RCPA Is Official

By Richard S. Edley, PhD

It’s official! On April 24 the members of PCPA and PARF voted to merge the two organizations. While the legal activities are now largely complete, the new organization — the Rehabilitation and Community Providers Association (RCPA) — will officially be in place July 1.

So what happens now?

What many of us have been waiting for; getting on with the true operational merger of the two associations. In my many discussions with staff, members, and PARF/PCPA leaders over the last several months, a few themes have emerged.

1. With the Joint Operating Committee (JOC), determine the most representative composition of the initial Board of Directors.

2. Review the division and committee structure of RCPA to ensure that all members are well represented and that there is no duplication of effort.

3. Look at new ways to provide value for members and be a national leader in how an association supports its membership.

4. Create a truly new association. That is, review past practices and determine what members believe is critical to keep and determine if there are any gaps. Are there new ways of operating we should consider?

5. Ensure continued strong advocacy, lobbying, education, and the dissemination of timely and key information.

On April 25 I began focusing on operational transformation with the support and help of George Kimes, Gene Bianco, PCPA and PARF staff, leadership of the organizations, the JOC, and each of you. It is an exciting time, and a rare opportunity to create a new and vibrant provider association.

When I was hired on November 1, 2012 we set out an aggressive timeframe to have this voted on by April 24 and effective July 1. We are here and should congratulate ourselves! I ask that each of you feel free to contact me with ideas to strengthen this new organization, RCPA. And I thank you for all your support during this process.

Richard S. Edley, PhD
Executive Vice President
Ramsey Receives Medallion Award from Pitt

Dr. Ken Ramsey, president and CEO, PCPA member Gateway Rehabilitation Center, has received the University of Pittsburgh’s 225th Anniversary Medallion Award. The medallions are awarded to alumni whose achievements have brought honor to the university and whose efforts have contributed to its progress. Dr. Ramsey, who will retire from Gateway July 1, was recognized for 35 years of leadership, including increasing the service capacity of Gateway, and for educating the public about the problems of substance use disorders. PCPA congratulates Dr. Ramsey for his well-deserved award.

Kimes Receives National Council Leadership Award

PCPA Executive Director George Kimes received the 2013 Award of Excellence for Visionary Leadership from the National Council for Behavioral Health. The National Council awards honor the innovative and inspirational efforts of individuals and organizations – staff, board leaders, volunteers, consumers, families, and community partners – who are changing the lives of children, adults, and families living with mental illnesses and addiction disorders.

Mr. Kimes has devoted his career of more than 40 years to helping build and improve the behavioral health system.

He served on the PCPA Board of Directors when he was CEO of Adams-Hanover Counseling Services. In 2000, Kimes came to PCPA as executive director, bringing his visionary leadership, business savvy, and political acumen to the state level.

Mr. Kimes was recognized at a special ceremony on April 9 during the 2013 National Council conference. PCPA congratulates him for his award and thanks him for his years of leadership as both a provider and executive director.
On April 9 I was honored to receive the Visionary Leadership award from the National Council for Behavioral Health at its Awards of Excellence dinner. Since the award was truly the results of the work of many others, I would like to share my brief comments made at the dinner.

“I want to start with special thanks to the National Council for this award. Thanks to the judges that bestowed this award and thanks to those of you at our table who worked so hard on this nomination. I am both honored and humbled with this award. More than that, I am proud to accept this award from the National Council – an organization that, under the leadership of Linda Rosenberg, has truly become an outstanding advocate representing the interests of community providers. The National Council is an organization that I am proud to be a part of.

“Any award like this is truly the result of the work of many others. I have been proud to have had a wonderful group of staff members work with me over the years, so I extend a special thanks to the many excellent and creative staff I have worked with at Wyandotte Mental Health Center, Adams-Hanover Counseling Services, and, currently, at the Pennsylvania Community Providers Association. I owe much of the credit for this award to those who worked with me.

“Over the 30+ years I have been involved with PCPA I have had the privilege of working with an outstanding group of peers and colleagues, as well many outstanding individuals who have served as board members and have contributed creative, entrepreneurial, and highly professional leadership. Thank you.

“Finally, my most sincere thanks go to my family, especially my wife Alane, for their unending support of my career. I could not have done it without them.

“As I approach the end of my career, I can’t help but reflect on two things that happened almost 50 years ago. 1963 was my first summer as a counselor at a YMCA camp. The camp administrator, who knew me well, immediately identified me as a person to whom he could assign the ‘PCs’ or problem campers. I loved working with those ‘problem’ kids and that led to my career in this field.

“The year 1963 also marked an important event that we will be celebrating this year. On February 5, 1963, President John F. Kennedy in a special message to Congress on mental illness and mental retardation called for a ‘bold new approach.’

“He said, ‘We must promote – to the best of our ability and by all possible and appropriate means – the mental and physical health of all our citizens. We as a Nation have long neglected the mentally ill and the mentally retarded. This neglect must end, if our nation is to live up to its own standards of compassion and dignity.’

“His words have inspired me throughout my career and they ring true today. Thank you again for this award.”

George J. Kimes, Executive Director
george@paproviders.org

This column represents my opinion, not necessarily that of the association.
**Parfitt Named CEO of COMHAR**

COMHAR, Inc. is pleased to announce that William P. Parfitt has been appointed CEO effective May 1. His selection comes after an extensive search. Mr. Parfitt’s background includes leadership in the non-profit and private sectors. His non-profit expertise was especially critical and successful as the president and CEO and CFO at Wordsworth that provided special education, behavioral health, and child welfare services. Parfitt has also served as board member and treasurer of the Community Behavioral HealthCare Network of Pennsylvania and board member and Southeast Region Representative of PCPA. He is a certified public accountant.

“We are very pleased to be able to hire someone with Bill’s background and experience as the new CEO of COMHAR,” said Elaine Babcock, president, COMHAR Board of Directors. “We think he will help us to continue to grow the organization and will bring vision and business acumen to further COMHAR’s mission.” PCPA congratulates Mr. Parfitt on his selection.

