RCPA NEWS

JUNE 2017

SPECIAL FEATURE

What Providers Need to Know About Federal and State EVV Plans

(Article from MITC)

Electronic Visit Verification (EVV) is widely used by agencies and government entities to verify employee locations, complete documentation, verify hours worked, and streamline payroll and billing. With the 21st Century Cures Act, passed in 2016, all State Medicaid programs providing personal care and home health services are required to implement and use an EVV system by 2019.

Specific requirements for the mandate are at the discretion of the states. Some states have already tried to mandate EVV solutions in certain programs, to mixed results. In talking with agencies using EVV, MITC has found that mandates in which providers are able to select from a list of approved vendors have garnered better results for both providers and the state than mandates for a single provider. As Pennsylvania legislators prepare to decide how to meet the requirements of the 21st Century Cures Act, agencies in Pennsylvania should educate themselves about EVV and the experiences of other states in designing and implementing EVV mandates.

For more information on EVV, download the eBook *What Providers Need to Know about Federal and State EVV Plans.* For additional information, including details on Missouri's EVV mandates and interviews with Louisiana and Missouri agencies (where state mandates are already in effect), contact MITC. ◄

RCPA NEWS

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JUNE 2017

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

The RCPA Conference Committee is seeking exhibitors, sponsors, and advertisers for *Connections*, the 2017 annual conference. Prime sponsorships and exhibit hall space are still available during our extended exhibit hall hours. Once again, the conference promises something for everyone from executive track leadership, to self-care, to new technology.

See what a frequent exhibitor has to say about the RCPA Conference!

Pennsylvania DSP of the Year Recognized

During an awards ceremony at the 2017 ANCOR annual conference in San Antonio, Texas, Mr. Gerson Ortiz was recognized for his selection as "Pennsylvania Direct Support Professional (DSP) of the Year." Mr. Ortiz, who is from Allentown and works for Access Services, Inc., was one of 47 DSPs recognized at the event, one from nearly every state in the nation. In addition to Mr. Ortiz, another awardee with a Pennsylvania connection was honored during the ceremony. Ms. Veronica Rotaru was named "DSP of the Year" for the Republic of Moldova. Ms. Rotaru works for Keystone Human Services (International), an RCPA member. Full write-ups can be found here for both Mr. Ortiz and Ms. Rotaru. The DSP of the Year initiative is part of ANCOR's National Advocacy Campaign, in which ANCOR supports the professionalization of, and provides recognition to, direct support professionals across the country. Congratulations to both Mr. Ortiz and Keystone Human Services for representing Pennsylvania so well at this important national conference (Read about all 47 awardees in the *Recognizing Excellence* magazine). ◄

Members in the News

myStrength and RCPA Partner to Expand Behavioral Health Services Throughout Pennsylvania

Hope Enterprises Honored with Governor's Achievement Award for Workforce Development

NEW MEMBERS

BUSINESS

Emerger Health, LLC
321 Spruce Street
Scranton, PA 18503
570-840-3806
Drew Kearney, Partner

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. ◄

2017 RCPA/RCPA PAC Golf Outing

On May 11, the annual RCPA/RCPA PAC was held at the beautiful Hershey Country Club. Despite some occasional rain, the course was in great shape and the greens were fast. We appreciate all of the golfers who participated in this year's outing, and we are looking forward to having even more golfers play next year.

The question we know everyone is asking — who were the big winners? So without further ado, the following were the winners of the overall outing and the skill competitions.

Putting Contest
Alan Hartl, Lenape Valley Foundation, won the putting contest and was also gracious enough to donate his winning back to RCPA PAC. Thank you, Alan!!

Men and Women's Closest to Pin #2
Paul Dlugolecki, Brier Dlugolecki Strategies
Susan Blue, Community Services Group

Men and Women's Longest Drive #6
Jeremy Maloney, Saratoga Insurance Brokers
Cindy Mazza, Salisbury Behavioral Health, Inc.

Men and Women's Dixon Golf Challenge
Gary Watts, Guest of Fulton Bank
Cindy Mazza, Salisbury Behavioral Health, Inc.

