



■ A MESSAGE FROM THE CEO

# Healthy PA: Can (Should) It Be Stopped?



Richard S. Edley, PhD

With the Wolf Administration coming, one of the largest questions being asked is whether the plug will be pulled

on Healthy PA. Certainly, Governor Corbett (and his administration) is continuing down the path of implementation as his term nears its end. Indeed, many in the current administration have stated that it is simply too late; while modifications can occur down the line, they say Healthy PA is here to stay.

Why is it too late to make a change to Medicaid expansion? We are told that contracts with health plans have been signed, system modifications are in place, and that a great deal of time and money has been spent by the government and the plans. All true, but technically not a rationale of why the program cannot be stopped. Contracts can be terminated and a new program implemented. There may be delays in individuals receiving coverage under a change and that certainly is an ethical dilemma, but the entire program was already delayed one year by rejecting a more traditional Medicaid expansion.

Early warning signs from the current implementation of Healthy PA have already begun. It is an administratively complex, if not burdensome, program and there is a lot of misinformation and misunderstanding among recipients. Further, reports immediately came in that new enrollees in December were having difficulty getting onto the Medicaid rolls and system glitches were evident. Then there are the letters that have been sent to current enrollees, placing them in "Healthy Plus" or "Healthy" categories, a delineation that few understand other than the fact that they had better submit an appeal if they have been put into the lower benefit category ("Healthy").

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*None of this will be easy,  
but lack of ease is no reason  
not to address the issues . . .*

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In addition, for the newly eligible (generally, adults aged 21–64 with income up to 133 percent of the federal poverty level) and those who do not qualify for Medicaid, Healthy PA introduces the Private Coverage Option (PCO). The PCO will be administered differently – through a "carve-in" of behavioral health to the contracted

physical plans. Given the short lead time, many behavioral health providers do not have contracts with PCOs. RCPA has heard complaints of low reimbursement rates offered and providers refusing to participate. Network adequacy and access to care for this vulnerable population will have to be watched carefully.

Short of pulling the plug on all this, what can Governor-elect Wolf do? One recommendation is to immediately eliminate the bifurcated Healthy Plus and Healthy benefit coverages and simply have Healthy Plus. By creating one higher benefit package that applies to all, the concerns of being incorrectly placed, the need for health questionnaires/surveys, claims data mining, appeals, etc., all go away. The stated concern that the commonwealth will then be paying for unneeded services is simply not accurate. That is precisely why you create actuarially sound rates and apply managed care principles (e.g., medical necessity). People will receive the services they need through a far simpler, more streamlined, and administratively less burdensome system. Governor Wolf could then shift to the PCO and revert to a carve-out program, using existing managed care organizations. This would allow for

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President and CEO  
**Richard S. Edley, PhD**

Senior Policy Specialist  
Western Region  
**Lynn Cooper**

Policy Specialists  
**Melissa Dehoff**  
**Linda Drummond, MPA**  
**Sarah Eyster, LSW**  
**Connell O'Brien, MEd**

Director of Legislative Affairs  
**Jack Phillips, JD**

Technical & Conference  
Services Coordinator  
**Kris Ericson, PhD**

Communications Director  
**Sharon Militello**

Office Manager/HR  
**Cindy Lloyd**

Finance Manager  
**Tina Miletic**

Fiscal/Administrative Assistant  
**Tieanna Lloyd**

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**Rehabilitation and Community  
Providers Association**

777 E Park Dr, Ste 300  
Harrisburg, PA 17111-2754  
717-364-3280—Phone  
717-364-3287—Fax  
[www.paproviders.org](http://www.paproviders.org)

ease of transition between PCO and Healthy Plus, should it be necessary, and eliminate the concerns that behavioral health will not be adequately addressed and paid for through the PCO plans.

None of this will be easy, but lack of ease is no reason not to address the issues that face Healthy PA, especially when we are speaking of coverage for those most in need of mental health and drug and alcohol services. Changes can and should be made.

(As RCPA News went to press, a lawsuit was filed in federal court in Philadelphia. It seeks to halt the assignment of individuals into the new plans – Healthy Plus, Healthy, and PCO – and asks a federal judge to stop Healthy PA from taking effect until concerns are addressed.)

Richard S. Edley, PhD  
[redley@paproviders.org](mailto:redley@paproviders.org)

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

## ■ LEGISLATIVE AFFAIRS

### Looking Forward in a New Year



Another year is over and a new one just begun; an opportunity to take a look back and a look forward to 2015. RCPA was involved in issues both great and small and took great care in representing members' wishes with the governor, legislators, and state agencies. The association scored many a win. RCPA settled a potential lawsuit and received a surprise when the General Assembly agreed to rename an agency in existence since 1921. It was a time of change for RCPA in legislative affairs and association staff is always at the ready to attend an important meeting or to answer an inquiry.

