



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

REHABILITATION & COMMUNITY  
PROVIDERS ASSOCIATION

JULY 2016

## ■ RCPA NEWS

# Testimony on DOL Overtime Rule

On Tuesday, June 21, 2016, RCPA President & CEO Richard Edley [testified](#) before a joint hearing of the PA Senate Labor & Appropriations Committees, regarding the adverse effects of the Federal Department of Labor's (DOL) Overtime Exemption Rule.



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

**Lynn Cooper**  
*Director, Drug & Alcohol Division,  
Western Region Representative*

**Melissa Dehoff**  
*Director, Rehabilitation Services  
Divisions*

**Sarah Eyster, LSW**  
*Director, Mental Health Division,  
Eastern Region Representative*

**Cindi Hobbes**  
*Director, International Pediatric  
Rehabilitation Collaborative*

**Cindy Lloyd**  
*Office Manager/HR*

**Tieanna Lloyd**  
*Membership Services/  
Accounts Receivable Administrator*

**Tina Miletic**  
*Assistant to the President/CEO,  
Finance Manager*

**Sharon Militello**  
*Director, Communications*

**Connell O'Brien, MEd**  
*Director, Children's Division*

**Jack Phillips, JD**  
*Director, Government Affairs*

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**Rehabilitation and Community  
Providers Association**

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

GOVERNMENT AFFAIRS



## Calling All Golfers! RCPA PAC's 3rd Annual Golf Outing

Calling all golfers (and those who pretend to play golf like Jack Phillips), it's time to [register](#) for **RCPA PAC's Third Annual Golf Outing**, to be held on Tuesday, September 27 at the beautiful Hershey Country Club! Lunch will start at 11:00 am in the Weitzel Room followed by a putting contest and 1:00 pm shotgun start.



The RPCA PAC raises money and supports campaigns of state legislators who work tirelessly on issues

that benefit mental health, intellectual/developmental disabilities, addictive disease treatment and services, 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](#).

### Sponsors Needed for RCPA PAC's 3rd Annual Golf Outing



RCPA PAC is looking for sponsors for its 3rd annual golf outing at the beautiful Hershey Country Club on Tuesday, September 27! There are many sponsorship levels available and we hope you will help support RCPA PAC. Please act now; sponsorships go fast!! Reserve your sponsorship [here](#). Further questions may be directed to [Jack Phillips](#).

GOVERNMENT AFFAIRS  
*Continued on page 4*

### IN THIS ISSUE

- |                                   |                                  |
|-----------------------------------|----------------------------------|
| <b>2</b> Government Affairs       | <b>12</b> On the Autism Spectrum |
| <b>3</b> 2016 RCPA Conference     | <b>13</b> Drug & Alcohol Action  |
| <b>7</b> Federal News Briefs      | <b>16</b> IDD Focus              |
| <b>8</b> State News Briefs        | <b>16</b> Children's Corner      |
| <b>9</b> Medical Rehabilitation   | <b>18</b> Committee Reports      |
| <b>10</b> Brain Injury            | <b>19</b> Advertising            |
| <b>11</b> Mental Health Headlines | <b>19</b> Calendar               |



# 2016 Conference

September 27–30

Hershey Lodge, Hershey PA

Registration opens July 22  
[www.rcpaconference.org](http://www.rcpaconference.org)

## RCPA ON THE MOVE



The RCPA Annual Conference Committee is pleased to announce another full conference agenda to meet your educational and networking needs. This inaugural conference at the Hershey Lodge promises great opportunities to meet with your colleagues and state officials, and learn from innovative speakers about programs from Pennsylvania and around the country.

From the "State of the State" to the "State of the Nation," join us in Hershey for the annual conference, *RCPA on the Move*, September 27–30.

NEW!

Tuesday morning session presented by leaders from within the Pennsylvania Department of Human Services.

## RCPA Bill Tracking

Bill Number	Bill Summary	RCPA Position	Consideration
HB400 Gingrich R-Lebanon	Providing for the Work Experience for High School Students with Disabilities Act; and imposing duties on the Office of Vocational Rehabilitation.	Support w/ Comments	Signed by Governor (Act 26 of 2016)
HB765 Topper R-Bedford	Amending the act of May 22, 1951 (P.L.317, No.69), entitled, as amended, "An act relating to the practice of professional nursing; providing for the licensing of nurses and for the revocation and suspension of such licenses, subject to appeal, and for their reinstatement; providing for the renewal of such licenses; regulating nursing in general; prescribing penalties and repealing certain laws," further providing for definitions; and providing for licensure as a certified nurse practitioner.	Support w/ Comments	Introduced and re-referred to House Professional Licensure
HB976 Murt R-Montgomery	Amending the act of May 17, 1921 (P.L.682, No.284), entitled "An act relating to insurance; amending, revising, and consolidating the law providing for the incorporation of insurance companies, and the regulation, supervision, and protection of home and foreign insurance companies, Lloyds associations, reciprocal and inter-insurance exchanges, and fire insurance rating bureaus, and the regulation and supervision of insurance carried by such companies, associations, and exchanges, including insurance carried by the State Workmen's Insurance Fund; providing penalties; and repealing existing laws," in casualty insurance, providing for acquired brain injury disclosure.		Introduced and referred to House Insurance
HB1031 Murt R-Montgomery	Amending the act of December 2, 1992 (P.L.741, No.113), entitled "An act providing a comprehensive plan for health care for uninsured children; providing for medical education assistance; making appropriations; and making repeals," in primary care to medically underserved areas, further providing for definitions and for loan forgiveness for primary health care practitioners.	Support	Introduced and referred to House Health
HB1178 Barrar R-Delaware	Amending the act of May 17, 1921 (P.L.682, No.284), entitled "An act relating to insurance; amending, revising, and consolidating the law providing for the incorporation of insurance companies, and the regulation, supervision, and protection of home and foreign insurance companies, Lloyds associations, reciprocal and inter-insurance exchanges, and fire insurance rating bureaus, and the regulation and supervision of insurance carried by such companies, associations, and exchanges, including insurance carried by the State Workmen's Insurance Fund; providing penalties; and repealing existing laws," providing for retroactive denial of reimbursement of payments to health care providers by insurers.	Support w/ Comments	Introduced and re-referred to House Insurance Committee
HB1692 Readshaw D-Allegheny	Providing for involuntary treatment requirements and procedures for individuals suffering from alcohol and other drug abuse; and imposing duties on the Department of Health and the Department of Drug and Alcohol Programs.	Neutral	Introduced and Referred House Human Services Committee
HB1698 Heffley R-Carbon	Providing for coverage requirements by an insurance carrier or health insurance plan for abuse-deterrent opioid analgesic drug products.		1 <sup>st</sup> Consideration – Re-referred House Rules
HB1999 Adolph R-Delaware	Act to provide from the General Fund for the expenses of the Executive, Legislative & Judicial Departments, the public debt & the public schools for the fiscal year July 1, 2016 to June 30, 2017	Support w/ Comments	2 <sup>nd</sup> Consideration – Re-referred to House Appropriations

