. RCPA will be submitting comments. All comments are due to ODP by **Monday, September 18, 2017**.



DSP Recognition Week September 10–16

The 2017 National Direct Support Professional (DSP) Recognition Week is September 10 through 16. This is a great opportunity for organizations and communities to honor the direct support workforce and the tremendous difference they make each day in the lives of millions of Americans with disabilities. Ideas to help celebrate DSP Recognition Week can be found [here](#).

ACCSES Submits Comments to USDOJ

Pursuant to federal [Executive Order 13777](#), the US Department of Justice’s Regulatory Reform Task Force published a request on June 28, 2017, soliciting public suggestions on subjects “meriting the task force’s attention.” Comments were due August 14, 2017. In response, [ACCSES](#), a national provider association, submitted comments that focused on the integration mandate provided for in the Americans with Disabilities Act (ADA) and as interpreted by the US Supreme Court in its 1999 *Olmstead* decision. According to ACCSES, its letter included a request for USDOJ to eliminate its October 31, 2016 *Statement on the Integration Mandate in the ADA and Olmstead*, and to review and expand its position on integrated settings described in its 2011 *Statement on the Integration Mandate*. A full copy of ACCSES’ public comment may be found [here](#).

New “Community Living” Waiver Unveiled by ODP

In the August 26, 2017 issue of the *Pennsylvania Bulletin*, the Office of Developmental Programs (ODP) unveiled its new “Community Living Waiver” and the [proposed rates](#) for that waiver’s services. This new waiver was proposed in Governor Wolf’s Fiscal Year 2017/18 budget and adopted by the General Assembly. The Community Living waiver will essentially include the same services as the Person/Family-Directed Services (P/FDS) Waiver (with a few exceptions) but there is a higher cap of \$70,000 compared to the P/FDS cap of \$33,000. ODP’s budget has funding to serve \$1,000 people in the new waiver, and the waiver’s expected start date is January 1, 2018. The federal Centers for Medicare and Medicaid Services must approve the waiver before ODP can implement it, which means public comments must be sought and considered by ODP. To that end, stakeholders can [register for one of two ODP webinars](#) to learn about the waiver and ask questions. Comments must reach ODP by Monday, September 25, 2017.

Waiver Eligibility Expands to Autism-Only & Children Under Age 9 With DD

Prior to July 1, 2017, eligibility for the Office of Developmental Programs’ (ODP) Consolidated and Person/Family-Directed Service Waivers was restricted to individuals three years of age or older, with a diagnosis of intellectual disability, who met the level of care criteria for an intermediate care facility for individuals with an intellectual disability (ICF/ID). Beginning July 1, 2017, eligibility was expanded to include individuals of any age with an intellectual disability or autism spectrum disorder, and children ages eight and under with a developmental disability diagnosis. To be eligible for the waivers, individuals with these diagnoses must meet the level of care requirements for either an ICF/ID or an intermediate care facility for persons with other related conditions (ICF/ORC). A proposed bulletin was circulated by ODP for public comment, which has not yet been issued as final. Additional information can be found in [ODP Announcement 073-17](#).

Self-Advocate Group Celebrates 10-Year Anniversary

[Self-Advocates United as 1 \(SAU1\)](#) was started in 2007 by small group of people who wanted to make sure self-advocates had a way to learn about their right to speak up. In addition to having representation on a number of state advisory committees and commissions to represent the perspective of people with intellectual and/or developmental disabilities (IDD), SAU1 provides self-advocacy training and peer mentoring support to people with IDD in state centers and other similar situations. On September 26, 2017, SAU1 will hold a luncheon from 1:30 pm – 3:30 pm to celebrate its 10-year anniversary. It will be held at the [National Civil War Museum in Harrisburg](#) (for those of you who have not been to the museum, it is a very nice venue with a spectacular view of Harrisburg and the surrounding area). There is a small cost to attend; you can [register here](#) and pay online for the event. There are scholarships available for self-advocates who want to attend. To access the scholarship, SAU1 has given the following instructions: “Call the SAU1 toll-free at 1-877-304-7730 and say your name and phone number – say it two times, very slowly. An SAU1 staff person will call back to say whether a scholarship is available.” You can also [email](#) questions to SAU1.

PA Lifesharing Conference – Registration Open

The Pennsylvania Lifesharing Coalition presents the 5th annual 2017 Lifesharing Conference. This year’s conference will be held at the [Kalahari Resorts & Conventions in Pocono Manor](#), Pennsylvania, October 16–17. Additional information about the conference can be found in the [2017 Life-Sharing Conference brochure](#). [Online registration](#) closes Friday, September 22, 2017. The conference is supported by the Department of Human Services, Office of Developmental Programs.

