



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

REHABILITATION & COMMUNITY
PROVIDERS ASSOCIATION

NOVEMBER 2016

RCPA ON THE MOVE

A SWEET SUCCESS!

The 2016 inaugural conference at the Hershey Lodge was an overall success with 700 guests participating in four days of education, learning, and networking. The opportunity to discuss new products and innovations occurred throughout the conference and especially in the exhibit hall.

The theme – *RCPA on the Move* – was about more than the move to Hershey; it was also about the opportunity to have legislative and decision-making guests attend and interact with the RCPA membership throughout the week.

The event featured 68 workshops, a vibrant exhibit hall, networking events, time to interact with colleagues, and opportunities for creative thinking. Plenary sessions included moving and inspirational speakers, including the Pennsylvania physician general speaking about the opioid crisis, and discussions of the national and state election landscape.



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■ MEMBERS IN THE NEWS

Geisinger Health Plan Launches “Had Enough” Addiction Awareness Campaign

Geisinger Health Plan's new [community-driven initiative](#) to raise awareness and education about opioid abuse gives a voice to people who have #HadEnough.



RCPA Member CPARC Hosts Fundraiser

On Saturday, October 15, The Arc of Cumberland & Perry Counties (CPARC) held its first [Spirits of the Community](#) fundraiser. This event, held at Thornwald Mansion in Carlisle, served as a kickoff for the new CPARC Foundation – a fundraising branch for the organization, which currently serves more than 2,000 people in Cumberland, Perry, and Franklin counties.



Pyramid Healthcare Announces Qualifacts Partnership

Pyramid Healthcare, Inc. announced an agreement with Qualifacts, a provider of electronic medical records and revenue cycle management systems for behavioral health care providers. Pyramid Healthcare and its five subsidiary companies will use CareLogic at its 80+ locations.



Eagleview Hospital Opening Heroin, Opioid Addiction Program for Young Men

Eagleview Hospital will be launching a unique [heroin and opioid addiction treatment program](#) designed for young men between the ages of 18 and 26. They dedicated the Arcadia House at a ceremony on October 26, alongside officials from the Montgomery County Department of Human Services.

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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.



ELECTION DAY TUESDAY, NOVEMBER 8



EVERY VOTE COUNTS!

RCPA/BHECON Forum on Behavioral Health Workforce Issues

RCPA, in conjunction with the National Council of Behavioral Health, and the Washington, DC-based Behavioral Health & Economics Network (BHECON), will be hosting a forum on ***Investing in Pennsylvania's Behavioral Health Workforce***. The event will take place on Friday, December 2, between 10:00 am – 3:00 pm at the Crowne Plaza Hotel, 23 South 2nd Street, Harrisburg, PA. **There is no charge to attend and lunch will be provided.**

The goal of the forum is to bring together diverse stakeholders to examine and advance policy reforms to strengthen the Commonwealth's behavioral health delivery systems. A [preliminary agenda](#) for the day includes a welcome from the Pennsylvania Lieutenant Governor Mike Stack, a lunch discussion concerning the Department of Labor's Overtime Rule, and morning and afternoon panel discussions.

There is no registration fee and lunch will be provided. You may register [here](#) for the event. Questions and suggestions regarding the forum may be shared with [Jack Phillips](#), director of government affairs.

RCPA Capitol Day

RCPA will be hosting its **2017 Capitol Day** on **Tuesday, April 11**. During the day, RCPA will hold a press conference in the Main Rotunda and members will be asked to visit key legislators to discuss the state budget, legislation, and regulations that affect the day-to-day activities of our members. More information will follow; for questions or suggestions regarding Capitol Day, please contact [Jack Phillips](#), RCPA director of government affairs.



RCPA PAC Fourth Annual Golf Outing



RCPA is moving its annual golf outing from the fall to the spring, so please mark your calendars for Thursday, May 11, 2017, at the beautiful Hershey Country Club. Lunch will start at 11:00 am in the Picard Grand Pavilion. There will be a putting contest at 12:15 pm followed by a 12:30 pm shotgun start.

RCPA 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](#).



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Congratulations to Salisbury Management, Inc. who won "Best in Show" for their exhibit booth, the fourth time in five years.

