



SPECIAL FEATURE

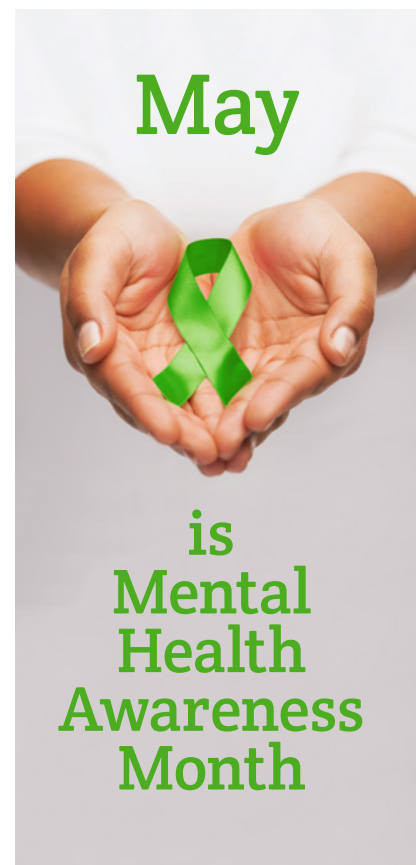
RCPA MH and D&A Workforce Crisis Survey Results

RCPA conducted a brief survey regarding workforce issues in March 2017. This survey focused exclusively on mental health and drug and alcohol programs in preparation for a special workforce meeting. The answers to the survey were consistent with what members have been vocalizing for some time.

The survey indicated that recruiting and retaining all staff was a challenge. The biggest challenge by far was recruiting and retaining a psychiatrist. Physicians, advance practice nurses, and registered nurses were also reported to be extremely difficult to recruit and retain.

When asked "What are the most significant hiring, retention, and recruitment barriers?" the answers were:

Continued on page 3



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3	RCPA News
4	Membership
6	Federal News
7	State News
8	Medical Rehabilitation
8	Brain Injury
9	Physical Disabilities & Aging
11	Mental Health
12	Drug & Alcohol
13	IDD
15	Children's Services
16	Calendar



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RCPA MH AND D&A WORKFORCE CRISIS SURVEY RESULTS

Continued from page 1

1. Inability to fund competitive salaries (was overwhelmingly the biggest problem reported)
2. Inability to find credentialed staff for clinical roles

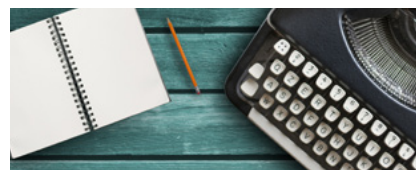
When asked specifically about the most challenging retention issues, the inability to pay competitive salaries was again identified. Another major problem reported in retention issues was the burdensome regulations and the overwhelming amount of paperwork required. In addition, the constant auditing by multiple agencies was a factor. When asked "What one policy or regulation solution would alleviate a work force issue?" the most common responses were:

- ▶ Increasing desperately needed funding;
- ▶ Developing a fair rate-setting process that covers costs;
- ▶ Reducing paperwork and duplicative regulations/requirements;
- ▶ Reducing the number of audits by various entities;
- ▶ Finalizing the mental health outpatient regulations; and
- ▶ Supporting a loan repayment program for all relative positions. ◀

RCPA Is Looking for Guest Authors

RCPA News will be featuring articles from guest authors in the coming months. We are looking for articles that focus on one or more of RCPA's policy areas, with the following specifications:

- ▶ 300–500 words
- ▶ Relevant to members in one or more division
- ▶ Best practices/innovations should be replicable by other organizations
- ▶ Topics must be pre-approved by division director and communications director
- ▶ Non-sales and non-partisan in nature



- ▶ Can include 1–2 photos for inclusion per communications director's discretion
- ▶ New ideas to advance/inform the mission of our provider members are preferred

To submit an article, please contact [Sharon Militello](#) at RCPA. Submitting an article that meets all criteria does not guarantee publishing; editor reserves the right to choose/reject articles for publishing based on content. Deadline for submissions is the 20th day of the month preceding each issue (i.e., June 20 for July issue). ◀



A "Sweet" Opportunity for the 2017 RCPA Annual Conference at Hershey

The request for [exhibitors](#), [sponsors](#), and [advertisers](#) has been posted on the RCPA Conference [website](#). The Conference Committee is very excited about the new opportunities for sponsors and exhibitors. With several new sponsorship options as well as an extended Exhibit Hall experience, RCPA is THE Conference to attend.

See what a [frequent exhibitor](#) has to say about the RCPA Conference!



BUSINESS

XtraGlobex, Inc.

