



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

REHABILITATION & COMMUNITY
PROVIDERS ASSOCIATION

MAY 2016

■ RCPA NEWS

2016 Capitol Day Review



On Tuesday, April 12, RCPA members met in Harrisburg under the Capitol Rotunda to advocate for a realistic budget. RCPA urged the governor and legislators to fund critical services that support Pennsylvanians in need of adult and children's mental health, brain injury, medical/vocational rehabilitation, intellectual and developmental disabilities, substance use, and autism services.

During the rally, RCPA members, the general public, and the press heard from Senator Randy Vulakovich, Senator Mario Scavello's Chief-of-Staff Taylor Muñoz, House Appropriations Chairman Bill Adolph, and House Disability Caucus members Rep. Mike Schlossberg and Rep. Dan Miller. They all spoke about how essential

health and human services are to residents of the Commonwealth of Pennsylvania.

RCPA also acknowledged Nicole Gibson and Liz Colavecchio from the American Foundation for Suicide Prevention, and Pat Gainey from the Pennsylvania Chapter of the American Foundation for Suicide Prevention. These individuals have been working with legislators on measures to incentivize students to pursue careers in mental health, intellectual disabilities, and drug and alcohol addiction counseling through a loan forgiveness program, and on legislation that would require mental health professionals to receive regular training and continuing education in suicide assessment, treatment, and management.

For the second year, RCPA was pleased to announce and recognize the Youth Suicide Prevention PSA Winners. Each year, the Pennsylvania Youth Suicide Prevention Initiative sponsors its "PSA Contest for Youth Suicide Prevention." Suicide claimed the lives of 1,484 Pennsylvanians in 2014. It is the second leading cause of death for young people ages 15–24. Two of the 2016 winners were announced at the conclusion of the event. The poster winner was Trinity Doerr from North Montco Technical Career Center and the 60-second video winner was Leann Robles from Community Academy of Philadelphia. To view all of the entries, visit their [website](#). For further information about Capitol Day, please contact [Jack Phillips](#).



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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.



RCPA PAC Golf Outing September 27, 2016

Please join us for RCPA PAC's Third Annual Golf Outing at the beautiful Hershey Country Club on Tuesday, September 27. Lunch will start at 11:00 am in the Weitzel Room followed by a putting contest and 1:00 pm shotgun start.

The RCPA Political Action Committee (PAC) raises money for, and supports campaigns of, state legislators who work tirelessly on issues that benefit mental health, intellectual disability, substance use, brain injuries, medical and vocational rehabilitation, and other related human services. The funds raised through RCPA PAC can make the difference between a win and a loss on an issue or assist in making a new ally. Even if you can't be a strong contributor to RCPA PAC fundraising efforts, we all have friends and business associates who are interested in helping our allies to victory. Getting involved in RCPA PAC not only allows you to help make decisions on who the committee supports, but also helps to identify new folks who will join in our successes. Further questions may be directed to [Jack Phillips](#).



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**NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH**
STATE ASSOCIATIONS OF ADDICTION SERVICES
Stronger Together.



**Monday, June 6 – Tuesday, June 7
Hyatt Regency on Capitol Hill
Washington, DC**

Since 2005 the National Council's Annual Public Policy Institute and Hill Day has grown from 50 to 600+ attendees – a more than ten-fold increase. This free, two-day event brings together hundreds of behavioral health providers, administrators, board members, consumers, and community stakeholders in DC for a day of sessions and workshops on federal behavioral health policy. After these sessions, attendees take to Capitol Hill to advocate for better resources for mental health and addiction treatment in their communities.

[National Council Hill Day](#) is held in partnership with 10 national advocacy organizations, including NAMI, Mental Health America, Depression and Bipolar Support Alliance, International Bipolar Foundation, Legal Action Center, Association for Behavioral Health and Wellness, Hazelden, Betty Ford Institute for Recovery Advocacy, NAADAC the Association for Addiction Professionals, Faces and Voices of Recovery, and Psychiatric Rehabilitation Association.

While RCPA is in the process of trying to schedule a legislative lunch with the Pennsylvania Congressional Delegation, the association also encourages members to schedule their own legislative appointments with members of congress. Once appointments are made, please notify RCPA's Director of Government Affairs [Jack Phillips](#) with appointment times.

CMS Releases FY 2017 IPPS and LTCH PPS Proposed Rule

The Centers for Medicare and Medicaid Services (CMS) [released](#) a [proposed rule](#) to update fiscal year (FY) 2017 Medicare payment policies and rates under the Inpatient Prospective Payment System (IPPS) and the Long-Term Care Hospital (LTCH) Prospective Payment System (PPS). For FY 2017, CMS projects that total Medicare spending on inpatient hospital services will increase by about \$539 million, which includes an increase of IPPS operating payments of approximately 0.7 percent and a decrease of 0.3 percent, reflecting changes in uncompensated care payments. Additional adjustments include continued penalties for excess readmissions, a continued 1 percent penalty for hospitals in the worst performing quartile under the Hospital Acquired Condition (HAC) Reduction Program, and continued bonuses and penalties for hospital value-based purchasing (VBP). Some additional proposed policy and payment changes include:

- Abandoning the 0.2 percent adjustment implemented since FY 2014 under the Two-Midnight Policy, as well as adjusting for its effects from FY 2014–2016 by increasing FY 2017 payments by approximately 0.8 percent;
- Making five changes to existing HAC Reduction Program policies;
- Updating the public reporting policy so that excess readmission rates will be posted to the

Continued on page 4

Hospital Compare website as soon as feasible, following the hospitals' preview period;

- Adding a total of four new claims-based measures for the FY 2019 payment determination and subsequent years (three clinical episode-based payment measures, and one communication & coordination-of-care measure) to the Hospital Inpatient Quality Reporting (IQR) Program, while removing 15 measures for the FY 2019 payment determination and subsequent years; and
- Updating the Hospital VBP Program and expanding the number of measures.

