



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

REHABILITATION & COMMUNITY
PROVIDERS ASSOCIATION

MARCH 2016

■ RCPA NEWS

Cindi Hobbes, *director,
International Pediatric
Rehabilitation Collaborative*



From Tampa to Seattle, from Pittsburgh to Jerusalem – the International Pediatric Rehabilitation Collaborative (IPRC) membership is diverse. Although we differ in geography, practice settings, and specialty areas, our members all have one thing in common: a passion to provide the best possible rehabilitation services for children.

In 2006, a group of pediatric rehabilitation leaders in the Mid-Atlantic region first met to discuss how they could network and share resources in order to solve problems they were collectively facing regarding delivery of pediatric rehabilitation care. In the small niche of pediatric rehabilitation, finding a

network of peers proved to be invaluable. Over time, these relationships grew and the IPRC was created. The IPRC found a home within RCPA and continues to serve its members both stateside and beyond.

The IPRC is guided by an active steering committee comprised of eleven dedicated representatives from IPRC member organizations. Our current chair is Laura Crooks (Seattle Children's Hospital, Seattle, WA) and vice chair is Jeff Stec (Madonna Rehabilitation Hospital, Lincoln, NE). This group works alongside the IPRC director to drive and prioritize ongoing projects and initiatives. In October of 2015, the IPRC steering board assembled

for a two-day meeting and revised the mission and vision statements of the collaborative. They are:

- **IPRC Mission:** The International Pediatric Rehabilitation Collaborative promotes excellence in pediatric care through the support and guidance of providers and provider organizations that are committed to best practices in pediatric rehabilitation.
- **IPRC Vision:** To create a world where every child has a meaningful life.

Guided by these statements, IPRC initiatives focus on four major areas:

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Deadline Is Approaching

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2016
CONFERENCE

Final Call for
Proposals

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RCPA NEWS

IPRC — *Continued from page 1*

1) Education & Research, 2) Advocacy, 3) Outcomes, and 4) Best Practice & Innovation.

Education is a priority for IPRC members. The IPRC meets that need by providing six high quality webinars on industry relevant topics annually. Networking events are held following each session for members to discuss the practical applications of the content presented. Did you know that all RCPC members are welcome to attend and participate? Information can be found on the [IPRC website](#) or just follow the link from the [RCPC home page](#).

As the health care pie continues to be sliced and diced, IPRC members recognize that advocacy is crucial to secure the availability of the rehabilitation services that our clients need. The IPRC identifies and supports initiatives that promote access to quality care for all children.

IPRC members are leading the industry in the pursuit of best practices. In the fourth quarter of 2015, the IPRC launched a long awaited project on data transparency. Leaders from nine pediatric rehabilitation organizations from across the country agreed to unblind aggregate patient outcome data to one another, for the purposes of benchmarking and determination of best practices. This group of forward thinkers has begun to analyze the initial report data to determine which rehabilitation methods, models, and frequencies produce the best patient outcomes.

In the changing tide of health care delivery, the future of the IPRC remains bright as we collectively pursue the vision for excellence in pediatric rehabilitation. We look forward to what is in store as we work together to "create a world where every child has a meaningful life."



The RCPC Conference Committee is excited to receive proposals for the 2016 conference, being held September 27–30 at the Hershey Lodge. Please submit your proposal no later than Friday, March 18 for consideration.

Provider Revalidation Deadline

The revalidation deadline is Thursday, March 24, for providers who are required to revalidate. If your organization is unsure, please see the [archived webinar and materials](#) from the January 6 training offered by Jamie Buchenauer from the Department of Human Services, to reduce your risk of an interruption in billing.

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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.



Basic Rules on Lobbying for a 501(c)(3) Organization

Over the past few weeks, RCPA staff has been asked whether 501(c)(3) organizations can lobby. The short answer is yes. According to the [Internal Revenue Code](#), nonprofit organizations with 501(c)(3) tax-exempt status are organized "for charitable, religious, educational, or scientific purposes," (IRS Tax Code) and these organizations are subject to the rule that lobbying cannot be a substantial part of their activities. The organization's articles [constitution, bylaws] may not "expressly empower it to devote more than an insubstantial part of its activities to attempting to influence legislation by propaganda." 501(c)(3) organizations may not directly or indirectly participate in political campaigns by supporting or endorsing candidates for public office or by publishing or distributing statements on behalf of a candidate's campaign.

However, 501(c)(3) organizations may lobby as long as that lobbying remains an insubstantial part of their activities.

There are two types of lobbying, and they are defined as follows:

■ Direct Lobbying

Direct lobbying is communicating your views to a legislator or a staff member of any other government employee who may help develop the legislation. To be lobbying, you must communicate a view on a "specific legislative proposal." Even if there is no bill, you would engage in lobbying if you ask a legislator to take an action that would require legislation, such as funding an agency.

Significantly, if you ask your members to lobby for this bill, that also is considered direct – not grassroots – lobbying. People are considered members if they contribute more than a nominal amount of time or money. If a newsletter article that goes to both members and non-members urges them to take action, the amount you would need to allocate to grassroots lobbying would be only the percentage of non-members who received your newsletter.

However, if you simply tell people about a specific piece of legislation and your position on it but you don't encourage them to contact their legislators, this is not counted as lobbying. Direct lobbying also involves trying to influence the public on referenda and ballot initiatives. In these cases, the public are, in essence, the legislators.

■ Grassroots Lobbying

Grassroots lobbying is trying to influence the public to express a particular view to their legislators about a specific legislative proposal. A communication is considered lobbying (a "grassroots call to action") if it states that the readers should contact a legislator, or if it provides the legislator's address and/or telephone

Register Now!

RCPA Capitol Day

Tuesday, April 12
Harrisburg, PA

RCPA is hosting [Capitol Day](#) on Tuesday, April 12 to advocate for a realistic budget that offers the supports required by Pennsylvanians in need of adult and children's mental health, brain injury, medical/vocational rehabilitation, intellectual and developmental disabilities, substance use, and autism services. It is important that members take action! RCPA urges members, supporters, consumers, and families to join us at Capitol Day and let elected officials know these services are essential and must be supported.

RCPA has created a RCPA Capitol Day [web page](#), where members can [register](#) to attend and will find many helpful resources. Further questions may be directed to [Jack Phillips](#).