1700 Market St, Ste 1005
Philadelphia, PA 19103
Fady Sahhar, President

Sparkrock

122 Judge Rd
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Melissa Alvares, Director of
Marketing

myStrength

1875 Lawrence St, Ste 550
Denver, CO 80202
Chuck Tepper, Vice President, Public
Partnerships

As the largest state association of its kind, RCPA continues to look for ways to strengthen its voice. One way to facilitate this is by the recruitment of new members. For new provider members, there are financial incentives for the first two years of membership. If you have questions about membership or know of an organization that would benefit from membership with RCPA, please contact [Tieanna Lloyd](#), Accounts Receivable/Membership Services Manager.

Members in the News

RCPA Member Magellan Earns Full Accreditation

Magellan Behavioral Health of Pennsylvania, Inc. announced on March 23 that it has earned Full MBHO Accreditation from the National Committee for Quality Assurance (NCQA). See their press release [here](#). ◀

Jeff Cooper Retires

After 16 years as UCP of Central Pennsylvania's CEO, Jeff Cooper retired April 28, 2017. Jeff took the reins at UCP after serving honorably for 28 years in the U.S. Air Force, retiring from active duty in 2001 as a full-bird Colonel. Not only was Jeff active with RCPA, but he also served as UCP of Pennsylvania's representative on the Intellectual Disability and Autism Coalition for many years. We will miss Jeff's integrity and willingness to try new things. RCPA wishes Jeff and his wife Rayna all the best as they pursue their next chapter in life. Continue to aim high, Jeff! ◀

Family Services of Western Pennsylvania and Wesley Spectrum Services Are Merging

On July 1, 2017 Wesley Spectrum and Family Services will move under a new umbrella entity named Wesley Family Services. Each organization will remain as separate entities but the board structure and by-laws will be adapted to reflect the affiliation with a parent company. See the full announcement [here](#). ◀

Progressive Workshop Partners With HAVIN

Helping All Victims In Need (HAVIN) and RCPA member Progressive Workshop of Armstrong County (PWAC) announced an exciting new partnership between the two nonprofits. Effective May 1, 2017, PWAC staff and Transitional Work Trainees will be fully staffing HAVIN's 2nd Chance Shop. This is truly a win-win. The proceeds of the 2nd Chance Shop will continue to benefit HAVIN and HAVIN will provide payment to PWAC to run the day-to-day operations of the 2nd Chance Shop, enabling PWAC to provide staff to run the shop as well as trainees who will be making a competitive wage and gain valuable work experience!

HAVIN's 2nd Chance Shop is located at 107 North Jefferson Street, Kittanning. Donations are accepted during regular business hours. The shop will be closed May 1–8 and then re-open on Tuesday, May 9. They will have a grand REOPENING celebration on Tuesday, May 16 at 10:00 am. Donations and support will now go twice as far, supporting two great organizations. ◀

RCPA President/CEO Testifies at Senate and House Hearings

On April 13, RCPA's President/CEO Richard Edley, along with Jim Bobeck, Chairman of RCPA's Board of Directors and President & CEO of Step by Step, [testified](#) at a joint senate hearing. Then on April 17, Richard Edley testified in front of a joint house committee. RCPA's testimony dealt with the proposed consolidation of the Departments of Human Services, Health, Aging, and Drug and Alcohol into one Department of Health and Human Services (DHHS).

RCPA is supportive of a new and unified Department of Health and Human Services. The association views the proposed consolidation as an opportunity to modernize and streamline an outdated system, and to find efficiencies – all of which should lead to better service and potentially freeing up dollars for better use in the community. However, the association expressed concerns about the consolidation. For example, whether this merger will be fully vetted and ready to go in such a short time frame, if this proposal will be a part of the final budget.

During testimony, RCPA encouraged the Administration and the General Assembly to continue to create stakeholder work groups and/or task forces as needed to collaborate and create the best unified agency possible. RCPA acknowledged that the Administration and DHS leadership have reached out to RCPA and its leadership for recommendations

and efficiencies; however, RCPA believes more outreach is needed and strongly recommends that a more formal and structured collaboration effort be established with the various stakeholders to provide necessary feedback regarding best management practices, streamlining reporting requirements, revamping/ repealing burdensome and costly regulations, and recommending other efficiencies for additional system-wide cost savings.