Continued from page 4

Bill Number	Bill Summary	RCPA Position	Consideration
HB2010 Quinn R-Bucks	Amending the act of May 17, 1921 (P.L.682, No.284), entitled "An act relating to insurance; amending, revising, and consolidating the law providing for the incorporation of insurance companies, and the regulation, supervision, and protection of home and foreign insurance companies, Lloyds associations, reciprocal and inter-insurance exchanges, and fire insurance rating bureaus, and the regulation and supervision of insurance carried by such companies, associations, and exchanges, including insurance carried by the State Workmen's Insurance Fund; providing penalties; and repealing existing laws," in casualty insurance, further providing for autism spectrum disorders coverage.	Support	Introduced – House Insurance Committee
HB2028 Pickett R-Bradford	Providing for outpatient psychiatric oversight.	Support	Introduced – House Health Committee
HB2128 Heffley R-Carbon	Amending the act of April 14, 1972 (P.L.233, No.64), entitled "An act relating to the manufacture, sale and possession of controlled substances, other drugs, devices and cosmetics; conferring powers on the courts and the secretary and Department of Health, and a newly created Pennsylvania Drug, Device and Cosmetic Board; establishing schedules of controlled substances; providing penalties; requiring registration of persons engaged in the drug trade and for the revocation or suspension of certain licenses and registrations; and repealing an act," further providing for drug overdose medication and providing for requirements.		1st Consideration – Reported as committee House Rules
HB2057 Miller D-Allegheny	Amends Public School Code, in school health services, providing for brain health and mental health checkups.	Support	Filed – not referred to Committee to date
HB2173 Murt R-Montgomery	Insurance Parity	Support	Co-sponsorship memo
SB487 McIlhinney R-Buys	Amends the Insurance Company Law providing for limits on copayments for insured medical services provided by a physical therapist, chiropractor and occupational therapist.	Support w/ Comments	Signed by Governor (Act 39 of 2015)
SB671 Scavello R-Monroe	Act providing for Commonwealth support for a Mental Health & Intellectual Disability Staff Member Loan Forgiveness Program & an Alcohol & Drug Addiction Counselor Loan Forgiveness Program.	Support	Introduced and referred to Senate Education
SB554 Argall R-Berks	Amending the act of May 17, 1921 (P.L.682, No.284), entitled "An act relating to insurance; amending, revising, and consolidating the law providing for the incorporation of insurance companies, and the regulation, supervision, and protection of home and foreign insurance companies, Lloyds associations, reciprocal and inter-insurance exchanges, and fire insurance rating bureaus, and the regulation and supervision of insurance carried by such companies, associations, and exchanges, including insurance carried by the State Workmen's Insurance Fund; providing penalties; and repealing existing laws," providing for retroactive denial of reimbursement of payments to health care providers by insurers.	Support w/ Comments	Introduced – Senate Banking & Finance Committee

Continued on page 6

Continued from page 5

Bill Number	Bill Summary	RCPA Position	Consideration
SB717 Vance R-Cumberland	Amending the act of May 22, 1951 (P.L.317, No.69), entitled, as amended, "An act relating to the practice of professional nursing; providing for the licensing of nurses and for the revocation and suspension of such licenses, subject to appeal, and for their reinstatement; providing for the renewal of such licenses; regulating nursing in general; prescribing penalties and repealing certain laws," further providing for definitions; and providing for licensure as a certified nurse practitioner.	Support w/ Comments	Re-Referred – Senate Appropriations Committee
SB879 Baker R-Luzerne	Act providing for the establishment of a savings program by the Treasury Department to encourage savings accounts for individuals with disabilities; establishing the Pennsylvania ABLE Savings Program & ABLE Savings Program Fund.	Support w/ Comments	Signed by Governor (Act 17 of 2016)
SB1176 Bartolotta R-Washington	Amending the act of July 19, 1979 (P.L.130, No.48), entitled "An act relating to health care; prescribing the powers and duties of the Department of Health; establishing and providing the powers and duties of the State Health Coordinating Council, health systems agencies and Health Care Policy Board in the Department of Health, and State Health Facility Hearing Board in the Department of Justice; providing for certification of need of health care providers and prescribing penalties," in general provisions, providing for acute care mental health bed registry and referrals.	Support w/ Comments	Introduced - Senate Public and Welfare Committee
SB1269 Bartolotta R-Washington	Amending the act of December 19, 1990 (P.L.1372, No.212), entitled "An act providing for early intervention services for infants, toddlers and preschool children who qualify; establishing the Interagency Coordinating Council and providing for its powers and duties; and conferring powers and duties upon the Department of Education and the State Board of Education, the Department of Health and the Department of Public Welfare," in general provisions, further providing for definitions; and, in statewide system for provision of early intervention services, further providing for child identification, assessment and tracking system. (Pre- natal)	Support	Introduced - Senate Public and Welfare Committee
SB1279 Vance R-Cumberland	Amending the act of June 13, 1967 (P.L.31, No.21), entitled "An act to consolidate, editorially revise, and codify the public welfare laws of the Commonwealth," in public assistance, further providing for persons eligible for medical assistance. (Suspension of MA benefits while incarcerated)	Support	Introduced - Senate Public and Welfare Committee
SB1228 Yaw R-Lycoming	Providing for limitations on the dispensing of opioid analgesic drug products in emergency departments of hospitals and for use of prescription drug monitoring programs.	Support w/ Comments	Introduced Health Committee
HR2646 Murphy R-Allegheny	This bill amends title XIX (Medicaid) of the Social Security Act (SSAct) to conditionally expand coverage of mental health services.	Neutral w/ Comments	Referred to the House Energy and Commerce Committee
HR4641 Brooks R-Indiana	Reported to House amended. (Sec. 1) This bill requires the Department of Health and Human Services to convene a Pain Management Best Practices Inter-Agency Task Force to review, modify, and update best practices for pain management and prescribing pain medication. The task force must submit a report that includes: (1) a strategy for disseminating such best practices; (2) the feasibility of linking such best practices to Drug Enforcement Administration registration of manufacturers, distributors, and dispensers of controlled substances; and (3) recommendations for effectively applying such best practices at medical facilities.		Referred to the Senate Health, Education, Labor and Pensions Committee