First Place Team
Ken Anderson, Optum
Paul Dlugolecki, Brier Dlugolecki Strategies
Charlie Hooker, Keystone Human Services
Chuck Sweeder, Keystone Human Services

Thank you again to all of our sponsors and golfers for making this a great outing. We look forward to seeing all of you at next year's outing, along with some new faces! ◄

RCPA Bill Tracking Report

RCPA is tracking over 150 legislative bills and you may view the bill tracking report here. For members' convenience, the legislative tracking report is broken down into policy areas, so members can quickly see which bills may affect them more directly. If you have any questions, please contact Jack Phillips, RCPA Director of Government Affairs.

PA ABLE Savings Program

In follow-up to an *Info* issued on March 17, 2017, announcing the launch of PA Achieving a Better Life Experience (ABLE) Savings Program at a legislative event conducted on April 3, the Pennsylvania Department of Treasury announced they will be offering free webinars on this program. The webinars will provide an overview of the important features and benefits of PA ABLE, including eligibility requirements for opening an account, the federal and state tax benefits, and how the account interacts with current benefits. The webinars will be held in June. Dates and times are available on the PA ABLE website. ◄

Federal News

IMPACT Act Data Elements Public Comments Due June 26

The Centers for Medicare and Medicaid Services (CMS) is requesting comments from stakeholders on data elements that meet the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act) domains of cognitive function and mental status, medical conditions and co-morbidities, impairments, medication reconciliation, and care preferences. CMS has contracted with the RAND Corporation to develop the standardized data elements. The public comment period closes on June 26, 2017. For more information, visit the Public Comment web page. ◄

CMS Extends Compliance Date for Settings Criteria in HCBS Rule

On May 9, 2017, the federal Centers for Medicare & Medicaid Services (CMS) released an informational bulletin to state Medicaid programs that relates to certain provisions of the final regulation defining a home and community-based setting. The bulletin indicates CMS will extend the transition period for states to demonstrate compliance with the home and community-based settings criteria until March 17, 2022. Each state must decide on its own whether and to what extent they will take advantage of this flexibility being offered by CMS. The HCBS rule applies to all Medicaid HCBS waiver programs, and so it can impact waivers administered by Pennsylvania's Offices of Long-Term Living, Developmental Programs, and Childhood Development and Early Learning. ◄

CMS Announces Another Delay in Implementing New Payment Models

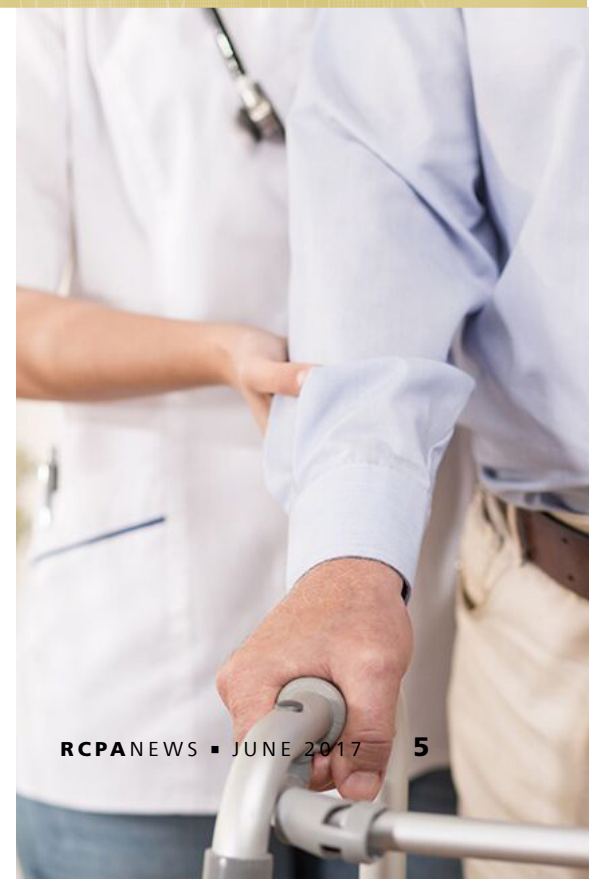
The Centers for Medicare and Medicaid Services (CMS) announced in the May 19, 2017 *Federal Register*, that it will again delay the final rule that implements three new Medicare Parts A and B episode payment models (EPMs), the cardiac rehabilitation incentive payment model, as well as changes to the existing comprehensive care for joint replacement (CCJR) model. The delay in the CCJR regulation amendments will allow CMS to maintain and align policy changes with the EPMs. The final rule will now become effective on January 1, 2018. ◄