One of the last areas of the testimony was to answer specific questions that we have been asked by numerous legislators – whether we can gain efficiencies and cost savings under the current agency structure. Of course the answer to that inquiry is – yes. Under the current agency structure, efficiencies and cost savings can be realized by analyzing current regulations and reporting guidelines that health and human service providers must abide by. While the Commonwealth could achieve efficiencies and cost savings by making a number of small but effective changes, this would require an overhaul of the current bureau structure in the agencies and a revamp of a multitude of regulations currently in place. So our contention is that the question should really be: What is the best way to achieve these efficiencies? We believe that answer is through the consolidation of the departments. Please contact [Jack Phillips](#) with questions. ◀

RCPA Bill Tracking Report

RCPA is tracking over 140 legislative bills and you may view the bill tracking report [here](#). If you have any questions, please contact Jack Phillips, Director of Government Affairs. ◀

Health and Human Service Providers Rally at Capitol

With the state entering the final two months of the fiscal year and discussions ongoing about the proposed merger of several departments into a single agency, about 200 members of the Rehabilitation and Community Providers Association (RCPA) rallied inside the Capitol to ensure the 2017/18 budget includes adequate funding for vital, life-changing social services that help millions of Pennsylvanians each year.

RCPA is the Commonwealth's largest and most diverse health and human services trade association, with members that provide mental health, drug and alcohol, intellectual and developmental disabilities, medical rehabilitation, physical disabilities and aging, and brain injury services for children and adults in all settings.

"Adequate funding for social service support programs is absolutely vital to ensuring that the millions of individuals and families who need care have access to it," said RCPA President and CEO Richard S. Edley, PhD, who was joined by several legislators at the rally. "It's also the right thing to do. Making sure these programs receive support to function properly and help those in need plays a role in the overall health of our entire commonwealth."

RCPA's key budget concerns center on reimbursement rates for providers, the timing of the proposed agency merger, addressing the state's heroin/ opioid epidemic, and supporting individuals and families with disabilities. ◀

FY 2018 Inpatient Prospective Payment System Proposed Rule Released

The Centers for Medicare and Medicaid Services (CMS) published in the April 28, 2017 [Federal Register](#) the fiscal year (FY) 2018 Hospital Inpatient Prospective Payment System (IPPS) proposed payment rule. Due to the combination of proposed payment rate increases and other proposed policies and payment adjustments, CMS projects that hospitals would see a total increase in inpatient operating prospective payments of 2.9 percent in fiscal year 2018. Some of the provisions included in the proposed rule include:

- ▶ Five changes to existing Hospital-Acquired Conditions (HAC) Reduction Program policies;
- ▶ Changes to the payment adjustment factor to the Hospital Readmissions Reduction Program (HRRP) as required by the 21st Century Cures Act, including assessing penalties based on a hospital's performance relative

to other hospitals with a similar proportion of patients who are dually eligible for Medicare and full-benefit Medicaid;

- ▶ Clinical Quality Measures (CQMs) changes for eligible hospitals, critical access hospitals (CAHs), and eligible professionals (EPs) participating in the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs;
- ▶ Modification of the EHR reporting periods for new and returning participants attesting to CMS or their state Medicaid agency from the full year to a minimum of any continuous 90-day period during the calendar year;
- ▶ Refinement of two previously adopted measures in the Hospital Inpatient Quality Reporting (IQR) Program, including

re-wording the current pain management questions in the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey and changing the risk adjustment methodology used in the Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate following Acute Ischemic Stroke Hospitalization (Stroke 30-Day Mortality Rate) measure;

- ▶ Changes to several reporting requirements for the electronic clinical quality measures (eCQMs); and
- ▶ Implementation of updates to the Hospital Value-Based Purchasing (VBP) Program, including the removal of one measure and adoption of two measures.

Comments on the proposed rule are due by Tuesday, June 13, 2017. ◀



Final Rule Makes Changes to Medicare Appeals Process

On January 17, 2017, the Department of Health and Human Services (HHS) published a rule addressing public comments and finalizing changes to the Medicare benefit claim appeals processes that were proposed on July 5, 2016. The provisions of the [final rule](#) became effective March 20, 2017. The final rule is part of HHS' three-pronged approach for addressing the increasing number of appeals and the current backlog of claims waiting to be adjudicated. The final rule provides new and revised rules that expand the pool of available Office of Medicare Hearings and Appeals (OMHA) adjudicators, increase decision-making consistency among the levels of appeal, and improve efficiency by streamlining the appeals process so less time is spent by adjudicators and parties on repetitive issues and procedural matters. ◀

Federal Policy Priorities Unveiled by ACCSES

The ACCSES Board of Directors recently approved its [2017 Public Policy Priorities](#). ACCSES is a provider association based in Washington, DC that represents over 1,200 providers of services to people with disabilities. The organization advances public policy and legislative initiatives, on behalf of its members, in Congress and federal executive branch agencies. ACCSES' public policy priorities include:

- ▶ Opposing Medicaid block grants and per-capita caps;
- ▶ Making sure the Centers for Medicare and Medicaid Services' Home and Community-Based Services Rule is implemented in a way that protects individuals' ability to decide where and how they are to be supported; and
- ▶ Rescinding and/or reinterpreting guidance issued by the Rehabilitation Services Administration to protect certain employment opportunities for people with disabilities.