Continued on page 7



Continued from page 6

Bill Number	Bill Summary	RCPA Position	Consideration
HR5046 Sensenbrenner R–Wisconsin	To amend the Omnibus Crime Control and Safe Streets Act of 1968 to authorize the Attorney General to make grants to assist state and local governments in addressing the national epidemic of opioid abuse, and for other purposes		Referred to the Senate Judiciary Committee
S524 White D–Rhode Island	To authorize the Attorney General and Secretary of Health and Human Services to award grants to address the national epidemics of prescription opioid abuse and heroin use, and to provide for the establishment of an inter-agency task force to review, modify, and update best practices for pain management and prescribing pain medication, and for other purposes.		In the hands of the President
S1945 Cassidy R–Louisiana	The summary below was written by the Congressional Research Service, which is a nonpartisan division of the Library of Congress.	Support w/ Comments (National Council is more supportive of this bill – rather than Murphy bill)	Referred to the Committee on Health, Education, Labor, and Pensions

## ■ FEDERAL NEWS BRIEFS

### *Jimmo v. Sebelius* Webinar Held on History, Overview, and Implications

On June 9, 2016, Toby Edelman, senior policy attorney for the Center for Medicare Advocacy, Inc., conducted an informational webinar for RCPA on the *Jimmo v. Sebelius* lawsuit. The suit was brought on behalf of a nationwide class of Medicare beneficiaries who were denied coverage and access to care because they did not show sufficient potential for “improvement.” The case gained national attention as the settlement agreement began the long process to reverse damage done to tens of thousands of Medicare beneficiaries with chronic conditions. The webinar included the history of the case, the various challenges encountered, the educational campaign mandated by the lawsuit, and the most recent filing by the Center for Medicare Advocacy and Vermont Legal Aid, for a *Motion for Resolution of Non-Compliance with the Settlement Agreement* in this case. This filing comes after three years of urging CMS to fulfill its obligation to end continued application of an “improvement standard” by Medicare providers, contractors, and adjudicators, to deny Medicare coverage for skilled maintenance nursing and therapy. The [recorded version](#) of this webinar is now available.

### HHS Releases Spring 2016 Regulatory Agenda

The Department of Health and Human Services (HHS) released its spring 2016 [regulatory agenda](#). The regulatory agenda is a biannual compilation of rulemaking activities HHS expects to propose or implement in the future.



### MedPAC Issues June 2016 Report to Congress

The Medicare Payment Advisory Commission (MedPAC) released its June 2016 [Report to the Congress: Medicare and the Health Care Delivery System](#). The report outlines MedPAC’s analyses of payment adequacy in fee-for-service (FFS) Medicare and provides a review of Medicare Advantage and the Medicare Part D prescription drug program.

## DHS Releases Co-Located Service Bulletin

In June the Department of Human Services (DHS) issued [Bulletin 99-16-04, Enrollment of Co-Located Providers](#). This bulletin informs providers of the process for enrollment or revalidation of providers that are in co-location arrangements. The bulletin addressed the process for Medicaid enrollment and revalidation for service providers that are “using the same distinct street address as a different currently enrolled provider.” It also addresses situations in which a provider is located within another provider’s offices and is accompanied by the department’s *Co-Location Attestation* form.

## Stark Law Webinar

RCPA conducted a webinar on June 29 to further support members developing or providing co-located service provider relationships in a shared office and facility space. The webinar, presented by Renee Martin, JD, RN, MSN, a partner in the firm of Dilworth Paxson, LLP, focused on the legal issues providers may encounter under the federal Stark Law and Anti-Kickback statute. This webinar described the legal requirements providers must be aware of under these federal laws and how to apply that knowledge in structuring financial relationships for use of these shared spaces.

## Supporting Members Advancing Integrated Health Care

RCPA is now producing and distributing *Infos* and *Alerts* that cover research, delivery and training models, policy issues, and other topics that will inform our members about collaborative, integrated, and co-located health care. While all information will feature traditional RCPA member service lines such as mental health, substance use disorders, brain injury, and intellectual/developmental disabilities, it will all concentrate on supporting members engaged in “whole health” initiatives. RCPA members have voiced their strong support for the integration of physical, behavioral, and rehabilitative care and are now planning and implementing a range of delivery models, service purchase models, and health care services.