GOVERNMENT AFFAIRS

Continued from page 3

number, or provides a post card or petition that the person can use.

It is also considered a lobbying communication if you simply identify legislators who are opposed to or undecided about your view of the legislation, or identify that person's legislators, or state who is on the committee that will vote on the legislation. (This is called "indirect encouragement.") Simply identifying a bill's sponsor (the "Istook amendment") is not considered indirect encouragement.

Organizations that send out frequent "calls to action" urging their members to contact their legislators, organizations that employ an outside lobbyist or lobbying firm, and organizations that lobby through their employees, should consult Section 501(h) of the Internal Revenue Tax Code for reporting rules and procedures.

These are the basic rules for organizations that have a 501(c)(3) tax status. RCPA encourages members to consult their legal and/or tax professionals to make sure they are complying with IRS rules. Contact [Jack Phillips](#), RCPA director of government affairs, with any questions.

■ NEW MEMBER

FULL PROVIDER MEMBERS

[Acme Providers, Inc.](#)

239 Thompson Rd, Acme, PA 15610

Justina Cunningham, CEO

[Community Council Health Systems](#)

4900 Wyalusing Ave, Philadelphia, PA 19131

James Nixon, president/CEO

[Community Living and Support Services](#)

1400 S Braddock Ave, Pittsburgh, PA 15218-1264

Al Condeluci, PhD, CEO

■ MEMBERS IN THE NEWS

RCPA Member WellSpan Earns Award

WellSpan earns [Stage 7 Award](#) from HIMSS Analytics, touts clinician buy-in, medical device integration.

■ FEDERAL NEWS BRIEFS

Comprehensive Concussion Review to Begin on March 14

On February 18, 2016, House Energy and Commerce Committee Chairman Fred Upton (R-MI) and Oversight and Investigations Subcommittee Chairman Tim Murphy (R-PA) announced that the roundtable kicking off the committee's comprehensive concussion review has been rescheduled for Monday, March 14, 2016, at 2:00 pm. The goal of the review is to advance the conversation beyond headlines and traditional boundaries. The roundtable will bring together experts on head trauma, including the public health, military, athletic, and research communities, to explore what is known and not known about concussions, and how the research community is working to meet these challenges. Additional information, including a list of participants, will be posted on the committee's [website](#).

Proposed Rule Released to Measure Performance of Accountable Care Organizations

The Centers for Medicare and Medicaid Services (CMS) released a [proposed rule](#) that was published in the February 3, 2016 *Federal Register*, which updates the methodology used to measure the performance of Accountable Care Organizations (ACOs) in the Medicare Shared Savings Program. Under the proposed rule, CMS would modify the process for resetting the benchmarks, which are used to determine ACO performance for those renewing their participation agreements. The proposed rule addresses changes to the Shared Savings Program that would modify the program's benchmark rebasing methodology to encourage ACOs' continued investment in care coordination and quality improvement, and identifies publicly available data to support modeling and analysis of these proposed changes. In addition, it would streamline the methodology used to adjust an ACO's historical benchmark for changes in its ACO participant composition. Comments on the proposed rule are due by Monday, March 28.

Proposed Rule Gives Access to Information to Drive Quality and Patient Care Improvement

On February 2, 2016, the Centers for Medicare and Medicaid Services published a proposed rule, “[Expanding Uses of Medicare Data by Qualified Entities](#),” in the *Federal Register*. This proposed rule would implement new statutory requirements that would expand how qualified entities may use and disclose data under the qualified entity program, to the extent consistent with applicable program requirements and other applicable laws, including information, privacy, security, and disclosure laws. In doing so, this would explain how qualified entities may create non-public analyses and provide or sell such analyses to authorized users, as well as how qualified entities may provide or sell combined data, or provide Medicare claims data alone at no cost, to certain authorized users. This proposed rule would also implement certain privacy and security requirements and impose assessments on qualified entities if the qualified entity or authorized user violates the terms of a data use agreement required by the qualified entity program. Comments will be accepted through Tuesday, March 29.

CMS Issues Final Rule on Reporting and Returning of Overpayments

The Centers for Medicare and Medicaid Services (CMS) published the [final rule](#) on “Reporting and Returning of Overpayments” in the February 12, 2016 Federal Register. The final rule requires providers receiving funds under the Medicare program to report and return overpayments by either 60 days after the overpayment was identified or the date that any corresponding cost report is due, if applicable – whichever date is later. The regulation becomes effective on Monday, March 14.

First Set of Core Measures Used as Basis for Quality-Based Payments Released

On February 16, 2016, the Centers for Medicare and Medicaid Services (CMS) and America’s Health Insurance Plans, as part of a broad Core Quality Measures Collaborative of health care system participants, [released](#) seven sets of [clinical quality measures](#) that payers have committed to using for reporting as soon as feasible, based on a collaboration of commercial plans, Medicare and Medicaid managed care plans, purchasers, physician and other care provider organizations, and consumers. The collaborative identified the core sets of quality measures in an attempt to align physician quality reporting programs and reduce confusion and complexity for reporting providers. The core measures are in the following seven sets: Accountable Care Organizations, Patient Centered Medical Homes, and Primary Care; Cardiology; Gastroenterology; HIV and Hepatitis C; Medical Oncology; Obstetrics and Gynecology; and Orthopedics. The collaborative plans to add more measure sets and update the current measure sets over time. The Health Care Payment Learning and Action Network, a public-private collaboration established by CMS, will integrate these quality measures into their efforts to align payment model components with public and private sector partners.

