



RCPA News

PA Newsmakers Interview With RCPA President/CEO Richard Edley

Terry Madonna interviewed Richard Edley on June 1, 2017, for the political/public policy TV program *Pennsylvania Newsmakers*. Edley discussed several topics with Mr. Madonna, including the state budget/funding for health and human services, the increasing opioid crisis, and unification of state agencies. Video streaming of the entire program is available [here](#) (Richard Edley's segment begins at 13:00). [@terrymadonna](#)

Richard Edley June 6 Interview on Comcast Newsmakers

See RCPA President & CEO [Richard Edley on Comcast Newsmakers](#) discussing state agency unification and the RCPA Annual Conference with host Jill Horner. [@ComcastNewsmkr](#)s



Richard Edley with Comcast Newsmakers host Jill Horner

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2017 RCPA Conference *Connections* October 10–13, 2017 Hershey Lodge, Hershey, PA

Conference Registration Opening July 28

A year has gone by so quickly – registration for the 2017 RCPA annual conference, *Connections*, opens on July 28! The registration brochure can be found on the [RCPA conference website](#). Join us for another exciting year of learning, networking, and catching up with your colleagues.

Final Call for Conference Sponsors and Exhibitors

Don't miss out on being a [sponsor or exhibitor](#) at the 2017 RCPA annual conference, October 10–13 in Hershey, PA. Please contact [Sarah Eyster](#) or visit our [website](#) for more information. [See what one exhibitor had to say](#) about her experiences with the conference over the years.



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Joshua Sloop, President,
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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.

In the News

Immediate Psychiatric Evaluations Available for Children, Adolescents, and Adults

RCPA Member T.W. Ponessa & Associates Counseling Services, Inc., has immediate openings for psychiatric evaluations. Services available within one week or less at locations in Lancaster, Lebanon, Harrisburg, and York.



RCPA Member Partners With Local Television Station to Share Recovery Stories

New Vitae Wellness and Recovery has partnered with Lehigh Valley Public Broadcasting Station 39 to share personal and familial stories of recovery from depression. Full story available [here](#).



State Government Needs to Amend the Regulatory Review Act

Members of the General Assembly have introduced numerous bills this session to amend the Regulatory Review Act. The purpose is to allow the General Assembly and/or the oversight committees to have more authority in reviewing agency regulations that would have a significant economic impact on health and human service providers as well as other Pennsylvania businesses.

RCPA would support legislation that would place a higher level of scrutiny on regulations that would have a negative economic impact on our members. This type of legislation is necessary due to the fact that the health and human service industry is besieged by layer upon layer of regulations that result in unfunded mandates, which add administrative costs to providers. Health and human services providers continue to work on shoestring budgets due to reimbursement rates being inadequate. Therefore, the continuous promulgation of regulations that create unfunded mandates and

further inadequate reimbursement force providers to struggle to retain a quality workforce and to sustain programs that the most vulnerable members of our community rely upon.

RCPA encourages state and federal governments to fundamentally rethink the way they regulate the health and human services sector. If governments change their approach, it does not mean less regulation but it does mean smarter and more sophisticated regulation. Currently, health and human services markets are in flux, and it is more critical than ever for government to play a role in shaping those markets and ensuring they operate effectively to deliver services for the community.

In the case of human services, where services are provided to some of the most vulnerable and disadvantaged members of the community, there need to be clear frameworks for responding to market failures,

ensuring quality services to individuals, and offering stability and certainty for providers. However, the tools on which government has traditionally relied for regulating human services are no longer fit for these purposes, and new ways of working are now required.

Government needs to radically redefine its role and relationship with service providers, individuals, and the general community. The approach needs to shift from coercive prescriptive regulation of service providers to empowering both individuals and providers to manage risks and creating the right regulatory conditions for these new markets to thrive and flourish. New tools, skills, and capabilities are urgently needed to help policy-makers make this shift.

Regulators and decision makers need a good understanding of market dynamics and the impacts of regulation on the operation of the market. Staff need to be trained in assessing and managing risk and how to design proportionate responses using the full range of alternative tools (including non-regulatory responses).