**Bankard to Serve as National Mental Health First Aid Trainer**

Director of Training and Development Jen Bankard has been asked by the National Council for Behavioral Health to serve as a national trainer for Mental Health First Aid (MHFA). Bryan Gibb, director of public education for the National Council said “We are thrilled that Jen is able to join our MHFA National Trainer Corps. We currently have 2,600 Mental Health First Aid Instructors who teach the course in all 50 states, but only 10 National Trainers who certify those instructors. When we decided to expand that number to 16, Jen was an obvious choice for us. Over the years we have been not only been impressed with her teaching skills, but also her frequent feedback on how to improve the curriculum and help local programs operate more efficiently.”

Ms. Bankard has been a certified MHFA instructor since 2009 and was part of a select group of instructors to pilot the Youth MHFA curriculum in 2012.

**PCPA Launches Medicaid Expansion Campaign**

On March 20 the PCPA Board of Directors voted to support the expansion of Medicaid in Pennsylvania. Despite the many benefits to the citizens of the commonwealth, the governor remains undecided about the expansion. PCPA developed a social media campaign to promote Medicaid expansion with elected officials and voters. The campaign was launched in early April and will culminate with PCPA/PARF Capitol Day on June 5. PCPA shares information regarding the expansion on the association’s Facebook page and through its Twitter account. Members are encouraged to re-share the information on their organization’s social media sites and personal social media sites.

Members are also encouraged to contact legislators regarding the expansion. A number of resources, including a legislator contact sheet, sample Facebook posts/tweets, and social media graphics have been developed and can be accessed at www.paproviders.org/Pages/MA_Archive/SM_ME_Info_040113.shtml or by following PCPA on Facebook (www.facebook.com/paproviders) or Twitter (www.twitter.com/paproviders). Questions may be directed to Jen Bankard (jen@paproviders.org).
Exhibit, Advertise, and Sponsor!

The PARF/PCPA joint conference – *A New CommonWealth* – is focused on the uniting of the two associations and the stated goals of increasing presence, leverage, power, and value. Energized by activities taking place, the theme highlights the wealth of knowledge, influence, advocacy, and passion to serve people across Pennsylvania created by this collaboration. The conference is October 8 – 11 at Seven Springs Mountain Resort. The Conference Committee has released exhibit, advertising, and sponsor information. Complete information is available from www.paproviders.org.

Exhibit activities take place October 9 – 10. Events within Exhibit Hall include welcome refreshments, coffee breaks, lunch, a snack break, and prize giveaways. Exhibit hours occur during the two busiest days of the conference, increasing the likelihood that exhibitors – an integral component to conference success – have the opportunity to interact with attendees. A “Best of Show” competition provides even more prospects to engage guests. Winners receive a discount on 2014 exhibit rates. **PARF/PCPA includes two conference registrations with the exhibit fee and encourages companies to use those registrations to participate fully in events. The schedule is designed to promote attendance at two of the most-anticipated yearly evening events – the Networking Reception and Barbecue.**

PARF/PCPA is privileged to have the support of the finest companies and organizations in the field for its conference. Through the use of sponsorship circles, the associations are able to honor all supporting organizations. Within each sponsorship circle specific events and items such as meals, receptions, speaker support, conference tote bags, attendee materials, etc. are also available, providing additional “naming recognition” for sponsors.

The deadline for inclusion in printed materials is **June 14**. Questions may be directed to Kris Ericson, technical and conference services coordinator (kris@paproviders.org). Space and opportunities are reserved on a first come, first served basis and no reservation is considered complete without payment.

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**NEW MEMBER**

**PROVIDER MEMBER**

Mazzitti and Sullivan Counseling Services, Inc.

Andrew Sullivan, President

Harrisburg

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**CONFERENCES/TRAININGS**


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Sometimes our light goes out but is blown into flame by another human being. Each of us owes deepest thanks to those who have rekindled this light.

— Albert Schweitzer
LEGISLATIVE AFFAIRS

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

SAVE THE DATE!

PCPA/PARF Capitol Day June 5, 2013

PCPA and PARF will co-sponsor Capitol Day on June 5 and fight for a budget that is realistic and offers the support required by Pennsylvanians receiving behavioral health, disability, and autism services. To avoid the devastation of Pennsylvania’s community services, it is crucially important that members take action! PCPA urges members, consumers, families, and friends to join us to let elected officials know these services are essential and need to be supported. Capitol Day offers members a chance to touch base with elected officials and to rally on the steps of the Capitol. Registration materials will be sent in early May. For more information contact Anne Leisure, director of legislative affairs.

Legislative Advocacy for Medicaid Expansion Continues

PCPA continues to work in coalition to share with legislators and the administration the significant benefits that Medicaid expansion offers to Pennsylvanians with behavioral health needs. Medicaid expansion was a lead topic in meetings with key staffers for the House and Senate Appropriations Committees. Advocacy efforts have been supported by the release of two recent reports by Rand Health, commissioned by the Hospital and Healthcare Association of Pennsylvania (www.haponline.org/downloads/HAP_Executive_Summary_of_RAND_Health_Research_Report_April2013.pdf) and by the Pennsylvania Economy League, commissioned by the PA Health Funders Collaborative (http://economyleague.org/node/1703?f=publications/reports). Both reports show that expanding Medicaid in Pennsylvania would increase economic activity in the state and result in fiscal savings, despite some cost to the state over time.

Governor Corbett has indicated that he does not want to implement expansion without meaningful reform of the Medicaid program. Until he knows whether this is possible he continues to have concerns and until he receives more information from the federal government no further decisions will be made. PCPA will keep members informed.

Health Committee Block Grant Expansion Bill Held Over

Thank you to members who contacted legislators in the House Health Committee to ask them not to support House Bill 461 that proposed to expand the block grant pilot counties to 30. Thanks to that advocacy the human services community has been granted a reprieve as HB 461 was not debated, but held over indefinitely. Even if HB 461 is not taken up by the House Health Committee, it is likely that the Human Services Block Grant expansion will be included in budget negotiations, so members should continue to contact legislators to ask them not to support the expansion of the Human Services Block Grant. Regardless of their position on the concept of block grants, it is critical that the implementation of the Human Services Block Grant in the first 20 counties be rigorously evaluated to determine whether the goals of flexibility and more integrated services have been met.