*Happiness is
good health
and a bad
memory.*

– Ingrid Bergman

Opposition to DHS Plan to Raise Age Limit Under Community HealthChoices Voiced

On January 27, 2016, a [letter](#) was sent to Department of Human Services (DHS) Secretary Ted Dallas, requesting reconsideration of DHS' decision to raise the minimum age of eligibility for Community HealthChoices (CHC). RCPA was one of more than 35 organizations and individuals that signed this letter of support. Currently, the minimum age of eligibility for the Attendant Care, Independence, and OBRA waivers is 18. However, the CHC request for proposal states, "CHC will serve adults age 21 or older who require Medicaid long-term services and supports (whether in the community or in private or county nursing facilities)... and current participants in DHS' (Office of Long-Term Living) waiver programs who are 18–21 years old." This would change the minimum age for home and community-based services administered by OLTL to age 21. Concern was noted in the letter of how raising the minimum age of eligibility for CHC will create large gaps in services. Many examples were elaborated on the services that keep young adults in their homes and communities and out of institutional care, including home modifications, vehicle modifications, assistive technology, respite, and residential habilitation. As a result of the concerns raised and alternate proposals provided, DHS made the decision to serve the current 18–20 year old individuals who need services not available through early and periodic screening, diagnostic, and treatment in the OBRA Waiver, and serve any new 18–20 year olds in the OBRA Waiver during the transition to CHC.

Changes in OLTL Waiver Enrollment Process

The Office of Long-Term Living (OLTL) has announced changes that are being made to the enrollment process for Home and Community-based Services (HCBS), including the Aging Waiver, Attendance Care Waiver, CommCare Waiver, Independence Waiver, OBRA Waiver, and Act 150 Program. Effective Tuesday, March 1, 2016, OLTL will enter into a new contract with MAXIMUS, the PA Independent Enrollment Broker (IEB). According to OLTL, the adjustments being made and expectations regarding this new contract will streamline the enrollment process, as well as ensure consistency across all home and community-based programs, in anticipation of the roll-out of Community HealthChoices (CHC), a Managed Long-Term Services and Supports program for older Pennsylvanians and adults with physical disabilities. CHC will move the Commonwealth's home and community-based waiver system from fee-for service to a capitated Medicaid managed long-term services and supports delivery system. The changes OLTL is making to the enrollment process support the Commonwealth's efforts to ensure that the enrollment process is conflict free, strengthening necessary firewalls between enrollment in services and the provision of ongoing service coordination and other services.

Changes made to improve the IEB process:

- The enrollment timeframe requirement has been reduced from 90 days to 60 days. This change is effective March 1, 2016.
- The IEB will assume the Aging Waiver enrollment process effective April 1, 2016.
- Enrollments that are already in process before April 1 will remain the responsibility of the Area Agency on Aging. Aging Waiver applications initiated prior to April 1 must be completed by the AAA prior to June 30. Applications still pending on June 30 will revert to Maximus for completion. OLTL will provide additional information on this process in an upcoming webinar.
- These changes, which affect all OLTL Home- and Community-Based Programs – Aging, Attendant Care, CommCare, Independence, OBRA and the Act 150 program administered through the Office of Long-Term Living – will be completed by the PA Independent Enrollment Broker (IEB), Maximus.

The tasks completed by the IEB (Maximus) include the following:

- Coordinate with the County Assistance Office to ensure timely completion of the PA 600L Medical Assistance Applications.
- Coordinate with the Area Agency on Aging to ensure timely completion of the Clinical Eligibility Determination (formerly known as the Level of Care Determination). Complete in-home visit with applicant to gather information for enrollment.
- Complete the Program Eligibility Determination.
- Provide applicant with choice of Service Coordination provider.
- Enroll applicant in waiver upon receipt of PA 162.
- Transfer record and enrollment documentation to the selected Service Coordination agency.

If you have any questions, please contact Amy High, Office of Long-Term Living, Bureau of Participant Operations, at 717-787-8091.

Loans to Assist Pennsylvanians With Disabilities to Live Where They Choose

Governor Wolf [announced](#) that the Departments of Human Services, Aging, and Community and Economic Development, are partnering to launch the Home and Community-based Services Loan Program in July 2016. The goal of the loan program is to assist seniors and individuals living with disabilities to live full and independent lives in the community. It is expected that the loans, ranging from \$50,000–\$200,000, will be used toward start-up, reconfiguration, or expansion costs. Loan applications will be processed on a first-come, first-served basis.

PA Chronic Disease Conference



Mark your calendars for the upcoming [2016 PA Chronic Disease Conference](#), sponsored by the Pennsylvania Department of Health Bureau of Health Promotion and Risk Reduction, on Tuesday, June 28, 12:00–5:00 pm and Wednesday, June 29, 8:00 am–1:00 pm at the Crowne Plaza in Harrisburg. Attendees will understand the impact of chronic disease on Pennsylvania through a discussion on confluence of health care delivery, public health, and community-based activities. These will be accomplished by identifying gaps, disparities, and barriers to chronic disease programs, along with potential solutions for each, and by forming or strengthening partnerships and relationships among clinical, community, and public health organizations. Space is limited, so [register](#) soon. Questions should be directed to [Joy Meyer](#) or 717-541-5864, ext. 137.

CMS Posts Update on Manual Medical Review for Outpatient Therapy Services

On February 9, 2016, the Centers for Medicare and Medicaid Services (CMS) posted this [update](#) to the “Therapy Cap” page on their website, regarding manual medical review (MMR) of therapy claims above the \$3,700 threshold. The guidance is vague and additional information is needed for clarification. Members that provide outpatient therapy services should be cognizant that MMR will resume in the near future and should comply with medical record requests issued by Strategic Health Solutions.

Committee Leaders Seek Feedback on Site-Neutral Medicare Payment Policies

In a [letter](#) to the health care community, House Energy and Commerce Committee Chairman Fred Upton (R-MI) and Health Subcommittee Chairman Joseph Pitts (R-PA) solicited input on policy changes regarding site-neutral payments, including changes made to certain Medicare hospital reimbursements on a prospective basis, under Section 603 of the Bipartisan Budget Act of 2015. The letter requested formal feedback on policies the committee should examine in the context of both the enactment of Section 603, as well as other changes to site-neutral payment policies. Section 603 of the Bipartisan Budget Act of 2015 established a site-neutral payment policy for newly-acquired, provider-based, off-campus hospital outpatient departments after November 2, 2016 within Medicare, in which those facilities will be reimbursed under the most applicable of existing fee schedules, such as the Medicare physician fee schedule, ambulatory surgical center prospective payment system, or the clinical laboratory fee schedule. The letter also asked for proposals on how to offset any increase in cost for Medicare beneficiaries, or which would ideally further the solvency of the Medicare program.

