



**Time Is Running Out — Register Today!**

## 2017 RCPA Conference: Connections!

This year's annual conference features a Keynote Address from Teresa Miller, newly named DHS Secretary, and two plenary presentations, including one from Jean Bennett of SAMHSA, as well as a panel discussion with Pennsylvania's Aging Secretary Teresa Osborne, OLTL Deputy Secretary Jen Burnett, ODP Deputy Secretary Nancy Thaler, OMHSAS Acting Deputy Secretary Ellen DiDomenico, OMAP Deputy Secretary Leesa Allen, and DDAP Acting Secretary Jen Smith. The moderator for this panel will be Charley Curie, national consultant, past SAMHSA Administrator, and past OMHSAS Deputy Secretary. The conference also features over 70 workshops offering continuing education. New this year is the Executive Level Track of workshops. In addition, there are several networking receptions, an awards dinner, exhibit hall, and entertainment. Held once again at the popular Hershey Lodge, the annual conference will take place from Tuesday, October 10 through Friday, October 13. [Register here](#) to reserve your space(s) while there is still time. ◀





# Contents

---

OCTOBER 2017

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

**Stephen H. Suroviec**  
*COO/Director, IDD Division*

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

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

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

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

**Joyce Kutzner**  
*Administrative Assistant*

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

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

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

**Sharon Militello**  
*Director, Communications*

**Connell O'Brien**  
*Policy Director*

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

**Robena L. Spangler, MS**  
*Director, Children's Division*

---

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

- 1 RCPA News
- 3 Membership
- 4 Government Affairs
- 5 Federal News
- 6 State News
- 7 Medical Rehabilitation
- 8 Brain Injury
- 9 Physical Disabilities & Aging
- 10 Mental Health
- 11 Drug & Alcohol
- 12 IDD
- 14 Children's Services
- 15 Calendar



---

©2017. This monthly newsletter is written by the Rehabilitation and Community Providers Association (RCPA) for the health and human services communities. Deadline for publication is the 20th of every month or the Friday before.

## Members in the News

### Congratulations to RCPA Member Hope Enterprises, Inc.!

Hope's Community Employment Service Celebrates 25 Years



## 2017 State of Staff Development and Training

### Relias 2017 State of Staff Development & Training Report

Staff development and training is in a period of rapid change for health care staff. This is driven, in part, by advances in technology, but also by limited resources. There is an impetus to more efficiently align staff development and training activities with high-value organizational goals.

Relias recently surveyed executives, managers, and training professionals at more than 5,000 health care and human services organizations to explore the impact of staff development and training on their business priorities.

[Find the report here!](#)

The report is set up in a way that organizations can benchmark their perceptions and practices against a national sample. It includes data on existing staff development and training programs as they relate to:

- ▶ Perceived strengths and weaknesses;
- ▶ Budgeting and economics;
- ▶ Business alignment, value, and impact; and
- ▶ Training management, delivery, and common practices. ◀



*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. ◀*



## The \$75k Challenge

Now, more than ever, health and human service providers need to be proactive in helping elected officials work towards common sense solutions in the areas of workforce, tax, regulation, health care, and human services.

So, the Rehabilitation and Community Providers Association Political Action Committee (RCPA-PAC) is announcing a challenge to members to help us raise \$75,000. Details of the \$75k Challenge will be announced this month at the RCPA Annual Conference in Hershey.

It is important for members to help us reach this goal because it provides an avenue for our members and staff to make a meaningful impact on the political process. Interested in learning more or contributing to RCPA-PAC prior to the conference? Please visit our [website](#) or email [Jack Phillips](#), RCPA Director of Government Affairs.

*Your participation in the RCPA-PAC is completely voluntary and you may contribute as much or as little as you choose. Donations are not tax-deductible and will be used for political purposes. You may choose not to participate without fear of reprisal. You will not be favored or disadvantaged by reason of the amount of your contribution or decision not to contribute. ◀*



## RCPA Joins Other Providers Urging the General Assembly to Pass Budget

As a part of the Intellectual Disability and Autism Services Coalition of Pennsylvania, RCPA joined with its fellow coalition members to write letters to Governor Tom Wolf and House Majority Leader Dave Reed highlighting that in July, the General Assembly passed, and the Governor enacted, a budget which made a significant, comprehensive, and meaningful investment in ID/A services – including funds to reduce the waiting list and the first rate increase that ID/A providers have seen in ten years. While we expressed our gratitude for their support of this critical funding, we also pointed out that the budget remains unbalanced. The coalition emphasized that providers face budgetary freezes or spending reductions as a result of the ongoing budget stalemate, reiterated what was at stake for ID/A providers, and urged leaders to fully enact a balanced budget in Pennsylvania. ◀