## Certified Peer Specialists in Crisis Services Training

After successfully completing two pilot trainings, the newly developed Certified Peer Specialists (CPSs) in Crisis Services Training is ready to be rolled out to the CPS community. Like the other continuing education trainings in Pennsylvania (forensics, veterans, and older adults), this training is designed to give participants extra skills to specialize in a particular service area. The CPSs in Crisis Services Training was developed by the Pennsylvania Peer Support Coalition in collaboration with the Office of Mental Health and Substance Abuse Services and several counties under a federal grant. While this training is specifically designed to prepare CPSs to work in crisis services (telephone, mobile, walk-in, and residential) it is open to individuals who want to increase their skill set. Topics covered include the Mental Health Procedures Act, roles and responsibilities of a CPS in crisis service, de-escalation, and suicide assessment and prevention. This is the first time this training will be open to a broader CPS audience and will be held as a pre-conference session prior to the International Association of Peer Supporters (INAPS) conference in Philadelphia this August. CPSs in Crisis Services Training will be hosted by the Pennsylvania Peer Support Coalition on Tues–Thurs, August 23–25, at the Montgomery County Community College. [Crisis Training Registration](#) is now open and additional information is available on the [coalition website](#) and [by email](#).

## Draft Evaluation Plan for CHC by University of Pittsburgh: Public Review and Comment

The Department of Human Services (DHS) is making available for public review and comment a draft of the evaluation plan developed by the University of Pittsburgh for the Community HealthChoices (CHC) program. The university will conduct a comprehensive multi-year evaluation of CHC, Pennsylvania’s new Medicaid Long-Term Services and Supports program. The evaluation will provide an independent assessment of the implementation and outcomes of the program to complement other oversight and quality assurance activities conducted by the DHS Office of Long-Term Living. [Comments](#) on the draft evaluation plan will be accepted until Friday, July 8, 2016. Please use [this form](#) when providing comments. The draft Evaluation Plan can be accessed [here](#).



## DHS Changes Start Date of Community HealthChoices to July 2017

The Department of Human Services (DHS) recently announced its decision to lengthen the transition time for the start of the Community HealthChoices (CHC) program. The first phase (southwest part of the state) was originally scheduled to be implemented on January 1, 2017. The implementation date of phase one has now been changed to begin **July 1, 2017** and is reflected in the revised [timeline for implementation](#).

The decision to extend the start date allows more time for the 420,000 Pennsylvanians who will ultimately benefit from CHC to understand the program adjustments that will occur, including how access to and receipt of home- and community-based services will be improved.

All other established CHC timeframes will remain the same. The selection of managed care companies, changes in the Commonwealth's information technology systems, and other changes are still proceeding on the same time-frame. The implementation of phases two and three (the southeast and remainder of the Commonwealth) also remain on the previously announced timelines of 2018 and 2019, respectively.

## PCH4 Releases New Hospital Financial Analysis Report

The Pennsylvania Health Care Cost Containment Council (PHC4) released its [Financial Analysis Fiscal Year 2015](#) report for hospitals. The report indicates that the state's general acute care hospitals experienced financial improvement during fiscal year 2015 compared to the prior year. While the data in the report shows many hospitals experiencing positive operating margins, 29 percent of the hospitals lost money on operations and 27 percent lost money overall.

## ■ MEDICAL REHABILITATION

### OIG Releases FY 2016 Work Plan Mid-Year Update

The Office of Inspector General (OIG) released its fiscal year (FY) 2016 [work plan](#). The work plan outlines new and ongoing reviews and activities that the OIG plans to pursue with respect to Health and Human Services programs and operations, including audits and evaluations that are underway or planned, and certain legal and investigative initiatives that are continuing. Included in the plan:

- Estimate the national incidence of adverse and temporary harm events for Medicare beneficiaries receiving care in long-term-care hospitals and inpatient rehabilitation facilities (IRFs); and
- Review compliance with various aspects of the skilled nursing facility prospective payment system, the home health prospective payment system, and the IRF payment system, including the documentation requirement in support of the claims paid by Medicare.

### RCPA Assists With Dear Colleague Letter Opposing Prior Authorization for Home Health

RCPA assisted in a national Dear Colleague letter outreach to the Pennsylvania delegation to the Centers for Medicare and Medicaid Services (CMS), calling for the agency to withdraw its prior authorization demonstration for Medicare home health benefits. The letter also requests that CMS instead seek solutions that more effectively address program integrity measures without impeding patient care, jeopardizing patient safety, and preventing delivery of care at home.

## CMS Plans Call on Quality Measures and IMPACT Act

The Centers for Medicare and Medicaid Services (CMS) will conduct a call on the key quality measures related to the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014 and how they will affect providers. The IMPACT Act requires the reporting of standardized patient assessment data on quality measures, resource use, and other measures by Post-Acute Care (PAC) providers, including inpatient rehabilitation facilities, skilled nursing facilities, home health agencies, and long-term care hospitals. The call is scheduled for **Thursday, July 7, 2016 from 1:30 to 3:00 pm ET**. Those interested in participating are encouraged to [register](#) early as space is limited.

RCPA logo decals  
available free to  
RCPA members.

Contact  
[Sharon Militello](#)  
for details.

## 2015 TBI Annual Summary Report Released

The [2015 Traumatic Brain Injury \(TBI\) Annual Summary Report](#) was recently released by the Department of Health. The report highlights the activities of the TBI Advisory Board, of which RCPA is a member.

## Congressional Brain Injury Task Force Holds Briefing on Women and TBI

On June 14, 2016, the Congressional Brain Injury Task Force, co-chaired by Reps. Bill Pascrell Jr. (D-NJ) and Thomas J. Rooney (R-FL) held an important briefing; [Women and Traumatic Brain Injury \(TBI\): A Frontier Yet to be Explored](#). The panel discussion was moderated by Joanne Finegan, MSA, CTRS, FDRT, president and CEO of ReMed, US Community Behavioral and Embassy Management, LLC, and member of the BIAA Business and Professional Council. The panel held a conversation around the need for more research on girls and women that have sustained a TBI across their lifespan.

## Webinar Series to Focus on Helping Family Caregivers for People With Brain Injuries

The Brain Injury Association of America announced the Carolyn Rocchio Caregiver Education [webinar series](#). The webinars focus on helping family caregivers for people with brain injuries better manage their lives and the care of their family members.