Ask legislators instead to support House Bill 806, Rep. DiGirolamo’s bill that proposes elimination of the Human Services Block Grant and allows counties the flexibility to reinvest leftover year-end funds back into those same services. HB 806 recognizes the importance of addressing the counties need for flexibility in the use of unexpended human services money and would implement a simplified and less costly method to re-allocate these funds. Further questions may be addressed to Anne Leisure (anne@paproviders.org).
2013/14 State Budget Position Finalized
PCPA’s 2013/14 state budget position is now available on the web site. The association extends special thanks to the Legislative Affairs Committee for its hard work and recommendations for the development of the budget position.

Budget Position Highlights
- Support Medicaid expansion to provide access to care and support services for mental illness and/or substance use disorders. Entry into the mental health system at crisis through the emergency department and treatment through inpatient care is costly and inefficient. Early detection and treatment through community-based services is much more effective and demonstrates greatly improved outcomes. As a result, more people in recovery will be able to work and participate in the community.

- Support restoration of the 10 percent cut to community-based mental health, substance use disorder, and other human service programs included in the Human Services Block Grant ($84 million). Funding for these programs was reduced by 10 percent in 2012/13 and no restoration was included in Governor Corbett’s proposed budget. Results of a PCPA survey focused on the impact of cuts indicate that 31% of respondents have downsized programs and 45% project closing programs or sites.

- Support meaningful reform at the local level by eliminating the Human Services Block Grant and allowing counties flexibility to meaningfully reinvest unused funds back into those same services in subsequent years.

- Support the governor’s proposed initiative to serve 90 new individuals from state hospitals in the community. In order to continue to successfully divert individuals from institutional care, financial commitment to the Community Hospital Integration Program Project must continue.

- Support the governor’s proposed $18.5 million to provide for people on the Intellectual Disabilities (ID) Waiting List, the proposed $38.7 million in funding for increased utilization of ID community services, and the proposed $1.5 million to expand services to 118 adults diagnosed with an autism spectrum disorder.

Members should include key points in discussions with legislators, staffers, and administration officials. Please access the complete document from the web site. Now is the perfect time to make district visits to legislators. Share the budget position and remind them that if services to Pennsylvanians in need of mental health, intellectual disability, or addiction services are to remain accessible and effective, funding must be preserved. Further questions or comments may be addressed to Anne Leisure (anne@papproviders.org).

Executive Compensation Report Released
As detailed in an April 18 Legislative Info, the Legislative Budget and Finance Committee (LB&FC) released Financial and Compensation Information Concerning Nonprofit and For-profit Human Service Providers, as directed by House Resolution 798. HR 798 provided for the collection and compilation of compensation data for nonprofit service providers of intellectual disability, mental health, child welfare, and drug and alcohol services. HR 888 directed that the same data be collected for for-profit service providers. The nonprofit data was collected from 2010 Form 990s. Data on for-profit organizations was collected through questionnaires and, for publicly traded companies, SEC filings. The full report and summary highlights are available on the LB&FC Committee web site under Health and Welfare in “Reports Released.” The report contains no recommendations. A copy is available by calling 717-783-1600 or email to info@lbfc.legis.state.pa.us.

Legislation Introduced to Amend Mental Health Procedures Act
Senate Bill 796, introduced by Senator Pat Vance, proposes to amend the Mental Health Procedures Act by setting a lower threshold for involuntary emergency mental health treatment, requiring the court to examine the totality of the circumstances in determining whether involuntary mental health treatment should be offered. PCPA has not reached conclusions regarding the impact SB 798 would have on members and the individuals they serve. The Legislative Affairs Steering Committee will be asked to consider SB 798 in a future meeting.
The Pennsylvania Independent Fiscal Office (IFO) released an analysis of the budgetary and economic impacts of Medicaid (MA) expansion on Pennsylvania. An Analysis of Medicaid Expansion in Pennsylvania, Special Report 2013-3, considers the incremental impacts of MA expansion. It projects the number and cost of new enrollees, federal funds that would be received for new enrollees, and state costs and savings. It also considers economic activity and tax revenues generated from new federal funds that come to Pennsylvania. View the complete report at www.ifo.state.pa.us.

### Highlights on average impacts from 2016 – 2021

- With expansion, an additional 440,000 individuals receive MA coverage (240,000 who were previously uninsured and 200,000 previously insured by an employer or private coverage).
- Under expansion, 80,000 General Assistance adults and 55,000 Children’s Health Insurance Program enrollees would transfer to MA.
- Average federal expenditures increase by $4 billion per year ($800 million without expansion plus $3.2 billion under expansion).
- Average net state expenditures decrease by $115 million per year (expenditures increase by $75 million without expansion, but decline by $190 million with expansion).
- Gross State Product increases by $3.1 billion per year.
- Taxable earnings and income increase by $2.1 billion per year.
- Personal and corporate income taxes increase by $65 million per year.
- Sales and use taxes increase by $35 million per year.
- Gross receipts taxes increase by $15 million per year.
- Budgetary expenditures decrease by $220 million and General Fund revenues increase by nearly $220 million, yielding an average net budget impact of $430 million.
- The Pennsylvania Economy League, Inc. and Pennsylvania Health Funders Collaborative report, The Economic and Fiscal Impact of Medicaid Expansion in Pennsylvania, shows that the federal funding for expansion would support expanded employment, expanded economic activity, state program savings, and expanded tax revenues for Pennsylvania, in addition to health care coverage for more than 500,000 people. View the full report at www.economyleague.org/reports/medicaid2013.