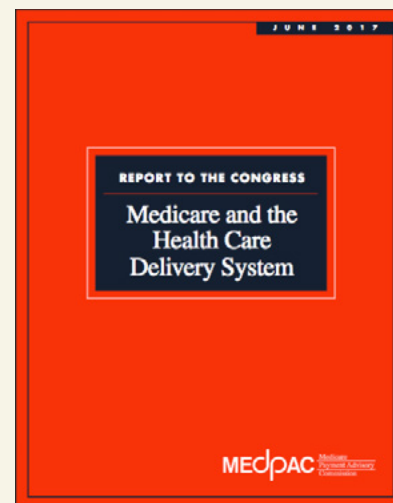
In addition to assessing the performance of particular areas with responsibility for regulation, there

needs to be an assessment of the impact of regulation across all relevant areas within an agency and across government agencies. Human services providers often have to deal with different agencies across multiple programs. Assessing the potential to simplify entry points by introducing prequalification for service providers across multiple programs can bring immediate benefits and reduce the overall regulatory burden. Government can play a variety of roles in helping providers and industry move towards co-regulation and self-regulation approaches. However, irrespective of which role Government chooses to adopt, it needs to be very clear up front about its roles and responsibilities and the roles and responsibilities of the other key parties.

Reform is not easy, and it is far more challenging to develop rules that are built around a detailed understanding of risk and that differentiate based on performance than it is to simply create a one-size-fits-all regulation approach. However, governments that can redesign their regulatory systems and harness the power of these emerging markets will be well positioned to meet the growing demand for services and deliver value to the taxpayers and consumers of health and human services.

Legislative Tracking Report

RCPA is tracking these [legislative bills](#). If you have any questions, please contact [Jack Phillips](#), Director of Government Affairs.



MedPAC Releases June 2017 Report to Congress

The Medicare Payment Advisory Commission (MedPAC) has released its June 2017 [Report to Congress: Medicare and the Health Care Delivery System](#). This report includes, among other topics, a chapter focusing on implementing a unified payment system for post-acute care. Specifics in this chapter includes implementing a post-acute care prospective payment system (PAC PPS) beginning in 2021 with a three-year transition, lower aggregate payments by five percent, absent prior reductions to the levels of payments, start to align setting-specific regulatory requirements, and periodically revise and rebase payments to keep payments aligned with the cost of care.

Some of the topics in the other chapters include Medicare Part B drug payment policy issues; redesigning the merit-based incentive payment system (MIPS) and strengthening advanced alternative payment models, etc. MedPAC also released a [fact sheet](#) on the report.



Social Security Numbers to be Removed From Medicare Cards

The Centers for Medicare and Medicaid Services (CMS) [announced](#) the removal of Social Security numbers from Medicare cards to help combat identity theft. The new cards will use a unique, randomly-assigned number, containing a combination of numbers and uppercase letters, called a Medicare Beneficiary Identifier (MBI), to replace the Social Security-based Health Insurance Claim Number (HICN) currently used on the Medicare card. CMS will begin mailing new cards in April 2018 and will meet the congressional deadline required under the Medicare Access and CHIP Reauthorization Act (MACRA) for replacing all Medicare cards by April 2019. This initiative is known as the Social Security Number Removal Initiative (SSNRI) and has a [website](#) dedicated to it.

OIG Releases Compendium of Unimplemented Recommendations

The Office of Inspector General (OIG) released the 2017 edition of the *Compendium of Unimplemented Recommendations*, which focuses on the top 25 unimplemented recommendations that would most positively affect programs in the Department of Health and Human Services (HHS) in terms of cost savings, program effectiveness and efficiency, and quality improvements. The recommendations are from OIG audits and evaluations performed and are numbered and generally grouped by the underlying program or operation area. In order for recommendations to be deemed implemented by the OIG, agencies within HHS must promulgate regulatory and/or seek legislative changes.

Bills Introduced to Phase-Out 14c Certificates

In the US Congress, legislation was introduced in both the House of Representatives and Senate that would phase-out the use of 14c certificates, which are used currently to pay certain workers less than minimum wage. If passed, the bill would not permit any new subminimum wage certificates to be issued, and would phase-out current certificates over a six-year period. The Senate bill, S 1242, was introduced by Senator Bernie Sanders (I-VT), and the House bill, HR 15, was introduced by Representative Bobby Scott (D-VA). In addition to phasing-out subminimum wage, it would also mandate an increase in the country's minimum wage to \$15 per hour over seven years, and then require that it increase annually based on the median hourly wages of all employees, according to Bureau of Labor Statistics (BLS) data.