## Legislative Tracking Report

RCPA is constantly tracking various policy initiatives and legislation that may have positive or negative effects on our members and those we serve — so for your convenience, RCPA has created a [legislative tracking report](#). You can review this tracking report to see the legislative initiatives that the General Assembly may undertake during the 2017/18 Legislative Session by clicking on the policy area at the bottom of the spreadsheet. If you have questions on a specific bill or policy, please contact [Jack Phillips](#). ◀

## RCPA Attends and Presents at Congressional Health Care Briefing

Over the past few months, RCPA has been involved with the Pennsylvania Policy Advocacy Coalition, which is comprised of the following organizations: Allegheny County Medical Society; Alliance of Health Care Providers; American Academy of Pediatrics, Pennsylvania Chapter; Health Federation of Philadelphia; Healthcare Council of Western Pennsylvania; Kids Smiles; LeadingAge PA; Pennsylvania American Congress of Obstetricians and Gynecologists; Pennsylvania Association of Certified Nurse-Midwives; Pennsylvania Association of Community Health Centers; Pennsylvania Association of Nurse Anesthetists; Pennsylvania Athletic Trainers' Society, Inc.; Pennsylvania Chiropractic Association; Pennsylvania Coalition for Oral Health; Pennsylvania Coalition of Nurse Practitioners; Pennsylvania College of Emergency Physicians; Pennsylvania Dental Association; Pennsylvania Homecare Association; Pennsylvania Medical Society; Pennsylvania Psychiatric Society; Pennsylvania Rural Health Association; Pennsylvania Society of Physician Assistants; Pennsylvania State Nurses Association; Rehabilitation & Community Providers Association; Safety-Net Association of Pennsylvania; The Hospital and Healthsystem Association of Pennsylvania; and The Urban Health Care Coalition of Pennsylvania. On Friday, September 15, the coalition travelled to Washington, DC to a Pennsylvania Congressional Delegation Health Care briefing. At the briefing, Jack Phillips, RCPA's Director of Government Affairs, along with other coalition members, made a presentation to Congressional staffers regarding how Medicaid cuts would affect Pennsylvania Providers.

The briefing went very smoothly, and a few staffers emailed their thanks and submitted follow-up questions. For members' convenience, here is the final [PowerPoint](#) presentation and [letter outlining Fall 2017 coverage priorities](#). The Congressional staffers in attendance were:

Katherine Loughhead, Congressman Ryan Costello  
Elle Ciapciak, Congressman Ryan Costello  
Caitlin Wilson, Congressman Charlie Dent  
Kate Werley, Congressman Mike Doyle  
Congressman Brian Fitzpatrick's Office  
Matt Powell, Congressman Tom Marino  
Congressman Scott Perry's Office  
Christopher Buki, Congressman Bill Shuster  
Corey Ensslin, Congressman Lloyd Smucker  
Katie Brown, Congressman GT Thompson

## Jimmo Settlement Agreement Web Page Launched

The Centers for Medicare and Medicaid Services (CMS) has launched the *Jimmo* Settlement Agreement [web page](#). This web page provides access, in one location, to various public documents and resources related to the *Jimmo Settlement Agreement*, including a Frequently Asked Questions (FAQs) link.

### Background on Settlement Agreement:

On January 24, 2013, the US District Court for the District of Vermont approved a settlement agreement in the case of *Jimmo v. Sebelius*, in which the plaintiffs alleged that Medicare contractors were inappropriately applying an “Improvement Standard” in making claims determinations for Medicare coverage involving skilled care (e.g., the skilled nursing facility (SNF), home health (HH), and outpatient therapy (OPT) benefits). The settlement agreement sets forth a series of specific steps for CMS to undertake, including issuing clarifications to existing program guidance and new educational material on this subject. The goal of this settlement agreement is to ensure that claims are correctly adjudicated in accordance with existing Medicare policy, so that Medicare beneficiaries receive the full coverage to which they are entitled.

