



An informational newsletter compiled by the Rehabilitation and Community Providers Association for the MH, IDD, D&A, and rehabilitation communities

REHABILITATION & COMMUNITY
PROVIDERS ASSOCIATION

OCTOBER 2013

■ LEGISLATIVE AFFAIRS

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



Advocacy Support Needed for Medicaid HCBS Services and Supports

RCPA members and families of those served have opposed restrictions on or the elimination of the full array of service options. RCPA is concerned about efforts to restrict or eliminate the use of Medicaid Home and Community-Based Services (HCBS) funding for services and supports provided in skill development centers (also known as sheltered workshops), efforts to eliminate or phase out Section 14(c) of Fair Labor Safety Act (FLSA), and restrictions on use of HCBS funding to support residential community options such as placements in certain residential settings.

As detailed in a September 13 *Legislative Info*, it appears that the Centers for Medicare and Medicaid Services (CMS) may be using a proposed regulation under the Medicaid HCBS program as the basis for restricting state flexibility and eliminating viable service options for people with significant disabilities. It is important that advocacy efforts around this issue continue to ensure that longstanding, successful program options remain available. Please contact members of Congress and request that they send a letter (a sample is available from the RCPA web site) to Secretary Sebelius on this issue. RCPA will work to ensure that the full array of service options remains available for those who need them.

Corbett Announces "Healthy Pennsylvania" Plan

On September 16, Governor Corbett presented *Healthy Pennsylvania*, an initiative that proposes to reform the Medicaid program in Pennsylvania and implement Medicaid expansion by applying for a Section 1115 Demonstration Waiver that would enable the use of Medicaid funds as premium assistance to purchase coverage for newly eligible beneficiaries. Details may be found on the [RCPA web site](#).

The Section 1115 Demonstration Waiver process is very lengthy, with state and federal requirements for periods of public comment and negotiation on aspects of the waiver between the state and the Centers for Medicare and Medicaid Services (CMS). Delays or setbacks as the process moves forward are possible. A key requirement for CMS is that the waiver be cost neutral. Department of Public Welfare Secretary Mackereth has predicted that the earliest Medicaid expansion could be implemented in Pennsylvania would be January 2015.

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LEGISLATIVE AFFAIRS

Support the PAC at the RCPA Conference!

Celebrate the first RCPA conference and the goals of increasing presence, leverage, power, and value by supporting the RCPA Political Action Committee (PAC). Consider entering a bowling team in the PAC bowling tournament or donating electronic items for the Silent Auction or – preferably – both! A healthy PAC will maximize the impact and effectiveness of RCPA lobbying efforts. The bowling tournament is a great way to get together with friends and colleagues and support the PAC. It is a one-hour event and takes place on Thursday evening of conference. The Silent Auction offers a new focus and a new look, featuring electronic items such as iPads, iPods, Keurig-style coffee makers, Kindles or other e-readers, GPS systems, high quality earphones, and other similar items.

Due to the implementation of small games of chance regulations that exclude events that benefit political entities, RCPA is unable to hold the PACPot and the Silent Scramble at this year's conference. The elimination of these two signature activities will make a dent in PAC fundraising. The PAC booth will feature a business card drawing for an iPad and solicit PAC donations and pledges. RCPA members are urged to direct funds formerly spent on the PACPot and Silent Scramble to bidding on Silent Auction electronic items and to the PAC directly! Email [Anne Leisure](mailto:Anne.Leisure@rcpa.org) for more information, to donate an electronic item for the auction, or to register to bowl. More information can be found in the September 16 [Legislative Info](#).



Members from Lenape Valley Foundation participate in the bowling tournament to support the PAC

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Healthy Pennsylvania



Finding a way to offer medical coverage to at least 500,000 additional, currently uninsured Pennsylvanians is critical and the right thing to do.

By now you have heard of Governor Corbett's plan to reform the existing Medicaid program and provide coverage through Medicaid of the expansion population (those individuals up to 133 percent of the Federal Poverty Level threshold) to ensure increased access to health care. There is not space here to review the program in its entirety, but I do offer some initial thoughts.

At the highest level, it certainly is a positive development. The *Healthy Pennsylvania* plan focuses on three priorities: access, quality, and affordability. Core objectives include Medicaid reform; increased access to affordable, quality health care through the health insurance exchange; and a stable financing structure through reformed Medicaid and private coverage. It's hard to argue with such objectives. Finding a way to offer medical coverage to at least 500,000 additional, currently uninsured Pennsylvanians is critical and the right thing to do. We may or may not agree with the governor's proposed approach, and would support a more general Medicaid expansion, but doing nothing was certainly helping no one.

Relatively unique to the Pennsylvania proposal is the ability for individuals to use federal funds to purchase private insurance. What is the down side of that plan? One concern is that these individuals will likely get less of a benefit through private insurance than under traditional Medicaid coverage. The governor's position is that these individuals do not need that expansive benefit. An arguable point that we will see played out should the plan be enacted. There is also discussion that there will be an opportunity for more "frail" individuals to access a more comprehensive benefit. The definition of frail, how behavioral health is included, and the process for such access will be an important discussion for RCPA and its members.

Perhaps more concerning are the reforms that the governor requires to enact the plan, including imposing a premium co-pay and work search requirements. Separate from the concern as to whether individuals could afford the premium, the real question is whether the Centers for Medicare and Medicaid Services (CMS) will approve such requirements. It is noteworthy that Arkansas and Iowa submitted similar plans 18 months ago and neither has yet received federal approval. So if CMS were to ultimately approve the plan, implementation might be delayed until 2015.

There will be ample time for public comment now and later and opportunities for continued discussion of necessary details. RCPA will review the plan within the Health Care Opportunities Task Force and develop a more formal association position. For now, we take it at face value: there is a proposed plan to help Pennsylvanians in need to access health care. From there the discussion and debate will begin.

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

Edley Joins Panel at NHS Patriots for Parity Event

NHS Human Services has spearheaded Patriots for Parity, an October 1 event at Philadelphia City Hall Council Chamber, celebrating the passage of national behavioral health parity legislation. Patrick Kennedy, former congressman from Rhode Island, is the keynote speaker. This community forum will address the problems individuals with mental health and addictions issues have accessing professional care in communities throughout Pennsylvania.