Ortiz Named to Administration on Disabilities Post



On June 12, [Melissa Ortiz](#) was appointed by President Trump to serve as Commissioner of the Administration on Disabilities (AoD) within the Administration for Community Living. The AoD Commissioner serves as a focal point in the Department of Health and Human Services (HHS) to support and encourage the provision of quality services and support and implementation of programs and policies that benefit people with disabilities and their families. AoD is one of four agencies that fall under the Administration for Community Living

within HHS. AoD oversees two agencies – the Administration for Intellectual and Developmental Disabilities and the Independent Living Administration.

Prescribers Working in Medicaid System Must Have Personal PROMISe ID Numbers

Effective January 1, 2018, for all HealthChoices Managed Care and fee-for-service 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 PROMISe™ ID number. Some agencies' prescribers have been billing under the facility number, so many MDs, CRNPs, and PAs working at provider agencies DO NOT have their own ID number and will need to obtain one. The Department of Human Services has promised to make these prescriber IDs requests 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. RCPA is planning to hold a webinar to provide more details and answer questions. More information about the webinar will follow soon.

Community HealthChoices Provider Summit Sessions Planned for Southwest PA

Community HealthChoices (CHC) will be implemented in the Southwest zone of the state in January 2018. In preparation, the Office of Long-Term Living (OLTL) is hosting three Southwest Provider Summits in July. The Southwest zone is comprised of Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Fayette, Greene, Indiana, Lawrence, Somerset, Washington, and Westmoreland counties. These events are open to all providers in the Southwest zone and will be held on the following dates/locations:

- **Monday, July 24** – The RLA Learning and Conference Center, 850 Cranberry Woods Drive, Cranberry Township, PA 16066
- **Tuesday, July 25** – Wyndham Grand Pittsburgh Downtown, 600 Commonwealth Place, Pittsburgh, PA 15222
- **Wednesday, July 26** – Blair County Convention Center, 1 Convention Center Drive, Altoona, PA 16602

Registration will be from 8:30 am – 9:30 am. Please complete the [registration form](#) for one of the free CHC Provider Summits and select the appropriate breakout session. Food and beverages will be provided by the three CHC managed care organizations: AmeriHealth Caritas, PA Health & Wellness, and UPMC Community HealthChoices.

RCPA Presents The PA ABLE Savings Program Webinar

A PA ABLE Savings Program account gives individuals with qualified disabilities (Eligible Individuals), and their families and friends, a tax-free way to save for a wide range of disability-related expenses, while maintaining government benefits. The state and federal tax-free investment options are offered to encourage Eligible Individuals and their families to save private funds to support health, independence, and quality of life. Some of the topics that we will discuss include: eligibility requirements for opening a PA ABLE account, the federal and state tax benefits of PA ABLE, and how a PA ABLE account interacts with current benefits. [Register here](#) for this free webinar, scheduled for Thursday, July 20, 2017, from 11:00 am to 12:00 pm.

Webinar and FAQ Available on HCBS Requirements

On March 7 and March 9, 2017, the Office of Long Term Living (OLTL) held webinar presentations on the Home and Community-Based Settings (HCBS) Requirements as described in OLTL Bulletin 59-16-14. This training was to provide guidance on the HCBS Final Rule and provide steps providers of waiver services must take in order to comply with the rule. A recording of this training, the PowerPoint presentation, and Frequently Asked Questions (FAQ) from these training sessions are now available on the [DHS website](#).

Aging & DHS Announce Agreement With Aging Well and CHC

The Pennsylvania Departments of Aging and Human Services recently announced an agreement with Aging Well (a subsidiary of the Pennsylvania Association of Area Agencies on Aging or P4A that represents all Area Agencies on Aging) to partner on the implementation of Community HealthChoices (CHC).