The *Jimmo* Settlement Agreement may reflect a change in practice for those providers and contractors who may have erroneously believed that the Medicare program covers nursing and therapy services under these benefits only when a beneficiary is expected to improve. The Settlement Agreement is consistent with the Medicare program’s regulations governing maintenance nursing and therapy in skilled nursing facilities, home health services, and outpatient therapy (physical, occupational, and speech) and nursing and therapy in inpatient rehabilitation hospitals for beneficiaries who need the level of care that such hospitals provide. ◀



## Federal Judge Strikes Down Obama Overtime Rule

The US District Court for the Eastern District of Texas issued a final decision in the matter of the *State of Nevada v. United States Department of Labor* (“the overtime rule”). At the end of November 2016, the Court had granted a preliminary injunction against the rule, which had been issued during the administration of President Obama and scheduled to take effect December 1. On August 31, 2017, the court decided that the US Department of Labor (USDOL) had overreached when issuing its rule. In short, the court determined that the US Congress had set a standard under which overtime would be determined based on an employee’s duties, not based on the employee’s salary, and thus the USDOL does not have the authority to use a salary-level test that effectively eliminates the duties test as prescribed by Congress. The full decision [can be found here](#). It is possible this may not be the end of the issue. Earlier this year, the USDOL under the Trump Administration requested new public comments on the rule, suggesting the agency might make adjustments to it. The USDOL could also appeal the ruling. In light of the court’s decision, employers that have already made changes to staff compensation can determine if they want to continue with them, suspend them, or roll them back pending any new developments. RCPA members are encouraged to discuss any such actions with legal counsel before doing so. ◀

## CMS Releases Semiannual Regulatory Agenda

The Centers for Medicare and Medicaid Services (CMS) published the semiannual regulatory agenda in the August 24, 2017 [Federal Register](#). The Regulatory Flexibility Act of 1980 and Executive Order (EO) 12866 require the semiannual issuance of an inventory of rulemaking actions under development, offering for public review summarized information about forthcoming regulatory actions. ◀

## OIG Releases September Update to Work Plan

The Office of the Inspector General (OIG) for Health and Human Services (HHS) released its September [updates](#) to their work plan. The work plan outlines various projects that the OIG will address during the fiscal year and beyond. ◀

## ACL Releases Report on Abuse

The federal Administration on Community Living (ACL), an agency within the US Department of Health and Human Services, released what has been called the first “consistently, systematically, and nationally collected data on the abuse of older adults and adults with disabilities.” The [National Adult Maltreatment Reporting System Federal Fiscal Year 2016 Data Report – Release 1](#) is the first report of a series based on data from the first year of the National Adult Maltreatment Reporting System (NAMRS). While NAMRS is still in its infancy, the information provided could directly inform prevention and intervention practices at all levels of the adult maltreatment field. The goal of this series is to eventually provide a better understanding of the characteristics of those experiencing (and perpetrating) abuse, and to also identify system gaps for responding to maltreatment and preventing repeat maltreatment. ◀

# State News



## Lawsuit Says Unbalanced Budget Is Unconstitutional

According to a September 14, 2017 [article posted on PennLive.com](#), a lawsuit has been filed that argues the Pennsylvania State Fiscal Year 2017/18 budget violates Pennsylvania’s Constitution because it was not balanced when adopted by the General Assembly and Governor. The article reports that three individuals; Matt Brouillette, President and CEO of the Harrisburg-based Commonwealth Partners Chamber of Entrepreneurs, Dauphin County businessman Ben Lewis, and State Representative Jim Christiana (R–Beaver County), filed the suit, which is aimed at forcing the executive and legislative branches of government to live up to the requirement in the constitution that the budget be balanced. As it stands today, Pennsylvania has a spending plan that was passed by the legislature and allowed to take effect by the Governor, but it was accepted by both branches of government knowing insufficient revenues were included to cover the costs. The lawsuit does nothing in the short term to stop state government from making payments to health and human service providers. RCPA will be monitoring this matter closely. ◀



## Critical Issue: As Previously Reported

### 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 ID 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 held a webinar to provide more details and answer questions. The webinar was held on August 16 and can be [viewed here](#). ◀

## PA Disability Employment Summit

SAVE  
THE  
DATE!