## Report Released on NFL's Attempt to Influence Funding Decisions at NIH

In May 2016, a [report](#) released by the House Committee on Energy and Commerce charged that the National Football League (NFL) improperly attempted to influence the grant review process for a National Institutes of Health (NIH) brain injury study that the NFL had agreed to fund as part of a \$30 million donation. However, according to the report, despite the NFL's attempts to influence the applicant selection process, NIH leadership maintained the integrity of the science and the grant review process. The investigation followed a December 2015 article published by ESPN alleging that the NFL had backed out of funding an NIH study because of the NFL's objections to the grantee selected by NIH to conduct the study.

## Provider Revalidation Update

RCPA members should be experiencing relief when trying to reach the state with revalidation concerns. In June the state mailed 80,000 letters to providers and was then unable to keep up with the telephone demand that followed that mailing. Leaders from the revalidation team have offered the following tips for providers statewide:

You must ensure that the provider has reviewed and included the items in the application that are on the provider checklist at the end of the application (such as social security card, provider license, corporation papers, etc.). Most of the applications are sent back because the provider did not send a copy of a license, social security card, or corporation's papers, or they send W-9s when the instructions say not to.

Providers often do not send the additional requirements for that provider type or specialty. Each provider type has additional requirements to what is on the checklist at the end of the application. Many providers fill out the application and submit it – then OMAP must send it back because the provider did not review, understand, or submit the additional requirements.

For Specialties 558 and 808 through 811, include the service description denoting approval by the Bureau of Children's Behavioral Health Services, Office of Mental Health & Substance Abuse Services (OMHSAS). [Contact the Bureau](#) at 717-705-8289 for additional information or requirements.

Often applications are received where the address of the facility license does not match the address on the provider application for enrollment or revalidation.

Make sure that the ownership and disclosure forms disclose at least one managing agent or person in charge. Many come in with no information and are returned to the provider. Here is a link to a [Q and A document](#) regarding the ownership and control section of the application that may be helpful.

Anything related to the Behavioral Health HealthChoices counties – Managed Care Organizations should be directed to OMHSAS. Likewise, they continue to remind the BH-MCOs, if the provider is a state plan provider, they should be instructed to contact the appropriate program office for clarification/assistance to assure providers are being given the correct information.

RCPA wants to know about your experience with revalidation in Pennsylvania. Members may email [Sarah Eyster](#) with information. RCPA will continue to work closely with the licensing bodies to ensure timely review of programs in need of revalidation.

## CCBHC Focus on Evidence-Based Services for Children and Adults

As the steering committee for the development of the Certified Community Behavioral Health Clinic (CCBHC) pilot programs begins its work, one of the first orders of business was to identify evidence-based practices (EBP) for adult, child, and adolescent providers. Dr. Dale Adair, medical director for the Office of Mental Health and Substance Abuse Services and leader of this initiative, noted that the federal Substance Abuse and Mental Health Service Administration has a goal of increasing the use of EBPs across the nation, through this initiative and others.

Among the EBPs under discussion for child and adolescent services are:

- Attachment-based family therapy;
- Trauma focused cognitive behavior therapy (CBT) and CBT for adolescent depression;
- Multi-systemic therapy;
- Multidimensional family therapy;
- Functional family therapy; and
- Parent child interaction therapy.

EBPs for adults which are under discussion include (but are not limited to):

- Cognitive behavioral therapy;
- Dialectical behavior therapy;
- Motivational interviewing;
- Cognitive enhancement therapy; and
- Medication assisted treatment.

While this is only a partial list of evidence-based and promising practices under discussion, it does reflect an array of clinical models that are already being used by many RCPA members

## CCBHC On-Site Reviews Taking Place

From the end of June and throughout the month of July, candidates to become Certified Community Behavioral Health Clinics (CCBHCs) are being taken to the test. Two teams of senior leaders from the Department of Human Services Office of Mental Health and Substance Abuse Services will be visiting all potential sites to proceed with the certification process.

## Older Adult Work Group to Tackle New HealthChoices Member Needs

By the end of this year, MCOs and community providers will be working with a group of older adults in the Behavioral Health HealthChoices program. 2017 will mark the first time this population will be served in the HealthChoices program. RCPA members will partner with the Pennsylvania Aging and Behavioral Health Coalition (PABHC) to utilize shared resources. PABHC staff indicated that there is to be a survey of the potential members about substance use and mental health needs. During the RCPA Mental Health Committee meeting there were a few significant issues identified:

- Network capacity for properly trained and licensed professional staff (including the use of LPCs incident to);
- Transportation issues – even if transit is approved, if the person is unable to travel alone, he or she cannot use available transportation;
- Education needs of the primary care physician to assess for substance use and mental health needs (goes back to capacity – what if they identify needs and there is nowhere to go); and
- Battling the stigma that older adults may feel when going for treatment.

The RCPA Older Adult Work Group will be reaching out to colleagues with an interest in the aging population in addition to PABHC, such as the MLTSS and Department of Aging, to determine how to proceed. A work group meeting will be set up in early August of this year.

## ■ ON THE AUTISM SPECTRUM

### DHS to Enroll Unlicensed ABA Entities in MA

The Department of Human Services (DHS) has issued [OMHSAS Bulletin 16-07](#) which provides guidance to “entities that are not licensed to provide outpatient, partial hospitalization or family based mental health services and who seek to enroll in the Medical Assistance (MA) program to use Behavioral Specialist Consultant-Autism Spectrum Disorder (BSC-ASD) services and Therapeutic Staff Support (TSS) services to provide Applied Behavioral Analysis (ABA) to children with autism spectrum disorder.”

This action by DHS appears to be in response to a legal settlement brought by advocates to ensure an adequate network of ABA providers and establish “a process to waive

the license requirement and enable entities that do not have an outpatient, partial hospitalization, or family based mental health license to provide ABA to children with ASD to enroll in the MA program.”

While virtually all RCPA members that provide BSC-ASD and TSS to children on the autism spectrum hold other listed program and facility licenses, this bulletin does not impact those providers directly. RCPA will monitor the operational impact on member organizations that may experience further erosion in their service capacity as a result of staff migration from a licensed to an unlicensed provider entity.