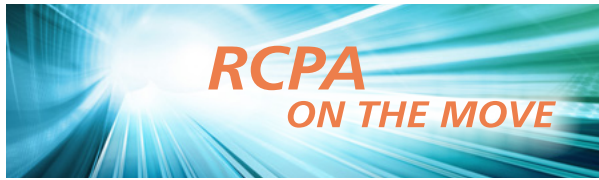
See [video testimonials](#) from conference attendees and exhibitors!



The association extends a special thank you to our [sponsors](#), [exhibitors](#), and [presenters](#), for helping to provide an outstanding conference to our membership.



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RCPA Recognizes 2016 Award Winners



Jon Lloyd (l) and Paul Freund (r) accepting their award from RCPA's Richard Edley (c)



RCPA's Richard Edley (l) with Dr. Dale Adair



RCPA's Lynn Cooper with Charlie Folks

The RCPA **Innovation Award** is presented to an individual or agency/facility in recognition of significant innovation. Examples include cross-systems integration, physical/behavioral health integration, and implementation of new technology.

Paul Freund and John Lloyd (*top*)

The **Legislative Leadership Award** is presented to an individual who has shown significant leadership and commitment to government affairs and legislative issues on behalf of RCPA and its members.

Senator Robert P. Casey (*did not attend*)

The **RCPA Public Official of the Year Award** is presented to an individual in recognition of extending outstanding service and knowledge to the community at large by using their position in public office to help promote, assist, or alleviate public policy obstacles faced by members of the community served by RCPA members.

Secretary Karen Murphy, Department of Health
(*did not attend*)

The **Community Leadership Award** is presented to an individual in recognition of extending service and knowledge to the community at large and efforts in helping the community better understand the needs of individuals served by RCPA members.

Dr. Dale Adair, Office of Mental Health and Substance Abuse Services (*center*)

The **Service to RCPA Award** is presented to an individual in recognition of extending service and knowledge to the community at large and efforts in helping the community better understand the needs of individuals served by RCPA members.

Charlie Folks, Eagleville Hospital (*bottom*)

MACRA Final Rule Released

On Friday, October 14, the Centers for Medicare and Medicaid Services (CMS) released the final Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) rule, which makes sweeping reforms to how physicians are paid under Medicare Part B. The final rule will apply to the vast majority of eligible behavioral health providers when MACRA goes into effect and includes several positive changes made in response to the National Council's written comments.

Considered one of the most significant pieces of Medicare legislation in decades, MACRA eliminates the sustainable growth rate formula, and establishes a new quality payment program that will fundamentally change the way in which Medicare reimburses clinicians. Among those reforms is the establishment of CMS' Merit-based Incentive Payment System (MIPS). As a reminder, MIPS combines three existing reporting programs — the Physician Quality Reporting System, Value-based Modifier Program, and EHR Incentive Payment Program — and adds a new category to incentivize clinical quality improvement activities.

These changes will apply to the vast majority of eligible behavioral health providers when MACRA goes into effect on January 1, 2017:

- Referring to 2017 as a "transition year," CMS will allow MIPS-eligible clinicians to "pick their pace" and choose one of three reporting options to avoid a negative payment adjustment in 2019.
- Option 1: Test the quality payment program. As long as you submit some data via MIPS, including data from after January 1, 2017, you will avoid a negative payment adjustment. This option is designed to ensure that your system is working and that you are prepared for broader participation in 2018 and 2019.
- Option 2: Participate for part of the calendar year. You may choose to submit MIPS data for a reduced number of days. This means your first performance period could begin later than January 1, 2017, and your practice could still qualify for a small positive payment adjustment.
- Option 3: Participate for the full calendar year. For practices that are ready to go on January 1, 2017, you can choose to submit MIPS data information for the full calendar year. This means your first performance period would begin on January 1, 2017.
- CMS adjusted the low-volume threshold: If you serve fewer than 100 Medicare patients AND bill Medicare less than \$30,000 in 2017, MIPS will NOT apply to you.
- CMS will not factor cost of care into eligible clinicians' 2017 MIPS performance score. The MIPS resource use performance category (formerly known as the value-based modifier) will be used to calculate performance scores starting in 2018.
- CMS adjusted the weight of the quality performance category and relaxed reporting requirements. The MIPS quality performance category will be weighted at 60% (instead of 50%, as initially proposed), and if fewer than six measures apply to an individual MIPS eligible clinician or group, then the MIPS eligible clinician or group will only be required to report on each measure that is applicable.