The 2017 Pennsylvania Disability Employment Summit (PADES) will be held December 6 and 7 at the Valley Forge Event Center in King of Prussia, Pennsylvania, just outside of Philadelphia. A new event planning firm was engaged this year to assist the state with organizing the event and developing the agenda. The focus of the annual conference continues to be promoting competitive-integrated employment for Pennsylvanians with disabilities. New speakers and new sessions are expected. The target audience for PADES remains people with disabilities, private-sector businesses, advocates, and employment service providers. The event is being sponsored by the PA Departments of Human Services, Labor and Industry, and Education. More information can be found [online](#). Mark your calendars! ◀

## Medical Rehabilitation

### Details Provided on Post-Acute Care MSPB Measure Implementation

In early September, the Centers for Medicare and Medicaid Services (CMS) held a national provider call on the Medicare Spending Per Beneficiary (MSPB) resource use measures for post-acute care (PAC) settings, which was implemented by the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014. CMS provided information on the MSPB measures as implemented in each PAC setting, reviewed sample provider feedback reports, and detailed the timeline for public reporting. The fiscal year (FY) 2018 Inpatient Rehabilitation Facility Prospective Payment System (IRF PPS) final rule adopted the MSPB measure for public reporting for IRFs in 2018. On the national provider call, CMS stated that IRFs, skilled nursing facilities (SNFs), and long-term care hospitals (LTCHs) will receive provider-level MSPB data confidential feedback reports in October 2017. These reports will provide information ahead of public reporting on a provider's own average spending per episode in aggregate, MSPB amount, MSPB score compared to providers nationally, and will contain more detail than what will be posted publicly. The data will then be publicly displayed in October 2018 for IRFs, SNFs, and LTCHs. Additional [resources](#) are available on the CMS website, including the slide presentation, audio recording, and transcript. ◀

### September MedPAC Agenda Included Telehealth & Discharge Planning to Post Acute Providers

The September Medicare Payment Advisory Commission (MedPAC) meeting agenda included topics such as *Telehealth Services and the Medicare Program* ([presentation](#)) and *Encouraging Medicare Beneficiaries to Use Higher Quality Post-Acute Care (PAC) Providers* ([presentation](#)). ◀

## 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. ◀



## Reminder of Enrollments Into COMMCARE Waiver Ending on October 1

The Office of Long-Term Living (OLTL) has begun the process of implementing Community HealthChoices (CHC) for January 2018. The COMMCARE Waiver will end effective December 31, 2017. OLTL recently issued a notification to service coordinators that enrollments into the COMMCARE Waiver will end effective October 1, 2017, and the submission of waiver program transfers to the COMMCARE Waiver will not be approved as of that date. ◀

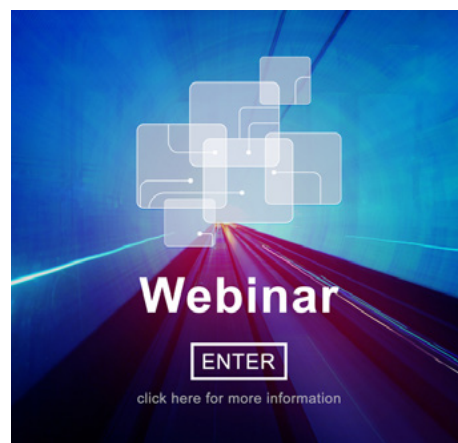
## Brain Injury Association of America Issues Letter of Support to House Energy & Commerce Subcommittee on Health

The House Energy and Commerce Subcommittee on Health recently advanced legislation to the full committee that impacts individuals with brain injury. The legislation includes three bills: HR 1148 – *Furthering Access to Stroke Telemedicine* (FAST) Act of 2017, HR 2465 – *Steve Gleason Enduring Voices Act* of 2017, and HR 3263 – which will extend the Medicare Independence at Home Medical Practice Demonstration Program. The FAST Act of 2017 will ensure individuals that are experiencing a stroke will receive real-time care by expanding access to telehealth-eligible stroke services under the Medicare program. Stroke is an acquired brain injury and many individuals who sustain brain injuries need access to speech-generating devices. The Steve Gleason Enduring Voices Act of 2017 will permanently remove the rental cap for durable medical equipment under Medicare with respect to speech-generating devices. The Medicare Independence at Home Medical Practice Demonstration Program ensures that Medicare beneficiaries are receiving home-based primary care to ensure proper health management. The Brain Injury Association of America (BIAA) sent a [letter](#) of support for all three bills. ◀

# Physical Disabilities & Aging

## National Council on Aging Webinar Series

In October, The National Council on Aging (NCOA) is providing a three-part series of webinars on the State of the Science in key areas of aging and disability led by experts in the field. The webinars are supported by NCOA and the National Institute on Disability, Independent Living and Rehabilitation Research (NIDILRR). The information includes recent research advances in long-term services and supports, community access and autonomy, and health care policy changes for people aging with disabilities. The dates are Monday, October 16, Wednesday, October 18, and Friday, October 20, from 12:00 pm to 2:00 pm. [Register here](#) to participate for one or more of the sessions at NCOA. ◀





## Trends in Adoption of MLTSS and Impact on Community Organizations

**T**he National Association of States United for Aging and Disabilities (NASUAD) published the 2017 State of the States in Aging and Disabilities, a survey of state agencies that deliver LTSS, including aging and disability agencies as well as Medicaid programs, regarding the significant policy, fiscal, and operational issues occurring within each state. There were several common themes including the move towards integrated health delivery continuing to change LTSS systems and how major changes continue to significantly impact HCBS and LTSS Systems.