Medical Rehabilitation

IRF Quality Reporting Program Review and Correct Reports Available

The Inpatient Rehabilitation Facilities (IRF) Quality Reporting Program (QRP) Review and Correct Reports are now available on demand in the Certification and Survey Provider Enhanced Reporting (CASPER) application. Providers can access these reports by selecting the CASPER Reporting link on the "Welcome to the CMS QIES Systems for Providers" web page. These reports:

- Contain quality measure information at the facility level;
- Allow providers to obtain aggregate performance for the past four full quarters (when data is available);
- Include data submitted prior to the applicable quarterly data submission deadlines; and
- Display whether the data correction period for a given CY quarter is "open" or "closed." ◄



CMS Announces FY 2018 IRF PPS Proposed Rule

The Centers for Medicare and Medicaid Services (CMS) published the fiscal year (FY) 2018 inpatient rehabilitation facility prospective payment system (IRF PPS) proposed rule in the May 3, 2017 *Federal Register*. CMS also published a Fact Sheet that highlights the major provisions of the proposed rule. Some of the key provisions are provided below:

ICD-10-CM Presumptive Compliance Coding Changes

CMS is proposing to make refinements to the ICD-10-CM lists used in determining IRFs' presumptive compliance with the 60 percent rule. The complete lists of proposed code revisions are available for download on the IRF PPS website. CMS notes that the version of these lists that is finalized in conjunction with the FY 2018 IRF PPS final rule will constitute the baseline for any future updates to the presumptive methodology lists. The codes include:

TBI and Hip Fracture Codes

The proposed rule addresses certain ICD-10-CM diagnosis codes for patients with traumatic brain injury (TBI) and hip fracture conditions. CMS proposes to include such codes in counting towards presumptive compliance when they are used as an etiologic diagnoses in the following IGCs effective October 1, 2017:

- Brain Dysfunction – 2.21 Traumatic, Open Injury;
- Brain Dysfunction – 2.22 Traumatic, Closed Injury;
- Orthopedic disorders – 8.11 Status Post Unilateral Hip Fracture; and
- Orthopedic disorders – 8.11 Status Post Bilateral Hip Fracture.

The complete list of TBI and hip fracture ICD-10-CM codes is available for download on the CMS IRF PPS website.

Major Multiple Trauma Codes

CMS also proposes changes to address major multiple trauma codes that did not translate exactly between ICD-9-CM and ICD-10-CM. Specifically, CMS proposes to count IRF Patient Assessment Instruments (PAIs) that contain two or more of the ICD-10-CM codes from the three major multiple trauma lists that can be downloaded here. In order for patients with multiple fractures to qualify as meeting the 60 percent rule requirement for IRFs under the presumptive methodology, codes from the following lists could be used if combined as CMS describes in the proposal whereby (a) at least one lower extremity fracture is combined with an upper extremity fracture and/or rib/sternum fracture; or b) fractures are present in both lower extremities:

- List A: Major Multiple Trauma — Lower Extremity Fracture
- List B: Major Multiple Trauma — Upper Extremity Fracture
- List C: Major Multiple Trauma — Ribs and Sternum Fracture

Removed Codes and Other Proposals

CMS proposes to remove certain non-specific and arthritis diagnosis codes that were inadvertently reintroduced through the ICD-10-CM

conversion process, and removing one ICD-10-CM code (G72.89 – Other specified myopathies) that was identified as being inappropriately applied to patients with generalized weakness, instead of to patients with clinically identified myopathies. Specifically, CMS is proposing to remove 15 codes related to rheumatoid polyneuropathy with rheumatoid arthritis.

Request for Information

CMS also included a Request for Information (RFI) for continuing feedback on the Medicare Program. Feedback is requested on potential regulatory, sub-regulatory, policy, practice, and procedural changes to make the delivery system less bureaucratic and complex, reduce the burden for clinicians and providers, and increase quality of care while decreasing cost. CMS asked to be provided with clear and concise proposals that include data and specific examples. CMS will not respond to RFI comment submissions in the final rule, but rather will actively consider all input in developing future regulatory proposals or future sub-regulatory guidance. Ideas addressing opioid use disorder and other substance use disorders is a big area of interest.