For the FY 2017 LTCH PPS, CMS projects that payments would decrease by 6.9 percent, or approximately \$355 million, as CMS continues to implement the changes required by The Pathway for SGR Reform Act of 2013, which established two different types of LTCH PPS payment rates depending on whether the patient meets certain clinical criteria. Cases that qualify for the higher standard LTCH PPS payment rate under the revised system will see an increase in that payment rate of 0.3 percent in FY 2017. In addition, CMS is proposing to streamline its regulations regarding the 25 percent threshold policy, which is a payment adjustment made when the number of cases an LTCH admits from a single hospital exceeds a specified threshold (generally 25 percent). CMS is also proposing one new assessment-based quality measure, and three claims-based measures, for inclusion in the LTCH QRP. The proposed rule will have a comment period through Thursday, June 16, 2016.

Avalere Health Releases Report on Risk Adjustment in the ACA

In March 2016, Avalere Health released a [report](#) that describes the importance of the risk adjustment in the Affordable Care Act (ACA). The report coincided with efforts by the Centers for Medicare and Medicaid Services to analyze and explore potential modifications to the risk adjustment methodology. The report also compares the risk adjustment model to models used in Medicare and Medicaid and suggests potential modifications that could improve the model. The report outlines the main limitations of the existing risk-adjustment model and suggests potential solutions.

CMS Hosts National Provider Call on IMPACT Act and Data Element Library

On April 14, the Centers for Medicare and Medicaid Services (CMS) hosted a national provider call on the development of a data element library for the purposes of making health care data more interoperable. The Improving Medicare Post-Acute Care Transformation (IMPACT) Act requires post-acute care providers to report standardized patient assessment data to the agency. It also mandates that CMS make certain data elements interoperable in order to allow for the exchange and use of data among providers and to facilitate care coordination. [Slides](#) from the call are available.

CMS Extends Participation in the BPCI Initiative

The Centers for Medicare and Medicaid Services (CMS) recently announced in a [blog post](#) that participants in the Bundled Payments for Care Improvement (BPCI) initiative will be allowed to extend their participation in Models 2, 3, and 4 through September 30, 2018. The first cohort of awardees in Models 2, 3, and 4 that began in October 2013 were scheduled to end their participation on September 30, 2016. The extended participation will allow CMS "to provide a more robust and rigorous evaluation of the initiative and determine whether the efforts of bundling payments are successful in providing better care while spending health care dollars more wisely."

NEW MEMBERS

FULL PROVIDER

Devereux

Stephen Bruce, executive director
444 Devereux Dr, PO Box 638
Villanova, PA 19085

ASSOCIATION

The Philadelphia Coalition

Rosemary O'Rourke, CEO
245 S Eighth St, #336
Philadelphia, PA 19106

Amendments to Aging, Attendant Care, & Independence Waivers to Be Submitted

The Department of Human Services (DHS) Office of Long-Term Living (OLTL) will be submitting amendments to the Aging, Attendant Care, and Independence waivers. The public notice announcing the amendments appeared in the April 2, 2016 [Pennsylvania Bulletin](#). To view a side-by-side comparison of the current and revised language, and to access the amendments in their entirety (including the specific Home and Community-based Services Allowable Settings Transition Plans and the Community HealthChoices Transition Plans for each waiver, which are contained in the main module), visit the [OLTL Waiver Amendment, Renewals and Accompanying HCBS Transition Plans](#) website and select the individual waiver amendment you would like to review under "Related Topics."

OLTL is seeking public comment on the Aging, Attendant Care, and Independence waiver amendments. Those interested are invited to submit written comments to the Department of Human Services, Office of Long-Term Living, Bureau of Policy and Regulatory Management, Attention: Aging Waiver, Independence Waiver, or Attendant Care Waiver, PO Box 8025, Harrisburg, PA 17105-8025. Comments can also be sent via [email](#), using the [comment form link](#). On this site, select the individual waiver amendment you would like to view under "Related Topics" and the comment form will be listed in the documents. The public comment period ends on Monday, May 2, 2016. Comments received within the 30-day comment period will be reviewed and considered for revisions to the amendments.

Informational Hearing Held on Therapy in Residential Long-Term Care Facilities

On April 6, the House Aging and Older Adult Services Committee held an informational hearing on Therapy in Residential Long-Term Care Facilities. Testimony was provided to explain the benefits of the various therapies provided to individuals for gaining independence. The hearing is [archived for viewing](#).

DHS Receives Money Follows the Person Rebalancing Demonstration Grant

On April 5, Department of Human Services Secretary Ted Dallas announced they were awarded a \$91 million Money Follows the Person (MFP) Rebalancing Demonstration grant. This funding comes from the Centers for Medicare and Medicaid Services (CMS) and will work to transition older Pennsylvanians and those with a disability from an institutional setting back into the community. The grant, which runs through 2020, includes an additional \$7.3 million reimbursement grant to create new initiatives to aid in the department's priority of serving more people in the community. The federal MFP initiative was created because of a historical bias in Medicaid towards serving people in an institutional setting instead of a person's home. The program provides states with the financial flexibility to allow the needed services to "follow the person" into the community. DHS will use these funds to improve housing services, educate the public on the state's upcoming Community HealthChoices managed long-term services and supports rollout, support individuals with dual diagnoses such as mental illness and intellectual disabilities, and increase awareness of home- and community-based services available in the state.

Pennsylvania Launches PA Link to Community Care

The Department of Human Services (DHS) and the Department of Aging (PDA) have collaborated to create PA Link to Community Care. This initiative will enhance Pennsylvanians' ability to learn about and access a wide variety of long-term supports and services available through federal, state, and county agencies for persons with disabilities and older Pennsylvanians. The first public phase of the project was launched March 12, with an [online information referral tool](#) (IRT) and improvements to DHS' [COMPASS](#) application. The next phase of the project will be to launch the PA Link to Community Care website, which will further enhance the Commonwealth's efforts to help individuals locate aging, disability, and other long-term care services in their own counties.