"We Are Better Together"

SAVE
THE
DATE!

The 20th Children's Interagency Conference will be held in State College, PA at the Penn Stater Conference Center Hotel, April 30–May 3, 2018. The conference will bring together PA's Child and Adolescent Service System Program (CASSP) and System of Care (SOC) partners for an event that targets participation from youth, young adults, and families receiving behavioral health services, service providers and their staff, advocates, county leadership, BH-MCOs, children and youth leadership and staff, professionals from developmental disabilities, drug and alcohol, early intervention, education, health, juvenile justice, and vocational rehabilitation. The conference will focus on prevention, resilience, and advocacy; preschool intervention; clinical skill development; administrative leadership and policy; program development; and workshops for high schoolers.

Please be on the lookout for call for presentations, vendor, and sponsorship opportunities. Let's do our best to make this conference a success! For more information, inquire via [email](#) or feel free to visit the SOC [website](#).

RCPA Children's Division Work Groups

Currently, there are four work groups underway: School-Based Behavioral Health, Children in Congregate Care (Pediatric), Psychiatric Residential Treatment Facilities (PRTF), and Behavioral Health Rehabilitation/Intensive Behavioral Health Services (BHRS/IBHS). The mission for each group is to create forums for open dialogue about policies, regulations, processes, and procedures that impact service quality, delivery of service, and outcomes for programs and the children they serve. The work groups "champion" recommendations and solution-focused action plans with the goal of systemic change. Each work group's agenda will include discussion on data reporting, quality measures, outcomes-driven data, relevance of data collection, and meaningful use of data as standard agenda items. Inclusion of these items was requested by providers who have committed resources/representatives to the work groups. The work group meetings are held both in person at RCPA and via conference call/webinar. Whenever possible, in person meetings are preferred. If you are interested in participation in one or more of the work groups, please contact [Robena Spangler](#) directly.



The Skills Group organization is seeking a Chief Financial Officer based in State College, PA. The successful candidate will be responsible for developing, directing, and implementing accounting and financial policies and procedures to ensure sound financial management and control within the organization; conduct analysis of financial reports and records and provide appropriate recommendations to maintain financial viability; develop and direct programs of internal control; direct the development and monitoring of productivity and cost improvement indicators; monitor compliance with generally accepted accounting principles and collaborate with auditors; and oversee the financial management of assigned department, to include areas such as budgets, productivity management, financial data analysis, safeguarding resources, and strategic planning.

Master's degree from an accredited college or university in finance, accounting, business administration, or related field OR a Bachelor's degree with ten (10) years direct middle and/or financial officer level within the human services, health care, or related industries and/or public accounting firm. Knowledge of related governmental regulations applicable to human services. Valid Pa driver license required. EOE Send resume [via email](#) or [apply online](#).



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

September

Thursday, September 7	10:00 am – 12:30 pm	Medical Rehabilitation Committee <i>RCPA Conference Room</i>
Tuesday, September 12	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee <i>Conference Call</i>
Tuesday, September 12	12:30 pm – 3:30 pm	Drug & Alcohol Committee <i>Penn Grant Centre</i>
Wednesday, September 13	9:00 am – 12:00 pm 1:00 pm – 4:00 pm	Joint Meeting – Mental Health & Children’s Division <i>Webcast Only</i> Criminal Justice Committee <i>RCPA Conference Room</i>
Thursday, September 14	9:15 am – 11:15 am 12:15 pm – 4:00 pm	Supports Coordination Organization Subcommittee Intellectual/Developmental Disabilities Committee <i>Penn Grant Centre</i>
Tuesday, September 19	11:00 am – 3:00 pm	BH-MCO/RCPA Task Force Meeting <i>Penn Grant Centre</i>
Tuesday, September 19	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee <i>Conference Call</i>
Wednesday, September 20	10:00 am – 2:00 pm	Brain Injury Committee <i>Penn Grant Centre</i>
Thursday, September 21	1:00 pm – 3:30 pm	Physical Disabilities and Aging Division <i>Penn Grant Centre</i>

October

Tuesday, October 3	3:00 pm – 4:00 pm EDT	IPRC Webinar Episodic Care
Tuesday, October 10	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee <i>Conference Call</i>
Tuesday – Friday, October 10 –13		2017 RCPA Conference <i>Hershey Lodge</i>
Tuesday, October 17	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee <i>Conference Call</i>