President Obama’s Proposed FY 2017 Budget Includes Provisions Relevant to IRFs

On February 9, 2016, President Obama released his fiscal year [\(FY\) 2017 Proposed Budget](#), which contains some Medicare provisions relevant to inpatient rehabilitation facilities (IRFs), some of which include: proposal to increase the compliance threshold from 60 percent to 75 percent beginning in 2017; implement bundled payments for post-acute care; reduce Medicare bad debt; expand competitive bidding for certain durable medical equipment; not establish site neutral payments, among others.

IRFs Able to Access PEPPER Reports

Inpatient Rehabilitation Facilities (IRFs) are now able to access their Program for Evaluating Payment Patterns Electronic Reports (PEPPERS) electronically through the [Secure PEPPER Portal](#). The Centers for Medicare and Medicaid Services contracts with TMF Health Quality Institute to produce and distribute these comparative billing reports that summarize Medicare claims data, to help providers identify and prevent improper Medicare payments.

Updates Made to IRF-PAI Training Manual V1.4

The section 4 quality indicators of the *Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF PAI) Training Manual V1.4* is available on the "[IRF Patient Assessment Instrument](#)" [web page](#). Section 4 provides updates to Sections GG, J, and O that will be required beginning October 1, 2016.

QIES Downtime Scheduled for March 16–21

All Quality Improvement and Evaluation System (QIES) systems, including the inpatient rehabilitation facility patient assessment instrument, will be unavailable from March 16, 2016 after 8:00 pm through March 21. This downtime will affect all QIES connectivity and systems. Providers are encouraged to make contingency plans to accommodate for this downtime.

MH Outpatient Regulations Update

RCPA has been advocating for years for significant changes to the mental health (MH) outpatient regulations to help protect and strengthen mental health outpatient (OP) services in Pennsylvania. In 2010, RCPA developed a position paper outlining the major problems in this area. In response to this crisis, the Office of Mental Health and Substance Abuse Services (OMHSAS) developed a task force to work on regulation changes. The task force was a broad range of stakeholders which included consumers, counties, providers, and behavioral health managed care organizations. The task force worked for several years to develop a new set of regulations intended to protect and strengthen mental health outpatient services. The job of the task force was complete in 2014 and OMHSAS submitted the revised regulations to internal sources for approval. From beginning to now, it has been six years since we requested help. OMHSAS responded with strong support but the regulations have been held up in various areas of the department and the administration.

We received the following email on February 5 from Jean Rush, who has been the lead at OMHSAS since the beginning of the project:

"I wanted to share the current status of the OP regulation package since we drafted the revisions. With the expansion of Medicaid, the department has made changes to our State Plan Amendments for compliance with ACA which have been approved by CMS. This will require some minimal changes to the OP regulation package which were not an issue during our work.

OMHSAS will be making the minimal changes to the regulation package in conjunction with the Office of Medical Assistance Programs (OMAP) as the Medicaid Authority for the Commonwealth, as well as our Office of Legal Counsel.

The changes will not impact your recommendations but are necessary for compliance and the ability to complete the IRRRC review. We will share the changes with you via email and if there are any areas where input is needed, I will be contacting you to schedule a call to discuss.

We appreciate all of the time and dedication to this project and will continue to work on making the changes to move this regulation package to completion. It is still a priority for the department."

RCPA is hopeful that a resolution is forthcoming and will keep you all posted.

CCBHCs Are Coming to Town

On February 8, the Department of Human Services (DHS) released a request for applications to the community providers to apply to offer Certified Community Behavioral Health Clinics (CCBHCs) in Pennsylvania. As one of 24 states approved to apply for the two year demonstration project, DHS is working to select at least two CCBHCs for Pennsylvania. Once they are selected, DHS will work to conduct readiness assessments with the CCBHCs and develop the final application that DHS must submit to the Substance Abuse and Mental Health Administration (SAMHSA) by August, to be considered as one of the final eight demonstration states. Providers who are not selected to be a CCBHC may participate in the control group, which is a requirement by SAMHSA as well. Lessons learned will be shared across the state by DHS and nationally through National Council.

Brain Injury Awareness Day



Members should mark your calendars and be on the lookout for activities surrounding the celebration of Brain Injury Awareness Day scheduled for March 16, 2016. The Brain Injury Association of America will be hosting awareness day events on Capitol Hill in Washington, DC. Questions should be directed to Amy Colberg, director of government affairs, at 703-761-0750.

The Children's Hospital of Philadelphia Concussion Conference

The fourth annual concussion conference, *Diagnosis and Management of Concussion: Seeing Concussion Through New Eyes*, is planned for Friday, April 1, 2016 at The Children's Hospital of Philadelphia. The one-day conference is intended for clinicians and school personnel who are involved in the management, return to school, and return to physical activity of students with concussions. Sessions will provide guidelines for the evaluation and diagnosis of concussion, including the latest developments. Preregistration is required and the deadline is Thursday, March 24.

CoBI Annual Conference: New Advances in Brain Injury Rehabilitation

The Council on Brain Injury (CoBI) will host its annual conference for professionals, *New Advances in Brain Injury Rehabilitation*, on Wednesday, March 16, 2016 at Duquesne University. This year's speakers are from across the United States and will address a variety of topics, including return to school after traumatic brain injury (TBI), long-term medical management of individuals with TBI, and the use of complementary therapies, including art therapy and yoga, after brain injury. Continuing education credits will be available. The cost of the conference is \$100 and includes continental breakfast and lunch. Registration and payment must be received by Friday, March 4.