## Travel Planning Tips

Our colleagues at ASERT share important information and advice each month through their regular [newsletter](#). In their most recent issue, ASERT offers suggestions for families that may be planning trips and vacations for the summer months ahead, noting that Pennsylvania has over 10 amusement parks designed for maximum family fun. Autism service providers and families, as well as those who work with and care for special needs children, know that sometimes these venues can be overwhelming and stressful for all involved. Some of the suggestions provided for families and for adults that are supporting and supervising children are to:

- **Call Ahead:** Many parks offer special programs to individuals with special needs and their families.
- **Map it Out:** Before arriving, be sure to review a map of the park and note where things like restrooms and quiet areas are so that you can access them easily when needed.
- **Pack Smart:** Amusement parks can be loud and chaotic at times. If someone has sensitivities to noises, be sure to pack headphones, ear plugs, or other items to help them manage the environment.
- **Go Early or Late:** Some parks offer “preview” packages or discounted admissions for arriving later in the day.

Read the full article on “Amusement Park Tips” as well as other information that supports the work of community providers of autism services and the families of individuals with autism – and consider signing up for regular ASERT updates.

## ■ DRUG & ALCOHOL ACTION

### Secretary Tennis Considering Lawsuit

Gary Tennis, secretary of the Department of Drug and Alcohol Programs, is considering filing a lawsuit against the manufacturers of opioids like Vicodin and OxyContin. Secretary Tennis reported that he has spoken with the state attorney general’s office about a potential lawsuit. In addition, Chairman Gene DiGirolamo (R-Bucks) says he’s spoken with Governor Tom Wolf about the possible move in court. DiGirolamo says the lawsuit would target companies like Purdue Pharma, which makes OxyContin, alleging misrepresentation of the dangers of the drug.

Tennis points to Kentucky, which reached a \$24 million settlement with Purdue Pharma over its marketing of OxyContin. But cases in other states, such as California and Illinois, have stalled. A spokesman with Attorney General Kathleen Kane reports that they cannot speak about potential legal action; Governor Wolf’s spokesman stated they are looking into the possibility of a lawsuit.

### Parity for Mental Health and Substance Use Disorder Benefits

SAMHSA and the US Department of Labor have produced a new resource to inform individuals about their rights under the Mental Health Parity and Addiction Equity Act (MHPAEA). [Know Your Rights: Parity for Mental Health and Substance Use Disorder Benefits](#) is an online, printable brochure that provides examples of common limits placed on mental health and substance use disorder benefits and services that are now subject to parity. The brochure also provides consumers with tips on finding information about their health plan benefits and coverage, and informs consumers on their right to appeal a claim if denied.

### RCPA 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 regulations and advocate for changes once more.

## PA Certification Board Provides Ethics Guidance

RCPA was fortunate to have Mary Jo Mather, executive director of the PA Certification Board, attend the RCPA Drug and Alcohol Committee meeting. Ms. Mather provided an ethics overview which was of major interest to members attending

the meeting. Below is the first of several articles from the PA Certification Board that will be published in the RCPA newsletter.

### Social Media – The Potential Vortex of Risks and Opportunities for Behavioral Health Practitioners

By Tom Baier, CADS, CCS

(Reprinted with permission from the PCB Newsletter, *Spring/Summer 2016 issue*)

Facebook, Twitter, LinkedIn, Pinterest, Google Plus+, Tumblr, Instagram, VK, Flickr, Vine, Meetup, Tagged – just a few social networking and media sites in an ever-growing business that allow human social interaction in a manner that our grandparents could never have imagined. This virtual networking medium has opened some meaningful dialog for behavioral health clinicians and practitioners focusing on best practice guidelines that might contribute to our ongoing goal of being useful to those that we serve while simultaneously assuring that our consumers are fully protected from potential boundary violations and inappropriate breeches of confidentiality while maintaining the ethical principles of professional practice. There are two essential considerations in this regard – breaking confidentiality and invasion of privacy.

Some of the primary difficulties encountered by counselors centers around the distinction between our professional selves and our personal selves. Unlike the general population, we need to make thoughtful decisions when we post to our social media sites in consideration of how those that we serve might interpret or use the information posted. I recently saw a Facebook posting by a substance abuse counselor that included photographs from a large family gathering where everyone seemed to be having a great time. One photo that stood out for me was one in which he appears notably intoxicated. He does not espouse any personal recovery program but I couldn't help but wonder how

his clients might interpret a photograph of their counselor, seemingly intoxicated and surrounded by empty beer bottles. *It's less about the reality that he had a few beers with his family and more about the perception by others and how this perceived interpretation might influence his relationships with his clients, his employer and the general public.*

When counselors want to use social media for communicating with their clients, there is a host of boundary considerations. Ideally, when counselors want to maintain a professional and personal presence for social media use, separate professional and personal web pages and profiles are created to clearly distinguish between the two kinds of virtual presence. When you're working with clients, they (the clients) are directed to one web site while you maintain another for personal use. When you do create a virtual professional presence there are some practical guidelines for minimizing the risks to yourself and those that you serve. Here are a few:

- ① **Web-based.** As noted above, have separate and isolated accounts to be used for the sole purpose of professional matters regarding your professional practice.
- ② **Email.** Use email for administrative reasons only (changing an appointment time/date, billing information, etc.). Do not use email containing content

*Continued on page 15*

### SOCIAL MEDIA...

*Continued from page 14*

related to counseling sessions, unless otherwise discussed. Email communication is not completely secure or confidential. It also needs to be understood by all parties that any emails received and any responses sent become a part of the legal record.

**3 Text Messaging.** Avoid the use of text messages. There is no way to secure and manage text messages for confidentiality purposes. Tell your clients that you do not accept or respond to text messages related to their clinical care. Should they do so anyway, these messages should also be a part of the legal record.

**4 Friending & Following.** Make it a policy not to accept friend or contact requests from current or former clients on any social networking site. Adding clients as friends on these sites can compromise confidentiality as well as the therapeutic relationship. Inform your clients that you will not follow them on Twitter, Instagram, blogs, or other apps/websites. If there is content that they want to share or discuss regarding their online life, they can bring it into a session where it might be explored.