A panel discussion led by host Honorable M. Joseph Rocks, chairman and CEO, NHS Human Services, will focus on the routine problems that individuals face as they try to secure professional care and services as well as strategies and solutions. In addition to RCPA President and CEO Dr. Richard Edley, panelists include Dr. Arthur Evans, commissioner, Philadelphia Department of Behavioral Health and Intellectual disAbility Services; Ms. Linda Rosenberg, president and CEO, National Council for Behavioral Health; and Ms. Lynn Keltz, executive director, Pennsylvania Mental Health Consumers' Association. RCPA appreciates being named a co-sponsor of the event and urges members to work to ensure that behavioral health parity requirements are effectively implemented in both commercial and public sector insurance programs.

RCPA Participates in Hill Day

The National Council for Behavioral Health hosted its annual Hill Day in September, with a record number of Pennsylvania members attending. While the US House and Senate were not in session, the Pennsylvania delegation met with staff members from Senators Casey and Toomey's offices and congressional staffers from across the state to discuss important federal legislation to improve the lives of people living with mental illnesses and addictions. In addition to working to raise the awareness of the large number of challenges facing community providers, several pieces of specific legislation were discussed.

- *Excellence in Mental Health Act* (S. 264/H.R. 1263). This bill would help community behavioral health organizations meet the increased demand for robust services by enhancing Medicaid funding if they meet an advanced standard of care ensuring they offer a high quality, comprehensive range of evidence-based interventions to individuals. If enacted, the bill would help as many as 750,000 uninsured and low-income Americans with the most serious and persistent mental health conditions.
- *Mental Health First Aid Act* (S. 153/H.R. 274). This legislation authorizes \$20 million in grants to fund Mental Health First Aid training programs around the country to ensure Americans can recognize common symptoms of mental illnesses and addictions, de-escalate crises safely, and initiate timely referrals to community mental health and addiction treatment resources. This bill would expand opportunities for RCPA members to offer community trainings.
- *Behavioral Health Information Technology Act* (S. 1517/H.R. 2957). This legislation would make federal incentive payments for the meaningful use of electronic health records under Medicare and Medicaid available to mental health and addiction treatment facilities and behavioral health professionals. The act will support care coordination among all corners of the health care system and strengthen providers' ability to deliver integrated care for people with the most serious mental illnesses and addictions.

RCPA urges members to continue efforts to engage US Senate and House members regarding these and other important issues. Questions and comments may be directed to [Anne Leisure](#).

■ NEW MEMBER

PROVIDER MEMBER

Bancroft

Ann Sheafer, Vice President, PA and DE
Broomall



RCPA Is Coming to Erie

RCPA will hold a regional meeting at the Sheraton Bayfront, Erie, November 7 beginning at 2:00 p.m. The meeting topic is integrated physical and behavioral health care. The meeting will be held in conjunction with the Pennsylvania Academy of Family Physicians. Breakout sessions will be convened for those service lines that are not considering implementation of integrated care models. A reception for all invitees will follow the meetings. RCPA invites all members to save the date for this regional meeting. An email invitation will be sent in October. Those interested may also contact Steve Neidlinger (sneidlinger@paproviders.org or 717-364-3280).

Health Care Opportunities Task Force to Meet November 7

RCPA staff and co-chairs of the Health Care Opportunities Task Force are set to meet with the Pennsylvania Insurance Department. An overview of RCPA and the task force will be provided and a list of crucial questions will be asked, including:

- When will a list of all approved plans/products be available? (It takes most plans three – five months to credential agency staff for inclusion in networks.)
- Will there be an opportunity to communicate/interact with the plans?
- How can people determine what essential benefits are in each product?
- What will be the process for filing complaints regarding noncompliance?
- Will the complaint have to be filed by the consumer or can it be filed by a provider?
- How will the governor's new *Healthy Pennsylvania* plan affect the work of the Insurance Department?

The next meeting of the task force is November 7. The focus will be the governor's new plan – *Healthy Pennsylvania: Reforming Medicaid*. The task force will take primary responsibility for analyzing the plan and crafting a response from the association. The task force will also share additional information regarding the Affordable Care Act as it becomes available.

*Every human has
four endowments –
self-awareness,
conscience,
independent will,
and creative
imagination.
These give us the
ultimate human
freedom...
The power to
choose, to respond,
to change.*

– Stephen Covey

AHRQ Innovations Exchange

Using the Innovations Exchange to Develop Health Professional Competencies was presented by the Agency for Health Care Research and Quality (AHRQ). The webinar reviewed how the AHRQ Innovation Exchange can be used to provide education for health care professionals to assist with understanding and implementation of policy and practice in the transformation of health care. Find information about current and past events, including this webinar, on the AHRQ [web site](#). The innovations exchange has updated the [profile](#) for Common-Ground shared decision-making tools.

SAMHSA Opens HIT Forum

The Substance Abuse and Mental Health Services Administration (SAMHSA) has opened a new [Health Information Technology \(HIT\) Forum](#) intended to facilitate the exchange of ideas, suggestions, and personal experiences dealing with HIT for substance use disorder treatment providers, mental health providers, software publishers, state agencies, individuals, families, and others. Anticipated topics include electronic health records systems, health information exchanges, federal regulations, privacy, meaningful use criteria, experiences dealing with specific hardware and software, technology-assisted care, and consumer self-management approaches. SAMHSA hosts the forum, but does not control the views expressed, which will be solely those of their authors.

HHS Opens Meaningful Consent Site

The US Department of Health and Human Services (HHS) developed an [online resource](#) to assist individuals with choosing how their electronic health information will be shared. The Meaningful Consent web site provides information about laws and policies related to the health information exchange. It contains educational tools that providers may use to assist people served to develop a better understanding of how health information may be shared. The web site was developed on a foundation of recommendations from the Office of the National Coordinator for Health Information Technology (ONC) Policy Committee regarding information needed to make an informed choice about electronic exchange of health information.

ACA Tax Provision Web Site Launched

The Internal Revenue Service has developed a [web site](#) for information on tax provisions of the Affordable Care Act. The site includes information for individuals and families, employers, and other organizations. Information about reporting requirements, tax credits, and fees for small and large employers is available.