MACRA Requires CMS to Remove Social Security Numbers From Medicare Cards

The [Medicare Access and CHIP Reauthorization Act of 2015](#)

(MACRA) requires the Centers for Medicare and Medicaid Services (CMS) to remove Social Security Numbers (SSN) from all Medicare cards by April 2019. A new randomly generated Medicare Beneficiary Identifier (MBI) will replace the SSN-based health insurance claim number on new Medicare cards for transactions, such as billing, eligibility status, and claim status. For additional information, visit CMS' [Social Security Number Removal Initiative](#) web page.

Annual Adjustment to ALJ Amount in Controversy Threshold Amounts

The Centers for Medicare and Medicaid Services published a [notice](#) in the September 23, 2016 Federal Register that announces the annual adjustment in the amount in controversy (AIC) threshold amounts for administrative law judge (ALJ) hearings and judicial review under the Medicare appeals process. The calendar year 2017 AIC threshold amounts are \$160 for ALJ hearings and \$1,560 for judicial review. The effective date of the notice is January 1, 2017.

Pilot Program to Increase Clinician Engagement/Reduction in Medical Record Review

On October 13, 2016, the Centers for Medicare and Medicaid Services (CMS) [announced](#) an 18-month pilot program to reduce medical record review for certain physicians while continuing to protect program integrity and improving their experience with the Medicare program. Under this program, providers practicing within certain advanced alternative payment models (APMs) will be relieved of additional scrutiny under certain Medicare medical review programs. Dr. Shantanu Agrawal has been appointed to lead the implementation. To ensure that CMS is hearing from physicians on the ground, personnel in each of the ten CMS regional offices, including Dr. Barbara Connors in Philadelphia, will oversee local meetings to take input from physician practices within the next six months and at regular meetings thereafter. These local meetings will result in a report with targeted recommendations to the CMS administrator in 2017.

CMS Gives “Initial Approval” for State Transition Plan

The Pennsylvania Department of Human Services (DHS) received its [“initial approval” letter](#) from the federal Centers for Medicare and Medicaid Services (CMS) on August 30, 2016, for its *Statewide Transition Plan*, which outlines how DHS plans to comply with the CMS Home and Community-based Services (HCBS) Settings Rule issued in 2014.

The CMS rule applies to all residential and non-residential services funded by Medicaid HCBS waivers. It is intended to ensure that individuals receiving long-term services and supports through HCBS waivers have full access to benefits of community living, have the opportunity to receive services in the most integrated setting appropriate to enhance the quality of HCBS, and are provided appropriate protections.

After receiving input from individuals, families, providers, and other stakeholders, DHS submitted its *Statewide Transition Plan* to CMS in March 2016. DHS received feedback from CMS and made several technical corrections to receive initial approval. In order to receive “final approval,” DHS has said it will take the following steps:

- Conduct site assessments of HCBS settings;
- Draft remediation strategies to resolve issues uncovered in the site assessments and validation strategies;
- Outline a detailed plan for settings requiring heightened scrutiny;
- Develop a plan for communicating with individuals receiving services in HCBS settings that will not or cannot come into compliance by March 17, 2019; and
- Establish ongoing monitoring and quality assurance processes to ensure all HCBS settings continue to remain fully compliant with the CMS rule in the future.

UPCOMING UNEMPLOYMENT INSURANCE DEADLINE

First Nonprofit Group
An AmTrust Financial Company

Can you afford NOT to review your unemployment insurance options?

DEADLINE: NOVEMBER 30TH

“MH/MR Act of 1966” Celebrates 50-Year Anniversary

Before 1966, most people with an intellectual disability or mental illness lived either at home, with virtually no services, or in an institution. The *Mental Health and Mental Retardation Act of 1966* (renamed in 2011 as the *Mental Health and Intellectual Disability Act*) established community services as a major new philosophy and treatment policy in Pennsylvania, and it created the foundation for today’s modern system where most individuals receive services in their communities. Today, 51,000 Pennsylvanians with an intellectual disability and/or autism receive supports in the community, and over 500,000 Pennsylvanians with mental illness receive services either through county programs or the Medical Assistance program. RCPA congratulates all of the community providers in Pennsylvania that have made this possible over the past five decades.