**5 Policy.** Provide your clients with a social media policy consent for them to sign that clearly delineates the points above and informs them how social media communication might be used and protected

at your agency or practice. The potential risks associated with the medium should also be discussed so that the guiding principles of informed consent are followed.

Finally, have an ongoing awareness that everything and anything that you post anywhere online is subject to scrutiny by your clients, potential clients and past clients. You should have an active and assertive filtering process to make sure that your personal views, opinions and behaviors that end up online are reflective of who you are as a professional in the field of behavioral health. You might be capable of clearly separating your personal and professional personae but not everyone else has this capability. Sure, you might have strong political opinions about candidates for the upcoming presidential election, but might your rant on your Facebook page have some impact on those who seek your professional services? Maybe. Maybe not. It is, however, worth thinking about before you hit the "submit" button.

Although the PCB does not currently have ethical guidelines specific to the use of social media, the issues of confidentiality and consumer protection are addressed throughout our code of ethical conduct. The ethics committee of PCB would be glad to entertain any questions or concerns you might have about this issue or any other ethics topic or dilemma.

## DDAP Secretary Elected to NADCP Board of Directors

Pennsylvania Department of Drug and Alcohol Programs (DDAP) Secretary Gary Tennis has been named to the National Association of Drug Court Professionals (NADCP) Board of Directors. NADCP is a national nonprofit corporation founded in 1994 by pioneers from the first 12 drug courts in the nation, including judges, prosecutors, defense attorneys, and clinical professionals. They created a common-sense approach to improving the justice system by using a combination of judicial monitoring and effective treatment to compel drug-using offenders to change.

There are 2,734 drug courts in operation in all 50 states and US territories. Nationwide, 75 percent of drug court graduates remain arrest-free at least two years after leaving the program. For every \$1 invested in drug court, taxpayers save as much as \$3.36 in criminal justice costs alone. Drug courts produce cost savings ranging from \$3,000 to \$13,000 per participant. These cost savings reflect reduced prison costs, arrests and trials, and victimization.

## DDAP Rate Setting Appeal Process

During the RCPA Drug & Alcohol Committee meeting Jen Smith, deputy secretary of DDAP, reported on the rate setting appeal process. Ms. Smith forwarded important information for distribution. [Here is the link](#) to the document of the appeal process, along with the parties involved and the timeframes for responses. Look for the announcement titled "SCA Residential Rate Setting Process." It is important to note that there are two attachments associated with that announcement; please be sure to choose the one titled *16-17 Rate Setting Appeal Process*. The second document is an older version.

## OVR Seeking Public Comment

The Office of Vocational Rehabilitation is seeking public comment on the following two memo revisions:

1. The [OVR Supported Employment Policy](#) is a revision of the current policy titled 03-200.05 *Performance Based Job Coaching*.
2. The second memo is also a procedural revision of 96-800.6 *On-The-Job Training*.

These documents will also be available for viewing on the [Publications page](#) on the OVR website. Please review & forward your comments by July 15.

## New From the LEAD Center

LEADing to Employment Information Brief: [Funding for Assistive Technology – Transitioning from Secondary School to VR and Work](#)

## ODP Update

ODP has released the following:

- **Announcement 037-16:** *Vendor Fiscal/Employer Agent (VF/EA) Financial Management Services (FMS) Wage and Benefit Ranges for Specific Participant Directed Services (PDS) Effective July 1, 2016*
- **Announcement 038-16:** *Agency with Choice Financial Management Services Wage Ranges and Benefit Allowance and Corresponding Department Established Fees for Specific Participant Directed Services Effective July 1, 2016*
- **Announcement 039-16:** *PA Department of Human Services Medication Administration Training Program Critical Date Changes and Program Updates*
- **OPD Bulletin 00-16-05:** *Regulations – Use of Appropriate Terminology;* the purpose of this bulletin is to announce the publication of amended regulations to include appropriate terminology. The rulemaking promotes respect, community integration, and an array of opportunities for an individual with an intellectual disability, by using words that are positive and up-to-date.
- **Announcement 042-16:** *Fiscal Year (FY) 2016-2017 Consolidated and Person/Family Directed Support (P/FDS) Waivers Proposed Department Established Fees for Waiver Eligible Services, Residential Ineligible Services and Targeted Services Management (TSM)*

## ■ CHILDREN'S CORNER

### Biological Link to Depression in High-risk Teens

There is a growing body of research that may lead to biological predictors that could guide individualized [depression-prevention](#) strategies. A recent [study by Duke University](#) again links poverty and depression and how biology might underlie the depression experienced by socio-economically disadvantaged adolescents. Research published in the journal *Molecular Psychiatry* combined genetics, brain imaging, and behavioral data gathered as adolescents were followed for more than three years as part of a larger study. The study found that adolescents growing up in households with lower [socioeconomic status](#) were shown to accumulate greater quantities of a chemical tag on a depression-linked

gene over the course of two years. These "epigenetic" tags work by altering the activity of genes. The more chemical tags an individual had near a targeted gene, the more responsive was their amygdala (a brain area that coordinates the body's reactions to threat) as they underwent functional MRI brain scans. Participants with a more active amygdala were more likely to later report symptoms of depression. "This is some of the first research to demonstrating that low socioeconomic status can lead to changes in the way genes are expressed, and it maps this out through brain development to the future experience of depression symptoms," said the study's first author Johnna Swartz.



## IDEA Applies to Children in Residential, Rehabilitation, Nursing Home Settings

Federal education officials are reminding states and school districts that they have an obligation to provide special education services to children with disabilities even if they live in institutional settings. In a [letter](#) sent recently, the US Department of Education stated that states and schools must ensure that they identify children with disabilities and provide them the services they are legally entitled to under the Individuals with Disabilities Education Act (IDEA). The Office of Special Education and Rehabilitative Services has issued the letter to clarify that children with disabilities residing in health, mental health, and rehabilitation settings, and their parents, have the same rights under IDEA that apply to all other eligible children.