For more information about ACCSES, visit their [website](#). ◀

MedPAC Meeting Agenda Includes Unified Payment System for Post-Acute Care

During the April 6, 2017 Medicare Payment Advisory Commission (MedPAC) meeting, there was discussion and a vote taken on implementing a unified payment system for post-acute care. MedPAC recommends that Congress should direct the Department of Health and Human Services (HHS) to implement a post-acute care prospective payment system (PAC PPS) in 2021 that includes a three-year transition, lowers aggregate payments to PAC providers by five percent, begins to align setting-specific regulatory requirements, and periodically revises and rebases payments as needed to keep them aligned with the cost of care. The finalized recommendations will be included in the June 2017 MedPAC report. The [presentation](#) provides more details. ◀

CMS Selects Participants for Accountable Health Communities Model

On April 6, 2017, the Centers for Medicare and Medicaid Services (CMS) [announced](#) the 32 participants for the Assistance and Alignment Tracks of the Accountable Health Communities (AHC) [Model](#). These tracks will begin on Monday, May 1, 2017, with a five-year performance period. By addressing critical drivers of poor health and high health care costs, the model aims to reduce avoidable health care utilization, impact the cost of health care, and improve health and quality of care for Medicare and Medicaid beneficiaries. ◀

Final Rates Published for Employment Services in OBRA Waiver

The Department of Human Services (DHS) published the [rate notice](#) that provides final rates for the five employment-related services in the Office of Long-Term Living's (OLTL) OBRA Waiver, effective February 1, 2017. The notice is published in the April 1 *Pennsylvania Bulletin*. The following services have been added to the Medical Assistance (MA) fee schedule:

- ▶ Benefits Counseling;
- ▶ Career Assessment;
- ▶ Employment Skills Development;
- ▶ Job Coaching Intensive and Follow-along; and
- ▶ Job Finding.

The final MA fee schedule rates are available on the DHS [website](#) or by contacting April Leonhard, Department of Human Services, Office of Long-Term Living at 717-783-8412. Interested persons are invited to submit written comments regarding these final fee schedule rates to the Department of Human Services, Office of Long-Term Living, Bureau of Policy and Regulatory Management, Attention: Elaine Smith, PO Box 8025, Harrisburg, PA 17105-8025. Comments can also be sent [via email](#). Comments received within 30 days will be considered in subsequent revisions to the fee schedule. ◀

CMS Again Delays Effective Date of Final Rule on New Medicare Payment Models

The Centers for Medicare and Medicaid Services (CMS) issued an interim [final rule](#) that again delays the effective date (from March 21 to May 20, 2017) that implements the new Medicare Parts A and B episode payment models that were originally included in the January 3, 2017 [final rule](#). These payment models include the Cardiac Rehabilitation (CR) Incentive Payment model and the Comprehensive Care for Joint Replacement (CJR). The interim final rule delays the model dates from July 1 to October 1, 2017, and requests comments on the appropriateness of the delay, as well as feedback on potentially delaying the models until January 1, 2018. The new payment models and the updated CJR Model allow clinicians additional opportunities to qualify for a 5 percent incentive payment through the Advanced Alternative Payment Model (APM) path under the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) and the Quality Payment Program. ◀

March 2017 IRF Compare Quarterly Info Now Available

The March 2017 quarterly inpatient rehabilitation facility (IRF) Compare refresh is now available. The site is used to find and compare IRFs based on various items, such as infection rates, etc. Information on healthcare-acquired infection (HAI) measures performance data is also available from the [website](#). ◀

Video Presentation from CMS' January IRF PAI Therapy Call Now Available

The Centers for Medicare and Medicaid Services (CMS) recently made available the [video presentation](#) from the January 12, 2017, Medicare Learning Network (MLN) call that focused on the Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI) Therapy Information Data Collection. The presentation covered types and methods of therapy collected on the IRF-PAI, examples of each type of therapy, and instructions for accurate coding and completion of the therapy information section. The call slides, transcript, and audio recording can be found [here](#). ◀

CMS Live Webcast for IRFs on May 2

The Centers for Medicare and Medicaid Services (CMS) will be hosting a live webcast for inpatient rehabilitation facilities (IRFs) on Tuesday, May 2, 2017, from 2:00 pm to 3:30 pm. The focus of the webcast will be to provide a better understanding of how Review and Correct Reports fit within the overall Quality Reporting Program (QRP). The webcast will also provide information about re-submitting data to correct errors prior to the quarterly submission deadlines to ensure the accuracy of the data which will be publicly displayed. [Registration](#) is required to participate. Those who register will be provided with a URL to access the training immediately upon completing the registration process. The webcast will be recorded and posted to the CMS YouTube site following the event. ◀