Data Analytics Forum Report Released

The US Government Accountability Office (GAO) issued a [report](#) on a forum to explore ways that oversight and law enforcement agencies use data analytics to assist in prevention and detection of fraud, waste, and abuse, and to identify the most-significant challenges to effective use of data analytics and actions that the government can take to address these challenges. The US Department of Health and Human Services Office of the Inspector General (OIG) was instrumental in presenting this forum. The report identifies challenges and opportunities in accessing and using data and in data sharing. Challenges include:

- Oversight and law enforcement entities are sometimes unaware of all the data that may be available to help them;
- A lack of incentives for program offices to develop information-technology systems to support data analysis by oversight and law enforcement entities;
- Difficulty in developing strategies to prioritize limited resources;
- Difficulty quantifying success of fraud-prevention efforts;

- Statutory requirements that place barriers to data matching to detect fraud, waste, and abuse;
- Technical obstacles, such as the lack of uniform data standards across agencies, that make data sharing much more difficult; and
- Actual and perceived legislative barriers to data sharing across federal, state, and local government agencies.

Opportunities include:

- Enhancements to data analytics, such as consolidation of data and analytics operations in one location for resource management and efficiency;
- Quick projects to identify the value of analytics and garner organizational support; and
- Possibility for the government to utilize and share interoperable, open-source analytical tools and techniques to lessen the need for proprietary software, lower costs, and be tailored to meet the needs of individual agencies.

DPW Provides Strong Response to CMS Regarding HealthChoices

The Department of Public Welfare (DPW) sent a [letter](#) dated August 27 to the Centers for Medicare and Medicaid Services (CMS), responding to questions about HealthChoices. DPW expressed surprise over the issues being raised again – believing they were addressed two years ago in great depth and received approval from CMS at that time. The letter goes on to provide a strong defense for the successful model.

In a previous [RCPA Info](#), it was outlined that DPW had received a letter from CMS raising questions about HealthChoices, specifically the behavioral health agreements between the commonwealth and the counties. Deputy Secretary Dennis Marion shared the letter with the field and emphasized that...“similar questions regarding the structure of Pennsylvania’s procurement process have been raised in the past. However, Pennsylvania’s approach to behavioral health care under HealthChoices has been approved repeatedly since its inception.” CMS concerns center on the behavioral health agreements and questions if they are “subgrants or intergovernmental agreements that are subject to cost principles set forth in OMB Circular A-87.” Essentially, the CMS concerns threaten the very nature of the right of first opportunity with the counties in HealthChoices and to the procurement process.

The Office of Mental Health and Substance Abuse Services issued notice that a future web conference will be held to inform stakeholders of the result of communications with CMS. RCPA appreciates the strong support from DPW for behavioral HealthChoices.

Outpatient Task Force to Meet

The statewide Outpatient Task Force will meet October 21. Office of Mental Health and Substance Abuse Services (OMHSAS) staff met with the state of New York to discuss further its model for the delivery of outpatient services. Discussion regarding medication management payment options/clinical coordination continues and OMHSAS has developed the steps needed to begin implementing regulatory reform for outpatient services. The areas noted above will be part of the agenda for the October meeting.

Substitute Decision-Making Guide and Videos

The Disability Rights Network of Pennsylvania, supported by a grant from the Pennsylvania Developmental Disabilities Council, developed a guide on substitute decision-making, including sections on guardianship, trusts, financial powers of attorney, mental health advance directives, and medical decision-making. Four videos were developed to accompany the guide. The guide and videos are available in [English](#) and [Spanish](#).

Medical Assistance Update

[Medical Assistance Provider Quick Tip 41](#), Medical Assistance Desk Reference Guide was updated September 18.

Pennsylvania [Medicaid Managed Care Organization Directory](#) was updated in September.

Workshop Addresses HIPAA and Justice-related Contexts

The Center of Excellence will host a preconference workshop at the *21st Annual Forensic Rights and Treatment Conference*, December 3, 10:00 a.m. – 4:30 p.m., focusing on information sharing in justice-related contexts in the era of HIPAA. The keynote speaker will be John Petrila, JD, LL.M, chair, College of Public Health, Health Policy and Management division, University of South Florida – a leading national expert in health policy. Participants will learn how HIPAA does and does not apply to sharing medical and behavioral health information between systems and agencies for justice-involved individuals and will hear about different models for information-sharing that are both effective and consistent with HIPAA. The workshop concludes with a state-level response panel covering current legal parameters and practices for information sharing in Pennsylvania for justice-involved individuals. Save the Date! The event will be held at the Sheraton Harrisburg/Hershey, in Harrisburg. Registration information will be coming soon.

Pennsylvania eHealth Partnership Authority Survey

The Pennsylvania eHealth Partnership Authority released *Pennsylvanians' Perceptions of Health Information Exchange*, available on the eHealth Partnership Authority [web site](#). This consumer survey was conducted to gauge public perception of a health information exchange (HIE) in Pennsylvania. Findings will be used for outreach and education efforts to increase awareness of the value of the HIE. While many respondents indicated they believed that individuals' ability to access electronic medical records online was somewhat or very important, only 28 percent were aware of current efforts to develop standards. The survey indicated the importance of physicians to educate individuals about health care issues, as well as Internet, television, radio, newspaper, and magazine resources. Fewer than half of the respondents regularly use their insurer for health care information. The authority has scheduled a plenary meeting to help plan for the future. Find more [information](#) and register to attend. Keynote speakers are Sen. Randy Vulakovich (R-Allentown/Butler), who chairs the Senate Communications and Technology Committee and Jay Goodwin, partner, IBM Global Services who has experience in the design of business intelligence solutions in the health care industry.

Brain Injury Committee Meets in September

The Brain Injury Committee met September 17 and had rich discussion on a variety of topics. More information about the committee or any of the information presented may be directed to Policy Specialist [Melissa Dehoff](#).

- Structure of the meetings as the RCPA Brain Injury Committee, including meeting logistics, inclusion of RCPA staff, and the addition of an "open forum" to the agenda for members to share information was decided.

- Scott Johnson and Joan Martin, SR Wodjak Associates, provided legislative updates on an approach to the budget, an overview of the governor's *Healthy Pennsylvania* initiative, and discussion on the waivers and services to persons with disabilities—funding vs. available slots within the waivers.

- Virginia Brown and Ginny Rogers from the Office of Long Term Living (OLTL) provided an update. They discussed the opening of the CommCare and OBRA waivers and steps being taken to reduce the waiting lists. Members of the committee offered to assist OLTL to ensure an effective process of communicating with those waiting for services. There was discussion on the draft policy associated with the waiting list. OLTL is reviewing comments received on the draft policy and are hopeful a final policy will be published by the end of September.