Temple University Institute on Disabilities Offers HCBS Settings Rule Presentations

The Institute on Disabilities at Temple University will be offering two presentations in two different locations focusing on the Home and Community-based Services (HCBS) Settings Rule. The presentation, *Alison Barkoff: The Home and Community Based Services (HCBS) Settings Rule: An Opportunity to Support Meaningful Community Inclusion*, will be offered from 9:30 am to 12:00 pm on Wednesday, November 2, 2016, in Warrendale, PA and Wednesday, November 9, in Philadelphia, PA. The presentations will provide details of the new settings rule, an overview of how states are implementing the rule, and more.

Participant Review Tool Update Issued by OLTL

In late September, the Office of Long-Term Living (OLTL) issued an email stating that since the release of the *Participant Review bulletin (#59-16-08)* on August 15, 2016, they have received many questions and feedback from service coordinators (SCs) that prompted some minor revisions to the bulletin. Information included in the bulletin:

- The participant review tool (PRT) is to be administered face-to-face in the participant’s home;
- Protective services records should NOT be checked prior to a visit because that information is confidential; and
- Participant signatures on the attestation form are required – the electronic signature on the PRT does not function on the Question Pro software.

A frequently asked questions document concerning the PRT will be posted on the [provider training](#) web page. This FAQ document was compiled from questions received following the release of the Participant Review bulletin and from subsequent training webinars. Additional questions should be sent via [email](#).

Waiting List Funds Topic of House Appropriations Committee Hearing

On September 28, 2016, the Pennsylvania House of Representatives Appropriations Committee held a hearing at the Capitol to hear testimony about the state fiscal year 2016/17 budget and how funding appropriated to address the intellectual disability waiting list for community services was being used. Committee Chairman William Adolph convened the hearing after reports circulated that the Department of Human Services (DHS) would not be implementing an initiative contained in the budget to reduce the waiting list. Members of the General Assembly adopted a budget with the understanding that \$6.5 million in new funds would be used to start services for 250 people from the emergency waiting list and 700 young people leaving secondary education. However, DHS testified that, due to increases in the cost to serve existing waiver participants and the need to fill a \$20 million hole that had materialized in the previous fiscal year, no waiting list initiative could be implemented this year. Testifiers included DHS Secretary Ted Dallas and Budget Director Dave Spishock, as well as representatives from The Arc of Delaware County and the Pennsylvania Waiting List Campaign. A complete transcript of the hearing can be found [here](#).

CMS Issues Final Rule Implementing MACRA

The [final rule](#) (display version) implementing the new Medicare payment system, established under the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) as the Quality Payment Program to replace the Sustainable Growth Rate (SGR), was issued by the Centers for Medicare and Medicaid Services (CMS). This final rule establishes guidelines for Medicare health care providers to participate in either the Advanced Alternative Payment Models (Advanced APMs) or the Merit-based Incentive Payment System (MIPS), which consolidates components of three existing programs: the Physician Quality Reporting System (PQRS), the Physician Value-based Payment Modifier (VM), and the Medicare Electronic Health Record (EHR) Incentive Program for Eligible Professionals (EPs). Comments on the rule will be due 60 days after it is published in the *Federal Register*. The final rule is effective on January 1, 2017.

Post-Training Materials From IRF QRP Provider Training in August Now Available

The post-training materials from the August 9–10, 2016 inpatient rehabilitation facility (IRF) quality reporting program (QRP) provider training are now available under the download section of the [IRF QRP Training](#) web page.

Letter Requests CMS to Cease Mandatory Demonstration Initiatives Within CMMI

On September 29, 2016, the House Budget Committee Chairman Tom Price, MD, Representative Boustany, Jr., MD, and Representative Paulsen, generated and submitted a [letter](#) (signed by 179 lawmakers) to the Centers for Medicare and Medicaid Services (CMS) requesting that they cease all current and future planned mandatory demonstration initiatives with the Center for Medicare and Medicaid Innovation (CMMI). Some of the models cited in the letter included the Comprehensive Care Joint Replacement, Part B Payment Model, and the Cardiac Bundled Payment Model, and it was referenced that these CMMI models were developed without stakeholder input, exceeded statutory authority, and could potentially have a negative impact on a large percentage of patients and seniors.