From 2013 – 2022 the report shows:

- $4.4 billion in state government savings from persons receiving state-funded services moving to MA and state uncompensated care that will reduce due to coverage of those previously uninsured.
- $32 billion in new federal spending from insuring the previously uninsured, new household discretionary spending for those shifting from private or government-funded insurance to MA, and new state spending from program savings for reduced or eliminated state-funded insurance programs and uncompensated care payments.
- New economic activity that supports 35,000 – 40,000 new jobs at an average salary of $52,461 in 2016.
- New tax revenues stemming from state income taxes, excise taxes, and sales taxes increase with the rise in economic activity of $3 billion in 2016 to $4.4 billion in 2022.
- A positive fiscal impact of more than $5 billion. In 2016 the net positive state fiscal impact will be $675 million, reducing by 2022 to $369 million when the federal match decreases to 90 percent.
President’s 2014 Budget

President Obama released his FY 2014 budget proposal in April. It includes initiatives to expand and support opportunities for individuals with disabilities. A review of the proposed Health and Human Services budget includes $967 billion in outlays and $80 billion in discretionary budget authority. A copy is available at www.hhs.gov/budget. Highlights include:

- Administration for Community Living, created in 2012, focuses on older adults and those with disabilities to live in their homes and participate in their communities;
- $39 million to increase the number of social workers and psychologists to work in rural areas;
- $35 million to increase the number of mental health professionals;
- State grants for Money Follows the Person and Ticket to Work;
- $75 million to continue funding State Councils on Developmental Disabilities to promote systems change and increase self-determination and integration; and
- $110 million to support disability research through the National Institute on Disability and Rehabilitation Research.

Cyber Security a Growing Concern

Individuals, businesses, government, and human service agencies continue to expand the use of technology, making cyber security and cyber liability growing concerns. This has led to the creation of the National Cyber Security Alliance (NCSA), a non-profit public/private partnership addressing cyber security education and awareness. Public education and awareness efforts have included President Obama’s executive order, “Improving Critical Infrastructure Cybersecurity.” This will be implemented through a partnership with the owners and operators of infrastructure to improve cyber security information sharing and to develop risk-based standards. These collaborative efforts will include the Attorney General, Homeland Security, and the National Intelligence Agency. There was a Presidential Proclamation of “National Cybersecurity Awareness Month” in October 2012. Emphasis was placed on the Department of Homeland Security’s “Stop, Think, Connect” campaign to assist citizens with tools and information to stay safe online. Information is available at www.DHS.gov/StopThinkConnect.

Additional resources include:

- An article by Joseph Steinberg, “Nonprofit Cyber Security: How to Lock Your Electronic Door,” which provides eight suggestions to assist nonprofits (www.examiner.com/article/nonprofit-cyber-security-how-to-lock-your-electronic-door-part-i); and
- Consideration of cyber liability insurance as many general liability insurance policies may not provide protection for data breach.

New Health Home Resource Center Available

The Integrated Care Resource Center (ICRC) helps states implement integrated programs that coordinate the full range of medical, behavioral health, and long-term services and supports for individuals dually eligible for Medicare and Medicaid. It provides technical assistance resources to states to support development of Medicaid health homes to deliver comprehensive care coordination for individuals with chronic conditions. The new Health Home Information Resources Center is now available at www.medicaid.gov/State-Resource-Center/Medicaid-State-Technical-Assistance/Health-Homes-Technical-Assistance/Health-Home-Information-Resource-Center.html. States may use the resource center to request technical assistance, access peer-learning opportunities, and find resources to support health home design and implementation. Technical assistance includes working with states to develop draft health home proposals before submitting State Plan Amendments (SPAs) to the Centers for Medicare and Medicaid Services as well as ongoing support during the SPA development process. Exploration of options for health homes could provide an opportunity for further analysis of outpatient services in Pennsylvania. Technical assistance is provided by Mathematica Policy Research and the Center for Health Care Strategies.
**Psychiatric Rehabilitation Services Regulations Approved**

The Independent Regulatory Review Commission reviewed Department of Public Welfare (DPW) regulations for Psychiatric Rehabilitation Services during its April meeting. Office of Mental Health and Substance Abuse Services (OMHSAS) Program Development Section Chief Bill Boyer, Deputy Secretary Dennis Marion, and DPW Deputy Chief Counsel Kathleen Grogan presented the regulations and answered questions from commissioners. Counsel for the Department of State also weighed in on questions related to scope of practice, particularly for the licensed clinical social worker and psychologist, and the definition of the licensed practitioner of the healing arts. The five commissioners unanimously approved Department of Public Welfare #14-521: Psychiatric Rehabilitation Services, adding 55 Pa. Code Chapter 5230 ([www.irrc.state.pa.us/regulation_details.aspx?IRRCNo=2879](http://www.irrc.state.pa.us/regulation_details.aspx?IRRCNo=2879)). The Approval Order was published in the April 20 Pennsylvania Bulletin. The regulations are effective 90 days following publication. OMHSAS will conduct training and technical assistance sessions for providers to help prepare for implementation.

**Targeted Case Management Bulletin**

Office of Mental Health and Substance Abuse Services (OMHSAS) Bulletin 13-01, Targeted Case Management (TCM) – Travel and Transportation Guidelines, was reviewed during the March Mental Health Committee meeting. The bulletin states “...case manager travel time and time spent transporting or escorting consumers should not be billed as a unit of service.” Amanda Pearson, OMHSAS, stated that Pennsylvania had consulted with the Centers for Medicare and Medicaid Services (CMS) on escorting and accompanying individuals. She cited, as an example, that if the case manager is required to be present to provide information that the individual cannot, then the time spent during a doctor visit is billable. Travel to and from is not. If the time is spent waiting in the waiting area for the individual to complete the doctor visit, the time is not billable. Justifiable documentation is needed. Members noted that sometimes the informal time spent in the vehicle is the most productive time. If travel is not done, people will not get services they need. Many need the reassurance and support and will not otherwise follow through on appointments, resulting in increased costs. Committee members requested guidance on documentation to support access to medications and other treatments and supports, including communication with primary care practitioners. Additional feedback from CMS may be needed.

**OMHSAS Announces New Bureau Directors**

The Office of Mental Health and Substance Abuse Services (OMHSAS) announced that Ellen DiDomenico will become acting director, Bureau of Policy, Planning, and Program Development in May and Dr. Steve Remillard became director of the Bureau of Quality Management and Data Review effective April 15. Ms. DiDomenico was most recently executive director, Governor’s Commission for Children and Families, in a career spanning more than 30 years in human services. Dr. Remillard practiced chiropractic medicine and holds a master’s degree in clinical psychology. PCPA welcomes the new bureau directors and looks forward to working with them to advance behavioral health services in Pennsylvania.