Hepatitis C Infectious Disease Epidemiology

The RCPA Drug and Alcohol Committee heard an important presentation from Charles Howsare, MD, MPH/viral hepatitis prevention coordinator, at the February meeting. Below are some of the facts/highlights provided:

- Hepatitis C is a liver infection caused by the hepatitis C virus (HCV). Hepatitis C is a blood-borne virus. Approximately 3.5 million (Range 2.5 million–4.7 million) people in the US, and over 306,000 people in Pennsylvania, are estimated to be currently infected with hepatitis C.
- The vast majority (about 80%) of persons living with hepatitis C are baby boomers (individuals born from 1945 through 1965). However, today, most people become infected with the virus by sharing needles or other equipment to inject drugs. Currently, the most active transmission of hepatitis C is from IV drug use in the under 35-year-old age demographic.
- The Centers for Disease Control recently issued updated guidance to reinforce current recommendations for hepatitis C testing and to ensure people infected are properly tested and identified. Testing all baby boomers, and those with injection drug use behaviors, is critical to stemming the increasing toll of death and disease from hepatitis C in this nation.
- HCV is primarily spread by exposure to infected blood, such as needle sharing with an infected person, improper infection control practices by health care personnel, or (rarely) from sexual exposure.
- HCV infection is usually asymptomatic for many years. 5–20% of people with chronic HCV infection will eventually develop cirrhosis, and 1–5% will die of cirrhosis or hepatocellular carcinoma. HCV is a leading reason for liver transplantation.
- There is no vaccine for hepatitis C, but there are effective, well-tolerated treatment regimens. Access is limited to these treatments because of high drug costs.

The HCV program has begun working to integrate hepatitis C prevention and screening activities into existing state HIV/AIDS, STD, and Department of Corrections programs. In addition, the program is working to strengthen prevention activities in community-based organizations focusing on individuals with drug and alcohol issues as well as the homeless.

SAMHSA Releasing Changes on Confidentiality of D&A

The Substance Abuse and Mental Health Services Administration (SAMHSA) is releasing a notice of proposed rulemaking (NPRM) that proposes changes which modernize the Confidentiality of Alcohol and Drug Abuse Patient Records rules (42 CFR Part 2). The goal of the proposed changes is to facilitate information exchange within new health care models, while addressing the legitimate privacy concerns of patients seeking treatment for a substance use disorder. The NPRM is on public display [online](#). SAMHSA will be providing additional updates and information. The RCPA Drug and Alcohol Committee is organizing a new task force to review these new proposed regulations and review the state confidentiality regulations 255.5. To participate in this task force, contact [Lynn Cooper](#).

Smart on Crime

By William S. Houser, assistant US attorney, senior litigation, Counsel Office of the United States attorney

In early 2013, the Justice Department launched a comprehensive review of the criminal justice system in order to identify reforms that would ensure federal laws are enforced more fairly and – in an era of reduced budgets – more efficiently. Specifically, this project identified five goals:

- To ensure finite resources are devoted to the most important law enforcement priorities;
- To promote fairer enforcement of the laws and alleviate disparate impacts of the criminal justice system;
- To ensure just punishments for low-level, nonviolent convictions;
- To bolster prevention and reentry efforts to deter crime and reduce recidivism; and
- To strengthen protections for vulnerable populations.

As part of its review, the department studied all phases of the criminal justice system – including charging, sentencing, incarceration, and reentry – to examine which practices are most successful at deterring crime and protecting the public, and which aren't. The review also considered demographic disparities that have provoked questions about the fundamental fairness of the criminal justice system.

The preliminary results of this review suggested a need for a significant change in our approach to enforcing the nation's laws. The Smart on Crime initiative announced in August of 2013 recognizes that a vicious cycle of poverty, criminality, and incarceration traps too many Americans and weakens too many communities. However, many aspects of our criminal justice system may actually exacerbate this problem, rather than alleviate it.

The reality is, while the aggressive enforcement of federal criminal statutes remains necessary, we cannot prosecute our way to becoming a safer nation. To be effective, federal efforts must also focus on prevention and reentry. In addition, the Smart on Crime initiative recognizes it is time to rethink the nation's system of mass imprisonment. The United States today has the highest rate of incarceration of any nation in the world, and the nationwide cost to state and federal budgets was \$80 billion in 2010 alone. This pattern of incarceration is disruptive to families, expensive to the taxpayer, and may not serve the goal of reducing recidivism. The Smart on Crime initiative is designed to marshal resources, and use evidence-based strategies, to curb the disturbing rates of recidivism by those reentering our communities.

The findings of the department's review align with a growing movement at the state level to scrutinize the cost-effectiveness of our corrections system. In recent years, states such as Texas and Arkansas have reduced their prison populations by pioneering approaches that seek alternatives to incarceration for people convicted of low-level, nonviolent drug offenses.

"Smart on Crime" is an effort to apply some of the lessons learned from these states at the federal level. By shifting away from our over-reliance on incarceration, we can focus resources on the most important law enforcement priorities, such as violence prevention and protection of vulnerable populations.

ODP Updates

The Office of Developmental Programs has released the following information:

- [Announcement #002-16](#): *Availability of ODP's Consolidated and P/FDS Waiver Amendments Effective May 1, 2016 for Public Comment*
- [Announcement #003-16](#): *Addressing Day to Day Risks as a Team: Follow-up Webinar for SC Supervisors and AE Risk Management Staff*
- [Announcement #004-16](#): *Day Supports that Promote Community Engagement Survey Date Extended and Two Webinars Scheduled*; the service definitions to be considered are in two categories: existing licensed day program (prevocational and adult day) and new community engagement day supports (note: survey deadline has passed).
- [Announcement #005-16](#): *Mileage Rate Change Effective January 1, 2016*: mileage reimbursement rate for Procedure Code W7271 has been changed to \$0.54 per mile
- [ODP Bulletin #00-16-01](#): *Targeted Services Management for individuals with an Intellectual Disability*
- [Announcement #006-16](#): *Provider Payment for Start-Up and Family Living Initiative*; procedure codes have been established for these supports
- [Announcement #007-16](#): *PA Department of Human Services Medication Administration Training Program Scheduling of 2016 Sessions*
- [Announcement #008-16](#): *New Required Training: The Outcome Section of the ISP – Better Outcomes, Better Lives, Part 2: Outcome Actions*
- [Announcement #009-16](#): *Supporting Families Community of Practice Framework for System Change Series Webinar*; scheduled for January 28, 2016 at 2:00 pm
- [Communication #010-16](#): *Biennial Provider Qualifications*; due by March 31, 2016
- [Announcement #011-16](#): *Independent Monitoring for Quality 2016 Manual Update Issued*
- [Announcement #012-16](#): *Enterprise Incident Management System Implementation Information: EIM User Manual is Now Available*
- [Announcement #013-16](#): *Person Centered Thinking Training for All Audiences*
- [Announcement #014-16](#): *Outreach to Providers Willing to Establish Homes for Individuals Who are Deaf*
- [SCO Service Note Extract Alert](#); ODP is working on a solution to the issue SCOs are having with service note extract reports. A permanent fix is scheduled for March 12, 2016 HCSIS Release.
- [Provider Revalidation](#) due by Thursday, March 24: RCPA has provided ODP with a hyperlink to the webinar presented, regarding the provider enrollment requirements; this recorded [webinar](#) is available to providers that missed RCPA's session on January 6.