- Nicole Adams, Department of Health Head Injury Program, provided an update. There are two separate waiting lists: one for individuals going through the application process and being assessed (89 individuals) and the other for those waiting for service dates (11 individuals). There was question over whether there has been an increase in the Emergency Management Services fund and how this would help keep this program funded.

There was discussion on how other states fund this, such as adding \$1 to car registrations.

- Drew Nagele, Brain Injury Coalition, shared information. Notification was just received about being awarded a grant for prisoners. The two-year grant and process will implement supports and ensure services are in place prior to individuals being released from prison. The program begins October 1. SCI-Graterford in Montgomery is planning workshops and training for prisoners who will be released within six – nine months to identify inmates who may have had prior brain injury through screening, evaluating strengths and weaknesses with neuropsychological assessment, and working with those individuals using a NeuroResource Facilitator to identify brain injury services and supports to help them be successful in community re-entry. Monica Vaccaro, Brain Injury Association of Pennsylvania, will be intensively involved in this project.

- Deb Delgado provided an update on behalf of the Disability Rights Network (DRN). DRN is in the process of working with OLTL on processes to change residential services (new standards). Information is being shared about their rights, etc.

- Connell O'Brien provided an update about the merger and how staff is working to develop a coordinated strategy with members, state agencies, and legislative staff. Members were referred to [Richard Edley's article](#) in the September newsletter on RCPA priorities.

- Patty Vasco, Office of Vocational Rehabilitation (OVR), shared that the OVR revised school-to-work transition policy will be published soon. The goal is to have this in place by January 1, 2014.

Senate Caucus Supports Brain Injury Coalition Work

Passage of the state budget included funds allocated to serve additional individuals in the Office of Long Term Living (OLTL) programs with brain injury services—the CommCare and OBRA waivers. Over the past three years these waivers have been closed to new individuals needing brain injury services, resulting in a wait list. Due to the allocated funds, OLTL has begun outreach to individuals on the waiting list via a letter asking them to respond. The Pennsylvania Brain Injury Coalition, which includes RCPA, has been very concerned that cognitive challenges resulting from brain injury presents a barrier to some of these individuals being able to respond to outreach efforts. The coalition feels strongly that the policy and processes used to contact individuals and their families should be adequate to ensure that they have open access to waiver services. As a result, the coalition submitted ideas for the development of both a policy and a process that OLTL could use to help ensure individuals are not “lost” because of their disability and miss the opportunity to receive services for which they have been waiting. In response to these concerns voiced to co-chairs of the Senate Brain Injury Caucus (Senators Greenleaf and Dinniman), a letter to Department of Public Welfare Secretary Beverly Mackereth and copied to members of the caucus was sent by senators. The letter requested the department review and consider the concerns and recommendations of the coalition regarding the proposed policy for managing the waiting lists for home- and community-based services.

Save the Date! Medical Division to Convene November 7

Members of RCPA Medical Division are encouraged to save the date of November 7, 10:00 a.m. – 12:00 p.m. This meeting will be the first official RCPA Medical Division meeting and members are encouraged to attend. A meeting notice, agenda, and registration will be sent. Participation in the meeting will also be available via webcast for those unable to attend in person.

CMS Issues Update on Prepayment Review Therapy Process

On September 20, the Centers for Medicare and Medicaid Services (CMS) issued a [system alert](#) to Medicare Administrative Contractors to submit additional development requests for all providers that submit Medicare claims above the \$3,700 threshold for Physical Therapy/Speech Language Pathology and Occupational Therapy services. This will apply to any provider identified as a prepayment review demonstration state, which includes Pennsylvania.

OVR Addresses Supported Employment

The Office of Vocational Rehabilitation (OVR) has established a Supported Employment Policy Workgroup that includes RCPA Policy Specialist Drummond and members Rocco Cambria and Lori Tyndall from AHEDD. Its focus is to make recommendations to OVR regarding supported employment policy to ensure fiscal efficiency, outcome effectiveness, and program integrity. There will be a review of federal (34 CFR 361) and state regulations, with recommended revisions and development of standardized training for OVR and supported employment staff. Drummond will also represent members on the Funding and Collaboration Subcommittee. This will include review of competencies and qualifications, contract negotiation, payment for extended services, and fee structure. Other subcommittees will address assessment and placement/job coaching.

Dondero New DDAP Deputy Secretary

Cheryl Dondero was appointed deputy secretary of the Pennsylvania Department of Drug and Alcohol Programs (DDAP) in August. Ms. Dondero has served the commonwealth for over 33 years. Her experience includes progressively responsible management positions in a number of diverse commonwealth agencies specializing in human resources, budget preparation and monitoring, information systems, and training and staff development. Dondero worked in the Department of Banking and Securities and with the Pennsylvania Board of Probation and Parole. Most important, Ms. Dondero knows what impact addiction has had on life and the lives of her family and friends. It is clear she will be a major asset to DDAP.

DiGirolamo Requests Investigation of Prescription Opioid Abuse



Prescription drug abuse has become an epidemic. Rep. Gene DiGirolamo is calling on the state attorney general to lead an aggressive push to address the problem in Pennsylvania. Rep. DiGirolamo announced that he has authored a resolution requesting that Attorney General Kathleen Kane investigate prescription drug abuse on numerous fronts, including the costs to emergency health care, criminal justice, law enforcement, and addiction treatment systems. He is also asking that Kane investigate financial incentives throughout supply chains and seek damages from drug manufacturers and distributors.

More Americans now die from drug overdoses than motor vehicle crashes. The Centers for Disease Control and Prevention reports at least 38,000 drug-induced deaths in 2010, or 105 per day. Common narcotic painkillers were tied to 16,500 of those deaths. DiGirolamo also wants the attorney general's office to audit the movement, prescription, sale, and effects of prescription opioids as they pass through online pharmacies and all aspects of private and public supply chains. In addition, he calls for establishing the Pennsylvania Opioid Recovery fund to help those struggling with addiction get treatment.