IRF Public Reporting Update: CDC and NHSN Rebaseline Guidance

As noted in the Rebaseline Timeline posted in the [June 2016 National Healthcare Safety Network \(NHSN\) Newsletter](#), the Centers for Disease Control and Prevention (CDC) submitted standardized infection ratios (SIRs) to the Centers for Medicare and Medicaid Services (CMS), using the new 2015 baseline starting with 2016 Quarter 1 data. The inpatient rehabilitation facility (IRF) quality reporting program (QRP) preview reports that CMS provided on September 1, 2016, contained calendar year (CY) 2015 healthcare-associated infection (HAI) SIRs in accordance with the new NHSN baselines, based on nationally collected data from 2015. However, providers were unable to use NHSN to verify the accuracy of the HAI data contained within their preview reports for the Compare sites during the 30-day preview period established for this purpose.

As a result, CMS will begin publically displaying the NHSN data on the Compare sites for IRFs in the next quarterly refresh in spring 2017 instead of in fall 2016. Providers will have the chance to appropriately review their HAI data and inquire about data they believe to be incorrect. IRFs will receive preview reports in December 2016 for the data that will be displayed in spring 2017.

This change will affect the posting of quality performance data on the quality measure: NHSN Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure.

When the IRF Compare website is launched in fall 2016, the following quality metrics will be displayed:

IRFs —

- Percent of residents or patients with pressure ulcers that are new or worsened (short stay); and
- All-cause unplanned readmission measure for 30 days post-discharge from inpatient rehabilitation facilities.

To assist IRFs in understanding the use of the rebaselined data, and how to monitor their data using the new baseline, a document has been posted in the downloads section of the [IRF Quality Public Reporting](#) web page.

New Activity Tracking App Could Improve Concussion Care

An article published in *HealthCare Business News*, "[New Activity-Tracking app Could Improve Concussion Care](#)," highlights the results of a pilot study using a new app to monitor 34 patients in real-time after sustaining a concussion. The app prompted each patient, at random intervals throughout the day, to report symptoms in real-time. The study, led by a team from the Perelman School of Medicine of the University of Pennsylvania and The Children's Hospital of Philadelphia, is funded through a grant from the Penn Medicine Translational Neuroscience Center.

October 2016 Personal Care Home Regulatory Q&As Published

The Department of Human Services recently posted the October 2016 regulatory [Q&As](#) for Personal Care Homes (55 Pa. Code Chapter 2600).

OLTL Announces Changes to Waivers Recently Approved by CMS

On October 19, 2016, the Office of Long-Term Living (OLTL) issued a communication on the [changes](#) to four OLTL home and community-based services (HCBS) waivers that were recently approved by the Centers for Medicare and Medicaid Services (CMS).

■ MENTAL HEALTH HEADLINES

CCBHC Update

CCBHC providers who attended the 2016 RCPA conference met to discuss current concerns, successes, and needs. The general theme was that agencies are continuing to move forward; some have received certification letters. All agreed they are making modifications that can be made without creating a loss and they are continuing to evaluate what waivers/regulation issues need to be addressed, as well as what issues are still unresolved. In addition, there are some needs such as getting the BH-MCOs to the table and determining how to work together to share training resources and costs. Finally, the group would favor a routine phone call to ensure that providers are on the same page. CCBHC providers have been working to identify problematic regulations on both the substance abuse and mental health sides. With RCPA support, a final barrier/conflict matrix will be shared with OMHSAS leadership to begin to break down the barriers and address the conflicting regulations.

Mental Health Outpatient Regulations Update

The regulations are reported to be at the governor's office for the final review before the Independent Regulatory Review Commission process.

■ DRUG & ALCOHOL ACTION

DiGirolamo Proposes Resolution Seeking Relief From Implementation of IMD

Representative Gene DiGirolamo proposed a resolution seeking relief at the federal level from the implementation of part of a rule from the Centers for Medicare and Medicaid Services, regarding Medicaid and FMAP for inpatient stays in an institution for the mental diseases (IMD). This resolution requests that the president halt implementation of a new Medicaid rule that would potentially be quite harmful to the Commonwealth's efforts to address the current drug epidemic.

This new rule limits the federal Medicaid match to 15 days a month – too short for patients who need inpatient care to recover. The implementation of this rule will do damage to low-income/impoorished people with addictions, including pregnant addicted women, women with dependent children, and low-level drug offenders coming out of jails and prisons.