IRF Classification Criteria

CMS is also specifically seeking stakeholder input on the 60 percent rule, including but not limited to, the list of 13 conditions used to evaluate 60 percent rule compliance.

Proposed Future Measures

Transfer of Information Measures

CMS is developing two Improving Medicare Post-Acute Care Transformation (IMPACT) Act-required measures regarding post-acute care providers' Transfer of Information. It intends to specify these measures by October 1, 2018, and propose them for adoption in the FY 2021 IRF QRP, with data collection beginning "on or about" October 1, 2019. The measures are 1) Transfer of Information at Post-Acute Care Admission, Start, or Resumption of Care from other Providers/Settings; and (2) Transfer of Information at Post-Acute Care Discharge, and End of Care to other Providers/Settings.

Experience of Care and Patient-Reported Pain

CMS is developing an experience of care survey for IRFs, and survey-based measures will be developed from this survey. The survey explores experience of care across five main areas: (1) beginning stay at the rehabilitation hospital/unit; (2) interactions with staff; (3) experience during the rehabilitation hospital/unit stay; (4) preparing for leaving the rehabilitation hospital/unit; and (5) overall rehabilitation hospital/unit rating. CMS is also considering a patient-reported pain measure, Application of Percent of Residents Who Self-Report Moderate to Severe Pain (Short Stay) (NQF #0676), for future rulemaking.

Public Reporting

- CMS proposes to publicly report data on six additional measures:
- Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631) (assessment-based);
- Application of Percent of Residents Experiencing One or More Falls with Major Injury (NQF #0674) (assessment-based);
- Medicare Spending Per Beneficiary-PAC IRF QRP (claims-based);
- Discharge to Community-PAC IRF QRP (claims-based);
- Potentially Preventable 30-Day Post-Discharge Readmission Measure for IRF QRP (claims-based); and
- Potentially Preventable Within Stay Readmission Measure for IRFs (claims-based).

Comments on the proposed rule will be accepted until Tuesday, June 27, 2017. ◄

New PEPPERs Available for IRFs

Fourth quarter fiscal year (FY) 2016 Program for Evaluating Payment Patterns Electronic Reports (PEPPERs) are available for inpatient rehabilitation facilities (IRFs). PEPPERs are distributed by TMF® Health Quality Institute under contract with the Centers for Medicare and Medicaid Services (CMS). These reports summarize provider-specific data statistics for Medicare services that may be at risk for improper payments. Providers can use the data to support internal auditing and monitoring activities. Additional information, such as user's guide and training and resources, is available on the PEPPER Resource page. ◄

Researchers Team Up to Study Sports-Related Concussions in Teens

A recent article in the *Philly Voice* focused on how researchers at both Children's Hospital of Philadelphia (CHOP) and the University of Pennsylvania plan to launch a multi-year study to develop more objective measures for the diagnosis of sports-related concussions in teens. The focus of the research will be on translating objective metrics such as activity, balance, neurosensory processing, and cerebral blood flow for practical use. Brain function in teenage boys and girls between the ages of 14–18 years old will serve as the basis for the bulk of the study, with parallel lab studies on pigs to help researchers replicate assessment conditions in a controlled environment. Funding for the study will come from a $4.5 million award from the National Institutes of Health (NIH). ◄

Community HealthChoices May Expand Access to Waiver Services

Community HealthChoices (CHC) is an initiative aimed at better coordinating and integrating Medicare and Medicaid services for dual eligible beneficiaries through capitated managed care arrangements. The expectation is that seniors and people with physical disabilities will have increased access to home and community-based services (HCBS) in lieu of institutional care. There are nineteen states with managed long-term services and supports (MLTSS) programs like CHC; many have included waiver provisions to expand participant access.

- Four states use MLTSS waivers to increase access to HCBS by expanding Medicaid financial eligibility criteria.
- Seven states use, or are seeking, MLTSS waiver authority to provide HCBS to people at risk of institutionalization.
- Two states use MLTSS waiver authority to allow beneficiaries to employ spouses as paid caregivers as part of their option to self-direct HCBS.
- Three waivers include financial incentives for health plans that provide increased HCBS, and two waivers include provisions for increased state HCBS funding.
- Three state waivers include requirements for health plans regarding nursing facilities (NF) to community transitions or NF diversion.