State Autism Census Update

It has been 10 years since the creation of the state's Autism Task Force. One recommendation was that the state initiate a process to identify how many Pennsylvanians were living with an autism spectrum disorder. The Bureau of Autism Services conducted a study to estimate that number and identify demographic characteristics of that population. According to the study, in 2005 there were close to 20,000 Pennsylvanians living with autism. A recent analysis indicates that trends and projected numbers from the 2013 census suggest that number has risen to 35,000 with autism, including 7,929 adults. Preliminary findings indicate an 80 percent increase from 2005 and a 460 percent increase in adults. This dramatic upward trend is expected to continue, with a projected number of adults reaching almost 20,000 in 2020.

Community Connections Tour Planned

The Bureau of Autism Services and the Autism Services, Education, Resources and Training Collaborative centers have scheduled regional meetings to discuss community, consumer, and family needs, wants, programs, and plans. These are free interactive meetings for individuals with autism, families, and professionals. Bureau staff will provide information on updated *Pennsylvania Autism Census* numbers and discuss the impact of the increasing number of children with autism transitioning to adulthood. Information about Pennsylvania's adult autism programs will be provided. The Community Connections Tour will include stops throughout the state. Scheduled locations include York, Erie, Pittsburgh, Philadelphia, and Williamsport. [Information about registering](#), dates, and locations is available. Additional details and meeting sites will be posted to www.PAutism.org as they become available.

Training Enables Most With Autism to Work

Researchers at Virginia Commonwealth University reported in the *Journal of Autism and Developmental Disorders* that young people with autism, including those with challenging behaviors, can be highly successful on the job. The researchers followed high school students and found that 87 percent of young people with an autism spectrum disorder who received extra job training found work in competitive employment situations after graduation, as compared to six percent in a control group. The control group received traditional special education offerings while others students were provided with specialized training and internships through *Project SEARCH with Autism Supports*. Researchers studied 40 high school students ages 18 to 21 with autism. Twenty-four students were assigned to participate in Project SEARCH while the remaining 16 made up a control group. Project SEARCH includes a nine-month internship program during the last year of high school. The researchers incorporated applied behavior analysis and relied on an interdisciplinary support team. Participants were also taught basic employment-related skills such as how to get to and from work using public transportation, how to ask for help, and how to accept constructive criticism from a supervisor. Individuals needed less supports as they became more familiar with their jobs.

Drive Out Suicide

The Pennsylvania Adult/Older Adult Suicide Prevention Coalition (AOASPC) has launched a new statewide suicide prevention campaign, *Drive Out Suicide*. The campaign kick-off was in Harrisburg where five drivers from across the state convened to place window clings with suicide prevention information and resources, including the National Suicide Prevention Lifeline, on vehicle windshields. The campaign will spread awareness about the issue of suicide and deliver crucial resources to individuals across the state. "Sadly, more than 1,500 Pennsylvanians died by suicide last year alone. That is four Pennsylvanians each and every day," said Rebecca May-Cole, co-chair of the coalition. "We have people willing to spread the message of preventing suicide by driving in their own communities in an effort to raise awareness about our efforts."

AOASPC will maintain a [blog](#) where individuals can track the cars and drivers, gather resources, and learn more about suicide prevention. Individuals are encouraged to report sightings using #DriveOutSuicide on Twitter and through the "Drive Out Suicide" Facebook page. Each driver will have suicide prevention resources in his or her car. After a few weeks, new drivers will receive the window clings to continue the program through the spring. AOASPC is looking for [additional drivers](#). More information about suicide prevention is available on the AOASPC [web site](#). The [Suicide Prevention Conference](#) is October 16 – 17 in State College.

Search for Biomarker for Suicide

The August 26 National Institutes of Health *Research Matters* identifies suicide as the tenth leading cause of death nationwide and the third leading cause of death in adolescents. Suicide risk is higher in older men and among people who have certain mental disorders, including schizophrenia and bipolar disorder. Suicide is preventable, but many do not identify their risk for a variety of reasons. An indicator, or biomarker, that could help doctors assess and track changes in suicidal risk could save lives. A research team examined gene expression, the levels at which genes are turned on and off, in the blood of men with bipolar disorder. Seventy-five men were followed for up to three years, with interviews and blood samples collected every three – six months. Researchers extracted RNA and analyzed the expression of more than 40,000 genes. Researchers identified 246 genes that had significantly different expressions between the low and high states. From these they identified 41 biomarkers that might be most related to suicide. Researchers also collected samples through the coroner's office from individuals who had completed suicide. Thirteen of the 41 biomarkers showed significant change in these samples and six withstood statistical testing. Researchers then examined blood from 42 people with bipolar disorder and 46 with schizophrenia. Higher expression of four of the six genes marked individuals with bipolar disorder who were later hospitalized due to suicidal thoughts or behavior. A similar but weaker pattern was seen among those with schizophrenia. This suggests that four genes may be used as biomarkers to help identify individuals at risk for suicide. When clinical measures of anxiety and mood disorders were combined with the biomarker data, predictability improved. Further study is needed to confirm findings.

October is Disability Employment Month

The National Disability Employment Awareness Month is held each October. This year the Governor's Cabinet for People with Disabilities and the Pennsylvania State Civil Service Commission have partnered to guide individuals with disabilities in their search for employment. October 16 will be "Disability Employment Outreach Day" with presentations to learn about the state's application, testing, hiring processes, and available accommodations.

The Office of Developmental Programs (ODP) has issued the following announcements.