Under this new agreement, Aging Well will have the following responsibilities:

- **Complete the Functional Eligibility Determinations (FEDs)** (via subcontracts with AAAs). Aging Well will conduct the FEDs for participants seeking eligibility for long-term services and supports. Aging Well will also perform the annual in-person re-determinations for people over the age of 60. While FEDs currently need to be completed for individuals applying for the Office of Long-Term Living (OLTL) waivers, ACT 150 program, Living Independence
- **for the Elderly (LIFE), and nursing facility coverage,** as the Commonwealth begins its implementation of Community HealthChoices, Aging Well will continue to fulfill this role. In addition, as the Commonwealth transitions from the existing assessment tool (the Level of Care Determination) to the FED, Aging Well will continue to actively support and facilitate this conversion.
- **Conduct Pennsylvania Pre-admission Screening Resident Review Evaluation (PASRR-EV Level II Tool)** (via subcontracts with AAAs). Aging Well will conduct the screening for individuals with a mental illness, intellectual disability or related condition, who are seeking admission to Medicaid certified nursing facilities regardless of payer source. These individuals must have the PASRR process completed prior to admission to the nursing facility.
- **Annual re-determinations** (via subcontracts with AAAs). Prior to the implementation of CHC, Aging Well will conduct an annual in-person re-assessment within 10 business days of request by a service coordinating entity for all Aging Waiver participants. After the implementation of CHC, Aging Well will review FED assessment data collected by the managed care organizations for all CHC waiver participants in order to confirm annual redeterminations of level of care have been properly conducted. This will be completed as a desk review.
- **Conduct CHC outreach and education activities statewide** (via partnerships with AAAs, nursing facilities, and community-based organizations). Aging Well will begin outreach and education activities in July 2017 for the rollout of Phase 1. These activities include 20 public information sessions and training of service coordinators and nursing facility staff.



#CollaborationWorks 2016 OVR ANNUAL REPORT



OVR Annual Report Published

The Pennsylvania Office of Vocational Rehabilitation (OVR) published its [annual report](#) for 2016. The state's lead employment agency for people with disabilities is funded with federal and state dollars (4 to 1 federal-to-state match) and is located within the Pennsylvania Department of Labor and Industry. With 15 district office locations across the Commonwealth, its staff works to meet the needs of students and adults with disabilities who need help finding or keeping a job. Last year, OVR processed over 22,000 applications, of which 78 percent were found eligible for the agency's assistance. At any given time, there were over 41,000 individuals receiving services from OVR. As a result of the assistance offered through OVR, about 8,500 Pennsylvanians with disabilities secured or maintained employment.

MORE THAN
15 MILLION
AMERICANS PROVIDE
UNPAID CARE FOR PEOPLE
WITH ALZHEIMER'S OR
OTHER DEMENTIAS

National Alzheimer's and Brain Awareness Month Brings Spotlight to Caretaker Fatigue

The Alzheimer's Association is taking advantage of the spotlight by highlighting concerns surrounding caretaker fatigue. According to a [new survey](#) from the [Alzheimer's Association](#), most of the 15 million Americans who are providing unpaid care for someone with Alzheimer's or another form of dementia feel they could use more assistance. Two out of three caregivers felt isolated or alone in their situation, and 84 percent of them would like more support with care-giving tasks, particularly from their family, according to the survey. The Alzheimer's Association released the survey in conjunction with Alzheimer's & Brain Awareness Month, which was in June. The organization is taking advantage of the national spotlight to provide fresh resources for those battling the disease, such as [caregiver workshops](#), a [video series](#) that features insights from those living with Alzheimer's, and a [new infographic](#) with tips on tackling family tension.

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 the live webinar.

Reuters Article Focuses on Tie Between Childhood Brain Injury and Adult Anxiety

An [article](#) in *Reuters Health News* focuses on children who sustained traumatic brain injuries (TBI) who may experience psychological effects as adults, such as anxiety, phobias, and depression. It was previously thought that brain injury only led to short-term effects.

Medical Rehabilitation

IRF QRP Provider Review Reports Available

Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) Provider Preview [Reports](#) are now available. Providers are encouraged to review their performance data on each quality measure based on Quarter 4 – 2015 to Quarter 3 – 2016 data, prior to the September 2017 IRF Compare refresh, during which this data will be publicly displayed. Providers have until the end of the 30-day preview period (June 30, 2017) to review their data. Corrections to the underlying data will not be permitted during this time. However, providers can request a CMS review during the preview period if they believe their data is inaccurate.