While the rapid growth in MLTSS programs across the country has slowed slightly in this year's survey, there remains great interest in opportunities and strategies to improve both the coordination of supports and services as well as the quality of care provided. In 2016, 22 states were operating MLTSS programs, and there was no increase in the total number of states operating MLTSS, as Iowa launched its program while the state of Washington ended its program. Pennsylvania remains among the 11 states across the country who are considering, planning, or are in the process of launching MLTSS.

As in the current plans for Pennsylvania, most of the states offering MLTSS use 1915 waiver authority and serve the aging population, people with disabilities, and individuals with traumatic brain injury. Currently, only eight states report serving ID/DD individuals in their MLTSS programs.

MLTSS programs are focusing on measuring quality of life and quality of care for participants. States reported using a wide range of tools to survey their MLTSS program beneficiaries and several reported using the HCBS CAHPS survey, which was developed for CMS and became operational in 2016.

Changes are also impacting local service-delivery systems, as Community Based Organizations (CBOs)

must adjust to new payment models and contractual requirements that arise from integrated health programs. These community-based organizations generally have a long history of delivering case management, participant assessments, or direct services to Medicaid beneficiaries living in the community. One particularly notable finding was that Area Agencies on Aging (AAAs) and other CBOs provide choice counseling in several states, and no state has these agencies serving as the formal enrollment broker for their program. These organizations offer a wide range of supports and services in Medicaid LTSS programs, with the most common being case management services and direct services, while struggling with the separation required under the conflict free rule.

Both aging and disability CBOs have contracts to provide participant education and training, while aging CBOs are much more likely to provide case management and direct services to individuals via contracts with integrated health entities.

Other significant findings in the report include:

- ▶ Major Changes Continue to Significantly Impact HCBS and LTSS Systems;
- ▶ State Budgets Are Recovering But Demographic Trends Drive Expenditure Growth;
- ▶ Elder Justice Services Are a Top Priority for State Medicaid Agencies;
- ▶ Staffing and Leadership at State Medicaid Agencies Continue to Experience Significant Changes; and
- ▶ State Medicaid Agency Responsibilities Are Expanding to Drive Service Integration.

The full report can be found [here](#). ◀

## CHC Corner

In this section, we will provide you with an update on the status of Community HealthChoices (CHC) implementation in Pennsylvania. Information about Community HealthChoices is [posted here](#) where you can subscribe to receive the latest news and participants can register for community information sessions in numerous locations in the Southwest Region.

1. Third Thursday webinars continue to update stakeholders on specific topics; schedule at [this link](#).
2. At this time there is no change to the date to begin CHC implementation in the Southwest Region on January 1, 2018.
3. The Department and the three managed care organizations (MCOs) continue to work toward completing the contract negotiation process.
4. The readiness review is well underway. The three MCOs have completed the desk reviews of policies and procedures with the Commonwealth and have made plans to make the necessary changes to meet the regulatory requirements.
5. The three MCOs are continuing to develop their networks by signing contracts with all willing and eligible HCBS providers. The focus is on the SW region providers (If you have not received a contract but you do provide services in one of the SW counties, contact [Joyce Kutzner](#)).
6. Current waiver participants in the SW region will receive letters from the Department of Human Services informing them of the switch to CHC and the need to select an MCO. Their service coordinators will receive training to assist them through the process. The timeline is shown at [this link](#). If a participant does not make a choice, they will be auto-assigned to one of the MCOs based on an algorithm, but retain the ability to switch to another MCO. ◀

## Mental Health



### CCBHC Update

**Note: RCPA will publish information about the CCBHC pilot each month. Please submit your questions if you are not a pilot CCBHC site, and any information you would want published if you are a CCBHC, to [Sarah Eyster](#).**