- **Announcement #066-13:** AE Oversight Monitoring Cycle 5. Information is available on the Administrative Entity (AE) oversight monitoring course.
- **Informational Memo #068-13:** ISP Review of Services Documentation Requests. ODP may require more information needed for ISP reviews. This supplemental service documentation may be on HCSIS, in the ISP checklist, or a separate file.
- **Informational Memo #069-13:** Chapter 51 ODP Home and Community Based Services Regulation Questions and Answers. Information is only for intellectual disability services, not autism services.
- **Announcement #070-13:** Vacancy Exception Request Form Training: Recording Posted to Provider Information Center.
- **Informational Packet #071-13:** Provider Payment for Start-up and Family Living Initiative. Procedure codes to support requirements of 55 PA Code Chapter 51 Section 111 to promote Family Living/Lifesharing are W0085 – Startup fee for providers of residential habilitation and W1016 – Family Living/Lifesharing Initiative.
- **Informational Packet #072-13:** Incident Management Clarification of Responsibilities for the Supports Coordination Organizations. If there are questions or members need additional clarification, contact [Linda Drummond](#).
- **Informational Memo #073-13 (Re-Issued):** Agency with Choice Financial Management Service Organization Listing. Information updated for Fayette, Greene, Washington, and Westmoreland counties now using Pathways of Southwestern Pennsylvania, Inc.
- **Announcement #074-13:** Supports Coordinator's Role in Incident Management Course Now Available. Required training available until December 31.
- **Announcement #075-13:** Positive Practices Videoconference Available for Viewing, Statewide Presentations: "Scott's Story" and "Fetal Alcohol Spectrum Disorders."
- **Announcement #076-13:** SC Curriculum 2013 Required Training Service Notes Basics 2013 – Part 1. Training available until December 31.
- **Announcement #077-13:** ODP Year 6 Cost Report Website User Account Request Form and Desk Review Assignment Mapping.
- **Announcement #078-13:** 2013 ODP Required Training for Supports Coordinators and SC Supervisors. Twenty-two hours of required trainings to be provided in 2013.
- **Informational Memo #079-13:** Provider Monitoring and Qualifications Information and Changes for Fiscal Year 2013/14. Beginning in 2013/14 the Provider Monitoring Lead AE and Provider Qualification Qualifying AE will be the same. ODP will assign providers to AEs at the beginning of each provider monitoring cycle based on the AE in which the provider serves the most waiver participants.
- **Announcement #080-13:** Harry M. Settlement Approved. The Harry M. class action lawsuit was filed against the Department of Public Welfare on behalf of all individuals who are deaf and enrolled in the Consolidated Waiver. ODP changes to comply with the settlement include identification of all persons who are deaf in the consolidated waiver and, within three months, ODP will hire a Deaf Service Coordinator.

Adult Protective Services Updates

The Department of Public Welfare (DPW) has released information regarding the [Adult Protective Services Transition Process](#) for handling protective services investigations for adults with disabilities. The process will be in effect until regulations under development are finalized and an adult protective services vendor is selected. Linda Drummond participates on the regulations work group. The Adult Protective Services Act (Act 70 of 2010) created this program for those with disabilities between the ages of 18 – 59 with DPW as the designated administrative component. The act covers individuals who are adult residents with physical or mental impairment that limits one or more major life activities. Questions on the current process may be directed to ra-pwaelheadquarters@pa.gov.

The Regulations Work Group is reviewing each section of the draft regulations. Emphasis is placed on avoiding duplication of DPW licensing and Adult Protective Services investigations, administrative functions and responsibilities of the vendor administering the delivery of protective services, reporting requirements, points of contact with law enforcement agencies, and provision of services for the individual after the initiation of the investigation.

The Bureau of Human Services Licensing has released the [Licensing Reference Manual for Personal Care Home, Assisted Living, Child Residential, Intellectual Disability, and Mental Health Service Providers](#) and the [Incident Reporting Form](#), effective September 1. Licensed providers are required to report all cases of abuse, neglect, abandonment, or exploitation to DPW based on the Adult Protective Services Act.

GAC Focused on Collaboration

The September Governor’s Advisory Committee (GAC) for People with Disabilities featured an update by Office of Developmental Programs Deputy Secretary Lokuta, a review of the committee’s operating guidelines, and work group updates. ODP’s emphasis was on the need for cross-systems collaboration through the lifespan and the community’s acceptance of diversity and disabilities.

The Legislative and Policy Work Group is focusing on training committee members about how legislation is enacted, the legislative process, and regulations development. This will overlap with the Healthcare Work Group on issues relating to health care reform. The GAC’s role is not to lobby for legislation, but to discuss the importance of issues related to legislation. The Executive Committee will develop a policy related to legislation and advocacy. The Healthcare Work Group’s discussion included the Affordable Care Act and potential Medicaid expansion with a white paper under development for the GAC. Other issues were transportation, Medicaid waivers, independent living, and Americans’ with Disabilities Act regulations. GAC Executive Director Devon Grant has coordinated a display at the State Capitol of artwork done by individuals with disabilities for the month of October.

Report on Abuse

The Disability and Abuse Project has released results of its 2012 national survey, [Abuse of People with Disabilities: Victims and Their Families Speak Out](#). This project focuses on physical, sexual, and emotional abuse of those with intellectual or developmental disabilities. The mission is to identify ways to reduce the risk of abuse and promote healing for victims. Results from the 7,200 individuals responding showed 70 percent had been victims of abuse, 50 percent were victims of physical abuse, 41 percent experienced sexual abuse, and nine of 10 respondents had suffered verbal or emotional abuse.

EHR Report

The National Center for Health Statistics of the Centers for Disease Control and Prevention has issued a report from the 2010 National Survey of Residential Care Facilities, [Use of Electronic Health Records in Residential Care Communities](#). Residential care communities include personal care homes, adult care homes, assisted living facilities, boarding care homes, and adult foster care. Key findings are:

- Only 17 percent of residential care communities use Electronic Health Records (EHR),
- Larger residential communities used EHR more than smaller agencies,
- Not-for-profits used EHR more than for-profits, and
- EHRs were used to track medical provider information, individual service plans, medications and allergies, functional assessments, and clinical notes.

Clear Parental Goals Leads to Better Success for ADHD

A recent study suggests that for children with Attention Deficit Hyperactivity Disorder (ADHD), therapy may be more successful when decision-making is shared between clinicians or pediatricians and parents. Dr. Alexander Fiks, Children's Hospital of Philadelphia, and the University of Pennsylvania reported that "If clinicians can bring evidence to parents, and parents can share their values and goals with their child's doctor, the decision-making process can be easier and it's likely to yield better outcomes." Researchers also found that when parents' main concern was their child's academic performance, they often chose medications as the treatment of choice. If parents were more worried about their child's behavior they tended to opt for behavioral therapy as an initial treatment. Results were published in the October issue of *Pediatrics*. "This study drives home the importance of soliciting family preferences around treatment options, and pediatricians would be well-advised to engage parents and try to elicit any treatment preferences and biases they may have," noted Dr. Andrew Adesman, chief of developmental and behavioral pediatrics, Steven and Alexandra Cohen Children's Medical Center of New York.