CHC brings significant delivery system reforms that will continue to shape our Medicaid program for years to come. The Centers for Medicare and Medicaid Services (CMS) publishes MLTSS guidance and offers best practices to states, but many elements are not required, and states retain flexibility to design specific program features. Provider input to an evolving system is needed to develop MLTSS quality measures, LTSS rebalancing, and community integration, so that policymakers and other stakeholders have the information necessary to oversee and evaluate these programs. Providers that are nimble to policy changes and focused on community integration may find new opportunities to expand on their service models and better serve a greater number of participants.

For more information on MLTSS, CMS has developed a number of technical assistance tools for states and other stakeholders. Documents outlining CMS' expectations for MLTSS programs operating under section 1115 or 1915(b) authorities include:

- *Guidance to States using 1115 Demonstrations or 1915(b) Waivers for Managed Long Term Services and Supports Programs*
- *Summary — Essential Elements of Managed Long Term Services and Supports Programs* ◄

Demonstrating the Value of Medicaid MLTSS

(from NASUAD)

WASHINGTON, DC – the **National Association of States United for Aging and Disabilities (NASUAD)** is pleased to announce the release of a new report, *Demonstrating the Value of Medicaid MLTSS Programs*, developed in partnership with the **Center for Health Care Strategies (CHCS)**. The report also marks the first in a series of publications from the MLTSS Institute, which was established in 2016 to drive improvements in key MLTSS policy areas, facilitate sharing and learning among states, and provide direct and intensive technical assistance to states and health plans.

In recognition of a lack of reliable and robust information on the value of state managed long-term services and supports (MLTSS) programs nationally, the report aims to partially fill the gap with data and evidence from a survey of state agencies and a review of relevant outside research. It is also intended to serve as a jumping off point for future study.

Martha Roherty, NASUAD Executive Director, believes this study is badly needed. "As we are out providing technical assistance to states seeking to implement MLTSS, we are continually asked by stakeholders for evidence that MLTSS works. We are so pleased that this study begins to answer those questions with hard state data."

States identified the following issues as important outcomes to pursue when implementing an MLTSS program and to measure when demonstrating its value:

- Rebalancing Medicaid LTSS spending from institutional care to home and community-based services;
- Improving member experience, quality of life, and health outcomes;
- Reducing waiting lists for waiver services and increasing access; and
- Increasing budget predictability and managing costs.

"As states collect and share more MLTSS program data – such as measures of consumers' health status and other variables like cost and service utilization – they can demonstrate value and build stakeholder support for their programs," said Stephen A. Somers, CHCS President and CEO.

NASUAD hopes that this report will generate a national dialogue on the value of MLTSS programs, stimulate thoughtful policy development and program design, and promote high performing state systems that provide care for older adults and persons with disabilities. ◄

ACL
Administration for Community Living

Federal HHS Administration for Community Living Launches Updated Website

The Administration for Community Living (ACL) will be launching an updated website. This updated site is built using software that will make it much easier for us to share information quickly. That software also includes dramatic improvements in search capabilities, which should make it much easier for people to find what they're looking for.

The content on its site has been reorganized to make it easier for people who are unfamiliar with ACL to find the information they need, and also to better illustrate the work that ACL does. ACL is open to feedback on what the audience does and does not like about the redesigned site in order to continue making improvements.

ACL has added a page that helps explain how the new site is structured. Once the site is launched, you will be able to access that page here. The Federal HHS ACL aligns with the proposed unified DHHS/Aging and Community Living Division in Pennsylvania and should become a good resource for providers. ◄

Physical Disabilities & Aging

Changes to OHCDS for Community HealthChoices

In preparation for the implementation of Community HealthChoices (CHC), all providers rendering services in the CHC program will need to be directly enrolled with Medical Assistance through PROMISe in order to become a member of a CHC-MCO network. This applies to all subcontracted providers performing one of the services currently allowed through the Organized Health Care Delivery System (OHCDS) that has been in place in Office of Long-Term Living programs since 2009. The affected services are Home Delivered Meals, Community Transition, Non-Medical Transportation, Home Adaptions, Personal Emergency Response Systems, Vehicle Modifications, and Assistive Technology.

Service Coordination Entities (SCEs) were able to enroll as OHCDS providers to act as intermediaries. Participants assessed to need one of these services are offered a choice of an enrolled provider or given the option of having the OHCDS contract the service.