CCBHC pilot providers continue to report positive news as implementation hits month four. There has been reported success regarding the work between the CCBHCs, their electronic health record (EHR) vendors, and the managed care payors. The success includes the ability to report and submit additional required data as part of the prospective payment model/payment distribution. Other reported successes have been between the CCBHC and the designated contracting organizations (DCOs). Finally, CCBHC advisory boards have been/are being formed and meetings have been held. Per our partners at OMHSAS, there is great potential for application beyond the pilot; however, given that it is only the first quarter of implementation, it is just too soon to start teaching the larger community. ◀

## RCPA Provides Comments on the Long Awaited Outpatient Regulations

In response to the Pennsylvania Department of Human Services' request for comments on the long awaited proposed rulemaking for outpatient services, RCPA convened several conference calls with members to discuss the content and amendments on the proposed changes. RCPA found that the department did in fact make the amendments requested by a previously convened stakeholder work group and offered support to the Department in finalizing the regulations. This was not without several clarifications needed and the request imploring the

Department to begin a work group to review outpatient services across the Commonwealth. RCPA comments can be found on the [RCPA website](#), with members-only access.

OMHSAS officials recently reported that they have received nearly 40 comments. They are reviewing those comments now. They stated that they are unsure how long the entire review process will take but that it could be finalized as early as this fall. ◀

## Drug & Alcohol

### DDAP Acting Secretary Addresses RCPA Drug and Alcohol Committee With Important Information

Jennifer Smith, Acting Secretary of the Pennsylvania Department of Drug and Alcohol Programs (DDAP), addressed the RCPA Drug and Alcohol Committee on September 12. Ms. Smith covered a variety of important topics, including the work that has been initiated to examine the possibility of OMHSAS and DDAP scheduling joint audits and the department working on the issue of confidentiality regulations. The department is also investigating the provision of buprenorphine in emergency rooms across the Commonwealth and is reviewing the concept of involuntary commitment. In addition, the Acting Secretary reported on the Cures Funding Opportunities aimed at the treatment of opioid use disorder and shared the [guidance document](#) that is being provided to SCAs along with their allocation announcement for the 21st Century Cures funding. Allocation letters will be sent soon and providers interested in obtaining this funding should contact their SCA with a proposal that fits within the parameters outlined in the guidance document. Another important topic reported on was the Web Infrastructure for Treatment Services (WITS) program and the Treatment Episode Data Set (TEDS) data needed. Here is a link to the [policy bulletin](#) that details what data needs to be entered and the deadlines for entering. The Secretary conveyed that this is CRITICAL. At this point, it seems they only have about 35% of the entries that they expected to receive, so much work needs to be done. Ms. Smith emphasized that SCAs are able to help fund temp positions to get this done. She also stated that if providers were unable to get funding from an SCA, they should contact Jenn Newell at [jennnewell@pa.gov](mailto:jennnewell@pa.gov) and copy [jensmith@pa.gov](mailto:jensmith@pa.gov). ◀

### Jennifer Smith, DDAP Acting Secretary, Provides Good News on XYZ Rate Setting

The RCPA Drug and Alcohol Committee received good news from Jennifer Smith, Acting Secretary for DDAP, at the Drug and Alcohol Committee meeting on September 12. Ms. Smith reported that the DDAP Rate Setting Committee will be meeting soon to approve the changes to the XYZ packet which will include a review tool. The most important piece of news was that once the XYZ packet is completed by a provider, the rate that is arrived at must be used by the Single County Authority (SCA). This is something that RCPA has lobbied for many years and is grateful that this decision has been made. Far too often, members have completed the XYZ packet only to receive the same rate, even though the completed packet indicated the need for a higher rate. However, this will not apply to the BH-MCOs. The BH-MCOs sometimes use the SCA rate but it is not mandated. In some cases, the BH-MCO reimburses the provider a higher rate for specialty programs such as co-occurring initiatives. ◀



## Drug and Alcohol Member Survey Results

RCPA sent out a survey this summer to the members providing treatment for substance use disorders. The survey deadline was extended to allow for additional submissions. 30 surveys were completed and 83% of respondents were satisfied or very satisfied with the services that RCPA provides to its members. The top five issues that members would like RCPA to focus on were:

- ▶ Rate Setting;
- ▶ Regulatory Reform;
- ▶ Clinical Best Practice Standards;
- ▶ Strategies to More Effectively Develop and Recruit a Stable and Competent Work Force; and
- ▶ Confidentiality – Federal and State.