## OMHSAS BHRS Work Group Update

In May the Department of Human Services (DHS) Bureau of Children's Behavioral Health, Bureau of Policy, Planning and Program, and Bureau of Autism Services, convened the **Behavioral Health Rehabilitation Services (BHRS) Regulation Work Group**. More than 70 managed care, advocacy, and community provider organizations attended, including a strong representation from RCPA autism and general BHRS provider organizations. Initial discussions ranged from a possible name change for BHRS to the regulations that will reflect the federal and state standards for the unique array of services currently included as BHRS for children with a severe emotional disturbance, as well as children with autism. Work group members have begun to provide DHS with comments and suggestions. Subgroup meetings/conference calls have been occurring through the month of June, where discussions have focused on service array, staffing, care coordination, and evidence-based practices.

## 2015 Youth Survey Data Now Available

Since 1989, the Commonwealth has conducted a survey of school students in the 6th, 8th, 10th, and 12th grades to learn about their behavior, emotional attitudes, and knowledge concerning alcohol, tobacco, and other drugs. The Pennsylvania Youth Survey, or PAYS, is sponsored and conducted every two years by the Pennsylvania Commission on Crime and Delinquency. The data gathered in PAYS serve two primary needs:

- First, the results provide school administrators, state agency directors, legislators, and others with critical information concerning the changes in patterns of the use and abuse of these harmful substances and behaviors.
- Second, the survey assesses risk factors that are related to these behaviors and the protective factors that help guard against them.

This information allows community leaders to gauge the level of health and mental health risk in their community. In addition to these two valuable uses, the PAYS data enable behavioral health and human service providers to both plan for the needs of youth in their communities and to use this data to advocate with local leaders and funders for the resources to address the critical needs reflected in this state and local data.

## Alternative Education Conference

Registration is now open for the *2016 Alternative Education Conference: Preparing Students for Lifelong Academic and Social Success*, to be held Monday, August 1– Wednesday, August 3 at the Hilton Harrisburg. The event is presented by the Pennsylvania Department of Education in partnership with the Center for Safe Schools. This multi-day conference will offer research-based tools, strategies, and resources to strengthen and support the academic and social success of Alternative Education for Disruptive Youth program students through:

- Best practices;
- Interventions and transitions;
- Positive school climate;
- Student wellness issues;
- Preparing students for workforce and lifelong learning; and
- Research and best practices in student academic and social success.

[Registration](#) is free and on a first-come, first-served basis; space is limited. Participants are responsible for their own lodging, evening meals, and travel expenses.

## Children's Division Director Will Be "Passing the Torch"



RCPA is now beginning the process of recruiting for the position of director of the [Children's Division](#). Over the next several months, the RCPA leadership will accept candidate applications. After more than 12 years working on behalf of member organizations of PCPA and RCPA, Connell O'Brien will transition later this year from the division director position into a part-time policy specialist role with the association. Interested professionals with significant experience in child-adolescent behavioral health and other health, education, human service, and public policy are invited to submit their letter of interest and résumé to [Cindy Lloyd](#) at RCPA.



## Children's Committee

The June meeting of the Children's Committee featured updates from the leadership of the Office of Child Development and Early Learning (OCDEL) as well as the Office of Mental Health and Substance Abuse Services (OMHSAS). Carl Beck, director for the Bureau of Early Intervention, reviewed numerous initiatives to:

- Address the behavioral health care consultation and intervention needs of young children;
- Reduce the current rate of program expulsions for preschool children; and
- Create a more efficient OCDEL services system by reducing redundancy and focusing on "the few and the powerful" service and reporting standards.

Shannon Fagan and Sherry Peters shared their vision for OMHSAS and for the work of the Children's Bureau, as well as reviewing the work of the Behavioral Health Rehabilitation Service regulatory work group and the impact of the legal settlement on Applied Behavior Analysis access and services. The next meeting of the committee is scheduled for September.

## Mental Health Committee

The June meeting of the Mental Health Committee began with the Pennsylvania Aging and Behavioral Health Coalition discussing needs of the older adult population entering the HealthChoices program in 2017. It was then determined that the committee would keep the 2.5 hour structure and RCPA will reach out prior to the agenda being developed to ask for innovations, successes, concerns, presentations, and real-life examples to offer the OMHSAS leadership when they attend the meeting. A legislative update was offered and then the committee moved on to open discussion with the state representatives in attendance, including the following topics:

- CCBHCs are moving along;
- There were over 100 applications for the Centers of Excellence to be opened in Pennsylvania; there is funding for about 50;
- Co-location bulletin now available;
- Outpatient Regulations are not available;
- Collaborative documentation guideline/training is stuck in legal with OMHSAS;
- There is a policy clarification that should be close to being published on the use of CPT codes; and
- Providers should get their revalidation packages in as soon as possible.



RCPA STAFF POSITION AVAILABLE  
**Children's Division Director**

Interested professionals with significant experience in child-adolescent behavioral health and other health, education, human service, and public policy are invited to submit their salary requirements and résumé to [Cindy Lloyd](#) at RCPA, 777 East Park Drive, Ste 300, Harrisburg, PA 17111. RCPA is an equal opportunity employer.

■ CALENDAR

JULY		
Tuesday, July 12	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee <i>Conference Call</i>
Wednesday, July 13	10:00 am – 2:00 pm	Brain Injury Committee <i>Penn Grant Centre</i>
Tuesday, July 19	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee <i>Conference Call</i>
AUGUST		
Tuesday, August 2	12:00 pm – 1:00 pm	IPRC Webinar: <i>Fostering Cultural Sensitivity</i>
Tuesday, August 9	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee <i>Conference Call</i>
Tuesday, August 16	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee <i>Conference Call</i>
Thursday, August 18	10:00 am – 12:30 pm	Outpatient Rehabilitation Committee <i>RCPA Conference Room</i>
Wednesday, August 24	10:00 am – 12:30 pm	Human Resources Committee <i>Penn Grant Centre</i>