As 2015 progresses, the Legislative Affairs Committee has new leaders and expects big things. The committee looks forward to expanding its role and needs member support. RCPA wants state officials to know it is the largest statewide human services association. Staff looks forward to **Capitol Day on April 14** and strives to advance the legislative agenda every day. The association will be more engaged with federal issues and continue to work on state issues. In closing, RCPA looks forward to a great 2015 and higher rates for all!

*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](http://www.legis.state.pa.us).*

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## Edley Visits Allied Services



RCPA President and CEO Richard Edley met with Bob Ames and Jim Paddock of Allied Services December 8, 2014, in Scranton to discuss issues related to vocational services.

## Michael Breslin, NHS Human Services, Receives Honor

On April 7, the Mental Health Association of the Capital Region will honor **Michael Breslin, NHS Human Services, Inc.**, at its annual Festival of Hope tribute celebration. This award is given to an individual and/or organization that has demonstrated leadership and a long-term commitment to raising mental health awareness, while positively impacting the lives of people in mental health recovery. RCPA congratulates Mr. Breslin on this achievement.

## STATE NEWS BRIEFS

### Notice on Scope of Practice for EMS Providers Published

The Department of Health published a [notice](#) in the November 29, 2014, *Pennsylvania Bulletin* regarding the scope of practice for Emergency Medical Service (EMS) providers. Skills identified may be performed by an EMS provider at the provider's level of certification or registration only if the provider has successfully completed the approved education – cognitive, affective, and psychomotor – on the specified skill, which includes training to perform the skill on adults, children, and infants, as appropriate. Also included in this notice is the recent change to the scope of practice for the administration of Naloxone; the intranasal or auto-injector form was approved for all levels of EMS providers.

### Ebola Update Webinar Recordings Available

In late 2014, the Pennsylvania Emergency Medical Services (EMS) Council hosted two *Ebola Update* webinars, presented by the Department of Health Bureau of EMS. Recordings of both webinars are available: [November 17, 2014](#), with Deputy Secretary of Health Martin Raniowski and Bureau of EMS Director Richard Gibbons and [November 19, 2014](#), with Mr. Gibbons.

### New Videos Focusing on Using LCD Search Tool

Novitas Solutions, Inc. recently released two new [videos](#) created to assist providers with using its Local Coverage Determinations (LCD) search tool and navigating the website.

## OIG Identifies HHS Management and Performance Challenges

The Office of the Inspector General (OIG) has released its list of the *Fiscal Year 2014 Top Management and Performance Challenges* facing the Department of Health and Human Services (HHS). A few of the challenges on the list include ensuring quality in nursing home, hospice, and home and community-based care; effectively operating public health and human services programs to best serve program beneficiaries; and fighting waste and fraud and promoting value in Medicare Parts A and B.

## Proposal Released to Improve ACOs

Included in the December 8, 2014, *Federal Register* was a proposed rule issued by the Centers for Medicare and Medicaid Services that addresses changes to the Medicare Shared Savings Program, including provisions relating to the payment of Accountable Care Organizations (ACOs) participating in this program. Other proposed changes affect many program areas including data sharing, eligibility requirements, beneficiary assignment, compliance, and monitoring. Under the program, providers of services and suppliers that participate in an ACO continue to receive traditional Medicare fee-for-service payments under Parts A and B, but the ACO may be eligible to receive a shared savings payment if it meets specified requirements. Comments accepted through February 6.

## Subcommittee Reviews Federal Health Spending

On December 9, 2014, the House and Energy Subcommittee on Health held a [hearing](#) before Congress regarding fiscal priorities in federal spending on health care. Witnesses that testified included Mark Miller, PhD, executive director, Medicare Payment Advisory Commission; Chris Holt, director of health care policy, American Action Forum; Marc Goldwein, senior policy director, Committee for a Responsible Federal Budget; and Judy Feder, PhD, professor of public policy, Georgetown Public Policy Institute. Dr. Miller's testimony included recommendations that would strengthen Medicare and better align provider incentives, including the elimination of the market basket update for providers with high margins and establishing site-neutral payments for similar patients treated in different post-acute care settings. Members of Congress asked witnesses about various recommendations and policies related to benefit redesign, dual eligible beneficiaries, readmission penalties, prescription drug abuse, program integrity, 340B Discount Drug Program, coding intensity adjustments for Medicare Advantage, and proposals to equalize payments for inpatient and outpatient hospital services.

## 2015 Provider Enrollment Application Fee

The Centers for Medicare and Medicaid Services published a [notice](#) in the December 5, 2014, *Federal Register* announcing that the calendar year 2015 provider enrollment application fee will be \$553, up from \$542 in 2014. This application fee is required for institutional providers that are initially enrolling or revalidating enrollment in the Medicare or Medicaid program, the Children's Health Insurance Program, or adding a new Medicare practice location on or after January 1.

## Medicare DMEPOS Competitive Bidding Announced

On December 11, 2014, the Centers for Medicare and Medicaid Services (CMS) issued a [press release](#) announcing the bidding timeline for the next phase in the Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) competitive bidding program, as required by law. CMS also launched a comprehensive bidder education program designed to ensure that DMEPOS suppliers interested in bidding receive the information and assistance needed to submit bids in a timely manner.