SCEs have been instructed to inform their subcontracted providers serving the CHC Southwest Region (Allegheny, Armstrong, Beaver, Bedford, Blair Butler, Cambria, Fayette, Greene, Indiana, Lawrence, Somerset, Washington, and Westmoreland counties) to submit their enrollment applications to the PROMISe enrollment portal. All existing contracts between SCEs and these providers through the OHCDS may remain in place until CHC implementation occurs in each zone. OHCDS will remain available for the OBRA Waiver and Act 150 Programs until further notice.

The CHC implementation timeline is:

January 2018
Southwest implementation

July 2018
Southeast implementation

January 2019
Lehigh, Capital, Northwest, Northeast

More information about the CHC implementation is available here. ◄

Mental Health

Mental Health Committee Update

RCPA would like to extend its thanks to Kathy Yarzebinski of Family Services of Western Pennsylvania for her extended and unwavering commitment as the Chair of the RCPA Mental Health Committee. We wish Kathy well as she moves on to enjoy partial retirement.

RCPA would also like to welcome Janet Romero of Step by Step, Inc. and Mark Wendel of CenClear for volunteering as the new committee co-chairs. ◄

Outpatient Redesign Work Group Formed

RCPA has formed a work group to evaluate the needs of the outpatient service delivery system in Pennsylvania. This work group will discuss and review best practice interventions, administrative efficiencies, and the ideal landscape to offer outpatient across PA. While the Office of Mental Health and Substance Abuse Services (OMHSAS) continues to work toward promulgation of the revised outpatient regulations, providers continue to realize that strides must be made to ensure outpatient is a viable business model for the future. For more information about this work group, please contact Sarah Eyster. ◄

DDAP Requires TEDS Data

The Department of Drug and Alcohol Programs (DDAP) issued a policy bulletin dated May 12, 2017, regarding the requirement for providers to manually enter historical Treatment Episode Data Set (TEDS) into the Pennsylvania Web Infrastructure for Treatment Services (PA WITS) data system from September 1, 2015 through March 31, 2018. The bulletin includes the discussion of sanctions to providers for noncompliance.

This version of the PA WITS system is being implemented two months ahead of schedule for the purposes of collecting TEDS data since September 1, 2015. A live streaming webcast was held on May 22. The webcast was presented by DDAP project leaders covering important topics, including policy requirements, e-Training, and how to gain access. The webcast was recorded and will be available for viewing at a later date. More information will be shared as it is received. ◄

Transition from PCPC to ASAM Placement Tool in PA

DDAP has decided to begin using the nationally recognized ASAM (American Society of Addiction Medicine) placement tool instead of the Pennsylvania Client Placement Criteria (PCPC). One reason for the transition stems from the Centers for Medicare & Medicaid Services (CMS) Medicaid Managed Care Final Rule that was issued last summer, which will limit federal reimbursement for residential treatment of Medicaid recipients to 15 days. In response to that rule, and specifically the provision related to the IMD exclusion, Pennsylvania aims to better position itself in submitting an 1115 waiver to CMS related to the IMD exclusion, because the waiver application requires the use of the ASAM tool.

According to DDAP, this issue surrounding the IMD exclusion is not the only reason for making the change to ASAM. The newly acquired treatment data system is already equipped with the ASAM continuum of care which will make this new system more usable with fewer modifications, which limits the risk of future system maintenance issues. Additionally, because the ASAM is currently utilized for placement decisions related to adolescents, and by many commercial insurance providers for both adults as well as adolescents, converting to this tool will create consistency for providers and payers across the treatment system. DDAP has a team of employees who are currently in the process of establishing a strategic plan for transitioning from the PCPC to the ASAM and will be gathering input from stakeholders to establish a workable process that moves to the use of the ASAM over time, with the goal of full implementation occurring by July 2018. RCPA looks forward to working with DDAP as the process unfolds. Additional information will be shared as it is received. ◄

D&A Prescribers Must Have MAID

Effective January 1, 2018, for all HealthChoices Managed Care Clients, any MD, CRNP, or PA who prescribes medication, makes a referral, or places an order for a service, must be directly enrolled in the Medical Assistance Program and have their own Medical Assistance Identification Number (MAID). Some D&A prescribers bill under the facility number, so many MDs, CRNPS, and PAs working at D&A Providers DO NOT have their own MAID and will need to obtain one. The Department of Human Services has promised to make these prescriber IDs a priority but all RCPA members are encouraged to work with their prescribers to submit applications as soon as possible. Here is a link to the DHS website for PROMISe™ applications. ◄