Unhealthy Bond Grounds to Terminate Parental Rights

A recent finding by the Pennsylvania Supreme Court indicates, "If an unhealthy family bond exists, a court can now terminate parental rights if the benefits of breaking that bond outweigh the harm it may cause." The Children's Advocacy Clinic argued that an unhealthy emotional bond between a parent and child should not prevent a court from terminating a parent's rights when it's in the best interest of the children. This case will help clarify how courts in Pennsylvania should address termination of parental rights. A lower court refused to terminate the mother's parental rights for her children in foster care, reasoning that a bond existed between her and the children and severing that bond would not benefit the welfare of the children. Reversing the Superior Court's decision, the Supreme Court concluded that the children's needs and welfare would be best served by severing the bond with their mother permanently in order to permit them to be placed into healthy, permanent homes. Child advocates bolstered their case by reaching out to psychiatrists at the Penn State Hershey Medical Center who provided medical research articles on the topic of parent child bonding.

DOJ Asked to Investigate Alternative Education

The Education Law Center (ELC) filed a complaint with the US Department of Justice (DOJ) seeking an investigation into discriminatory placement of students in Pennsylvania's Alternative Education for Disruptive Youth (AEDY) programs. The complaint cites four years of data showing a disproportionately high number of students with disabilities and African American students are removed from traditional public schools and sent to AEDY or similar alternative education programs in violation of federal laws. David Lapp, ELC attorney, contends that "as a result of the Pennsylvania Department of Education's policies and practices, including its approval of alternative education programs, numerous school districts in Pennsylvania are discriminating against students with disabilities and African American students through the misuse of alternative education placements. The disproportionate and frequent placement of students...in such disciplinary settings violates the Americans with Disabilities Act and the Civil Rights Act."

Clarification on RTF Fiscal Responsibility Requested

It is common for a county child welfare agency or the juvenile court to refer a youth for admission to a Residential Treatment Facility (RTF) prior to Medicaid managed care authorization for payment based on medical necessity criteria. For many reasons, it is not in the interest of the youth, the county children and youth agency, or the juvenile court to deny or delay admission while awaiting completion of mental health evaluations and managed care organization review and authorization. RCPA has asked the Department of Public Welfare to clarify who is responsible for payments to the RTF for any and all services provided at cost to the RTF. Questions routinely arise and approaches vary from county children and youth administrators, juvenile courts, and county offices of mental health as to who is fiscally responsible and what funds should apply to provider payments.

Frain to Lead Juvenile Justice, Delinquency Prevention

John Frain, formerly of Wesley Spectrum Services, is now director of the Office of Juvenile Justice and Delinquency Prevention at the Pennsylvania Commission on Crime and Delinquency (PCCD). Mr. Frain was a member of the Adolescent Forensic Committee and frequently represented community providers on the Juvenile Justice System Enhancement Strategy work group. RCPA will work closely with a pilot group of chief probation officers, the Juvenile Court Judges Commission, and providers preparing for a rollout of the *Standardized Program Evaluation Protocol* and related activities, such as a statewide provider profile for juvenile justice-related programs.

BHRS Updates and Redesign Challenges

The Children's Bureau and the Children's Committee of the Office of Mental Health and Substance Abuse Services (OMHSAS) have continued work on guidance and information intended to improve the quality of Behavioral Health Rehabilitation Services (BHRS). Family members and advocates are crafting a guide for families who may be requesting standard BHRS for their children. The Children's Bureau is also preparing a formal interim report from the OMHSAS BHRS Work Group. Much of this activity has come over the past year since the state and managed care organizations began to implement a "BHRS Redesign" initiative. RCPA surveys and member reports have repeatedly indicated that there has been a statewide reduction in BHRS authorizations, services, and service capacity. Edmond A. Tiryak, a civil rights attorney, has raised serious concerns about the changes in authorization patterns and service availability in Pennsylvania. Using Pennsylvania's Right to Know Act, Mr. Tiryak obtained data on the number of hours of behavioral health services authorized over the past two years, and found that "it showed a remarkable and disastrous decline." Data provided by the Department of Public Welfare (DPW) during one sample four-month period, he noted, showed that "there was a 570,000 hour decrease in authorized services! To get an idea of the size of this reduction, it would amount to about 28,500 kids getting kicked off of services." Tiryak has informed DPW that this is not acceptable and has provided a draft federal complaint that he will file if the problem is not remedied.

OCYF Rate Methodology Task Force Launched

Funding for child welfare and juvenile justice-related services is built upon a complex mix of local, state, and federal dollars. A valid, verifiable, and well-documented rate methodology process is essential. Recognizing that the majority of counties purchase services from private service providers, a valid methodology is needed to reflect that reasonable and allowable dollars are connected to supporting continued delivery of these mandated and desired programs and services. The Rate Methodology Task Force will develop a methodology addressing the purchase of service process between counties and providers. It will also develop a methodology to determine reimbursement for purchased services based on actual and projected costs incurred by providers. The scope of work includes development of documentation details and formats to reflect the costs of providing placement services to children and youth. The task force will provide written recommendations to the General Assembly by April 2014.

Summer Therapeutic Activities Program Report

In response to questions about program availability and the impact of changes in the program review process for Summer Therapeutic Activity Programs (STAP), the Children's Bureau reported the following:

- In 2013, the Children's Bureau reviewed 100 service descriptions for STAP.
- The majority (63) were revisions to previously approved service descriptions, with revisions primarily focusing on number of hours, separating descriptions by county, or meeting STAP bulletin standards.
- There were five new STAPS.
- Six STAPS withdrew their service description after submission.
- Of previously approved STAPS, five expanded into new counties, three broadened the age span of children served, seven reduced the age span, and four increased the number of children served overall.

By comparison, 63 service descriptions were reviewed and six new STAPS were approved in 2012.

An Average Day for Adolescent Substance Use and Treatment

A recent report from the Substance Abuse and Mental Health Services Administration (SAMHSA) found that on an average day 646,707 adolescents smoked marijuana and 457,672 drank alcohol. "This data about adolescents sheds new light on how deeply substance use pervades the lives of many young people and their families," said SAMHSA Administrator Pamela S. Hyde. "While other studies indicate that significant progress has been made in lowering the levels of some forms of substance use among adolescents in the past decade, this

report shows that far too many young people are still at risk." The report highlights substance abuse behavior and addiction treatment activities. On an average day:

- 7,639 adolescents drank alcohol for the first time;
- 4,594 used an illicit drug for the first time;
- 4,000 used marijuana for the first time; and
- 2,151 misused prescription pain relievers for the first time.