## CMS Finalizes Rule to Strengthen Provider Enrollment Regulations

On December 5, 2014, the Centers for Medicare and Medicaid Services (CMS) published a [final rule](#) that expands the circumstance under which it may deny or revoke the Medicare enrollment of entities and individuals on program integrity grounds. The rule allows CMS to deny enrollment to providers, suppliers, and owners that previously were affiliated with an entity with unpaid Medicare debt; to deny or revoke enrollment if a managing employee has been convicted of certain felony offenses; and to revoke Medicare billing privileges for a "pattern or practice" of improper claims submissions. The final rule becomes effective February 3.

## NQF Measures Under Consideration for Reporting or Payment Programs

The National Quality Forum (NQF) released a [list of measures](#) that the Department of Health and Human Services is considering for inclusion in reporting or payment programs. Measures under consideration for the Inpatient Rehabilitation Facility (IRF) Quality Reporting Program are:

- Patient Fall Rate (NQF-endorsed measure);
- Venous Thromboembolism Prophylaxis (NQF-endorsed measure);
- IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (submitted to NQF for endorsement);
- IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (submitted to NQF for endorsement);
- IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (submitted to NQF for endorsement); and
- IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (submitted to NQF for endorsement).

## Outpatient Rehabilitation Committee Meets February 19

The newly-created RCPA Outpatient Rehabilitation Committee will meet February 19, 10:00 a.m.–12:30 p.m., at the RCPA office. Members unable to attend in person have the opportunity to participate via webcast. A meeting notice and registration link will be issued in mid-January.

## NIH Announces Funding Opportunity for Robotics

The National Institutes of Health (NIH) released a [funding notice](#) regarding the National Robotics Initiative (NRI) and a funding opportunity for robotics to assist with stroke rehabilitation, guide wheelchairs, and children with autism. The NRI is designed to support research to develop innovative co-robots that work cooperatively with people. Applications accepted through January 14.

## Public Input on Waiver Amendments and HCBS Transition Plan

The Office of Long-Term Living (OLTL) conducted two webinars in December 2014 to obtain public input on amendments to the Aging, Attendant Care, and Independence Waivers. A [public notice](#) announcing the amendments and renewal was published in the November 29, 2014, [Pennsylvania Bulletin](#). OLTL is also submitting waiver-specific transition plans for the Aging, Attendant Care, Independence, and AIDS Waivers in accordance with guidance from the Centers for Medicare and Medicaid Services, relating to the provisions of the [final home and community-based regulations](#).

## Assistive Technology in Pennsylvania Survey

Pennsylvania's Initiative on Assistive Technology (PIAT), a program of the Institute on Disabilities at Temple University, is currently developing a new state plan. The institute created a [brief survey](#) (5–10 minutes), giving respondents an opportunity to tell PIAT what they want and to help ensure that PIAT meets the needs of senior Pennsylvanians and those with disabilities. This survey is only for people who live in or serve people in Pennsylvania and must be completed by January 15.

## Predicting Recovery From Sports-related Concussion

An [article](#) was published in the November 13, 2014, issue of *NeurologyNow* that highlights the findings from a new study suggesting that the severity of patients' initial symptoms can help predict whether they experience a prolonged recovery. The [study](#), published in the November 7, 2014, online issue of *Neurology*, also found that neurocognitive testing is not helpful in predicting recovery from sports-related concussion.

## Study Focuses on Epidemiology of Blunt Head Trauma

A study (reported by physicians at Washington University School of Medicine in St. Louis and the University of California Davis School of Medicine) in which over 43,000 children were evaluated for head trauma, shows how children most frequently suffer head injuries. The detailed findings came from data collected during 2004–2006 from the emergency departments of 25 US hospitals. This [study](#), which appeared in *The New England Journal of Medicine*, breaks down the findings and causes of brain injuries in children under the age of two, children between the ages of two and 12, and children aged 13–17. This new analysis includes children with head injuries of all severities, from deep coma to normal neurologic status, and categorized the injuries as mild, moderate, or severe, based on the Glasgow Coma Scale.

## Collaborative Documentation Update

RCPA is pleased to report that the Office of Mental Health and Substance Abuse Services (OMHSAS) executive staff, Office of Medical Assistance Programs, and the Bureau of Program Integrity, have completed the review and comment process on the proposed final Collaborative Documentation (CD) Guidelines, which incorporates feedback received from various reviewers. The CD work group has been asked to review and comment on the proposed final document. If a majority of work group members accept the proposed final content, the OMHSAS Bureau of Quality will craft a public announcement and distribute the guidelines statewide. The most common concern of RCPA and its members is related to what services will utilize the CD guidelines. RCPA will provide another update in February.