May 1 Call Focused on NJ MLTSS Lessons Learned

A teleconference was held on May 1 that focused on lessons learned when New Jersey transitioned to Managed Long-Term Services and Supports (MLTSS). Presenters included Mr. Adam Steinberg, President/CEO, Universal Institute Rehabilitation & Living Centers, and Ms. Susan Robinson, MA/CCC-SLP, MBA, Assistant Program Director, Drucker Brain Injury Center, MossRehab Hospital. They shared experiences/issues that were encountered with their Traumatic Brain Injury (TBI) population and the solutions that were developed to address these issues, some of which include coordination of benefits (Medicare denials), cognitive rehabilitation therapy, etc. Contact [Melissa Dehoff](#) for more information. ◀



Upcoming Webinars Announced by BIAA

The Brain Injury Association of America (BIAA) recently announced their schedule for upcoming [live webinars](#). Registration is required to participate and ends two days prior to the date of each live webinar. ◀

May Traumatic Brain Injury Advisory Board Meeting

The Traumatic Brain Injury (TBI) Advisory Board, which is established under section 1252 of the Federal Traumatic Brain Injury Act of 1996, will convene for their public meeting on Friday, May 5, 2017, from 10:00 am to 3:00 pm in the large conference room of the Community Center, 2nd Floor, Giant Food Store located at 2300 Linglestown Road, Harrisburg, PA 17110.

The Board assists the Department of Health in understanding and meeting the needs of persons living with traumatic brain injury and their families. This quarterly meeting will provide updates on a variety of topics including the number of people served by the Department of Health's Head Injury Program (HIP). In addition, meeting participants will discuss budgetary and programmatic issues, community programs relating to traumatic brain injury, and available advocacy opportunities.

For additional information, or for persons with a disability who wish to attend the meeting and require an auxiliary

aid, service, or other accommodation to do so, contact Michael Yakum, Division of Community Systems Development and Outreach, 717-772-2763, or for speech and/or hearing impaired persons, contact V/TT 717-783-6514 or the Pennsylvania AT&T Relay Service at 800-654-5984. ◀



Physical Disabilities & Aging

Physical Disabilities and Aging Division June Meeting

This division will hold its [next meeting](#) on Thursday, June 1, 2017, from 1:00 pm – 3:30 pm, at the Penn Grant Centre (RCPA). Please make a note of the new time. ◀

Document Explains HealthChoices and Community HealthChoices Information

On April 18, 2017, the Department of Human Services (DHS) issued a document entitled [Understanding Community HealthChoices vs HealthChoices](#) to explain the similarities and differences between the two programs. Community HealthChoices (CHC) is a new initiative that will increase opportunities for older Pennsylvanians and individuals with physical disabilities to remain in their homes. HealthChoices is Pennsylvania's mandatory managed care program for 2.2 million Medical Assistance participants.

CHC was developed to: (1) enhance access to and improve coordination of medical care and; (2) create a person-driven, long-term support system in which people have choice, control, and access to a full array of quality services that provide independence, health, and quality of life. Long-Term Services and Supports help eligible individuals to perform daily activities in their homes such as bathing, dressing, preparing meals, and administering medications. The document describes eligibility, timelines for implementation, and the CHC managed care organizations that will operate in each zone beginning in January 2018. ◀

Independent Enrollment Broker Request for Proposals

On April 7, 2017, the Department of Human Services (DHS) issued a request for proposals (RFP) for the Independent Enrollment Broker (IEB) for Community HealthChoices (CHC) and other long-term services and supports (LTSS) programs. The IEB will provide choice counseling and enrollment assistance services to individuals who apply for, or are eligible to receive, health-related services and LTSS through programs administered by DHS' Office of Long Term Living (OLTL). The OLTL LTSS programs for which the selected offeror(s) will provide enrollment assistance services include the following:

Managed Care:

- ▶ Community Health Choices (CHC)
- ▶ Living Independently for the Elderly (LIFE)

Home- and Community-Based Services programs:

- ▶ Aging Waiver
- ▶ Attendant Care Waiver
- ▶ Independence Waiver
- ▶ OBRA Waiver
- ▶ Act 150 Attendant Care Program

In October, 2016, a draft RFP generated over 1,200 comments from stakeholders. The revised RFP includes the following major changes to increase services and requirements:

- ▶ Identifying additional types of offeror qualifications and relevant experience to broaden the pool of potential qualified offerors.
- ▶ Adding new disclosure requirements, including disclosure of

litigation, financial penalties, and sanctions, to enable DHS to assess offeror qualifications and experience.