2017 LTSS Scorecard Results

The AARP Public Policy Institute recently released a document, *Picking Up the Pace of Change*, supported by the AARP Foundation, The Commonwealth Fund, and The Scan Foundation. The report, the third in a series, can be accessed [online](#).

According to authors Susan Reinhard, Jean Accius, Ari Houser, Kathleen Ujvari, Julia Alexis, and Wendy Fox-Grage, the Long-Term Services and Supports (LTSS) State *Scorecard* aims to pick up the pace of improving LTSS by providing comparable state data to benchmark performance, measure progress, identify areas for improvement, and improve lives.

The goal is for the *Scorecard* to stimulate a dialogue among key stakeholders, encouraging them to collaborate on strategies for improving their state’s LTSS system. The LTSS State *Scorecard* — a compilation of state data and analysis — finds that progress toward better support for our rapidly increasing populations that are aging and living with disabilities is slow and uneven, with great variation among states. Still, states made significant improvements in a number of areas.

The two areas with the most significant declines are employment for working-age people with disabilities (21 states) and long-stay nursing home residents moving back to the community (21 states). The *Scorecard* shows the best, worst, and median scores on 25 indicators and can be compared across states. *Pennsylvania’s Scorecard* shows performance improvement in eight indicators and one performance decline since the 2014 report. Of the 50 states and the

District of Columbia, Pennsylvania is ranked 36 overall and as follows in the five domains:

Affordability & Access	37
Choice of Setting & Provider	23
Quality of Life & Quality of Care	25
Support for Family Caregivers	43
Effective Transitions	28

According to the report, this progress is not enough, even though states are inching toward spending a greater proportion of Medicaid and state LTSS funding on home- and community-based services — a positive trend because it both enables greater independence and is cost-effective. The authors urge accelerated activity so that all states reach much higher benchmarks by 2026; the year when baby boomers begin to turn 80 and begin to experience a greater need for LTSS.

State and federal officials, providers, advocates, and other stakeholders can use the data analytics in this *Scorecard* to see how their state compares with others and to assess both their successes and areas in need of reform in order to improve support for older people, adults with physical disabilities, and their family caregivers.

Pennsylvania has recently planned or launched several initiatives that will likely result in additional performance improvements when the next *Scorecard* is completed. These include changes to Nursing Home Transition rules and payments, the addition of assistance to individuals applying for services, systems change through Community HealthChoices to rebalance long-term care, and implementation of a new quality framework.





The [premier free online training resource](#) for effectively engaging the military community, PsychArmor is the only nonprofit in the country exclusively dedicated to providing free education and support to help learners effectively engage the military community. Whether the learner is an employer, educator, caregiver, health care provider, volunteer, or community member, PsychArmor has a comprehensive [FREE course library](#).

Outpatient Regulations Pending

The latest update on the outpatient psychiatric regulations is that they are still pending after being sent back to OMHSAS in the spring. RCPA will share any additional information as it becomes available.

RCPA Outpatient Redesign Work Group Convened

The product of lively and passionate discussion at the BHECON event in Pittsburgh in early March, as well as several Mental Health Committee meeting discussions, is the idea that we need to truly determine and design an outpatient model of care that is outcome oriented and fiscally responsible. The goal of this work group is to determine the best clinical models for people seeking outpatient services for both drug and alcohol and mental health, children and adults. Based on those clinical models, then determine the most efficient

delivery while developing rates that fully compensate the work being done. This work group is *not* attempting to replace the pending outpatient psychiatric regulations that are currently under review. This work will be driving the future of outpatient services in Pennsylvania.

The aggressive goal is to have a white paper to present to Dr. Dale Adair, Acting Deputy Secretary for the Office of Mental Health and Substance Abuse Services (OMHSAS), and Jennifer Smith, Acting Secretary of

the Department of Drug and Alcohol Programs (DDAP), by July 31. The white paper is simply the beginning of the work ahead; it will be the roadmap to the next decade of service.