Legal Issues

- US Department of Labor administrative law judge has [ruled](#) that Seneca Re-ad Industries in Ohio was not justified when it paid three employees below minimum wage. Seneca is a sheltered workshop. The petition filed by the employees said their disabilities, which included visual impairments and Asperger's, did not interfere with their productivity and they should be paid minimum wage.
- [Rhode Island Workforce Goals](#); Rhode Island is not meeting its benchmarks of a settlement agreement requiring the state to move persons with intellectual and developmental disabilities from segregated settings into the community integrated workforce. There was a 100% benchmark established by December 1, 2014. This also included a mandated 20 hours per work week and the data shows it is 11 hours on average.
- Greyhound Lines, intercity bus transportation company, has been directed by a consent decree to implement a [variety of reforms](#) to resolve violations with the Americans with Disabilities Act. This will include paying \$300,000 in compensation to some passengers.

HCBS Settings Toolkit

The Home and Community-Based Services (HCBS) Advocacy Coalition has developed a new toolkit with detailed information regarding the new HCBS settings rules. The toolkit contains three documents:

1. [The Medicaid HCBS Settings Rules: What You should Know](#);
2. [HCBS Rules Q&A: Settings Presumed to be Institutional & the Heightened Scrutiny Process](#); and
3. [HCBS Setting Rules: How to Advocate for Truly Integrated Community Settings](#).

HCBS Waiver Methodologies

The US Office of Disability Employment Policy has released a [review](#) of the reimbursement rates and methodologies used by each state, for their home and community-based services (HCBS) waiver, for supported employment and integrated day services. This report covers each service the state provides under the HCBS waiver, states' limits on what is covered by each waiver's services, number of users for each service, and the average cost per unit. Topics include customized employment, self-employment, resource leveraging, and waiver services.

ODEP Employment First

The US Office of Disability Employment Policy (ODEP) and the LEAD Center have released the four-part series of [Employment First Technical Briefs](#). LEAD Center is a collaboration of disability, workforce, and economic empowerment agencies focused on improving employment and economic advancement for all people with disabilities. The technical briefs series is to assist anyone working to implement *Employment First* in their state, region, or organization. The four briefs are:

1. Technical Brief #1: *Connecting the Dots: Using Federal Policy to Promote Employment First Systems-Change Efforts*
2. Technical Brief #2: *Federal Legal Framework that Supports Competitive, Integrated Employment Outcomes of Youth and Adults with Significant Disabilities*
3. Technical Brief #3: *Criteria for Performance Excellence in Employment First State Systems Change and Provider Transformation*
4. Technical Brief #4: *Federal Resources Available to Support State Employment First Efforts*

LEAD Center

The LEAD Center, in collaboration with the US Office of Disability Employment Policy (ODEP), has released an informational brief, [Employment First Information Brief: Perspective of Employers on Customized Employment](#). Customized employment is a flexible process designed to personalize the employment relationship between a job candidate and an employer in a way that meets the needs of both. This information brief provides the results of six focus groups conducted in 2015 under ODEP's Employment First State Leadership Mentoring Program. The purpose of the focus groups was to garner the perspective of employers of various sizes, sectors, and locations, who had hired individuals with disabilities into customized jobs within the past year.

Disability Workplace Toolkit

The Cornell University's K. Lisa Yang and Hock E. Tan [Institute on Employment and Disability](#) focus is on advancing policies, practice, and knowledge on equal opportunities and inclusive workplaces for individuals with disabilities. This Institute has released [The Just-In-Time Toolkit for Managers](#). With the new federal regulations emphasizing competitive employment for more people with disabilities, employers and their managers need to be prepared to attract and retain more employees with disabilities. The toolkit is customized, online, and easy to use. It includes ten modules addressing disability diversity, effective accommodations, addressing performance issues, and disability resources.

HUD Supportive Services

The US Department of Housing and Urban Development (HUD) announced it is making approximately \$15 million available to test a promising housing and services model for low-income seniors to age in their own homes and delay or avoid the need for nursing home care. HUD's [Supportive Services Demonstration for Elderly Households in HUD-Assisted Multifamily Housing](#) will offer three-year grants to eligible owners of HUD-assisted senior housing developments to cover the cost of a full-time enhanced service coordinator and a part-time wellness nurse. Grant applications must be submitted electronically by Monday, April 18, 2016, at 11:59 pm.

ACICIEID Committee

The federal Workforce Innovation and Opportunity Act (WIOA) required the creation of the [Advisory Committee on Increasing Competitive Integrated Employment for Individuals with Disabilities](#). This is a national advisory committee which is tasked with developing reports on findings, conclusions, and recommendations for the secretary of labor on:

- Ways to increase employment opportunities for individuals with intellectual or developmental disabilities or other individuals with significant disabilities in competitive integrated employment;
- The use of certificate program carried act under section 14(c) of the Fair Labor Standards Act (FLSA) for the employment of individuals with intellectual or developmental disabilities or other individuals with significant disabilities; and
- Ways to improve oversight of the use of such certificates.

WIOA emphasizes integrated employment for people with disabilities in workplace settings where the majority of persons employed are not persons with disabilities. In these jobs, the individuals with disabilities earn wages consistent with wages paid workers without disabilities in the community, performing the same or similar work, earning at least minimum wage and paid directly by the employer.

The recent [committee meeting](#) on January 27–18, 2016 included subcommittee reports on:

- Transition of early work experience, school to work, and post-secondary education;
- Funding, employment success, Section 14(c) reform, and AbilityOne reform;
- Marketplace focusing on high growth industry opportunities and business tax incentives; and
- Building capacity recommendations, including new tools and supports for assessing capabilities and employment possibilities, and employer driven modes to enhance services and expand outcomes.