- ▶ Adding new training requirements to ensure that staff are adequately trained and demonstrate knowledge and competence before providing services to consumers.
- ▶ Specifying the steps which the selected offerors must take, and the time frames in which those steps must be taken, to ensure that LTSS applications are processed within the federally required 90 days.
- ▶ Strengthening requirements to ensure that the selected offeror(s) effectively communicate with individuals with limited English proficiency (LEP) and track LEP and use of translators.
- ▶ Adding new content and functionality to the IEB website to enable individuals, their representatives, and other interested persons to learn about the available programs and the status of their LTSS applications.
- ▶ Increasing the selected offeror(s)' data file transfer capacity to reduce time in the application process.
- ▶ Adding new reporting requirements to enable DHS to effectively monitor performance and to identify and mitigate problems as they arise.

DHS is seeking offeror(s) to operate as an IEB in the three different geographic regions corresponding to the [CHC zones](#). View the RFP [here](#). ◀



MAY IS MENTAL HEALTH AWARENESS MONTH



Dr. Dale Adair Named Acting Deputy Secretary for OMHSAS

After the sudden passing of Dennis Marion, Ted Dallas, Secretary of the Department of Human Services, named Dr. Dale Adair Acting Deputy Secretary for OMHSAS. Dr. Adair had recently announced his resignation; however, he will be extending his time in Pennsylvania to allow sufficient time to name a new deputy. ◀

Certified Community Behavioral Health Clinic (CCBHC) Update

Implementation continues for the nine selected agencies (ten locations). A complete list of agencies can be found here:

- ▶ Berks Counseling Center, Berks County;
- ▶ Cen Clear Child Services, Clearfield County;
- ▶ Cen Clear Punxsy, Jefferson County;
- ▶ Community Council Health Systems, Philadelphia County;
- ▶ NHS, Delaware County;
- ▶ Northeast Treatment Centers, Philadelphia County;
- ▶ Pittsburgh Mercy, Allegheny County;
- ▶ Resources for Human Development (RHD), Montgomery County;
- ▶ Safe Harbor Behavioral Health of UPMC Hamot, Erie County; and
- ▶ The Guidance Center, McKean County. ◀

Outpatient Regulations to Be Posted for Comment

OMHSAS has announced that the psychiatric outpatient regulations will be posted for comment. Details will be forthcoming; contact [Sarah Eyster](#) with questions. ◀

RCPA Members Address Behavioral Health Needs of Older Adults Enrolled in CHC

RCPA members, through the Mental Health and Drug and Alcohol Committees, and in partnership with community agencies that represent older adults, are working toward identifying training and service needs of this population being enrolled in the new Community HealthChoices program. Jen Burnett from the Office of Long-Term Living (OLTL) presented at the last Mental Health Committee meeting and listened to concerns from RCPA members. Ms. Burnett requested that RCPA provide a “lessons learned” document to OLTL to help them avoid repeating mistakes from the early Behavioral Health HealthChoices program rollouts. RCPA will be collecting examples from members as well as BH-MCOs over the next month to provide to OLTL. Ms. Burnett plans to join her colleagues from OMHSAS at the next Mental Health Committee meeting on Wednesday, June 7, 2017. ◀

New DDAP Data System Delayed

RCPA has been concerned about the implementation of the new Department of Drug and Alcohol Programs' (DDAP) data system since the details were first announced. The biggest concern has been the inability to upload data. Providers have been promised for decades that the various new systems would allow providers to upload data. Without the ability to do so, most providers would be required to input data twice, which is a major expense. Jen Smith, Acting Secretary of DDAP, met with RCPA members recently. RCPA President and CEO Richard Edley, along with numerous members, shared their overwhelming concerns; one of which was how this system would fit in the transformation/consolidation being planned. RCPA welcomes this delay and the reexamination of the new data system. The information below was sent to RCPA recently:

"The Pennsylvania Department of Drug and Alcohol Programs (DDAP) has made a decision to

temporarily delay the implementation of the new DDAP Data System (PA WITS) that was originally scheduled to be available for Treatment Providers to enter historical TEDS data for SCA funded clients on April 17, 2017. The decision to delay the implementation will provide DDAP more time to thoroughly evaluate that the solution appropriately meets the needs of Pennsylvania. WITS is a quality solution originally built in partnership with SAMHSA, although the system has been implemented successfully throughout the country; DDAP is committed to completing our due diligence and confirming a quality solution is delivered that meets our State's requirements. We will work collaboratively with the SCAs and Provider organizations to ensure communication is distributed to all contracted providers with the new implementation date when it's available."

Additional information will be shared as it is received. ◀

Why RCPA D&A Providers Support the Unification

RCPA has represented drug and alcohol (D&A) treatment providers for over 20 years. Currently, RCPA represents nearly 70 D&A agencies that operate over 170 licensed drug and alcohol facilities. RCPA drug and alcohol members provide services in every county in the Commonwealth;

it is also important to note that the majority of clients served by RCPA members are publicly funded citizens.