## BH-MCO December Enrollment Concerns Addressed

The Department of Human Services (DHS) received and analyzed several reports that there was a disruption in the enrollment of new Medical Assistance (MA) applicants into behavioral health managed care organization (BH-MCO) plans. The department determined that the issue was specific to applications filed since December 1, 2014, and convened a management team to address the concern. The following steps have been initiated:

- The Office of Income Maintenance (OIM) is generating the list of initial cases affected that should be eligible for BH-MCO enrollment during December 2014.
- The Office of Mental Health and Substance Abuse Services (OMHSAS) will reprocess the identified applications in order to authorize BH-MCO coverage for eligible applicants. The approval will be retroactive to the correct date that should have been used to establish BH-MCO enrollment for each applicant.
- OIM is issuing guidance to county assistance offices regarding temporary steps to follow for applications received during the month of December 2014, with a resolution starting in January.

In the interim, DHS will monitor the flow of new MA applications and BH-MCO enrollments to assure individuals are enrolled on a timely basis. RCPA will work with the department to monitor the process and ensure enrollees get timely access to behavioral health services through the BH-MCO. The entire [communication update](#) from OMHSAS more fully describing these issues and actions to address them is available.

## STAR Data System Update

A significant update of the Strengthening Treatment and Recovery (STAR) data system occurred recently. Unexpected problems were experienced which held things up for several days. However, this upgrade provided over a dozen fixes to the application and enabled the release of more standard reports (five reports on the provider side and three reports on the payer side). Details on the fixed bugs can be found on the STAR [Known Bugs](#) page. The specific lists of reports and report definitions included in this release can be found on the STAR [Reports](#) page.

The Department of Drug and Alcohol Programs (DDAP) is rapidly approaching the next release that will enter testing soon; the roll-out should have occurred by December 19, 2014. STAR is being moved to a cloud environment. New web addresses will be provided when available. The old addresses will automatically redirect visitors for a period of time. The cloud environment will provide a stronger disaster recovery site and enable expanded growth of the application as needs continue to grow. This release is also anticipated to include another seven reports. The STAR Hotline can be reached at 717-783-8200, 7:30 a.m. – 5:00 p.m., or by [email](#). Providers are encouraged to contact DDAP as issues are encountered and to provide any suggestions for updates.

## Opportunity for Working With Veterans

Recent federal legislation has started the Veteran's Administration (VA) down the path of providing veterans the opportunity to receive care in community treatment programs. For now, progress is limited, but significant. Veterans will have Choice cards that will pay for treatment in the public system if there is either no VA facility within 40 miles of the veteran's residence or the VA doesn't have a treatment slot available for 30 days (presumably from the day the veteran appears seeking treatment). Department of Drug and Alcohol Programs Secretary Gary Tennis stated in a recent email, "Although these requirements are very limited, my read of the federal Choice statute requires the VA to pay for veterans' treatment in our system based solely on the preference of the veteran. I believe the VA will be moving in that direction, since the statute mandates it." The secretary is hoping to have any programs interested in and suited to serve this population sign up on the VA's network ([Health Net](#)).

Contact information for Health Net/Veterans Choice representative:

James A. Jones, director, Provider Network Management  
1500-Provider Development – DC  
Health Net Federal Services  
2107 Wilson Blvd, Ste 900, Arlington, VA 22201  
Mailstop: VA-102-02-02  
Phone: 571-227-6545/Fax: 571-227-6708

## Pennsylvania Partnership

The Pennsylvania Training Partnership for People with Disabilities and Families will no longer provide training and technical assistance for families and self-advocates after December 31, 2014. This project consisted of Temple University's Institute on Disabilities, Mentors for Self Determination, Vision for Equality, Self Advocates United as 1, and Achieva. The Office of Developmental Programs has contracted with a new vendor to provide training, mentoring, and supported leadership beginning in January. The new vendor can be reached by contacting [Lisa Meyer](#).

## Balancing Incentives Program

The Balancing Incentives Program (BIP) is a federally-funded program that allows states to receive additional Medicaid funds through September 30 for community-based (waiver and certain non-waiver) programs. The Department of Human Services waivers, which are a component of BIP, include the Offices of Long-Term Living, Aging, and Developmental Programs. These programs support individuals with intellectual and developmental disabilities, autism, physical disabilities, mental health issues, and older citizens. Additional BIP information is [available](#).

The December 2014 BIP Regional Feedback Meeting offered stakeholders the opportunity to discuss best practices, gaps in services, how to improve the state's long-term services eligibility process, and barriers to transitioning from institutional settings to the community. The Aging and Disability Resource Centers, known in the state as PA LINK, offer a "no wrong door" approach to learning about services and supports available. This includes referral to the correct state office for further assistance.

## ODP Futures Planning

The December 2014 Futures Planning Extended Team Meeting provided an update on the progress of the Office of Developmental Programs (ODP) internal work groups on further development of the eight objectives being addressed. ODP Deputy Secretary Steve Suroviec stated that this is an effort to reform the system with focused direction, reviewing the current system, researching other states' systems, and using multi-stakeholder input, to develop recommendations to make the system better. He feels Futures Planning is not for the purpose of addressing all ODP issues, but is a quality management effort where Employment First activities are emphasized and community supports are the only option.