The IRT guides individuals through a series of questions, then provides a list of resources that are based on the specific needs of the individual. COMPASS is an online application where people can apply for many health and human service programs. Pennsylvania was one of 21 states to receive federal funding for the initiative. The Commonwealth spent the \$104 million in federal funds directly on services to help people remain living in their homes and communities rather than in facilities. Agencies and individuals can access the IRT/COMPASS application through the links listed above as well as the PA Link to Aging and Disability Resources call center at 1-800-753-8827.

CMS to Host Quality Reporting Training for Providers in May

The Centers for Medicare and Medicaid Services (CMS) will host a two-day [training event](#) for the inpatient rehabilitation facilities (IRFs) quality reporting program (QRP) on Wednesday, May 18 and Thursday, May 19, 2016 at the Dallas/Addison Marriott Quorum by the Galleria Hotel (14901 Dallas Parkway, Dallas, TX 75254). The focus of this train-the-trainer event will be to provide IRFs with assessment-based data collection instructions and updates associated with the changes in the October 1, 2016, release of the IRF Patient Assessment Instrument version 1.4 and other reporting requirements of the IRF Quality Reporting Program. This important training will be open to all IRF providers, associations, and organizations. Registration for in-person training is limited to 250 people on a first-come, first-served basis. To make this training affordable, CMS has negotiated a discounted room rate of \$138 per night with the hotel. Those who [register](#) by Tuesday, May 10 will receive the discounted room rate. Instructions are on the registration website.

IRF Quality Reporting Deadline Quickly Approaching

The submission deadline for the Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) is quickly approaching. The Centers for Disease Control and Prevention National Healthcare Safety Network data for Quarter 4 (Q4) of calendar year (CY) 2015, including Influenza Vaccination Coverage among Healthcare Personnel (NQF #0431) and IRF-PAI data for Q4 of CY 2015, are due with this submission deadline. **All data must be submitted by Sunday, May 15, 2016.** IRFs are required to submit quality reporting data each quarter to meet QRP reporting requirements. Failure to submit data prior to the submission deadlines could result in a two percentage point reduction in the annual increase factor.

MedPAC Conducts Final Public Meeting on PAC PPS Prior to Release of June Report

The Medicare Payment Advisory Commission (MedPAC) conducted a [public meeting](#) on April 7 to review its recommendations for a post-acute care prospective payment system (PAC PPS). This was the final meeting before the congressionally-mandated report is released in June. Required by the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014, the report will recommend features of a PAC PPS based on patient characteristics and estimate the payment impacts of a unified PPS. A summary of their findings and additional information are included in their [presentation](#). MedPAC is also charged to develop a second mandated report, due to congress in 2022-2023, proposing a prototype PPS design based on two years of IMPACT Act quality and patient assessment data.

Comprehensive Care for Joint Replacement Model Launched on April 1

On April 1, the Comprehensive Care for Joint Replacement (CJR) model was launched in 67 metropolitan statistical areas, including some hospitals in Pennsylvania. The CJR model tests bundled payment and quality measurement for an episode of care associated with hip and knee replacements. The CJR [final rule](#) was published on November 24, 2015.

RCPA Outpatient Rehabilitation Committee Meeting Date Changed

RCPA's quarterly outpatient rehabilitation committee meeting, originally scheduled for May 12, 2016, has been **changed to Thursday, May 26**, at RCPA's office, from 10:00 am to 12:30 pm.

CMS Releases Proposed FY 2017 IRF Payment Rule

On April 21, 2016, the Centers for Medicare and Medicaid Services (CMS) released the fiscal year (FY) 2017 inpatient rehabilitation facility prospective payment system (IRF PPS). The proposed rule will publish in the [April 25 Federal Register](#). Some of the key provisions proposed include:

Proposed Updates to IRF Payment Rates:

Updates to the payment rates under the IRF PPS. CMS is proposing to update the IRF PPS payments to reflect an estimated 1.45 percent increase factor (reflecting an IRF-specific market basket estimate of 2.7 percent, reduced by a 0.5 percentage point multi-factor productivity adjustment and a 0.75 percentage point reduction required by law). CMS is proposing that if more recent data becomes available, it would be used to determine the FY 2017 update in the final rule. An additional 0.2 percent increase to aggregate payments due to updating the outlier threshold results in an overall update of 1.6 percent (or \$125 million), relative to payments in FY 2016.

No changes to the facility-level adjustments. For FY 2017, CMS

will continue to maintain the facility-level adjustment factors at current levels. CMS will continue to monitor the most current IRF claims data available to assess the effects of the FY 2014 changes.

Proposed Changes to the IRF Quality Reporting Program (QRP):

Beginning in FY 2014, any IRF that does not submit the required data to CMS receives a 2.0 percentage point decrease in its annual increase factor for payments under the IRF PPS. The Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014 requires the continued specification of quality measures, as well as resource use and other measures, for the IRF QRP.

In order to satisfy the requirements of the IMPACT Act, CMS is proposing four claims-based measures for inclusion in the IRF QRP for the FY 2020 and FY 2018 payment determination and subsequent years and one new assessment-based quality measure for inclusion in the IRF QRP for FY 2020 and subsequent years, respectively:

1. Discharge to Community – Post Acute Care (PAC) IRF QRP (claims-based);
2. Medicare Spending Per Beneficiary (MSPB) – Post-Acute Care (PAC) IRF QRP (claims-based);
3. Potentially Preventable 30 Day Post-Discharge Readmission Measure for IRFs (claims-based);
4. Potentially Preventable Within Stay Readmission Measure for IRFs (claims-based); and
5. Drug Regimen Review Conducted with Follow-up for Identified Issues (assessment-based).

Pending final data analysis, CMS is also proposing to add four new measures to IRF QRP public reporting on a CMS website, such as Hospital Compare, by fall 2017. In addition, CMS is proposing to extend the timeline for submission of exception and extension requests for extraordinary circumstances from 30 days to 90 days from the date of the qualifying event.

Comments on the proposed rule will be accepted through June 20, 2016.