Both the Department of Drug & Alcohol Programs and the Department of Human Services are on record opposing this new rule. The Department of Human Services projects the loss of funding to PA to be \$180 million a year in matching Medicaid dollars.

29 US senators and 46 governors are also on record opposing implementation of this rule. RCPA thanks Representative DiGirolamo for his leadership and strong support.

DDAP Provides ACA Treatment Access Guidelines

Resources



Navigators/Certified
Application Counselors

Pennsylvania Health Access
Network: 877-570-3642

Pennsylvania Health Law
Project: 800-274-3259

PA Insurance Department
Resources:

- [Guide](#)
- [Video](#)

Informing and assisting individuals in obtaining the right insurance coverage/plan is paramount to helping them access SUD and other services at an affordable cost, and assuring that agencies are engaged in the most effective methods and responsible use of available funds in providing assistance to those who need it.

There are currently concerns that those needing substance use disorder (SUD) treatment cannot access treatment because of high deductibles and co-pays. While this may certainly be true, there may be opportunities and considerations available to an individual that can help to address this issue:

- Open enrollment to purchase insurance in the federal marketplace is from 11/1/16 – 1/31/17. Because of changing plans and current offerings, even those individuals who have previously signed up for a plan should be encouraged to explore the marketplace for insurance options that might better serve their needs; offering better coverage at a better price.
- Understand that low premiums can be deceiving; generally plans with lower premiums have higher co-pays and deductibles and can result in higher overall costs.
- The plans on the marketplace are arranged by metals: bronze (60%); silver (70%); gold (80%); and platinum (90%). The percent figures refer to the actuarial value of a plan, which means the percent of costs the insurance company is projected to pay for the care of all of their enrollees after premiums are paid. So, for a bronze plan, an insurance company is expected to pay 60% of costs after the premium, leaving the consumer with 40%. While a bronze plan may seem like the most affordable as far as premium is concerned, the overall cost to a consumer could be significantly higher once they use health care services.
- The federal government offers premium assistance for those individuals and families who meet financial eligibility requirements (400% federal poverty limit): \$60,000 for individuals/\$97,200 for a family of four. This results in a premium reduction in correlation with income. Premium assistance is available for any plan on the federal exchange, but the amount of assistance is based on a household's income and is relative to the cost of the silver plan.
- Cost sharing assistance is available to help cover the costs of co-pays and deductibles for individuals earning between \$15,800 – \$47,520 and families of four earning between \$32,319 – \$60,000. Cost-sharing assistance is only available to consumers who choose a silver plan.
(Note: the federal government does not offer assistance subsidies for employee-based coverage, which may also have high deductibles and co-pays).
- Unfortunately, while many individuals in need of SUD services would qualify for the federal assistance subsidies applicable to premiums, co-pays, and deductibles, it is believed that when purchasing insurance from the marketplace they choose the least expensive option (a bronze plan). This makes them ineligible for the cost-sharing financial assistance and, in the long run, costs them more and provides them with coverage that they cannot afford to use.
- **For this reason, all stakeholders (SCAs, case managers, treatment providers, recovery organizations, other advocacy groups, etc.) should encourage individuals who obtain insurance from the marketplace to explore their options during open enrollment and engage the free services of a navigator (an individual who can assist in determining the best insurance options for a particular person), and utilize the Total Cost of Care Calculator.**

Opioid Crisis: Fair Rate Setting Process Needed

Pennsylvania is experiencing an opioid crisis of historic proportions. The Commonwealth must have a strong and expanding network of drug and alcohol treatment programs and providers to address the serious problems that are leading to the deaths of its citizens. A critical factor in ensuring an adequate number of capable treatment providers is fair rates that not only sustain providers, but encourage their growth and improvement in the delivery of care.

The Department of Human Services and the Department of Drug and Alcohol Programs oversee the implementation and operation of HealthChoices and the Single County Authority system respectively. It is crucial that all involved help to ensure that HealthChoices BH-MCOs and SCAs establish a fair, consistent, and meaningful rate setting process for drug and alcohol services. Treatment providers have worked to operate efficiently and within the constraints of budgeting limitations; however, the consequences of these financial limitations, including lack of rate increases, have caused severe financial strain on the provider system. The lack of a rate setting process has led to inadequate rates, resulting in programs closing, programs no longer working in the publicly funded system, or refusing to increase the size of their commitment to offering services to public clients. The chronic underfunding of the drug and alcohol treatment programs have left the Commonwealth ill-equipped to meet the crisis that exists. RCPA will continue working with stakeholders and strongly advocating for improvements in the rate setting process at all levels of service delivery.