**Liquor Privatization Bill Passes House**

By Jessica Williams, IRETA

On March 21, the Pennsylvania House approved a liquor privatization bill aimed at eliminating state liquor stores and allowing wine to be sold in grocery stores. While the possibility of privatization has been discussed for years, this is the first time that such a bill has cleared the House.

In a study published in the American Journal of Preventative Medicine in 2012, the Community Preventative Services Task Force (a resource for evidence-based recommendations and findings about what works to improve public health) recommended against the privatization of alcohol retail sales, based on its summary of 17 studies on the privatization of retail alcohol sales throughout the US, Canada, and Europe. Across the studies, the task force found a 44.4 percent median increase in per capita sales of privatized alcoholic beverages in locations that privatized retail alcohol sales. Within the last year, researchers at Drexel University projected that the number of retail alcohol outlets in Philadelphia might increase by 1,115 “with concomitant negative health, crime and quality of life outcomes that accompany such an increase.”

In a statement released after the vote, Rep. Jake Wheatley (D-Allegheny) said he voted against the bill because liquor licenses could more than double under privatization. “That would be devastating to our quality of life,” he said. “The bill also lacks funding to help cities and other local governments deal with the social and law enforcement impacts of increased alcohol abuse and related crimes.”

The Pennsylvania Senate will be holding hearings over the next two months on the topic. Read more on [iretablog.org](http://iretablog.org).
**Apps for Autism**

An April 9 *Miami Herald* article, “Apps are game changer for autistic,” ([www.miamiherald.com](http://www.miamiherald.com)) offers an overview of the use of computer apps to assist in language, speech, and communication development for individuals with Autism Spectrum Disorder (ASD). The use of iPad and other touch technology not only assists with skill development, but also assists with integration into the mainstream of schools, peers, and society. Information regarding free and discounted apps, with a section specifically for ASD, is available at Appy Mall ([www.appymall.com](http://www.appymall.com)).

**ASERT Resource Center Goes Statewide**

The Autism Services, Education, Resources and Training (ASERT) Collaborative in central Pennsylvania has announced that it has expanded support for the autism community statewide. The center includes a statewide toll-free number for live assistance, 877-231-4244, and a new web site, [www.PAautism.org](http://www.PAautism.org), under development with resources for consumers, families, and service providers. The center will have outreach specialists available for community participation. It offers information about local, regional, and statewide events; professional trainings; community resources; services; current research; and other information relevant to the autism community.

**Behavior Specialist Licensing Webinar**

The Board of Medicine, Office of Mental Health and Substance Abuse Services, and Bureau of Autism Services conducted a webinar for professionals and other stakeholders interested in the application process for the state’s professional behavioral specialist license. The webinar attracted over 200 participants. The material presented and an archived recording of the presentation will be posted on several state sponsored web sites. The presentation underscored the challenges and complexity of the application process as well as the substantial efforts by professionals, provider organizations, and the state to support and facilitate licensure applications by the mandated deadline of January 2014.

**ASD Risk for Video Game Addiction**

In an article for *The Scientist*, Micah Mazurek, child psychologist, University of Missouri, discussed the potential benefits and risks of screen-based feedback therapies that can teach children with autism social and communication skills. Though technology can be very helpful for young people with autism when used in certain circumstances, the research cautions that autistic gamers are at risk for video game addiction and added stress. Mazurek led a study on use of screen-based media (which includes television, video games, computer games, and electronic social media like email, texting, and social networking web sites) in 202 American children and teenagers with autism spectrum disorder and 179 of their neurotypical siblings. The results are available online and will be published in an upcoming issue of *Journal of Autism and Developmental Disorders*. The American Academy of Pediatrics suggests no more than two hours per day playing video games and watching television. The study also found that children with ASD also spent significantly less time on academic, social, or physical activities than their siblings. Read more at [www.medicaldaily.com/articles/14722/20130417/children-autism-more-prone-video-game-addiction.htm#59AWdHeoq3gBlEj.99](http://www.medicaldaily.com/articles/14722/20130417/children-autism-more-prone-video-game-addiction.htm#59AWdHeoq3gBlEj.99).
IM4Q Updates

The Office of Developmental Programs (ODP) Independent Monitoring for Quality (IM4Q) project’s annual statewide training is July 23–24, Hilton Hotel, Harrisburg. All members of the IM4Q community, local program coordinators, supports coordinators, administrative entities, and providers are encouraged to submit ideas for presentations to Lee Stephens, ODP initiatives program specialist (lstephens@pa.gov).

The impact of the Human Services Block Grant with a 10 percent funding cut on IM4Q projects is still unknown. ODP is investigating the possibility of moving the administration of this project to a third party contractor. This would assist in keeping IM4Q independent and statewide.

ODP Futures Planning Progress

The Office of Developmental Programs (ODP) Futures Planning Stakeholders Workgroup developed a list of long-range goals to be accomplished by 2023. Initial goals are related to the individual’s choices, services, supports, and innovation of non-traditional services and supports. Next steps are to develop short-term goals and specific system activities and modifications to obtain the long-range changes. Policy Specialist Linda Drummond represents members on this work group and will seek member input for next steps. The 2023 long-range goals for individuals are:

1. Choose where they live and what they do.
2. Make informed choices.
3. Enjoy a variety of relationships in which they are accepted, valued, and included.
4. Access services and supports as needed throughout the lifespan.
5. Have their family and/or circles of support respected and assisted as needed.
6. Receive paid and unpaid services and supports that are well-coordinated.
7. Receive high-quality services and supports in inclusive community settings.
8. Choose to self-direct paid services and supports within a budget.
9. Access technology to support independence, inclusion, and communication.
10. Experience seamless transitions throughout the lifespan.
11. Have the services and supports for their desired work, vocation, and/or education.
12. Access unique, innovative, non-traditional services and supports.

Managed Care for the Disabled

The National Council on Disability has released Medicaid Managed Care for People with Disabilities: Policy and Implementation Considerations for State and Federal Policymakers. The report summarizes basic concepts for providing long-term services using a managed care approach and 22 principles to guide federal and state officials and disability stakeholders in system design. The report is available at www.ncd.gov/publications/2013/20130315.