The summary of each Futures Objective and Detailed Action Plans are available on the ODP Futures [website](#). RCPA President and CEO Richard Edley has served on Objective 7 to design options for a pilot managed care program and Linda Drummond has served on Objective 5 to determine the best and simplest system to manage services to improved outcomes.

### ODP UPDATES

**The Office of Developmental Programs (ODP) has released the following:**

- **Announcement #089-14:** *ODP Announces New Professional Training Vendor.* Effective January 1, the new vendor for ODP Consulting will be The Columbus Organization.
- **Announcement #090-14:** *Supplemental Security Income (SSI) Increase for Calendar Year 2015.* Effective January, the monthly SSI maximum will be \$733 for an eligible individual. There is no anticipated increase in the State Supplementary Payment for 2015.
- **Informational Packet #091-14:** *Agency With Choice Financial Management Services Wage Ranges and Benefit Allowance and Corresponding Department Established Fees for Specific Participant Directed Services.* Effective January 1.
- **Announcement #093-14:** *Core Functions of Risk Management Course.* Three-credit hour course includes identifying factors, prevention strategies, monitoring, and reporting.

### ■ ON THE AUTISM SPECTRUM

## AAW Amendment and Transition Plan Public Comment Period

The Adult Autism Waiver (AAW), administered by the Department of Human Services' Bureau of Autism Services, will soon make the proposed AAW amendment and accompanying transition plan available for public review and comment. Primary notification will be provided through the Autism Service, Education, Resource and Training (ASERT) email list; RCPA is awaiting the announcement of where and how to submit comments. Providers and interested individuals and families can also watch for [information](#). The ASERT Statewide Resource Center offers information for individuals with autism, their families, and members of the communities and providers who support them. ASERT provides information [online](#) and by phone at 877-231-4244 in Spanish or English.



## New Data on FASD Prevalence

New research suggests that Fetal Alcohol Spectrum Disorders (FASD) may be far more common than previously thought. This neurobehavioral condition is directly related to drinking alcohol during pregnancy. This new study comes at the same time as a reduction in federal funding, resources, and staff to the Substance Abuse and Mental Health Service Administration for the FASD Center of Excellence. According to findings published in *Pediatrics*, FASD may affect as many as five percent of children. Researchers examined the prevalence of FASD among 1,400 first graders in South Dakota. Physical and cognitive assessments indicated that 2.4–4.8 percent of children studied had some form of FASD. Mothers of those flagged for the condition reported higher levels of weekend binge drinking prior to learning they were pregnant and less frequent and delayed prenatal care. “Previous estimates of FASD put the occurrence at around one percent in the US,” said Gene Hoyme, Sanford Research and The University of South Dakota, who worked on the study. “By actively assessing the children who were part of this study, our team was able to develop a more accurate figure for the prevalence of this disorder among the predominately middle-class population of Sioux Falls and identify key risk factors that can predict it.”

## OMHSAS Receives Youth Suicide Prevention Grant

The Office of Mental Health and Substance Abuse Services (OMHSAS) was awarded a Suicide Prevention in Schools and Colleges Grant from the Substance Abuse and Mental Health Services Administration. The grant is for five years, at \$736,000 per year. The grant will provide gatekeeper training, suicide risk management training, standardized screening, and training in empirically supported treatments to schools, colleges, and universities throughout Pennsylvania. The project will raise awareness, increase identification of at-risk youth and young adults, facilitate referrals to treatment, improve treatment outcomes, and build on Pennsylvania’s Student Assistant Program. Project goals include:

1. Increasing the number of persons in schools, colleges, and universities trained to identify and refer youth at risk for suicide;
2. Increasing the number of youth/young adults screened and referred for treatment;
3. Increasing the number of providers trained to assess, manage, and treat youth at risk for suicide;
4. Increasing awareness about youth suicide prevention, including promotion and use of the National Suicide Prevention Lifeline;
5. Comprehensively implementing applicable sections of the 2012 National Strategy for Suicide Prevention to reduce rates of suicidal ideation, suicide attempts, and suicide deaths in communities; and
6. Promoting state-level changes to advance suicide prevention efforts in schools, colleges, and universities.

More information about suicide prevention is available from the Pennsylvania Youth Suicide Prevention Initiative [website](#).

## State Initiatives Coming Together

On December 10, 2014, RCPA represented providers at a meeting of three groups that are planning and working around a similar vision – a better way of helping youth with mental health challenges in Pennsylvania. The three groups are the System of Care State Leadership and Management Team, the Youth and Family Training Institute Advisory Board, and the School Mental Health Community of Practice. While RCPA represents members with some of these groups, this marks the first time that all three gathered for a daylong meeting to learn about the work of each organization and explore potential roles and relationships between them.