The SAMHSA Treatment Episode Data Set also provides a snapshot of how many adolescents aged 12 – 17 were receiving treatment for a substance abuse problem. On an average day over 71,000 adolescents were in outpatient treatment, more than 9,302 in non-hospital residential treatment, and over 1,258 were in hospital inpatient treatment. On an average day of emergency department visits of adolescents, marijuana is involved in 165 visits, alcohol in 187 visits, and misuse of prescription or nonprescription pain relievers is implicated in 74 visits.

CLASSIFIEDS

EXECUTIVE DIRECTOR

Community Mental Health Services/Human Services, Inc., Downingtown, PA

Community Mental Health Services, Inc. and its subsidiary, Human Services, Inc., seek a dynamic, mission-driven, business-oriented executive to lead the organization in delivery of behavioral health services in the era of health care reform. The executive will report to the Board of Directors and work with an experienced management team and staff to pursue additional strategic partnerships, increase revenue, and continue to provide high-quality, evidence-based treatment to children and adults. For 41 years, the organizations have provided a comprehensive, integrated system of care in an environment that promotes recovery for individuals with mental illness and co-occurring disorders. The organizations have an annual budget of \$7.5 million, a staff of 130, six outpatient facilities, and five residential programs.

Qualifications

- Minimum 10 years executive experience with responsibility for leading a non-profit organization of similar size and complexity; management of a multi-site organization preferred.
- MBA or health-related advanced degree preferred.
- A proven track record of forming partnerships ranging from programmatic collaboration to strategic alliance. Develops and sustains increasingly diverse funding sources, while increasing visibility in the community.
- Board development and fundraising experience. Demonstrated success in grant writing and contract application submissions.
- Business development and fiscal management experience.
- Ability to report to and guide the Board of Directors in the formulation of the vision and strategic direction of the organization.
- Knowledge of the strategic landscape in Pennsylvania, local political, business and behavioral health provider relationships helpful.
- Outstanding presentation and communication skills.
- Strong commitment to staff development, including a successful record of recruiting and retaining a diverse team.
- Ability to monitor and evaluate program effectiveness and provide changes required for improvement.

To apply, submit a letter that reflects how your experience qualifies you to be the next executive director. Attach a complete chronological résumé. Send as a PDF or Word document to michael.pillagalli@gmail.com with "Executive Director" in the subject line by October 30.

IDD Committee

The September 5 Intellectual and Developmental Disabilities Committee featured presentations by Office of Developmental Programs (ODP) Deputy Secretary Fred Lokuta, Bureau of Human Services Licensing (BHSL) Director Ron Melusky, and Office of Vocational Rehabilitation (OVR) Executive Director Steve Suroviec and several of his staff. RCPA's new CEO, Richard Edley, started the meeting with an overview of the next 100 days for the newly merged association. [Comprehensive minutes](#) from the meeting are available.



Fred Lokuta

Deputy Secretary Lokuta shared his thanks to direct support workers. He also noted that no decision on managed care for intellectual disabilities has been made, the dual diagnoses initiative continues and next steps include implementing a focus group, and that the Futures Planning Committee is developing recommendations for the next administration and next 10 years. Director Melusky addressed several questions from

members. The unannounced Chapter 6500 home investigations will now only be done if the incident requires immediate action, such as abuse or abandonment. The new Adult Protective Services program and its director, Winter Roberts, are located in BHSL. OVR Executive Director Steve Suroviec provided an overview of services and supports. OVR's emphasis is on reducing barriers to employment for people with intellectual and developmental disabilities, expanding school to work transition processes, and revisions to the transition planning manual.

SCO Subcommittee

The September 5 Supports Coordination Organizations (SCO) subcommittee featured presentations and discussions from consultants and the Office of Developmental Programs. [Comprehensive minutes](#) from the meeting are available. Amy Olsen, AO Consulting, addressing Electronic Health Records (EHR) and this being a new way of doing business. Jen Fraker, ODP program specialist supervisor, provided an overview on SCO monitoring and Bill Posavec, ODP human service program representative, addressed incident management and the supports coordinator role.

October 23. **Emergency Operations Planning Workshop.** Lancaster County Public Safety Training Center. Manheim, PA. Conducted by the University of Pittsburgh Center for Public Health Practice under the auspices of the Pennsylvania Department of Health Bureau of Public Health Preparedness. There is no cost to attend.

October 24. **Emergency Operations Planning Workshop.** Dauphin County Emergency Management Center. Steelton, PA. Conducted by the University of Pittsburgh Center for Public Health Practice under the auspices of the Pennsylvania Department of Health Bureau of Public Health Preparedness. There is no cost to attend.

November 14. **Cognitive Rehab Therapy in the Home and Community.** Radisson Valley Forge. Hosted by Main Line Rehab Associates, the conference will present the most current research and functional applications of cognitive rehab therapy and will include topics such as metacognitive process and improving awareness, best practices in remediating attention, etc. Continuing education will be offered.

Personal Care Home Administrators Training. The fall 2013 [administrator training brochure](#) for Northampton Community College (NHCC) was released. NHCC has developed several new and relevant free training programs available at multiple locations throughout the fall.

■ CALENDAR

OCTOBER

Tuesday–Friday, October 8–11 A New Commonwealth
2013 RCPA Conference
Seven Springs, Champion, PA

NOVEMBER

Wednesday, November 6	10:00 a.m. – 12:30 p.m.	Brain Injury Committee <i>RCPA Office</i>
Thursday, November 7	10:00 a.m. – 12:30 p.m. 1:00 – 4:00 p.m.	RCPA Medical Division Health Care Opportunities Task Force <i>RCPA Office</i>
Thursday, November 7	2:00 – 5:00 p.m.	Regional Meeting <i>Sheraton Bayfront, Erie</i>
Wednesday, November 13	10:00 a.m. – 12:30 p.m.	Human Resources Committee <i>RCPA Office</i>
Tuesday, November 19	1:00 – 4:00 p.m.	Criminal Justice Committee <i>RCPA Office</i>
Wednesday, November 20	9:30 a.m. – 3:30 p.m.	UDSMR Training — Defending Your Medicare Denials With Effective Appeals <i>RCPA Office</i>