There are three subcommittees working independently to create their service model inclusive of finances and administrative requirements. The three subcommittees will then come together with the larger group to craft the white paper for DHS.

Drug & Alcohol

42CFR Information from the Legal Action Center

The Legal Action Center recently held an excellent webinar on 42CFR; the information provided on the webinar can be accessed [via this link](#). Members have expressed an interest in having a training session on 42CFR and 255.5, and RCPA continues its efforts to secure a presenter for 42CFR. There are many attachments included in this link; be sure to take a look at the slides entitled 42CFR. More information will follow as it becomes available.

Name Change for D&A Committee Being Considered

Plans to change the name of the Drug and Alcohol Committee are underway. Specific suggestions will be discussed at the next Drug and Alcohol Committee meeting to be held on September 12, 2017. All interested members are encouraged to attend.

RCPA Drug and Alcohol Member Survey Coming Soon

In an effort to meet the needs of members, RCPA is asking that all Drug and Alcohol/SUD providers complete a survey. The survey will be sent out in early July and members will have two weeks to respond. The feedback will help the association to move ahead on the issues most important to members. Questions will be included such as "How satisfied are you with the services RCPA provides," "What do you believe RCPA should do more of," and "What specific areas would you like to see the committee focus on over the next couple years." A few examples of specific areas include regulatory reform, rate setting, confidentiality – state and federal, the IMD issue, value-based purchasing, and workforce. Please be sure to look for the survey and complete it as soon as possible; your input is sincerely appreciated.

Waivers, Regulations, and Rates

The Office of Developmental Programs (ODP) continues to push out information to providers, supports coordination organizations, administrative entities, and individuals with intellectual disabilities and autism and their families about the many changes being pursued via its waiver renewals, new chapter 6100 regulations, and fee-schedule rate changes. Waiver renewals with new or changed service definitions are expected to be approved by the federal Centers for Medicare and Medicaid Services (CMS) for a July 1, 2017 effective date. Some compliance dates for the CMS home and community-based settings rule have been pushed back (e.g., the time-out-of-facility percentage targets have been pushed to July 1, 2019, and the 150-person limit on existing 2390s and 2380s pushed to January 1, 2022).

New draft rates were circulated June 8 by ODP after the state received feedback suggesting unintended consequences would occur as a result of the original draft rates. ODP has recalibrated the draft rates multiple times in order to live within the Governor's proposed budget and achieve certain programmatic and policy goals. Due to service definition changes and some long-awaited rate increases, the cost of services for many participants enrolled in the Person/Family-Directed Services Waiver is expected to exceed the \$33,000 cap. ODP has stated in several public venues that "no person will experience a service reduction as a result of rates or service definition changes," and thus has directed Individualized Support Plans to be written for only six months. ODP has said it is working to find a solution to this emerging challenge. Finally, the new 6100 regulations are still going through the approval process within the Department of Human Services and are now expected to be published as proposed final regulations in late fall 2016. The regulations must still be approved by the Independent Regulatory Review Commission and, at this time, it remains unclear whether sufficient stakeholder support will exist for the regulations to be approved.

Office of Developmental Programs' 2015-16 Data Report



ODP Releases Data Report

The Office of Developmental Programs (ODP) has issued its [ODP 2015-16 Data Report](#). In a message contained in the report from the ODP Deputy Secretary, Nancy Thaler said, "ODP has created this statistical report so that individuals, families, advocates, providers, government officials, and taxpayers can see and measure how many individuals ODP serves, what services are provided, where the individuals live, and what the costs are." Among other important data, the report indicates that 55,347 people were enrolled in either a Base program, Waiver program, Private Intermediate Care Facility, or State Center. There were 4,694 people on the Emergency Need waiting list and another 5,404 on the Critical Need waiting list (does not include Bureau of Autism Services' "interest list"). According to the [Governor's Executive Budget](#) document, total state and federal spending for ODP programs totaled over \$3.4 billion in fiscal year 2015/16.