Rural Prevention and Treatment of Substance Abuse Toolkit

The *Rural Prevention and Treatment of Substance Abuse Toolkit* developed on behalf of the Federal Office of Rural Health Policy is now available. ◄

CMS Sends Questions to ODP on Waivers

The Office of Developmental Programs (ODP) submitted its Consolidated and Person/Family-Directed Services (P/FDS) waiver renewal applications to the Centers for Medicare and Medicaid Services (CMS) on April 2, 2017. In May, CMS sent ODP 109 questions pertaining to the Consolidated waiver submission and 100 questions pertaining to the P/FDS waiver. Given the comprehensiveness of the waiver applications, it is not believed this represents a cause for concern. ODP will make the questions and answers available to the public once it receives permission from CMS to do so. ◄

Single Statewide Area for Rates Preferred by ODP

The Office of Developmental Programs (ODP) has decided to adopt a single area for statewide rates for fee-schedule services. Deputy Secretary Nancy Thaler informed RCPA President/CEO Richard Edley during a telephone call that she had decided to adopt a single statewide area based on stakeholder feedback and additional analysis performed by ODP on the assumptions underlying the rate-development process. Earlier this year, ODP circulated unofficial "draft" rates that were based on an "area 1" and an "area 2" within the Commonwealth. There was significant pushback from providers in area 2, as well as legislators in area 2, due to the 11% differential in rates between the two areas, prompting a fresh review by ODP. Under the new construct, Deputy Secretary Thaler stressed all rates will go up as compared to current rates, assuming the Fiscal Year 2017/18 budget proposed by Governor Wolf and passed by the House of Representatives stays intact. ◄

ODP Holds Listening Session on Licensing

State government licensing functions for facilities serving people with intellectual disabilities and/or autism were transitioned from the Bureau of Human Services Licensing (BHSL) to the Office of Developmental Programs (ODP) on April 1, 2017. Staff from ODP are studying existing licensing practices to identify strengths and weaknesses in the licensing process, as well as to determine how the relocation of licensing from BHSL to ODP can best support the individuals being served. On May 15, representatives from several statewide and regional provider associations were invited by ODP to attend a meeting during which provider experiences were shared. The goal of the exercise was to identify things that were working well or could be done better and make recommendations for systematic enhancements to the licensing process. Representing RCPA at the meeting were Brian Bennati of Lifestyles Support, Susanna Giesey from Venango Training and Development Center, Robin Oleksa from Cambria Association for the Blind, Stacy Dowden from Milestone Centers, and Robena Spangler from RCPA. Meeting topics included:

- Inspectors' interactions with staff and individuals;
- Licensing staff's knowledge and application of regulations;
- Provision of technical assistance;
- Communicating with the state between inspections; and
- Regulatory waivers.

At the conclusion of the meeting, ODP agreed to hold a follow-up meeting in six months to update stakeholders on the progress being made. Questions should be directed to ODP's Ron Melusky. ◄

ODP Reacts to CMS Flexibility for HCBS Rule Compliance

As discussed in the "Federal News" section of this newsletter, the Centers for Medicare & Medicaid Services (CMS) released an informational bulletin to state Medicaid programs in May that provides flexibility to states when enforcing certain provisions of the Home and Community-Based Services rule that pertain to settings. CMS extended the transition period for states to demonstrate compliance with the HCBS settings criteria until March 17, 2022. On May 22, 2017, the Office of Developmental Programs (ODP) announced how and whether it would avail itself of the CMS flexibility. According to ODP, compliance with the rule and the requirements of the state's transition plan have not changed. To that end, the service definitions in the proposed ODP Consolidated and Person/Family-Directed Services waivers will remain the same. ODP "will consider" extending the dates for compliance with Community Participation Support service definition requirements and limiting existing facility-based services to a maximum of 150 participants at any one time. ODP will revise waiver transition plans to initiate provider self-assessments for settings compliance to the spring of 2018 (originally scheduled for the fall of 2017). Finally, ODP will revise waiver transition plans to build in additional time for providers that are found to be out-of-compliance so they can come into compliance by March 17, 2022. ◄

Looking for Success Stories to Share

As Foster Care Month comes to a close, it is important to recognize the commitment to providing a safe, loving, and nurturing home to some of the most vulnerable children in the child welfare system. The resources that support the families and the agencies who choose to pour their energy into these services and programs are essential to successful outcomes for children and youth who enter foster care annually.