Clozaril Clinic Exempt from Act 122

Thanks to the Secretary of the Department of Health (DOH), a clarification is being issued about Act 122 and the Clozaril clinic exclusion. If you are offering Clozaril services and have been told by your laboratory that they can no longer offer phlebotomy services at the Clozaril clinic site, please get in touch with [Sarah Eyster](#). DOH will work with each laboratory to offer the exemption regarding the Clozaril clinic.

Stark Law Updates on June 29



Renee Martin, JD, RN, MSN of Dilworth Paxson LLP, will be providing updates on the federal Stark law during a webinar on Wednesday, June 29, 2016, at 12:00 pm. Details will be forthcoming.

Join Your Colleagues in Seattle for NatCon 2017

It may seem too early to plan for your attendance at the National Council's annual conference, but RCPA has the code for your member discount ready. RCPA members who are also members of National Council can visit the [registration website](#) and use the code **2017memberpa** to receive the Pennsylvania discount. For more information about the 2017 National Council Conference (April 3–5, 2017), please contact [Sarah Eyster](#).



■ BRAIN INJURY

Question and Answer Addendum Added to Community HealthChoices RFP

A question and response addendum has been added to the [PA eMarketplace](#) website for the request for proposals (RFP) for Managed Care Organizations that will be submitting their proposals and responses for the Community HealthChoices program. The addendum is located under "Flyers/Addendums" on the page. The 81-page addendum includes the RFP section, questions, and answers to each question posed.

TBI Advisory Board Meeting Scheduled for May 6, 2016

The Traumatic Brain Injury (TBI) Advisory Board, established under section 1252 of the Federal Traumatic Brain Injury Act of 1996 (42 U.S.C.A. § 300d-52), will hold a public meeting on Friday, May 6, 2016, from 10:00 am to 3:00 pm, in the large conference room of the Community Center, Giant Food Store, 2300 Linglestown Road, 2nd Floor, Harrisburg, PA 17110.

Webinar Series to Help Family Caregivers for People With Brain Injuries

The Brain Injury Association of America recently announced the Carolyn Rocchio Caregiver [webinar series](#). Carolyn Rocchio is a nationally recognized advocate, author, and speaker in the field of brain injury. The webinars offered in this series focus on helping family caregivers for people with brain injuries better manage their lives and the care of their family members.

OLTL Hosts Regional Education Meetings on Community HealthChoices

The Office of Long-Term Living (OLTL) has been conducting regional meetings geared toward outreach and education for Community HealthChoices. The next meetings will take place in the southeastern part of the state. The meeting details are included in the [invitation](#).

DHS Accepting Applications for Centers of Excellence

The Department of Human Services (DHS) will begin accepting applications for the creation of 50 Centers of Excellence (COE) to improve treatment for addiction to opioids. These 50 COEs are part of the Wolf Administration's efforts to combat the opioid crisis and are based on the health home concept that has proven successful in other areas in Pennsylvania. The application to become a COE for opioid use disorder can be found on the [DHS website](#) and submissions will be accepted until Friday, May 6, 2016.

The announcement stated: "As the opioid epidemic continues to spread across the Commonwealth, most Pennsylvanians, regardless of background, feel the presence of this disease with a friend or family member. In order to address the heroin and opioid issue, the Wolf Administration believes that successful treatment comes from focusing on the whole person, not just opioid addiction. The COEs will focus on Medication Assisted Treatment to coordinate care for people with opioid use disorder that receive Medicaid. Treatment is team-based and whole person focused, with the goal of integrating behavioral health, primary care, and substance use treatment.

Each selected COE will be awarded \$500,000 in funding to:

1. Deploy a community-based care management team of licensed and unlicensed professionals;
2. Track and report aggregate outcomes;
3. Meet defined referral standards for drug and alcohol as well as mental health counseling;
4. Report on standard quality outcomes; and
5. Participate in a learning network.

With almost 2,500 Pennsylvanians dying from overdoses in 2014, the department is committed to providing all people access to quality care to ensure the death toll decreases."

Dr. Dale Adair of the Office of Mental Health and Substance Abuse Services provided a detailed overview at the April 11 RCPA Drug and Alcohol Committee meeting. For additional information contact [Lynn Cooper](#).

DDAP Organizes Work Group to Address Rate Setting Processes/Initiatives

Terry Matulevich from the Department of Drug and Alcohol Programs (DDAP) has organized a work group to examine rate setting initiatives. The group met in mid-April and developed a list of short-term and long-term goals. It appears that one goal is to replace the XYZ packet developed and utilized by the Single County Authorities for many years. This work group will be focusing on residential rates but DDAP is also interested in reviewing outpatient rate setting. **The most significant and hopeful statement made by Mr. Matulevich is that DDAP wants a rate setting process that covers costs.** RCPA is pleased to have two member agencies assisting with the process. More information will be provided as it is received.

RCPA Sends Comments to SAMHSA Regarding 42CFR

RCPA organized a small work group to review the 42 CFR Part 2 – *Confidentiality of Alcohol and Drug Abuse Patient Records Regulations Proposed Rule* (SAMHSA-4162-20).

The work group reviewed numerous documents including the SAMHSA proposed rules, summary from the Department of Drug and Alcohol Programs (DDAP), and comments from several consumer/recovery organizations and other trade associations. After a massive review of these documents, the work group decided to use the template provided by the Legal Action Center. After careful review of the Legal Action Center's template, the work group felt strongly that it perfectly represented the RCPA comments. It is important to note that some in Pennsylvania strongly oppose these changes, including DDAP. It is also important to clarify that the Pennsylvania confidentiality 255.5 regulations remain in effect despite the outcome of the SAMHSA regulations. The next project for the task force will be to review the 255.5 and advocate for much needed changes (once more).

PRO-ACT Recovery Walks! 2016

Saturday, September 17, 2016, at Penn's Landing, Philadelphia. Celebrate recovery and work to end the stigma surrounding drug and alcohol addiction. People have been walking in Recovery Walks! to support recovery from drug and alcohol addiction disorders during September's National Recovery Month for 14 years. Visit their [website](#) or their [Facebook page](#) for more information.