## OVR Early Reach for Transition Age Youth

On December 16, 2014, RCPA hosted a webinar by Office of Vocational Rehabilitation (OVR) Early Reach coordinators to introduce the program to members working with youth across all areas of challenge and disability. Nearly all the regional coordinators participated and expect to meet with providers in the year ahead. Over the past year, Early Reach has connected with young people to introduce them to available supportive services as they transition from school to employment and further education opportunities. The initiative now serves nearly every county in the state, supporting the transition process. The webinar slides and recording are available from the RCPA [website](#).

## Webinar Series on Trauma Informed Community-based and RTF Services

The Georgetown University National Technical Assistance Center for Children's Mental Health will host a free webinar, *Building Capacity for Trauma Informed Provider Organizations: Community-Based and Residential*, February 19, 1:00–2:30 p.m. Presenters from two states will share lessons learned and ongoing challenges as they build capacity to ensure that clinicians are trained in trauma-specific evidence-based treatments and all staff are trained in trauma informed care principles and practices. Information about the [webinar series](#) is on the center's website, including announcements, [registration](#), and handouts.

## Pennsylvania Medical Home Initiative

The concepts of "person centered health home" and "pediatric medical home" represent the future direction of coordinated and integrated primary and behavioral health care. People of all ages can and do benefit from comprehensive, family-centered care. The Department of Health Bureau of Family Health uses federal dollars to fund the state pediatric medical home program. Since its inception in 2002, the program has served thousands of children. The medical home model has been accepted by medical associations, patient and family groups, and purchasers as the standard for the delivery of primary health care. The Pennsylvania Medical Home Initiative is managed by the Pennsylvania Chapter of the American Academy of Pediatrics. The initiative is a quality improvement project based on the Educating Practices in Community Integrated Care model. To date, 149 pediatric primary care practices have been trained in 47 counties. Since 2006, RCPA has served on the initiative's advisory board, working to enhance the mental health, substance use, and neurobehavioral focus and training of medical home practices. RCPA members are increasingly collaborating with primary care colleagues in advancing the practice of coordinated and integrated care.

## Marking 20 Years of ACE

The Adverse Childhood Experiences (ACE) study was launched in 1995 and is one of the largest investigations conducted to assess associations between childhood maltreatment and later-life health and well-being. The study is a collaboration between the Centers for Disease Control and Prevention and the Kaiser Permanente Health Appraisal Clinic in San Diego. More than 17,000 working class adults underwent a comprehensive physical examination and provided detailed information about their childhood experience of abuse, neglect, and family dysfunction. To date, more than 50 scientific articles have been published and more than 100 presentations have been made about the study. The ACE findings indicate that certain experiences are major risk factors for leading causes of illness, death, and poor quality of life. As the [Centers for Disease Prevention and Control](#) has noted, "It is critical to understand how some of the worst health and social problems in our nation can arise as a consequence of adverse childhood experiences. Realizing these connections is likely to improve efforts towards prevention and recovery."

## Report Ranks States' Child Mental Health Status

Mental Health America (MHA), the nation's leading community-based mental health advocacy organization, issued a report reflecting overall rankings for all 50 states and the District of Columbia on mental health status and access for adults and children. *Parity or Disparity: The State of Mental Health in America 2015* provides a picture of mental health status in the US and shows that the country is a long way from adequately addressing critical mental health care needs. "This report paints a picture across the entire nation of both our mental health and how well we are caring for the people who need assistance," said Paul Gionfriddo, MHA president and CEO. "Sadly, disparity, more than parity, is the rule." The report notes that six million children suffer from an emotional, behavioral, or developmental problem and more than eight percent of youth have attempted suicide. The report offers important and interesting findings about Pennsylvania's national standing regarding child and adolescent behavioral health needs, access, and focused data in areas of special education and youth suicide.

## CPSL: New Laws, New Information, and New Resources

RCPA hosted a presentation by the Office of Children, Youth and Families (OCYF) on the Child Protective Services Laws (CPSL) including clearances, training, and mandated reporting. A recording of that presentation and the presentation slides are available from the RCPA [website](#). As new requirements impact community providers and licensed professionals, the information needed is most easily found through the resources listed below.

- **The Key Site:** An ideal resource for all things related to the CPSL is [KeepKidsSafe.pa.gov](http://KeepKidsSafe.pa.gov). This website is designed to serve as the hub for information related to critical components impacting child protection, including a link for mandated reporters to file, training on child abuse recognition/reporting, clearances, and general information.
- **Clearances:** Beginning December 31, 2014, Pennsylvania Child Abuse History Clearance requests may be submitted and paid for online through the Child Welfare Information Solution [self-service portal](#), allowing individuals to receive results through an automated

system. The portal also enables organizations to create business accounts to prepay for child abuse clearances. More information about electronic submission and obtaining the Pennsylvania State Police criminal record check or Federal Bureau of Investigation criminal background check is [available](#).

- **Training:** The Department of Human Services has collaborated with the University of Pittsburgh Child Welfare Resource Center to develop a free, [web-based training](#) for mandated and permissive reporters, approved in accordance with *Act 126 of 2012* and *Act 31 of 2014*. Additional trainings offered by various organizations, which have been approved in accordance with *Act 31 of 2014*, can be found from the Keep Kids Safe PA [website](#). This information will be updated as additional trainings are approved.