The Pennsylvania Association of County Administrators of Mental Health and Developmental Services (PACA) has developed a position statement and sent a proposal to the Department of Public Welfare regarding transition of the current system for intellectual disabilities to a managed care system of control and payment. PCPA’s March Intellectual and Developmental Disabilities Committee meeting featured a presentation by PACA, “What’s Next for Intellectual Disability Services?,” promoting a system change to managed care. Members are encouraged to share recommendations and questions regarding moving the current intellectual disability system to managed care with Linda Drummond (linda@paproviders.org).

LEAD Center

The National Center on Leadership for the Employment and Economic Advancement of People with Disabilities (LEAD), funded by the US Office of Disability Employment Policy, is a collaborative of workforce, disability, and economic empowerment agencies addressing the systems to improve competitive, integrated employment for all people with disabilities. The initial focus is on public policy analysis and development of opportunities for employment options and to improve outcomes regarding their economic stability. Information is available at www.leadcenter.org. The key areas to develop these efforts are self-employment, customized employment, funding long-term supports, and cross-system collaboration.
The Office of Developmental Programs (ODP) has released the following information, available at www.odpconsulting.net.


Announcement #029-13: SH/AIS Overview Webcast and User Guide. Updated version of the Supplemental Habilitation (SH) and Additional Individualized Staffing (AIS) Services User Guide version 5.0 and webcast are available.

Informational Memo #030-13: Background Check Requirements Under 55 PA Code, Chapter 51. Background checks are required for all staff providing waiver services with several exceptions (assistive technology, education support services, home accessibility adaptations, specialized supplies, and vehicle accessibility adaptations).

Announcement #031-13: Migration of the Excluded Parties Lists System (EPLS) to the System for Award Management. Effective November 21, 2012 the EPLS database was migrated to the System for Award Management (SAM). All waiver providers must determine if employees and contractors have been excluded from receiving payments through the waivers. Providers are now responsible to check the SAM website (www.sam.gov) to comply with federal and state laws on EPLS issues.

ODP Rates and Fees
The Office of Developmental Programs (ODP) is preparing rates and fee schedules for 2013/14. These will be dependent on final funding appropriated by the General Assembly. Waiver eligible services, base-funded services, Targeted Service Management, and residential ineligible services will be department-established fee payment rates. These services will be the same as those included in the 2012/13 fee schedule. Providers of these services will not receive an individual rate letter, but rates will be published in the Pennsylvania Bulletin. See ODP Informational Memo #028-13 for details.

ODP cost-based services, which include residential eligible and transportation trip services, are under development for 2013/14, with an overview in Informational Memo #027-13. Providers of these services will receive an individual rate letter with proposed 2013/14 rates by June 1. Residential eligible services are developed from expenses and utilization reported in the approved Year 5 cost reports where the procedure codes and service locations in the cost reports are the same as those entered in the Supports and Services Directory as of December 31, 2012. Memo #027-13 provides details on residential outlier review, total unit cost review, vacancy factor, cost-of-living adjustments, rate adjustment factor, and geographic area development.

AFP Selects Goals for Continuation
The Alliance for Full Participation (AFP) Steering Committee is a joint initiative of the Offices of Developmental Programs and Vocational Rehabilitation with a mission to double the number of individuals with intellectual disability that are employed over the next five years. At its recent meeting the subcommittees reviewed efforts and revisions to the goals. The goals selected for continuation include:

- Focus on individuals by increasing the understanding of individuals and families regarding the benefits of employment and the supports available;
- Successful transition with cooperation and communication with the educational system and adult services;
- Supports coordination outreach to raise employment expectations and determine trainings needed to facilitate employment; and
- System changes review and policy recommendations to promote employment.
ODEP Employment Accomplishments

The US Office of Disability Employment Policy (ODEP) released ODEP Accomplishments 2009–2012, available at www.dol.gov. ODEP has worked to address barriers to employment for individuals with disabilities. These efforts have included:

- The Add Us In initiative funding eight grants totaling $4.6 million to test new approaches for small and minority owned businesses;
- Disability Employment Initiative to develop policy guidance on employment services with grants to 23 states totaling $63 million;
- President’s Executive Order 13548, which increased employment for those with disabilities in the federal government; and
- Increased public awareness about disability employment.

Certification for Employment Support Professionals

The Association of People Supporting Employment First (APSE) has established the Employment Support Professional Certification Council to develop and implement a national certification program for employment support professionals. These include job coaches, transition employment specialists, job placement specialists, and employment consultants. This certification provides national guidelines to support training currently provided by colleges and other technical training centers. Information regarding the certification program and trainings is available at www.apse.org.

Preventive Services Covered Under the Affordable Care Act

After September 23, 2010 any new commercial health insurance plans or insurance policies must cover the following preventive services without requiring a copayment or co-insurance or meet a deductible. This applies only when these services are delivered by an in-network provider. Covered preventive services for children include:

- Alcohol and drug use assessments for adolescents;
- Autism screening for children at 18 and 24 months;
- Behavioral assessments for children of all ages;
- Depression screening for adolescents;
- Developmental screening for children under age three and surveillance throughout childhood;
- Height, weight, and body mass index measurements for children;
- HIV screening for adolescents at higher risk;
- Medical history for all children throughout development; and
- Obesity screening and counseling.