RCPA Attends White House Community Forum on Heroin Epidemic

RCPA staff was invited to attend a community forum in Philadelphia, Tuesday, April 12. This forum focused on the national prescription drug and heroin epidemic. The audience was made up of educators, medical professionals, law enforcement officials, Pennsylvania leaders, and others that have been affected by opioids. The invitation came from Michael P. Botticelli, director, White House Office of National Drug Control Policy (ONDCP) who presented at the event and was a member of the panel discussion. (Note: Michael Botticelli is the first ONDCP director that is in recovery. Mr. Botticelli shared his recovery story at this event and recently on 60 minutes.) Federal and state officials are working hard to implement programs and raise awareness to help in this crisis. The Department of Drug and Alcohol Programs and the Office of Mental Health and Substance Abuse Services are both working on numerous new projects to address the prescription drug and heroin epidemic.

■ ON THE AUTISM SPECTRUM

Resources for Parents Seeking ABA

The Bureau of Autism Services and the Autism Services, Education, Resources and Training Collaborative (ASERT) Centers are now guiding parents who are having difficulty getting Applied Behavioral Analysis (ABA) for their child in the Medicaid program, and have not been able to resolve it with their behavioral health managed care organization or the county. Parents encountering barriers are encouraged to contact [Jill Weaver](#) at 717-409-3791.

Two Ways to Apply for Pennsylvania's Adult Autism Programs

In addition to being able to request an application by phone (866-539-7689), providers can now direct individuals and families to request an application [online](#). For more information use the *Information Referral Tool* to request an application today and to review the application process.

Autism Service Coding and Collections

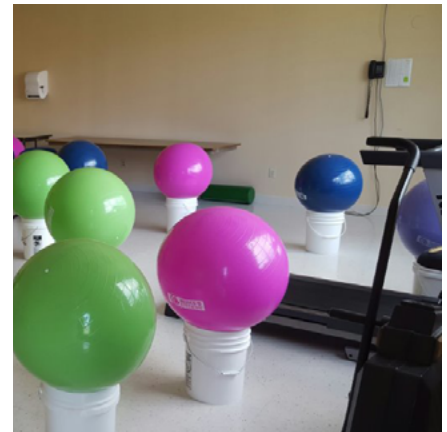
The Department of Human Services (DHS) and Pennsylvania Insurance Department (PID) are taking efforts to ensure the Autism Insurance Act (Act 62) is fully implemented, and its goal of Medicaid cost reduction is achieved. Administration staff are meeting with commercial insurers to review their roles and responsibilities under Act 62. As part of the transition to ICD-10 codes, the state has identified the autism spectrum disorder diagnosis and procedure codes currently captured in the cost avoidance editing process and identified additional codes that DHS will add into that process. In preparation for the addition of the new codes, DHS will pay claims and recoup payment from private insurers for autism-related codes from April 15–July 31, so there are no disruptions in service coverage to individuals, families, and providers. This will allow private insurers and providers time to add these additional codes into their process. Beginning Monday, August 1, DHS will include the additional diagnosis and procedure codes in the cost avoidance editing process to make sure private health insurance companies pay for services covered under Act 62.

Hope Enterprises Transitions

RCPA member [Hope Enterprises](#) was founded in 1952 in Williamsport, PA, and was a front runner in providing community services to people with intellectual disability. They are a comprehensive service provider with a wide range of programs to enhance the lives of individuals they serve by focusing on their ABILITIES.

The increased national emphasis on Employment First has led to refocusing sheltered workshops to more new and innovated ways to make employment available for individuals with developmental disabilities. In November 2014, Hope received a grant from the Plankenhorn Foundation to begin the transformation of its day programs to meet upcoming changes in state and federal regulation. This led to the creation of Hope Industries, which is an affirmative industry business that provides competitive, integrated work opportunities for individuals with and without disabilities. In addition to manufacturing support, Hope Industries also provides custodial and mobile car washing throughout the community. The mobile car wash was named the Starburst Steamers. The "O" in Hope is a starburst.

The Innovations Program was created to help individuals expand their abilities with new opportunities. These include Hope's Wellness Center, Education Center, and the expansion of community activities. The Wellness Center promotes fitness levels to improve the quality of life and increased strength and endurance necessary for competitive employment. The Education Center provides development of digital literacy while improving communication, money management, employability, and programs solving skills. The expansion of the Community Integration Center's



Another great day on the job with your car wash specialists, the Starburst Steamers.

activities promotes integration, active community participation including volunteering at the senior center, grocery shopping, and delivering Meals on Wheels.

Hope's new Employment Services Hub, FoCES (Focus on Community Employment Services) offers opportunities for a variety of transitional work experiences as well as increased community access and employment-related activities. A team of experienced job coaches utilized a newly developed curriculum which targets the soft and hard skills necessary for successful community employment. Services and supports

include transitional work, job finding, job exploration, supported employment, training center and transportation. Individual's skills can be developed through a variety of different activities including the manufacturing of Hope Soap and working on the mobile car washing crew. FoCES continues to collaborate and develop new relationships with local businesses to promote career opportunities for program participants.

Additional information is available from [Rob Labatch](#), vice president, day programs, Hope Enterprises at 570-326-3745, ext. 1235.

ABLE Update

On March 17, several US senators, including Pennsylvania's Bob Casey, introduced several bills to enhance the ABLE Act. The [ABLE to Work Act](#) builds on the success of the ABLE Act by making it possible for individuals with disabilities to increase their ABLE accounts in various ways. This would encourage individuals to work without impacting their federal benefits or current ABLE accounts.

- The **ABLE Age Adjustment Act** ([S 2704](#), [HR 4813](#)) raises the age limit for eligibility for ABLE accounts to individuals disabled before age 46. The current legislation limit is age 26.
- The **ABLE Financial Planning Act** ([S 2703](#), [HR 4794](#)) allows families to rollover savings from a Section 529 college savings plan to an ABLE account.
- The **ABLE to Work Act** ([S 2702](#), [HR 4795](#)) allows individuals and their families to save more money in an ABLE account if the beneficiary works and earns income.