By far, most respondents stated that regular updates on important information was the most helpful service provided by the association. The area in which members would like to see more work done was legislative activities for drug and alcohol issues. Many respondents indicated a desire to participate in task forces/work groups to address the issues. The most popular topics listed as far as interest in participating were regulatory reform, rate setting, and confidentiality. The Drug and Alcohol Committee will use the results of the survey to move forward and task forces will be formed. All members are encouraged to look for the task force announcements and join us, assisting in moving major issues forward. ◀

## RCPA Holds Special Training Session on Cannabis

Act 16 in Pennsylvania has legalized the use of non-FDA approved cannabis compounds for use in the treatment of serious medical conditions. Marina Goldman, MD, an expert in this field, presented a detailed overview of cannabis for RCPA members on August 30. The overview included the addictive potential, cannabis use disorder in adolescents, and treatment using specific targeted interventions. The afternoon program included an expert panel which addressed issues regarding medical marijuana, including legislative action. Members of the panel were: Senator Mike Folmer, State Senator for the 48th Senatorial District; Marina Goldman, MD; Deb Shoemaker, Executive Director, Pennsylvania Psychiatric Society; and Eric Hagarty, Deputy Chief of Staff to the Governor. Special thanks to our primary speaker and our panelists. In addition, **thanks to Betsy Duncan**, Substance Abuse Operations Specialist, Southwest Behavioral Health Management for facilitating this event **and thanks to the co-sponsors Southwest Behavioral Health Management and Capital Area Behavioral Health Collaborative.** ◀

## IDD



## 2014 IDD Settlement Extended

Along with other statewide associations, RCPA is a signatory to a [second amendment to the 2014 settlement agreement](#) with the Department of Human Services (DHS). The amendment extends the terms of the 2014 settlement that prohibits DHS from imposing a negative rate adjustment factor to its rates, and extends the vacancy and retention factors negotiated in the settlement for cost-based residential services. This amendment extends the agreement to the sooner of either the adoption by DHS of the new proposed 6100 regulations, December 19, 2018 (which represents the expiration of the time period by when the proposed regulations must be adopted as final rulemaking or they expire), or DHS withdraws the regulations from the regulatory review process. ◀

## Two ODP Documents Try to Ease Confusion

In Office of Developmental Programs (ODP) [Communication 098-17](#), ODP attempts to clarify when an Individualized Support Plan (ISP) team meeting is required when the provision of the Community Participation Support (CPS) service is not aligned exactly with the CPS units authorized in the ISP. There is still a lot of confusion when it comes to the transition from the old Day Habilitation and Prevocational services to the new CPS service, but one thing is certain — the ODP guidance stresses that CPS percentage-of-time changes may not be completed retroactively. Individuals and providers are expected to notify the Supports Coordination Organization of requested changes to the CPS W codes in advance of implementation of changes. In addition, to assist individuals, supports coordinators, and providers in assessing and comparing the features of all the new employment and employment-related services, ODP has developed the [Employment Service Definition Quick Guide](#). The employment guide features a side-by-side description of the service definitions, provider qualifications, and other information for Advanced Supported Employment, Supported Employment; Small Group Employment, the employment/vocational components of Community Participation Support, and Benefits Counseling. ◀

## RCPA Submits Comments to State and Federal Agencies

The month of September was a busy one for responding to state and federal public comment notices. Based on input received from the Intellectual/Developmental Disability Committee's work groups on waivers and regulations, RCPA submitted [comments to the Office of Developmental Programs \(ODP\) Advance Notice of Rulemaking](#), which had proposed revised language for ODP's proposed 6100 regulations on how ODP would develop rates for its services. In addition, RCPA also submitted [comments to ODP's proposed fee schedule rates](#) and [comments to ODP's proposed cost-based rate methodology](#). The biggest concern voiced to ODP about its advance notice and fee-schedule rates was the lack of a commitment to update rates every year based on current, relevant, and industry-specific data. In lieu of this commitment, RCPA urged ODP to include annual rate increases based on the federal Home Health Market Basket Index, which reflects the annual change in the cost to deliver home care services. Finally, RCPA submitted [comments to the state Office of Vocational Rehabilitation](#) about its state Workforce Innovation and Opportunity Act plan, as well as [comments to the US Department of Education](#) about that agency's regulations, policies, and guidance documents, in particular those that pertain to the Rehabilitation Services Administration. The US Department of Education comments were made as a result of [President Trump's executive order to review all federal agency regulations](#) to identify those recommended to be changed or rescinded. ◀

## Everyday Lives Conference


 SAVE THE DATE!

During a recent meeting of the Office of Developmental Programs' Information Sharing and Advisory Committee, it was announced that the next Everyday Lives Conference will be held January 9–11, 2018. Some changes to how the conference will be organized, and the availability of additional "mini-conferences" around the state following the statewide conference, are expected. Stay tuned for additional details as they become available.