Addiction Prevention Works for Rural Middle School Students

The Partnerships in Prevention Science Institute, Iowa State University, reports research that shows the effectiveness of community-based, substance abuse prevention interventions begun during middle school years. Middle school students from small towns and rural communities who received any of three community-based prevention programs were less likely to abuse prescription medications in late adolescence and young adulthood. Prescription drug abuse has become one of the most serious public health concerns in the US. According to student surveys in 2012, teen substance use of prescription and over-the-counter medications were among the top substances abused by 12th graders. In 2011 about 1.7 million people aged 12-25, or more than 4,500 young people per day, abused a prescription drug for the first time. The research presents the combined results of three randomized controlled trials of preventive interventions termed “universal” because they target all youth regardless of risk for future substance abuse. All three studies involved rural or small-town students in grades six or seven who were randomly assigned to a control group receiving no prevention intervention or to a family-focused intervention alone or in combination with a school-based intervention. All of these interventions addressed general risk and protective factors for substance abuse rather than specifically targeting prescription drug abuse. In follow-up questionnaires and telephone interviews, students across the studies showed reductions in risk ranging from about 20 to as much as 65 percent for prescription drug and opioid abuse as compared to students in control groups. The study can be found at: http://ajph.aphapublications.org/toc/ajph/0/0.
Behavior Specialist Crisis Averted and Deferred

The Department of Public Welfare (DPW) has contacted counties and managed care organizations to inform them that the May 26 deadline for Behavior Specialist Consultants (BSC) to obtain a personal professional license has been extended. The DPW acting secretary has also provided a letter to be sent to families informing them of the extension in an effort to address family concerns with regard to interruption of services. The communication from DPW noted that numerous system challenges have impacted the ability of professionals who need a license to obtain one. As part of a collaborative effort to be responsive, the Medical Assistance program will continue to pay for behavior specialist consultant services for children with autism spectrum disorders provided by staff that do not have a behavior specialist license until May 26, 2014. The May 26 crisis predicted by PCPA several months ago was confirmed by data from managed care organizations and acknowledged by DPW. PCPA is heartened by the DPW decision and efforts to improve training and license application resources, however there continue to be real concerns and indications that the crisis has been deferred, but not resolved. A preliminary assessment leads PCPA to offer several recommendations for addressing the impact of behavior specialist consultant licensing:

- The state and the provider system should anticipate a significant reduction in available BSCs to serve the autism community as a result of staff who are not eligible for licensure or who elect to not to apply for a license because of the complexity and cost related to the licensure process.
- DPW and managed care organization credentialing plans must be developed to address standards for “new hires” into autism BSC positions.
- The state must continue to facilitate a dramatic change in the rate of applications that are processed, approved, and issued licenses in order to avert another crisis in 2014.
- The state must create a plan and pathway for creating the “next generation” of skilled and licensable BSCs to work with children on the autism spectrum. The current DPW plan offers no career pathway to licensure with too few positions into which a graduate level license eligible person can be employed while they complete the required training and 1,000 hours of direct care needed to apply for the BS license.

PCPA is tracking changes in credentialing requirements implemented by commercial health insurance companies that seem to be inconsistent with the insurance requirements of Act 62 and may negatively impact professional resources for children with autism. Much more information about licensing is available from the PCPA web site archives.

OMHSAS Forms BHRS Work Group

The Office of Mental Health and Substance Abuse Services (OMHSAS) convened the Behavioral Health Rehabilitation Services (BHRS) Work Group April 30, comprised of family members, youth, advocates, counties, managed care organizations, and providers. The purpose is to provide input on improving BHRS and to monitor changes in its management. The co-chairs of the OMHSAS Planning Council Children’s Committee are facilitators. The OMHSAS Children’s Bureau will manage logistics, meeting planning, and documentation. The goal is to have recommendations for the September meeting of the OMHSAS Children’s Advisory Council, but it is expected that the work group will be providing advice and guidance on an ongoing basis. BHRS represents a substantial investment of Medicaid funding with over $620 million in annual expenditures, which is approximately 50 percent of all Medicaid spending on children’s behavioral health in the state. Over 60,000 children and their families are served through BHRS.

The ACE Study at a Glance

The Centers for Disease Prevention and Control (CDC) has posted an infographic (http://vetoviolence.cdc.gov/childmaltreatment/phl/resource_center_infographic.html) that offers a clear and useful representation of the Adverse Childhood Experience (ACE) study. The infographic, “Adverse Childhood Experiences: Looking at How ACEs Affect Our Lives & Society,” outlines ACEs such as abuse, neglect, and other traumatic experiences that occur to individuals under the age of 18. The original study ended in 1997 but through the CDC Behavioral Risk Factor Surveillance Survey (BRFSS) many states are continuing to examine the relationships between ACEs and reduced health and well-being later in life. Through the collaborative efforts of PCPA and the state’s Department of Health, Pennsylvania added the ACE questions to the state BRFSS in 2010.

PCPA is tracking changes in credentialing requirements implemented by commercial health insurance companies that seem to be inconsistent with the insurance requirements of Act 62 and may negatively impact professional resources for children with autism. Much more information about licensing is available from the PCPA web site archives.
Gauging the Impact of BHRS Redesign

Prior to the formation of the work group by the Office of Mental Health and Substance Abuse Services (OMHSAS), PCPA convened a work group that met in January with OMHSAS, the state’s psychiatric and psychology organizations, advocacy groups, and community providers to assess the impact of Behavioral Health Rehabilitation Services (BHRS) Redesign. PCPA has circulated a provider survey to gauge the impact of BHRS-related initiatives. Members have provided critical information on the changes. Providers report staff reductions that reflect the elimination of nearly 600 staff positions, primarily in rural areas, with more anticipated. As the survey phase ends, the information (reflective of more than two-thirds of Pennsylvania counties) found that:

- Rural counties have experienced the greatest change in service authorizations and service levels.
- Services that have experienced the greatest reductions in authorizations and service levels are BHRS, especially Therapeutic Staff Support, and Family Based Mental Health Services.
- Authorization reductions and service reductions range from 5 – 60 percent, with the greatest reductions in rural counties.
- The primary reasons for authorization denials are “did not meet medical necessity criteria,” “referred to lower level of care – usually outpatient,” and “service should be the responsibility of the school.”