Update: [Pennsylvania SB 879](#) passed the House and Senate, was signed by Governor Wolf on April 18, and is now Act 17. ABLE allows the creation of tax-advantaged savings accounts for an individual with disabilities. These accounts can be used for health care, assistive technology, housing, and education.

ODP Updates

The Office of Developmental Programs (ODP) has released the following updates available on their [website](#):

- [Announcement #020-16](#): *Enterprise Incident Management Review Report is Now Available*
- [Announcement #021-16](#): *Medication Administration Training Program Scheduling of May/June 2016 Sessions*
- [Announcement #022-16](#): *Certified Investigator Course Schedule FY 16–17 now available [here](#).*
- [Announcement #023-16](#): *Applicant Orientation to Enrollment and Provision of Quality Services in the Intellectual Disability Service System*; this information is for new waiver providers as of July 1, 2015. It is not applicable to Supports Coordination Organizations.
- [Announcement #024-16](#): *ODP Opens Registration for Spring 2016 ODP Quality Management Certification Classes.*
- [Announcement #025-16](#): *College of Direct Support Tiered Rate Structure*

DHS Federal Grant

The Department of Human Services has received a \$91 million federal "Money Follows the Person" [Rebalancing Demonstration grant](#). This grant goes through 2020 to assist in transitioning individuals with disabilities and older adults from institutional settings back into the community. This will also assist the Office of Developmental Programs with implementation of the requirements of the Benjamin Settlement Agreement, to move individuals from state centers.

ODP Benjamin Settlement

The Office of Developmental Programs (ODP) has developed new processes for the Benjamin Settlement Agreement. These [implementation plans and strategies](#) include how ODP, counties, supports coordinators, and providers will work together to move individuals living in state centers to community services.

The current barriers to moving these individuals to the community have included trying to match housemates in existing residential programs, the need for increased home modifications, and provider interest.

- Providers interested in serving these individuals may find more details on who is interested in moving to the community on the ODP Consulting's [Provider Information Center](#).
- [ODP Announcement #018-16](#) addresses increases for start-up costs by using funding from DHS' Money Follows the Person initiative.
- ODP will develop an Essential Lifestyle Plan to be posted on the ODP Consulting website to give a more person-centered description of the individual.

The Benjamin Implementation Lead is [Vicki Stillman-Toomey](#) and the Benjamin email link is [here](#).

Revalidation Extended

Provider Revalidation has been extended until Sunday, September 25, 2016. Currently, 73 percent of service locations have been revalidated. Providers will continue to be able to bill PA Medical Assistance as well as submit revalidation applications. ODP Consulting has a link to the [webinar and related materials](#) sponsored by RCPA that provides information on the provider enrollment requirements.

Adult Protective Services

The Department of Human Services is offering webinars addressing *Adult Protective Services and Mandatory Reporting*. The remaining sessions are scheduled for Tuesday, May 10 and Wednesday, June 1. Handouts/Resources will be made available for download during the webinar or can be found at the [DHS website](#) at Report Abuse > Adult Protective Services.

- **Tuesday, May 10, 2016 • 1:00–2:30 pm**
[Register online](#)
- **Wednesday, June 1, 2016 • 10:00–11:30 am**
[Register online](#)



“I Go Home”

WITF public television station has developed a video called *i go home*, regarding the early history of Pennsylvania’s institutionalization of children and adults with intellectual disability.

According to WITF, this video discusses how it was in the early 1900s and how individuals felt about their placements. Imagine living somewhere you didn’t choose. Being told you can’t love – or leave. For decades that was reality for people with intellectual disability. For years, children with intellectual disability were not allowed in public schools. Parents were told to send these children away to institutions – that it was best for the child, the family, and the community. It was not until the late 1960s that a television exposé shed light on what was happening inside the walls of institutions. It was that knowledge that fueled parents and the public to ignite change. This video is available for viewing on the [WITF website](#).

The Pennsylvania History Coalition Honoring People with Disabilities was one of the supporters of this video and is interested in learning more from direct service providers on their history. How did the provider agency begin, who started it, who do you serve, what services were initially provided, and what services are now provided. Please send your story to RCPA’s [Linda Drummond](#) to be shared with this history coalition.

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**RCPA
ON THE
MOVE**

**RCPA Annual
Conference**

**Hershey Lodge
September 27–30**

**Contact Sarah Eyster
for details.**

OVR and ODP Joint Bulletin

The Office of Vocational Rehabilitation (OVR) and Office of Developmental Programs (ODP) have issued joint bulletin [#00-16-02, OVR Referral Process for Employment-Related Services](#). This bulletin provides guidance regarding requirements for referrals to OVR. This applies to individuals enrolled in the Consolidated, Person/Family Directed Support or Adult Autism waivers. Employment-related services include:

- Supported Employment;
- Job Assessment and Job Finding;
- Transitional Work; and
- Prevocational Services.

Building Bridges and Staff Credits

The 2016 Aging/Intellectual Disability Cross-Systems Conference, [Building Bridges](#), is scheduled for Tuesday & Wednesday, May 10–11 at the Holiday Inn Grantville. This conference is designed for staff, individuals, and families who are part of the aging and intellectual disability systems. RCPA Director, IDD Division Linda Drummond is a member of the Joint Aging/ID Committee which coordinates this conference. Opening keynote speaker will be Linda Shumaker, addressing hoarding behaviors in older adults. Closing keynote speaker will be ODP Deputy Secretary Nancy Thaler, addressing national trends, federal initiatives, and CMS rules. ODP will recognize 10 hours of professional development by participating in this conference for both days. Place the staff's certificate of attendance in their training record for 2016.

Down Syndrome and Alzheimer's

Individuals born with Down syndrome have an extra genetic material, chromosome 21, known as Trisomy 21. This extra gene may cause developmental delays and health issues. Studies have indicated that more than 75 percent of individuals with Down syndrome aged 65 or older have Alzheimer's disease. This is six times the percentage of those at age 65 plus without Down syndrome. It is also known that individuals with Down syndrome have a higher chance of developing younger-onset Alzheimer's, many in their 30s and 40s. The [Alzheimer's Association](#) and the [National Institute on Aging](#) have fact sheets and research information available. These include a [video](#) on how researchers are investigating Alzheimer's in those with Down syndrome.