OVR Plans Group Counseling Sessions With 14C Holders to Comply With WIOA

The federal Workforce Investment and Opportunities Act (WIOA) places certain new requirements on organizations that hold 14C certificates to pay subminimum wages. Specifically, individuals paid subminimum wage who start after July 22, 2016, must have satisfied WIOA requirements pertaining to: a) having received transition services during secondary education and pre-employment transition services through the Office of Vocational Rehabilitation (OVR); and b) having applied for OVR services, resulting in either an ineligibility determination or an eventual closed case before they can be paid subminimum wage. In addition, individuals paid subminimum wage who start after July 22, 2016, must receive employment counseling from OVR every six months during their first year of employment and annually thereafter (individuals who started before July 22 are required to receive OVR employment counseling annually). Finally, 14C holders must provide information about training opportunities on self-advocacy, self-determination, and peer mentoring to individuals paid subminimum wage who started after July 22, 2016, every six months during their first year of employment and annually thereafter (individuals who started before July 22 are required to receive this information annually). The self-advocacy, self-determination, and peer mentoring training that is referenced in the information cannot be training that is provided by the 14C holder itself or any entity that has a financial interest in the 14C holder.

On September 27, 2016, OVR sent [letters](#) to all vocational providers that hold a 14C certificate. In that letter, providers are asked to complete a [survey](#) and return it to OVR. OVR is relying on the information gleaned from the survey to determine which organizations it should contact to schedule the WIOA-required counseling. OVR will soon be scheduling group counseling sessions, and it plans to conduct the first round within a few months. If WIOA-required counseling is not performed within the timelines established by federal law, then 14C holders may be liable to pay subminimum wages to all affected individuals for work performed back to July 22, 2016. For more information on the US Department of Labor Wage and Hour Division interpretation of WIOA, please refer to their [Fact Sheet #39H](#).

MyODP Goes Live Replacing ODPConsulting

Office of Developmental Programs (ODP) [Announcement 078-16](#) announced the creation of a new website platform for all ODP-related information, training, and resources. The old ODPConsulting.net website has been shut down and all traffic to that site will be redirected to www.myodp.org. Users must create an account to be able to use MyODP. There is no charge and only an email address is required to create the account.

MyODP will include information such as the following:

- Communications;
- Training;
- Events;
- College of Direct Supports;
- ASERTS; and
- Health Care Quality Units.

In addition to the ODP Announcement, help desk support is available by calling 844-332-2121 or [emailing](#). For stakeholders who want to receive ODP communications directly, simply [email](#) your name and email address.

ODP Waivers to Change – Stakeholder Process Announced

The Office of Developmental Programs (ODP) announced it will release for public comment proposed changes to its Consolidated and Person/Family Directed Support (P/FDS) waivers. The changes will be submitted to the federal Centers for Medicare and Medicaid Services (CMS) as part of ODP's waiver renewal request, which – if approved by CMS – is scheduled to take effect July 1, 2017.

The proposed changes are expected to be unveiled in mid-November, along with a 45-day comment period. To provide comments to ODP during the formal comment period, or to simply learn more about the planned changes or ask questions, [register here](#) for one of the following webinars:

- Friday, November 18, 2016 9:00 am–12:00 pm
- Wednesday, November 30, 2016 9:00 am–12:00 pm
- Thursday, December 1, 2016 1:00–4:00 pm

These webinars will not be your only opportunity to comment; written comments will also be accepted. RCPA staff will work with the RCPA Intellectual and Developmental Disabilities Committee members to develop comments, which RCPA will submit on behalf of its members. Individual providers will be encouraged to submit their own comments in addition to any comments RCPA sends. Questions can be directed to [Steve Surovic](#).