RCPA will continue to identify and address provider questions and concerns regarding child abuse definitions, mandated reporting, clearances, and training. Questions can be sent to [Connell O'Brien](#).

## COMMITTEE REPORTS

### Criminal Justice Committee

The December 2014 Criminal Justice Committee meeting began with a presentation from Monica Vaccaro, Brain Injury Association of Pennsylvania (BIAPA). Ms. Vaccaro provided a presentation about Graterford NeuroResource Facilitation and the new juvenile justice project in Bucks and Montgomery counties. BIAPA is interested in working with providers to become a provider of "Community Lots." Members that may be a contractor for any of the Community Lots are encouraged to contact [Drew Nagele](#) at 215-750-4300. They are interested in speaking with providers about possibly subcontracting to do neuroresource facilitation. Community Lots include housing assistance, workforce development, mentoring, family reunification, alcohol and other drug treatment, sex offender treatment, cognitive behavioral intervention, mental health, and batterer's intervention.

The meeting included reports from the Sentencing Commission regarding the risk assessment tool, the Board of Probation and Parole on *Act 122 of 2012* justice reinvestment work, the Department of Drug and Alcohol Programs state correctional project at Graterford, and a Healthy PA update from Scott Johnson, SR Wojdak and Associates. The next meeting is February 10, 9:30 a.m.–12:00 p.m. Interested members are encouraged to attend.

### Children's Committee

The December 2014 Children's Committee meeting featured a presentation on the new Child Protective Services Laws (CPSL) and implications for child-serving provider organizations and professionals (see related article above). The presentation was led by Cindi Horshaw, Office of Children, Youth and Families, who is managing key elements of the CPSL implementation and training process. Jack Phillips, RCPA director of legislative affairs, provided a report on the association's strategy and action for engaging the administration of Governor-elect Wolf and new leadership and members of the General Assembly. RCPA staff provided a range of updates on meetings, activities, and reports on state grants and initiatives that have the potential to impact community providers. The next meeting is February 10, 1:00–4:30 p.m.

## IDD Committee

The December 2014 Intellectual and Developmental Disabilities (IDD) Committee meeting featured presentations and discussion topics addressing Bureau of Human Services Licensing, Certification and Licensing System (CLS), Office of Developmental Programs (ODP) updates, Balancing Incentives Program (BIP), and the video “Diversity Equals Success for Dauphin County Business Owners,” that emphasizes the importance and benefits of hiring persons with disabilities and helping them to be successful and achieve their goals.

- Adult Protective Services will have a vendor operational by March. Until providers receive notification, they should continue to complete incident reports as they are currently.
- CLS is updating its *Provider Handbook*. Discussion included training topics such as licensing renewals, plans of correction, and new location applications.
- ODP overviewed Futures Planning initiatives that are continuing with internal and external stakeholder work groups. Current information is available on the ODP Consulting [website](#).
- ODP reviewed the settlement agreement addressing residential provider issues of vacancy factor, vacancy exception process, and the retention factor.
- BIP provided an overview of the use of this additional federal Medicaid funding for Department of Human Services home and community-based waivers, including a hotline and website for initiative information and creation of an assessment information and referral tool.

## Drug and Alcohol Committee

The December 2014 Drug and Alcohol Committee meeting hosted Secretary Gary Tennis, Department of Drug and Alcohol Programs (DDAP). He reported on work being done to develop prescribing guidelines for dental practices and shared an update on the Medicaid/County Jail Enrollment project. The committee discussed regulatory revisions with Secretary Tennis and was encouraged to identify some troublesome regulations that might be addressed by a waiver, given the length of time required for regulatory changes. A work group will be organized in January. The secretary indicated that the residential regulations revisions submitted by RCPA early in 2014 are being reviewed. Numerous DDAP staff followed with a STAR update (see related article) and it was reported that instructions for the new Pennsylvania Client Placement Criteria are available on the DDAP website. Changes will not be made until March. The new application packet was discussed, along with the posting of the new general standards recently approved. Of special note, it was reported that Ron Young is retiring but will return in February as an annuitant.

## Mental Health Committee

Lynn Cooper reported on a meeting with Value Behavioral Health (VBH) and Southwest Behavioral Health Management, the HealthChoices oversight agency and VBH partner. Topics included rate setting, Current Procedural Terminology (CPT) codes, auditing, regulatory interpretations, admission processes, coding and billing, and requirements for families to go to the VBH office for service authorization of behavioral health rehabilitation services. The organizations agreed to work with RCPA to address issues.

Scott Johnson, SR Wojdak and Associates, and Jack Phillips provided legislative updates. RCPA is attempting to participate in Governor-elect Wolf’s transition teams for human services and legislative affairs. With the \$2 billion deficit expected when the budget is introduced, Mr. Johnson and Mr. Phillips believe there could be potential gridlock. Rumors continue about the fate of Healthy PA. The Corbett Administration is moving ahead as the program was approved through the Centers for Medicare and Medicaid Services (CMS). The Wolf team has publicly discussed going with a more traditional Medicaid expansion program.