1. A large percentage of people struggling with substance use disorders also have a co-occurring mental health

disorder. Research has shown that providing needed services simultaneously improves success rates. This merger should bring drug and alcohol and mental health closer together in order to assure collaboration on the treatment needs of Pennsylvania citizens.

2. In light of the opioid crisis, there is a need for increasing access to medication assisted treatment (MAT). MAT should be available to those who need it at every level and type of treatment. MAT has been one of the most studied treatment modalities, and the results are clear that utilizing medication combined with the clinically recommended level of care is critical in retaining



patients in treatment and helping them establish and maintain recovery. RCPA believes that MAT will be more strongly supported in the merged agency.

3. Drug and alcohol treatment services have been chronically underfunded for many years. RCPA believes that there will be an improved rate-setting process for drug and alcohol services in the merged department.

4. Drug and alcohol administration needs to work more closely

with HealthChoices, which has the largest expenditure of drug and alcohol services. The merger should make that happen.

5. Many RCPA members provide multiple services/programs. RCPA believes that the unified agency is likely to streamline the licensing process, documentation, and coordination of site visits, as well as reduce costs for providers and state employee travel.

RCPA drug and alcohol provider members are supportive of a new,

unified Department of Health and Human Services, and encourage the Administration and members of the General Assembly to continue seeking feedback from health and human service providers, consumers of those services, and other stakeholders. View the [testimony](#) of Richard Edley, RCPA President and CEO, before the Pennsylvania Senate Committees on Health and Human Services, Aging and Youth, Intergovernmental Operations, and the Health and Human Services Subcommittee of the Appropriations Committee (Reading Hospital, April 13, 2017). ◀

IDD

PA House Keeps IDD Funding Intact in Appropriations Bill

The Pennsylvania House of Representatives passed an appropriations bill on April 4, 2017, which keeps all of the funding levels proposed by Governor Wolf intact for key programs for Pennsylvanians with intellectual and developmental disabilities (IDD). RCPA has been supportive of the budget proposed by Governor Wolf for the Office of Developmental Programs' existing and new waiver programs, base funding, waiting list initiatives, and Intermediate Care Facility services. If passed, the 2017/18 state fiscal year budget would provide new state funding for community-based services for the following:

- ▶ 820 high school graduates to receive Person/Family-Directed Services Waiver;
- ▶ 1,000 people to get services in a new intermediate waiver;
- ▶ 455 people with intellectual disability to get Targeted Services Management (TSM);
- ▶ 1,545 people with autism to get TSM;
- ▶ 50 new people to receive Adult Autism Waiver; and
- ▶ 40 people who are coming out of state centers to get waiver services.



According to ODP, its proposed budget includes additional state funding for rate increases, increases in utilization and cost, and accounts for the financial impact of new services included in its waiver renewal proposal to the federal Centers for Medicare and Medicaid Services. Funding for the Office of Vocational Rehabilitation, as proposed by the Governor, was also kept intact in the House budget. Regarding the state budget overall, the House-passed budget cuts funding compared to last fiscal year and compared to Governor Wolf's proposed budget unveiled in February. The House appropriations bill is now under consideration by the Pennsylvania Senate. The state's new fiscal year starts July 1, 2017. ◀

ODP Submits Waiver Renewal Proposal to CMS

The [waiver renewal submissions](#) to the federal Centers for Medicare and Medicaid Services (CMS) for both the [Consolidated Waiver renewal](#) and the [P/FDS Waiver renewal](#) were submitted on April 1, 2017, by the Office of Developmental Programs (ODP). A number of changes were made to the waivers based on the significant number of substantive comments made by the public. The proposals are available on the Department of Human Services website for review, along with a [side-by-side of the substantive changes made to both the Consolidated and P/FDS waivers](#). The changes are shown on the side-by-side document as compared to the language originally circulated for public comment on December 3, 2016.

CMS has 90 days from the submission date to either approve or ask ODP for additional information. During RCPA's Intellectual and Developmental Disabilities Committee meeting on April 13, representatives of ODP stated they still expect that the two waiver renewals will be approved by CMS in time for a July 1, 2017 effective date. ◀



Fiscal Work Group to be Reconvened

Deputy Secretary for Developmental Programs Nancy Thaler announced during an April 21 conference call with state and regional association representatives that the Office of Developmental Programs (ODP) Fiscal Work Group would be reconvened to reconsider the assumptions made by ODP when it developed draft rates earlier this year. During the call, Thaler emphasized that she and her staff were “hearing” from providers about a number of concerns and she was taking steps to reconsider a number of issues. A sample of the concerns are as follows:

- ▶ 11% differential between Area 1 and Area 2 rates
- ▶ Will rates adequately cover the ramp-up costs associated with achieving the 25% out-of-facility benchmark under Community Participation Support (CPS)?
- ▶ Will rates actually create a disincentive to serving people outside of facilities?
- ▶ Supported employment rates being dropped in real dollars, and
- ▶ Even an increase in the Person/Family-Directed Service waiver cap from \$30,000 to \$33,000 may not be enough to cover the increased costs of the new services, resulting in lost services for P/FDS waiver participants.