■ ON THE AUTISM SPECTRUM

Act 62 House Insurance Committee Hearing

On October 24, Richard Edley, RCPA president and CEO; P. Will Ouellette, III, president and CEO of Children's Behavioral Health Services; Meg Lukaszewski, vice president/northeast region of Step By Step, Inc.; Cathy DeGuire, chief executive officer of TW Ponessa & Associates Counseling Services, Inc., and Kate Pompa, director of autism services for Wesley Spectrum Services, presented testimony

to the House Insurance Committee regarding how Act 62 of 2008 limits children's behavioral health providers from recruiting and retaining qualified professionals to work with children on the autism spectrum.

DHS Secretary Ted Dallas, DHS Deputy Secretary Dennis Marion, and DHS Autism Bureau Director Nina Wall, along with Rachel Mann of Disability

Rights of Pennsylvania Counsel, and Cheryl Tierney, section chief of behavior and developmental pediatrics at Penn State Hershey Children's Hospital and president of ABA in PA Initiative, also provided testimony to the committee. An overview of the House Insurance Committee informational hearing is available [here](#). Further questions may be directed to [Jack Phillips](#).

■ CHILDREN'S CORNER

Brain Injury and Juvenile Justice Ongoing Projects in Pennsylvania

On October 18, RCPA Director of Children's Division Robena Spangler attended the Pennsylvania Council of Chief Juvenile Probation Officers' (PCCJPO) Behavioral Health Subcommittee meeting. The Brain Injury Association of Pennsylvania (BIAPA) is conducting a demonstration project to assist youth with acquired brain injuries who are placed in four detention centers in Pennsylvania. The project provides screening for a history of acquired brain injury and helps to identify youth who may be identified for further support as they re-enter their communities. It also provides public awareness and community education to various groups involved in the juvenile justice system including, but not limited to, detention

center staff, probation officers, judges, public defenders, families, schools, residential treatment facility staff, and community-based providers. MJ Schmidt, NeuroResource facilitator from BIAPA, presented background information on the project and provided an update on the training activity and assessment tool being used in the detention centers. She also led a discussion on the challenges and future opportunities regarding placement and treatment of youth who are identified as in need of NeuroResources and opportunities for sustaining the screening and assessment protocol within the juvenile justice system in Pennsylvania.

CALENDAR

Events subject to change; members will be notified of any developments

NOVEMBER

Tuesday, November 1	10:00 am – 2:00 pm	NW Regional Meeting <i>Park Inn by Radisson</i> 45 Holiday Inn Road Clarion, PA 16214
Wednesday, November 2	10:00 am – 2:00 pm	SW Regional Meeting Pittsburgh Marriott North 100 Cranberry Woods Drive Cranberry Township, PA 16066
Thursday, November 3	10:00 am – 4:00 pm	Intellectual Developmental Disabilities / SCO/Vocational Rehab <i>Penn Grant Centre</i>
Monday, November 7	10:00 am – 1:00 pm	NE Regional Meeting <i>Step By Step, Inc.</i> 744 Kidder Street Wilkes-Barre, PA 18702
Tuesday, November 8	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee <i>Conference Call</i>
Wednesday, November 9	10:00 am – 1:00 pm	SE Regional Meeting <i>Greater Plymouth Community Center</i> 2910 Jolly Road Plymouth Meeting, PA 19462
Tuesday, November 15	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee <i>Conference Call</i>
Wednesday, November 16	10:00 am – 12:30 pm	Human Resources Committee <i>Penn Grant Centre</i>
Wednesday, November 16	10:00 am – 2:00 pm	Brain Injury Committee <i>Penn Grant Centre</i>
Thursday, November 17	10:00 am – 12:30 pm	Outpatient Rehabilitation Committee <i>RCPA Conference Room</i>

DECEMBER

Thursday, December 1	12:00 pm – 1:00 pm	IPRC Webinar Building Teams & Preventing Burnout: Strategies to Maximize Effectiveness of the Pediatric Rehabilitation Team
Tuesday, December 6	1:00 pm – 4:00 pm	Drug & Alcohol Committee <i>Penn Grant Centre</i>
Wednesday, December 7	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>
Tuesday, December 13	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee <i>Conference Call</i>
Wednesday, December 14	9:00 am – 12:00 pm	Open Board Meeting <i>Penn Grant Centre</i>
Thursday, December 15	10:00 am – 12:30 pm	Medical Rehabilitation Committee <i>Penn Grant Centre</i>
Tuesday, December 20	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee <i>Conference Call</i>