Obama's Budget Disability Highlights

President Obama recently released his annual budget request, which includes ["Expanding Opportunities for People with Disabilities."](#) Highlights include:

- Encouraging innovation to improve outcomes for people with disabilities;
- Helping workers with disabilities remain in the workforce;
- Strengthening job training for people with disabilities; this is a focus of the Workforce Innovation and Opportunity act (WIOA);
- Expanding the learn-and-learn strategy of apprenticeship;
- Improving services for individual with disabilities;
- Providing housing for persons with disabilities; such as the HUD Housing for Persons with Disabilities Program Section 811; and
- Supporting new transit investments.

OMHSAS Releases ASD Survey Data

The state's Act 62 External Work Group recently released data collected by HealthChoices contractors on service levels in April 2015, as well as a staff capacity survey of autism spectrum disorder (ASD) services conducted last fall. This point-in-time [survey](#) reflects what was at that time the level of ASD service capacity for the delivery of behavior specialist consultant and applied behavior analysis services.

Among the highlights in this data are service access trends as of April 2015, showing:

- A 19% level of service access delays of more than 31 days, with delays ranging by managed care organizations from 14% to 30% for children that had been accepted, evaluated, and authorized for services.
- The level and reasons given for staff recruitment challenges, showing a significant level of hiring challenges among providers, with the predominant reasons being the licensure requirements of:
 - At least one year of experience involving functional behavior assessments of individuals under 21 years of age; and
 - At least 1,000 hours of in-person clinical experience with individuals with behavioral challenges or experience in a related field with individuals with an ASD.

During review and discussion of the data, OMHSAS Deputy Secretary Marion indicated that OMHSAS will begin to meet with the managed care organizations, to more closely analyze the data, and discuss approaches and solutions to the service access and professional labor pool challenges in provider networks.

April Brings Autism Awareness Month

National Autism Awareness Month is just around the corner. Communities, advocates, and RCPA members will be working both together and independently to share stories of hope, celebrations of success, and information to help our fellow Pennsylvanians better understand autism spectrum disorders.

Support Groups in Pennsylvania

Connecting with other parents with a child on the autism spectrum can have powerful benefits. Benefits of connecting with a support group, attending an event, or informally meeting with someone who can share similar experiences, include:

- A decreased sense of isolation that many family members may feel;
- A "safe" place to discuss any negative feelings you may be having;
- Support from people who have "been there" and can assist in how to navigate the many systems/providers a child may need;
- Development of more effective coping skills for the many ups and downs along the way;
- Suggestions and supports for navigating the child's educational system; and
- Sense of empowerment and control over some situations.

For more information check out the [support group map](#) on the [PAautism.org](#) website.

Managing Developments in MA Autism Services for Children

Providers of services to children with autism, as well as their families and behavioral health managed care organizations (BH-MCOs), are all watching and waiting for information and guidance from state officials on the changes in the children's autism services system. A recent settlement between the state and a group of families is intended to expand access to Applied Behavior Analysis (ABA) services in the state Medicaid system. Based on the settlement agreement, the BH-MCOs and service providers are waiting to learn what the medical necessity, credentialing, and training criteria for ABA professionals and support staff will be. Just as important will be the recruitment and training challenges, costs, additional strain on professional and treatment support services, and labor pool impact across the state's autism service provider networks. Already, RCPA members and BH-MCOs are reporting a significant decline in licensed and available autism service professionals needed to meet the access and service demands in their communities.

Children's Leadership at OMHSAS

Beginning on Monday, March 7, 2016, Shannon Fagan will serve as the Director of the Bureau of Children's Behavioral Health Services in the Office of Mental Health and Substance Abuse Services (OMHSAS). Since its creation, Shannon has served as director of the Youth and Family Training Institute. Prior to beginning at the Institute in 2008, Shannon worked as a child and adolescent services system program coordinator in Westmoreland County; child life specialist at Children's Hospital of Pittsburgh; supervisor of an early intervention program; and counselor for a foster care/juvenile probation program. In addition, Sherry Peters will return to Pennsylvania and to OMHSAS as director of the Bureau of Policy, Planning, and Program Development. For the past several years, Sherry has served as senior policy associate at the National Technical Assistance Center for Children's Mental Health at Georgetown University. Prior to this role, Sherry was a division chief in OMHSAS Children's Bureau. RCPA members and staff are pleased to welcome Shannon and Sherry to their new positions and to continue the long and fruitful relationship with them at OMHSAS.

Psychiatric Teams to Provide Primary Care Consultation

The Physical Health Managed Care Organizations (PH-MCOs) serving Pennsylvania's HealthChoices program are selecting psychiatric service teams to provide telephonic psychiatric service (TiPS). The PH-MCOs will contract with psychiatrist lead teams to provide real time telephonic consultative services to primary care providers (PCPs), and other prescribers of psychotropic medications, for children under the age of 21. A TiPS provider will be responsible for establishing and maintaining the team of behavioral health professionals who will be available to respond to inquiries from PCPs seeking assistance in providing pediatric behavioral health care. Teams will be contracted with regional PH-MCOs in each of the five HealthChoices regions. Qualified applicants provide a TiPS staff which includes one full-time equivalent child psychiatrist, one full-time equivalent behavioral health therapist, and one full-time equivalent care coordinator. More information about this innovative service support for PCPs is available in the [Request for Proposal](#), and a 2014 [Health Affairs](#) article on a similar program in Massachusetts.

Expanded Resources for Mandated Reporter Training

The Department of Human Services (DHS) recently awarded a contract to Pennsylvania Family Support Alliance (PA-FSA) for up to five years of face-to-face mandated reporter training. The contract award of \$2.5 million calls for the contractor to "develop a DHS owned curriculum and DHS owned training materials in collaboration with DHS to train mandated reporters on the identification and reporting of suspected child abuse." The funding is available through Act 28 of 2014, which will provide resources for mandatory reporter training and for children's advocacy centers. In addition to the PA-FSA training, a listing of all the [Approved Courses for Child Abuse Recognition and Reporting Training for Mandated Reporters](#) is available.