Notwithstanding any changes that may result from the review and analysis planned by ODP and its Fiscal Work Group, Thaler stressed she did not believe new funding would be added to the state budget beyond what was already proposed by Governor Wolf. The official publication of proposed rates are expected in the *Pennsylvania Bulletin* in mid-May, giving stakeholders another opportunity to comment. ◀

Suicide Prevention Training for Psychiatric Residential Treatment Facility Providers

Dr. Perri Rosen, Project Director of the Garrett Lee Smith Youth Suicide Prevention grant, has coordinated dates and times for QPR (Question, Persuade, Refer) training for residential treatment facilities (RTF) staff. The QPR instructor training is a full-day training, which includes instructor training materials, 25 QPR booklets, slides, suicide prevention resources, and a valid certification for three years. The day does NOT include lunch. RTFs will be responsible for covering the cost of QPR booklets when trainings are conducted within the facility. Additional booklets cost \$3.00 each and the price is reduced when purchased in bulk.

The next training will be held:

- ▶ Tuesday, May 9 at the Child Welfare Resource Center in Mechanicsburg, PA (8:00 am – 4:00 pm)

UPDATE: The training is just about full so please be sure to take advantage of this very important opportunity. If you have any questions, please contact [Perri Rosen](#).◀



Children's Steering Committee Update

During the last meeting on March 29, the committee supported the creation of the following work groups:

1. School-Based Behavioral Health (SBBH) – co-chairs are Barb Saunders, Wesley Spectrum and Elspeth Williams, TrueNorth Wellness
2. Children In Congregate Care Settings has two sub-committees: Pediatric Care and Psychiatric Residential Treatment Facilities (PRTF) (co-chairs to be determined)

The names and organizations of the newest members of the Children's Steering Committee will be announced via an RCPA Info email addressed to the Children's Division. We want to thank all of you who submitted letters of interest. The response demonstrated the commitment of our children's services providers and their dedication to the decisions that guide the priorities across the division.◀



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

May

Tuesday, May 9	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee <i>Conference Call</i>
Wednesday, May 10	12:00 pm – 3:30 pm	BH-MCO/RCPA Task Force Meeting <i>Penn Grant Centre</i>
Wednesday, May 10	10:00 am – 12:30 pm	Human Resources Committee <i>Penn Grant Centre</i>
Thursday, May 11	10:30 am – 5:00 pm	RCPA PAC Golf Outing <i>Hershey Country Club</i>
Thursday & Friday, May 11–12		Annual Membership Reception & Meeting <i>Hershey Country Club (reception), Hershey Lodge (meeting)</i>
Tuesday, May 16	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee <i>Conference Call</i>
Thursday, May 18	10:00 am – 12:30 pm	Outpatient Rehabilitation Committee <i>RCPA Conference Room</i>
Wednesday, May 24	10:00 am – 2:00 pm	Brain Injury Committee <i>Penn Grant Centre</i>
Wednesday, May 31	10:00 am – 3:00 pm	Children's Steering Committee <i>RCPA Conference Room</i>

June

Thursday, June 1	1:00 pm – 3:30 pm	Physical Disabilities and Aging Division <i>Penn Grant Centre</i>
Thursday, June 1	2:00 pm – 3:00 pm EDT	IPRC Webinar: Fielding Conversations about Loss and Disability
Tuesday, June 6	12:30 pm – 3:30 pm	Drug & Alcohol Committee <i>Penn Grant Centre</i>
Wednesday, June 7	9:30 am – 12:00 pm 1:00 pm – 4:00 pm 1:00 pm – 4:00 pm	Mental Health Committee Criminal Justice Committee Children's Division <i>Penn Grant Centre</i>
Thursday, June 8	9:15 am – 11:15 am 12:15 pm – 4:00 pm	Supports Coordination Organization Subcommittee Intellectual/Developmental Disabilities Committee <i>Penn Grant Centre</i>
Tuesday, June 13	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee <i>Conference Call</i>
Tuesday, June 20	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee <i>Conference Call</i>
Thursday, June 22	10:00 am – 12:30 pm	Medical Rehabilitation Committee <i>RCPA Conference Room</i>