CHILDREN'S CORNER

Focus on Neuro-Behavioral Conditions Impacting Children

Increasingly, clinical experts and researchers working in mental health, autism, fetal alcohol exposure, and traumatic brain injury are coming together to discuss prevention and intervention efforts, similarities, and differences in working with children experiencing brain based neuro-developmental and neuro-behavioral conditions. One of those conditions that has received increased attention recently is infant and childhood lead exposure. In Pennsylvania, thousands of children are exposed to lead-based paint in old houses. In fact, 40% of Pennsylvanians live in housing considered at risk for having dangerously high lead levels. In a [new blog post](#), The Children's Hospital of Philadelphia's PolicyLab researcher Dr. Marsha Gerdes describes how Pennsylvania can tackle its lead crisis through increased preventive measures, enhanced screening efforts, and educational and therapeutic interventions like Head Start and Early Intervention.



National Children's Mental Health Awareness Day

National Children's Mental Health Awareness Day is Thursday, May 5, 2016. Communities across the country, as well as national collaborating organizations and federal partners, are busy planning activities that will take place throughout the month of May. To support their efforts, SAMHSA will host the [Awareness Day 2016](#) national event on May 5 in Washington, DC. National Children's Mental Health Awareness Day seeks to raise awareness about the importance of children's mental health and to show that positive mental health is essential to a child's healthy development from birth.

May Is National Foster Care Month

Since 1988, May has been a month to acknowledge those who help children and youth in foster care find permanent homes and connections. This includes foster parents, family members, volunteers, mentors, policymakers, child welfare professionals, and other members of the community. Learn more about [National Foster Care Month](#).



OMHSAS Children's Bureau, Moving Forward

The Office of Mental Health and Substance Abuse Services (OMHSAS) has begun to respond to concerns regarding the Bureau of Children's Behavioral Health Services (Children's Bureau). Last spring, OMHSAS engaged Mercer Consulting to conduct a study of the Children's Bureau that included three two-hour focus groups with OMHSAS system partners, including representatives from RCPA. The primary goal of the review was to identify ways in which OMHSAS can improve internal operations as well as communication and collaboration. In March, Deputy Secretary Dennis Marion shared both an executive summary of the Mercer Independent Study as well as his description of the steps forward that OMHSAS has initiated in response to the concerns and findings. The action items outlined by Deputy Secretary Marion are:

- **Review and consolidation of regulations related to Behavioral Health Rehabilitation Services (BHRS).** OMHSAS will engage with stakeholders to draft regulatory changes with the expectation that proposed BHRS regulations will be released for public comment in mid-2017.
- **Strategic reorganization of OMHSAS leadership.** Shannon Fagan joined OMHSAS as Children's Bureau director, and Sherry Peters became director of the Bureau of Policy, Planning, and Program Development.
- **Organization-wide effort to improve consistency and quality.** Moving forward, OMHSAS senior staff will focus on identifying areas of potential improvement, developing strategies to strengthen internal and external processes, promoting an organizational culture of collaboration, coordination, communication, and cohesiveness, and monitoring progress towards addressing the concerns voiced by OMHSAS stakeholders.
- **Emphasis on family and stakeholder engagement.** The involvement of RCPA and other key stakeholders played an integral role in working to identify issues of concern.
- **A redefining of "customer service."** To address concerns relating to responsiveness and professionalism.
- **Renewed focus on communications.** In response to concerns regarding effectiveness of internal and external communications.

In Schools They Are Now "Specialized Instructional Support Personnel"

With the passage of the *Every Student Succeeds Act* (ESSA) replacing *No Child Left Behind* legislation, Congress adopted a new term and title that school-based service providers can expect to hear and use: "specialized instructional support personnel (SISP)." This new title also replaces "pupil services personnel," and "related services" in the Individuals with Disabilities Education Act (IDEA). The definition specifically mentions school counselors, school social workers, school psychologists, and speech-language pathologists, and incorporates by reference the list of "related services" under the IDEA. The use of one term that describes these pupil services should enable school districts to better recognize and organize services that should be available to all students who need these supports. The term was selected to indicate these personnel have specialized training to support the instructional process, resulting in academic and social/emotional success for all students. As noted by the Learning Disabilities Association, "Other than school counselors and school social workers, more often than not SISP are not fully utilized to assist students in general education. Using these personnel effectively will ensure that students in need of special education services are properly identified and also that general education students have access to appropriate services to help them succeed in school."

Traumatic Events in the News and Resources for Providers and Families

Sadly, over the years RCPA has been increasingly asked to identify and share information and resources to assist communities and families in dealing with local and global tragedies. In addition to resources that have ranged from the Fred Rodgers Company to the Substance Abuse and Mental Health Services Administration, there are new resources being offered by [The Child Mind Institute](#). This independent nonprofit organization is "dedicated to transforming the lives of children and families struggling with mental health and learning disorders. The institute is now sharing [free resources](#) in English, French, German, Spanish, Arabic, and other languages that will help parents, educators, and other adults discuss traumatic events with their children, including:

- A cover letter introducing the materials;
- A guide for parents and teachers to help children cope with traumatic events; and
- An article with tips on talking to children about traumatic events.

Children's Committee Report

The April 13 meeting of the Children's Committee focused on an array of new and anticipated Office of Mental Health and Substance Abuse Services (OMHSAS) initiatives. Members received updates and information on the RCPA plans to support the newly selected Certified Community Behavioral Health Clinic pilot sites. The committee members discussed the OMHSAS Children's Bureau "moving forward" report and meetings with new leadership as well as a discussion about the proposed plans to convene stakeholder meetings to discuss Behavioral Health Rehabilitative Services. RCPA staff and Steering Committee members reported on several regional membership meetings, the school services work group, and meetings with legislators concerned about child autism consumer access and staff shortages. Dr. Gordon Hodas provided a presentation on the state's initiatives focused on improving medication prescribing practices and updated members on trauma informed care and the work of the state Fetal Alcohol Spectrum Disorder Task Force. [Handouts and other materials](#) from the April meeting of the Children's Committee are available on the RCPA website. The next Children's Committee meeting will be held in Harrisburg on Wednesday, June 8.