The Office of Mental Health and Substance Abuse Services (OMHSAS) sent several representatives to the meeting. Items discussed included CPT codes, collaborative documentation, outpatient regulations, onsite laboratory issues for Clozaril clinics, and co-location of physical and behavioral health services related to the need for and use of two PROMISE numbers. Many of these issues are six months or older, with little to no closure. OMHSAS reported on its work with veterans and introduction of a therapy called Cognitive Processing Therapy, specifically targeted to veterans. OMHSAS will provide training for suicide prevention in early 2015.

The Geriatric Work Group will meet January 13. The Vocational Work Group will meet February 10. The next Mental Health Committee meeting is February 10, 9:30 a.m.–12:00 p.m.

## Supports Coordination Organizations Subcommittee

The December 2014 Supports Coordination Organizations Subcommittee meeting featured presentations by the Temple University Institute on Disabilities, addressing the Office of Developmental Programs Independent Monitoring for Quality (IM4Q) and Participant Directed Services (PDS). The purpose of IM4Q is to continuously improve the quality of the system and the quality of life for individuals with intellectual disabilities. An overview was provided of how IM4Q functions, guiding principles, and [reports](#) available to the public. Supports Coordination's role in IM4Q is to organize demographic information in the pre-survey and respond to considerations raised to assist in coordinating quality improvements with providers, families, and individuals. PDS includes financial management services and the option of supports brokering services. With PDS, the individual with the disability is directly involved in the hiring or selection of support staff. They may also manage, schedule, and train these staff. In the PDS model the individual must live in a private residence (not a provider's residential setting) and may use a combination of agency-based supports and PDS. The Autism Waiver does not allow PDS.

## Vocational Rehabilitation Subcommittee

The December 2014 Vocational Rehabilitation Subcommittee meeting addressed a variety of employment options for individuals with disabilities. The Office of Vocational Rehabilitation (OVR) provided an overview of services to assist individuals with job placement including psychological assessments, functional capacity evaluation, community-based work assessments, assistive technology evaluations, supported employment, Early Reach for youth (a project promoting academic success for students), and Project SEARCH internships to secure competitive employment. OVR also provided an update on revisions to Section 503 of the federal Rehabilitation Act. Section 503 applies to businesses holding contracts with the federal government in excess of \$10,000. It prohibits employment discrimination on the basis of disability by federal government contractors and subcontractors.

### Additional Discussion Topics

- The Venango Development and Training Center, RCPA, and Indiana University of Pennsylvania are working on a proposal to develop a statewide assessment project to determine the benefits of sheltered workshops.
- In discussion between Rep. Tom Murt and Linda Drummond at the 2014 RCPA Conference, Rep. Murt offered to work with RCPA to develop a resolution for the federal government to address benefits of sheltered workshops, as federal changes such as the Workforce Innovations and Opportunities Act and waiver rule changes are impacting the continuation of work centers.

*Don't tell me  
the sky's the  
limit when  
there are  
footprints on  
the moon.*

*– Paul Brandt*

■ CALENDAR

JANUARY		
<b>Wednesday, January 14</b>	10:00 a.m. – 2:00 p.m.	Brain Injury Committee <i>Penn Grant Centre</i>
<b>Monday, January 26</b>	10:00 a.m. – 12:30 p.m.	Legislative Affairs Committee <i>Penn Grant Centre</i>
FEBRUARY		
<b>Thursday, February 5</b>	12:00 – 1:00 p.m.	Exploring Sexuality and Disability in Teenagers <i>IPRC Webinar</i>
<b>Tuesday, February 10</b>	9:30 a.m. – 12:00 p.m. 9:30 a.m. – 12:00 p.m. 1:00 – 4:00 p.m. 1:00 – 4:30 p.m.	Criminal Justice Committee Mental Health Committee Drug and Alcohol Committee Children’s Committee <i>Penn Grant Centre</i>
<b>Wednesday, February 11</b>	9:00 – 11:30 a.m. 12:00 – 1:00 p.m.	Open Meeting With Board of Directors Lunch With Board of Directors <i>Penn Grant Centre</i>
<b>Thursday, February 12</b>	9:00 – 11:00 a.m. 11:30 a.m. – 2:30 p.m. 2:45 – 4:45 p.m.	Supports Coordination Organizations Subcommittee Intellectual and Developmental Disabilities Committee Vocational Rehabilitation Subcommittee <i>Penn Grant Centre</i>
<b>Wednesday, February 18</b>	10:00 a.m. – 12:30 p.m.	Human Resources Committee <i>Penn Grant Centre</i>
<b>Thursday, February 19</b>	10:00 a.m. – 12:30 p.m.	Outpatient Rehabilitation Committee <i>Penn Grant Centre</i>

SAVE THE DATE!



RCPA ANNUAL MEETING  
AND  
Senior Leadership Summit

May 19 – 20, 2015