The RCPA Children's Division would like to recognize the tremendous work being done across the Commonwealth on behalf of foster families and the agencies that work with them. In order to do this in a meaningful way, please submit foster parent/foster family success stories in celebration as the end of May approaches. The stories will help us all remember that the foster care system plays a huge role in enhancing the lives of children and youth who are in need of safe, nurturing families. Please make your submissions no later than Monday, June 5. Find other resources and information online. ◄

Collaborative Efforts to Inform About AHCA

The PA Partnerships for Children (PPC), located here in Harrisburg, and the RCPA Children's Division are combining resources to involve children's behavioral health care providers in a multi-media campaign to describe the challenges and potential harm to Pennsylvania's children and families created by the American Health Care Act (AHCA). Upon recent analysis, the AHCA proposes cuts that would discontinue health care coverage for 23 million people. 43% of PA's children are enrolled in Medicaid and an additional 175,000 are covered by CHIP. If passed, the AHCA would seriously compromise access to care and services that are vital to Pennsylvania families! By joining forces with PPC, RCPA hopes to enhance awareness about the AHCA and add a significant number of voices to be heard. The targeted media areas are Philadelphia, Erie, Pittsburgh, Wilkes-Barre/Scranton, Harrisburg, and Lehigh Valley. The goal is to identify providers who are willing to "tell their stories" as they relate to the potential harm that may result from passage of the AHCA. If you are interested in getting involved, please contact Robena Spangler or Sharon Militello at RCPA. ◄

REMINDER to All Children's Services Providers

Please be reminded that 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 of the month preceding each issue (i.e., June 20 for July issue). ◄

The Governor's Unification Plan and Children's Mental Health Services Representation

As a result of a meeting held in the Governor's office last week, recommendations were submitted to the Governor regarding the representation of children's mental health on the overall organizational chart under the Office of Mental Health and Substance Abuse Services. RCPA's position is that children, youth, and families should not be considered a "specialty" population within the mental health system in PA. Underrepresentation of children's issues will marginalize them and their families, as well as diminish the progress made within the current structure of the Children's Bureau. RCPA's Richard Edley and Robena Spangler, along with Dr. Rhea Fernandes from Devereux Advanced Behavioral Health, met with a team chosen by the Governor to oversee the unification plan. Our goal was to express the overall concerns and provide recommendations that are practical and meet the goals and objectives of the unification plan. We accomplished both and felt that our input was well-received and taken under serious advisement for further action. Please stay tuned for future developments by attending the Children's Division meetings, where updates and discussion with state department officials are available to you. ◄

Work Group Update

To date, we have three work groups that are in varying stages of development. Please consider lending your voice and expertise to one or more of the following:

- Psychiatric Residential Work Group
- Pediatric Care Work Group
- School-Based Behavioral Health Work Group

The goal is to have kick-off meetings for each group during the month of June. June dates are currently being confirmed. Please contact Robena Spangler with questions or if you would like to participate. ◄

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

June

Thursday, June 1	10:30 am – 12:00 pm	Workforce Management Priorities Presentation *Penn Grant Centre*
Thursday, June 1	1:00 pm – 3:30 pm	Physical Disabilities and Aging Division *Penn Grant Centre*
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 *Penn Grant Centre*
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 *Penn Grant Centre*
Thursday, June 8	9:15 am – 11:15 am 12:15 pm – 4:00 pm	Supports Coordination Organization Subcommittee Intellectual/Developmental Disabilities Committee *Penn Grant Centre*
Tuesday, June 13	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee *Conference Call*
Tuesday, June 20	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee *Conference Call*
Thursday, June 22	10:00 am – 12:30 pm	Medical Rehabilitation Committee *RCPA Conference Room*

JULY

Tuesday, July 11	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee *Conference Call*
Wednesday, July 12	10:00 am – 2:00 pm	Brain Injury Committee *Penn Grant Centre*
Tuesday, July 18	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee *Conference Call*