Youth Suicide Prevention Updates

Pennsylvania’s Youth Suicide Prevention Initiative (PAYSPI) is active and growing. In recent task force conference calls more than 20 counties were represented and reporting on local initiatives and collaborative efforts to promote suicide prevention. A few updates and events of interest:

- Over 40 students submitted public service announcements entries to be reviewed. The winners will be honored at the fall suicide prevention conference and their work will be shared with schools and communities across the state.
- Planning continues for the fall suicide prevention conference October 16 – 17 at Penn State. Look for information about registration and program in the months ahead.
- The Garrett Lee Smith initiative is sponsoring a free webinar on September 12 at Children’s Hospital of Philadelphia focusing on Suicide Prevention Efforts in Primary Care.
- PAYSPI school and legislative committees are working closely with the Pennsylvania School Board Association (PSBA) to develop policy and procedure templates for school districts to use in a range of intervention and postvention activities. Templates will be posted on the PAYSPI and PSBA web sites.
Committee Reports

**Intellectual and Developmental Disabilities Committee**

The March 19 Intellectual and Developmental Disabilities Committee discussion included an overview of the Office of Developmental Programs 2013/14 proposed budget and PCPA’s budget request including the restoration of the 10 percent cut from 2012/13 and increased funding for the Office of Vocational Rehabilitation for employment services for consumers. A presentation regarding a proposal to DPW to consider a managed care system of payment for the intellectual and developmental disabilities system was shared (see related article in this issue). Pennsylvania’s Money Follows the Person (MFP) Project Policy Specialist Sheila Hoover and ODP Program Representative Laurie Dutz provided an update on this initiative which is used for transitioning individuals from institutions. Benjamin lawsuit participants are eligible for use of this funding which includes an increased Federal Medicaid Percentage Match of 77 percent for the first 365 days of the transitioned individual’s placement. ODP is developing a webcast about the project and the forms needed to do the transition to the community. MFP is requesting that ODP supports coordinators become eligible for funding to assist individuals in transition planning. Also under consideration is reimbursement for start-up costs, adaptations, and accessibility renovations. Contact the regional ODP Office MFP lead or Laurie Dutz (ldutz@pa.gov) for information.

**Supports Coordination Organizations Subcommittee**

The March Supports Coordination Organizations (SCO) Subcommittee included an overview regarding official supports coordination rate appeals. The Bureau of Hearing and Appeals held a combined appeal hearing for Centre, Lancaster, and York counties in February. Allen Warshaw, attorney, Rhoads-Sinon, is representing many SCOs in these appeals and provided the update to members. He indicated the methodology the state used for the supports coordination (SC) rates were set at approximately 28 percent or $5 per unit less than the more accurate rate setting model presented by expert witnesses on behalf of the SCOs. This was caused by numerous factors, including not using actual data that would reflect factors such as hours worked per week, ramp up to productivity by new SCs, required training hours, lunch, and break times. An overview of service coordination issues related to the Office of Long Term Living (OLTL) was presented by Joan Martin, lobbyist, Wojdak Associates. OLTL has had a review of the rate setting methodology to recalculate rates for service coordination for OLTL and Aging waivers. The initial process resulted in rates that were too low and caused the loss of some providers.

**Mental Health Committee**

The March Mental Health Committee included discussion on outpatient services. A provider survey is in process to be discussed at the April Outpatient Work Group meeting that will gather more information about financial impacts. The committee provided feedback on the importance of medical care management for effective treatment and support, but this service is not reimbursed.

The Legislative Affairs Committee joined the Mental Health Committee for a discussion by Rep. DiGirolamo and Melanie Brown on critical issues facing behavioral health. These included the Human Services Block Grant lawsuit, Medicaid expansion, and the sale of Pennsylvania liquor stores. DiGirolamo spoke enthusiastically of the recent Health and Human Services Committee hearing on mental health, where Jon Evans, CEO, Safe Harbor Behavioral Health spoke on outpatient services and access to medications.

Julie Barley, Office of Mental Health and Substance Abuse Services (OMHSAS), reviewed the proposed budget. She discussed the need for regional planning. Some challenges are to serve individuals with dual intellectual disability/mental health needs, those with firesetting behaviors, individuals with sexually aggressive behaviors, and those with physical health conditions in addition to behavioral health needs. Supports for young adults, particularly young women with special needs such as borderline personality disorder and those with long-term involvement in the child welfare and juvenile justice systems are also needed. Olmstead planning for counties is ongoing. The proposed Mental Health Matters and Veterans Project were briefly discussed. Licensure functions for long-term structured residences, community residential rehabilitation, adult and child group homes, residential treatment facilities for adults, and psychiatric treatment facilities for children transferred to the Bureau of Human Services Licensure on March 15. Ray Klabe discussed the recent policy clarification that limits group size to 10 individuals in partial hospitalization programs. Waivers can be requested. Amanda Pearson discussed the Targeted Case Management Bulletin regarding travel.
## Calendar

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Event Description</th>
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<tbody>
<tr>
<td><strong>Thursday, May 2</strong></td>
<td>1:00 – 3:30 p.m.</td>
<td>Health Care Opportunities Task Force</td>
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<tr>
<td><strong>Monday &amp; Tuesday</strong></td>
<td><strong>May 13 – 14</strong></td>
<td>PARF/PCPA Senior Leadership Summit</td>
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<tr>
<td><strong>Wednesday, May 15</strong></td>
<td>10:00 a.m. – 3:00 p.m.</td>
<td>Executive Committee</td>
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<td><strong>Tuesday, May 21</strong></td>
<td>10:00 a.m. – 3:00 p.m.</td>
<td>Conference Committee</td>
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<td><strong>Tuesday, May 28</strong></td>
<td>1:00 – 4:00 p.m.</td>
<td>Criminal Justice Committee</td>
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<td><strong>Wednesday, June 5</strong></td>
<td>1:00 – 3:30 p.m.</td>
<td>PCPA/PARF Capitol Day</td>
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<td><strong>Thursday, June 6</strong></td>
<td>1:00 – 3:30 p.m.</td>
<td>Health Care Opportunities Task Force</td>
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<tr>
<td><strong>Tuesday, June 18</strong></td>
<td>9:30 a.m. – 12:00 p.m.</td>
<td>Mental Health Committee</td>
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<td>9:30 a.m. – 12:30 p.m.</td>
<td>Intellectual and Developmental Disabilities Committee</td>
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<td>12:00 – 3:00 p.m.</td>
<td>Executive Committee</td>
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<td>1:00 – 4:00 p.m.</td>
<td>Drug and Alcohol Committee</td>
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<td>Children’s Committee</td>
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<td>1:00 – 4:00 p.m.</td>
<td>SCO Subcommittee</td>
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<tr>
<td><strong>Wednesday, June 19</strong></td>
<td>10:00 a.m. – 3:00 p.m.</td>
<td>Board Meeting</td>
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**Pennsylvania Community Providers Association**

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