Rep. Ward Introduces Rate Transparency Bill

State Representative Judy Ward introduced [House Bill 1535](#), legislation that would amend the Human Services Code to require transparency on the part of the Department of Human Services (DHS) when determining rates paid to providers of home and community-based services for individuals with an intellectual disability or autism (ID/A). In a co-sponsorship memo circulated to her colleagues, Representative Ward said, “...we must remember the ID/A system in Pennsylvania is a partnership between the Commonwealth and providers. A partnership where only one partner has the data and knowledge of the payments and reimbursements in the system is not truly a partnership. My legislation will enhance the nature of this partnership, at least in this one tangible way by ensuring all aspects of the rate setting calculations in the ID/A system are transparent.” If passed into law, the bill would require DHS to publish for public inspection the information on which it relied to base rates, including “data, inputs, assumptions, variables, calculations and precise methodologies relied on and the source of all data variables and assumptions.” Representative Ward is from Blair County and serves on the House Human Services Committee.

Life-Sharing Conference


 SAVE THE DATE!

The Pennsylvania Life-Sharing Coalition is proud to announce that the fifth annual Life-Sharing Conference will be held October 16–17 at the Kalahari Resorts and Conventions in Mount Pocono, Pennsylvania. This year’s theme is *Together Through Seasons of Change*. Peter Leidy is scheduled to be the keynote speaker. More details will be forthcoming in August 2017. In the meantime, check out the [PA life-sharing website](#).

Protective Services Reminder – Oral Reports Required Too

The Office of Developmental Programs (ODP) issued an addendum to its Information Packet 031-15 issued in April 2015, emphasizing that it had come to the Department of Human Services’ attention that incomplete reporting is occurring in regards to DHS’ Act 70 requirements. Act 70 is Pennsylvania’s Adult Protective Services statute, and Liberty Healthcare is the contractor that is overseeing the law’s implementation. The addendum reminded ODP stakeholders that *both* an oral report to the Protective Services Hotline, as well as a written report to Liberty Healthcare, must be made by employees or administrators. Additional information can be found by viewing attachment 4 in the original [Informational Packet](#), entitled *Mandatory Reporting Requirements Regarding Abuse, Neglect, Exploitation or Abandonment of Adults Covered by the Adult Protective Services Act of 2010*.



Children’s Services

ABA in PA Initiative Third Annual Meeting

The third annual meeting of Applied Behavior Analysis (ABA) in PA was held on June 8 in Hershey at the Hershey Med Center Conference Center. Dr. Cheryl Tierney, MD, MPH, hosted the event. The annual meeting provides introductions, updates, and networking opportunities to those dedicated to providing quality, evidence-based interventions for individuals with an autism spectrum disorder. Subject matter experts, family members, and board members spoke about and presented valuable

information on topics ranging from personal experiences, to empirical data on ABA interventions, to building core competencies for providers, to an update on the group’s work done on an RBT (registered behavior technician) workforce in Pennsylvania. One of the highlights of the day — Nina Wall, Director of the Bureau of Autism Services, was recognized with an award for being *The Pioneer of Excellence*. The award was presented by Sherry Peters, OMHSAS Policy Specialist.

Human Services Licensing Conference

The Bureau of Human Services Licensing Conference was held at The Atherton Hotel in State College on June 14–June 16. RCPA's Children's Division was invited to participate on a provider panel to discuss Children's Residential Licensing. The panelists were Robena Spangler, RCPA Children's Division Director; Drew Fredericks, Director of the Youth Intervention Center in Lancaster; and Jenna Konyok, Program Director at Ravenhill Psychological Services. Wayne Bear, Executive Director of the Juvenile Detention Centers Association of Pennsylvania, served as the moderator. The conference participants were a mix of licensing reps, supervisors, regional directors, and other managerial staff from the Bureau of Human Services Licensing. The session provided a forum for the exchanging of ideas, sharing of experiences from the providers' perspectives, and information from the site reviewers' perspective. Topics included the licensing process, interpretation of regulations, preparation for and notification of annual inspections, issuance of citations, post visit follow up, purpose and intent of exit meetings, knowledge of the youth served in the various types of child residential programs, post-incident investigations, ways to collaborate with facilities to improve program and child outcomes, and the perception around technical assistance and support vs. regulatory enforcement. The session was a great opportunity to have open dialogue and ask questions related to the licensing process for all involved.