Whole Health from Head to Toe

The American Academy of Pediatrics has joined other similar national organizations to recommend that patients be screened for depression from age 11, for high blood cholesterol between ages 9 and 11, and for HIV between ages 16 and 18. There is growing recognition that good health care is about the whole person, mind and body. RCPA members can promote this approach by encouraging their primary health care partners to make good use of such evidence-based and highly effective screening tools like Pennsylvania Youth Suicide Prevention initiative's [Behavioral Health-Works](#) and the Academy of Pediatrics [Bright Futures](#).

School-Based Behavioral Health

Community providers of school-based behavioral health services, especially school-wide positive behavioral interventions and supports, should consider attending this year's Pennsylvania Positive Behavior Support (PAPBS) Network Implementers' Forum. The forum will be held Thursday-Friday, May 5-6, 2016, at the Hershey Lodge and Convention Center. The conference is sponsored by the Pennsylvania Department of Education, Bureau of Special Education, with support from the member agencies of Pennsylvania's Community of Practice for School-Based Behavioral Health (SBBH). The forum is designed as a venue for stakeholders interested in advancing supports and a voice for all students, including students with disabilities, in the implementation of school- or program-wide positive behavioral interventions and supports. The PAPBS network has a direct link to the [registration](#) information.



Mental Health Division

The February 3 Mental Health Committee webcast meeting reviewed existing issues related to outpatient mental health regulations (see previous article for an update) and the delay in Collaborative Documentation final guidelines and training protocols. Discussed were the delayed startup of the Community Rehabilitation Residence Work Group, scheduled to meet for the first time on February 29, and the lack of activity in the Vocational Work Group. Randy Loss has had scheduling conflicts with RCPA meetings, so RCPA will be coordinating a Vocational Work Group call later this month.

Jack Phillips reported on the budget stalemate and the unchartered waters Pennsylvania is in. He discussed [RCPA Capitol Day](#) in April and the National Council Hill Days in June. Richard Edley gave an update on his meeting with Department of Human Services (DHS) leadership related to licensing being tied to quality, and the work of the DHS Licensing Review/Process Task Force. During the OMHSAS portion of the meeting, co-location was discussed, and the leadership of OMHSAS indicated they are working with the Office of Medical Assistance Programs to develop an interim plan until the regulation can be changed. Finally, CPT codes were discussed for evaluation and management; OMHSAS indicated that they have identified the appropriate codes and will be working on implementing the changes in their internal system prior to sending the change process to the community.

Children's Committee

The February 3 Children's Committee webcast featured a panel of experts and leaders engaged in creating the future shape and structures for the health, education, and human services for young children, their families, and their communities. Panelists represented the Office of Child Development and Early Learning, the Pennsylvania Partnership for Children, Project LAUNCH, and RCPA member organizations providing parent child interaction therapy. The panelists highlighted the epidemic of "early childhood expulsions and suspensions" and the need for developmental screening and interventions for this important population, as well as state-wide initiatives to better serve young children and their families. The Children's Committee meeting was preceded by a joint meeting of the Mental Health and the Children's Committees. This joint meeting was an opportunity for both groups to receive updates on a range of initiatives that impact the services for behavioral health consumers of all ages and community providers. [Recordings and other materials](#) for both the Children's Committee and the joint committee meetings are available to RCPA members.

Joint Children's and Mental Health Committee

As a result of many shared initiatives at the state level, RCPA held a joint meeting with OMHSAS. As noted in a previous article, the role of Certified Community Behavioral Health Clinics was discussed along with the new payment methodology. The request for applications was issued February 8 and applications are due back on Thursday, March 3, 2016. The Schizophrenia Early Onset Initiative was discussed, including the group served which is a large age range from 14–26. New services are being developed in Pennsylvania to address this group of individuals, including peer support and psychiatric rehabilitation for transition age youth. Providers participating in the Early Onset Initiative are able to impact the trajectory of the illness, address rural issues as a result of new and innovative service delivery, pay for critical components of care that are not Medicaid funded, and work to shift the system to improve the lives of young people.

MARCH		
Thursday, March 3	10:00 am – 12:30 pm	Outpatient Rehabilitation Committee <i>RCPA Conference Room</i>
Tuesday, March 8	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee <i>Conference Call</i>
Thursday, March 10	10:00 am – 12:30 pm	Medical Rehabilitation Committee <i>RCPA Conference Room</i>
Tuesday, March 15	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee <i>Conference Call</i>
Wednesday, March 16	10:00 am – 12:30 pm	Finance Committee <i>Penn Grant Centre</i>
Thursday, March 17	9:00 am – 10:00 am	Government Affairs Committee <i>Conference Call</i>
Tuesday, March 22	12:00 pm – 1:00 pm	IPRC General Membership <i>Webcast</i>
Tuesday, March 29	10:00 am – 2:00 pm	Southeast Regional Meeting <i>Resources for Human Development, Inc.</i> <i>4700 Wissahickon Avenue, Suite 126</i> <i>Philadelphia, PA 19144</i>
Wednesday, March 30	10:00 am – 2:00 pm	Northeast Regional Meeting <i>Step By Step, Inc.</i> <i>744 Kidder Street</i> <i>Wilkes-Barre, PA 18702</i>
APRIL		
Thursday, April 7	9:00 am – 10:00 am	Government Affairs Committee <i>Conference Call</i>
Thursday, April 7	12:00 pm – 1:00 pm	IPRC Webinar: Enhancing Wellness in a Complex Chronic Care Setting
Monday, April 11	1:00 pm – 4:00 pm	Drug & Alcohol Committee <i>Penn Grant Centre</i>
Tuesday, April 12		RCPA Capitol Day <i>Capitol Rotunda, Harrisburg</i>
Tuesday, April 12	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee <i>Conference Call</i>
Wednesday, April 13	9:30 am – 12:00 pm 1:00 pm – 4:30 pm 1:00 pm – 4:00 pm	Mental Health Committee Children's Committee Criminal Justice Committee <i>Penn Grant Centre</i>
Thursday, April 14	9:30 am – 11:30 am 9:30 am – 11:30 am 12:00 pm – 4:00 pm	Supports Coordination Organization Subcommittee Vocational Rehabilitation Subcommittee Intellectual/Developmental Disabilities Committee <i>Penn Grant Centre</i>
Thursday, April 14	12:00 pm – 1:00 pm	IPRC Networking Call <i>Conference Call</i>
Tuesday, April 19	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee <i>Conference Call</i>