Mental Health Committee Report

The April 13 Mental Health Committee meeting covered a variety of topics from the CRR work group taking a one year hiatus, though Sarah Eyster will collect current CRR recommendations for Richard Edley to pass along to the licensing work group he attends. Andrea and Kevin from Alker-mes offered a 15-minute update about the new medication, injectable Aristada, for treatment of schizophrenia. Information was offered about CCBHCs selected in Pennsylvania and the tight turnaround time for certification. Ellen DiDomenico, special assistant to the secretary at OMHSAS, also spoke about First Episode Psychosis (FEP) program dedicated funding and noted that the county must be the applicant so interested providers should contact the county to partner. The Centers of Excellence for Opioid Use Disorder request for proposals is out and providers are encouraged to apply if they meet the criteria. As a result of the delayed outpatient mental health regulations it was indicated that waivers could be sought. The Community HealthChoices behavioral health carve-out was discussed as it relates to the new population of older adults coming in the Behavioral Health Choices program. Training will be needed to ensure appropriate and sensitive care is provided for that group. Deborah Allen and Christine Adkins of the Pennsylvania Behavioral Health and Aging Coalition described their training efforts across the state as well as other initiatives. It was decided that the Older Adult Work Group will reconvene to address the above issues. Next meeting will be held in Harrisburg on Wednesday, June 8 at 9:30 am.



Chief Executive

Intercommunity Action Inc. was formed in 1969 by a small group of community residents who saw the need for behavioral health, intellectual and developmental disabilities, and other human services to be available in their communities. Today, Intercommunity Action is a \$20 million mission driven, comprehensive human services agency engaging over 500 caring professional and support staff to provide over 20 different types of programs and services to 3,500 people annually. Intercommunity Action's mission is to help people live fulfilling lives by providing resources for Aging, Behavioral Health, and Intellectual and Developmental Disabilities. Our vision is "Everyone Deserves a Fulfilling Life."

Position Summary

Intercommunity Action is seeking a chief executive with a proven track record of success to lead and provide a strategic vision for the future of our organization. Our next CEO will be a visionary, forward-thinking leader with the skills and expertise to manage a complex human services organization with a multi-million-dollar budget. S/he will have the ability to focus on the development of programs and services in Behavioral Health, Intellectual/Developmental Disabilities, and Aging. The ideal candidate will have experience in non-profit organizations and be a leader focused on team development, budgeting, long-term strategic planning, accountability, and effective administration.

The CEO is responsible for creating an environment and culture that enables Intercommunity Action to fulfill its mission by meeting or exceeding its goals, conveying the organization's mission to all staff, motivating staff to improve performance and assessment, and ensuring the continuous improvement of the organization's performance.

Candidate Profile

- Demonstrated leadership of a complex organization.
- Direct knowledge of human service delivery.
- Minimum 5–10 years of relevant management experience in a complex organization with accountability to multiple funding sources.
- Extensive experience with strategic planning and execution, securing grants, budgeting, and fiscal management, including audits, loans, and lines of credit.
- Track record of developing and securing funding for real estate projects.
- Demonstrated success in reporting to and collaborating with a board of directors.
- Extensive experience reviewing and analyzing legal documents and contracts.
- Demonstrated experience managing, supporting, and motivating senior staff.
- Master's degree preferred or equivalent combination of experience and credentials.

Candidates should submit resumes with cover letter and salary requirements by electronic submission to the [Intercommunity Action Search Committee](#), no later than Tuesday, May 31, 2016. For more information about the agency, please visit our [website](#).

MAY		
Tuesday, May 10	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee <i>Conference Call</i>
Wednesday, May 11	10:00 am – 12:30 pm	Human Resources Committee <i>Penn Grant Centre</i>
Tuesday, May 17	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee <i>Conference Call</i>
Tuesday & Wednesday, May 17 & 18	5:30 pm – 7:00 pm 9:00 am – 3:00 pm	Reception RCPA Annual Membership Meeting <i>Hershey Lodge</i>
Thursday, May 19	9:00 am – 10:00 am	Government Affairs Committee <i>Conference Call</i>
Wednesday, May 25	10:00 am – 12:30 pm	Finance Committee <i>Penn Grant Centre</i>
Wednesday, May 25	10:00 am – 2:00 pm	Brain Injury Committee <i>Penn Grant Centre</i>
Thursday, May 26	10:00 am – 12:30 pm	Outpatient Rehabilitation Committee <i>RCPA Conference Room</i>
JUNE		
Wednesday, June 1	10:00 am – 2:00 pm	SW Regional Meeting <i>Doubletree by Hilton Pittsburgh Cranberry 910 Sheraton Drive Mars, PA 16046</i>
Thursday, June 2	10:00 am – 2:00 pm	NW Regional Meeting <i>Park Inn by Radisson, Clarion 45 Holiday Inn Road Clarion, PA 16214</i>
Thursday, June 2	12:00 pm – 1:00 pm	IPRC Webinar: An Introduction to Pediatric Palliative Care
Tuesday, June 7	1:00 pm – 4:00 pm	Drug & Alcohol Committee <i>Penn Grant Centre</i>
Wednesday, June 8	9:30 am – 12:00 pm 1:00 pm – 4:00 pm 1:00 pm – 4:30 pm	Mental Health Committee Criminal Justice Committee Children's Committee <i>Penn Grant Centre</i>
Thursday, June 9	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, June 9	12:00 pm – 1:00 pm	IPRC Networking Call
Tuesday, June 14	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee <i>Conference Call</i>
Thursday, June 16	10:00 am – 12:30 pm	Medical Rehabilitation Committee <i>RCPA Conference Room</i>
Tuesday, June 21	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee <i>Conference Call</i>