According to Michele Strauser, Director of Training and Professional Development, the staff receive training on a regular basis. A training plan outlines the goals and objectives for staff development. She is responsible for oversight of the plan and its implementation. In addition to the panel discussion, other topics covered during the 3-day conference are listed below:

- Opening Keynote: The Power of Professionalism
- Disability Rights PA
- Understanding Vicarious Trauma and Compassion Fatigue
- The Statewide Ombudsman Program
- LIS Writing Tips
- Ethical Decision-Making
- Providing Technical Assistance
- Child Residential Programs and OCYF Service System
- PCH/ALR Provider Panel
- Program Integrity
- Effective Plan of Correction Development
- Person-Centered Approaches to Risk Mitigation, Restrictive Interventions, and Restraint Use

- First Aid for Compassion Fatigue
- Understanding Hoarding Behaviors
- Outreach to Older Adults with BH Issues
- Leading with Recovery and Advocacy
- Active Shooter: Be Prepared and Plan to Survive
- OMHSAS Break Outs: Overview of LTSR/CRR Licensing and Ensuring Welcoming and Affirming Services for Persons who are LGBTQ

The Chapter 3800 licensure will shift to OCYF tentatively on July 1, 2017. The goals of the shift are to enhance coordination of monitoring of licensed facilities, reduce multiple agency visits to providers, eliminate duplication of DHS efforts, and align staff to program offices to improve technical assistance and program quality. The Office of Children, Youth and Families will assume oversight of Regulatory Technicians and the regional offices will support programming focus and technical assistance.



Children's Division Work Group Updates

There are four work groups formed under the children's division: School-Based Behavioral Health (SBBH), Pediatric Care (ODP/OMAP), Psychiatric Residential Treatment Facility (PRTF), and BHRS (IBHS). Each work group is co-chaired and is in various stages of meeting and establishing goals and objectives. As the work groups complete kick-off calls, summaries of meetings will be shared with the Steering Committee. Overall updates on the progress of work group activities will be provided to the larger Children's Division. Please contact [Robena Spangler](#) at RCPA if you are interested in serving on one or more of these work groups. Member participation is critical to achieving the goals and demonstrating our collective influence.

Future Meeting Calendar

The Children's Steering Committee will be seeking provider input related to meetings (quality, frequency, expectations, issues, topics, etc.). We are hoping to collect information from you that will help us make some decisions around how to increase participation both face-to-face and by phone when offered, improve the quality of your experience, make meeting/webinars relevant to your areas of interest, create a forum for brainstorming and collaborative problem-solving, and provide opportunities to share celebrations and important initiatives/projects that you all may be engaged in. Our goal is to conduct a survey over the summer months; stay tuned.

STAFF ACCOUNTANT

Threshold, a not-for-profit organization providing supports to persons with disabilities, is seeking an Accountant II.

This full time, non-supervisory position oversees billing to funding sources including claims billed through PROMISe, CCBH, and SIS. Duties include analyzing, auditing, and reconciling billing data along with generating and presenting monthly utilization reports. Other main duties include cost accounting related functions.

Education/Experience Requirements:

- Bachelor's Degree in Accounting, Finance, or related field
- 1 – 3 years experience in general accounting environment including experience with HCSIS, PROMISe, CCBH, and 837 claim files
- Intermediate to advanced skills in MS Excel and MS Word
- Strong analytical ability

For more information on Threshold, visit our [website](#).

Threshold offers a comprehensive benefit package, 401(k) plan and a competitive salary.

Interested applicants please send resume with salary requirements to:

Threshold

1000 Lancaster Avenue
Reading, PA 19607
or at hr@trsinc.org
or by fax to (610) 777-1295

EOE M/F/D/V



July

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

August

Tuesday, August 8	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee <i>Conference Call</i>
Wednesday, August 9	10:00 am – 3:00 pm	Human Resources Committee <i>Penn Grant Centre</i>
Thursday, August 10	12:00 pm – 1:00 pm EDT	IPRC Webinar: Adaptive Community Recreation
Tuesday, August 15	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee <i>Conference Call</i>
Thursday, August 17	10:00 am – 12:30 pm	Outpatient Rehabilitation Committee <i>RCPA Conference Room</i>