## Free Training to Promote Employment First

Training for supports coordinators, administrative entity staff, and employment service providers has started. Fifteen regional trainings — organized and paid for by the Office of Vocational Rehabilitation (OVR), Office of Developmental Programs (ODP), Bureau of Special Education, and Office of Mental Health and Substance Abuse Services (OMHSAS) — will give participants access to, and the opportunity to collaborate with, their local county mental health/developmental services staff, local school special education staff, and vocational rehabilitation district office staff. [Experience the Employment Connection \(EEC\) 2017](#) training sessions run through mid-November and there is still room for interested individuals at each regional session. While organizers were encouraging teams to participate, individuals can attend even if they are not part of a team. If you support transition-age students/youth with disabilities, you are strongly encouraged to register. EEC training content will cover topics such as age of consent, state and federal law, pre-employment transition services, the OVR process, and waiver/non-waiver services through the ODP and the OMHSAS-funded county-based mental health system. This training is approved for Continuing Education Credit for a variety of professionals and will count towards the 24-hour training requirement in ODP. Certificates of Attendance will be available to everyone who attends. ◀

## Partnering for Systems Change for Children in Congregate Care

RCPA Children's Division, through the Children's Steering Committee, has created a work group that has begun the process of aligning priorities and efforts that will lead to family-based alternatives for children in congregate care settings. RCPA, along with our partners at DHS and the Imagine Different Coalition, participates with a group of children's services professionals who provide a diverse continuum of care that includes both physical and behavioral health care. This dynamic group is charged with educating, creating public awareness, and making concrete recommendations to support a multi-strategy plan with action steps for family-based alternatives. Dr. Nancy Rosenau is a national expert on family-based alternatives to congregate care and works with the Imagine Different Coalition. In her article, [Unpacking the Problem](#), she provides insight into the issues through thought-provoking questions and personal stories of children who are thriving in family-based arrangements that meet their unique and special needs. ◀

## Money Management Resource for Students With Disabilities

Earlier this month, the Pennsylvania Assistive Technology Foundation (PATF) released a new resource, entitled [Cents and Sensibility Educator Companion Manual](#), to assist teachers in better preparing students with disabilities for adult life when it comes to managing money and financial affairs. "While we strongly believe all students should receive a high-quality financial education, we know students with disabilities have unique financial education needs," said Susan Tachau, PATF Chief Executive Officer. "We want to make sure that educators are prepared to meet the needs of their students and this educator manual helps do just that." The manual helps teachers develop relevant lessons and activities for their students on topics such as earning income, saving, and using financial services. Teachers of both traditional high school personal finance classes along with special education teachers were involved in the development of the educator manual. Feedback from educators who use the materials this school year will be used to measure its impact and make program improvements. Additional information can be found on the [PATF website](#). ◀

## ABFT Addresses Issues That Lie at the Heart of the Matter: Love, Commitment, and Trust

RCPA is partnering with Drexel University and Dr. Suzanne Levy to offer Attachment Based Family Therapy (ABFT) training. In support of the Children's Bureau and the Garret Lee Smith grant initiatives to prevent suicide, ABFT is specifically designed to target family and relational issues that are associated with adolescent suicide and/or depression. Family-based treatments are considered to be more clinically effective and cost effective than traditional outpatient therapy. Evidence-based family therapy such as ABFT targets parental behaviors that affect the interactions between parents and their adolescents. The article on [Engaging Parents in Therapy with Adolescents](#) provides a detailed description of the process that leads to love, commitment, and trust between adolescents who struggle with depression and suicidal ideation and their parents. ◀







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

## October

<b>Tuesday, October 3</b>	3:00 pm – 4:00 pm EDT	IPRC Webinar – Episodic Care
<b>Tuesday, October 10</b>	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee <i>Conference Call</i>
<b>Tuesday–Friday, October 10 – 13</b>	2017 RCPA Conference	<i>Hershey Lodge</i>
<b>Tuesday, October 17</b>	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee <i>Conference Call</i>

## November

<b>Wednesday, November 1</b>	Start/End Times TBA	Northwest Regional Meeting <i>Park Inn by Radisson, Clarion</i> <i>45 Holiday Inn Road</i> <i>Clarion, PA, 16214</i>
<b>Thursday, November 2</b>	Start/End Times TBA	Southwest Regional Meeting <i>Pittsburgh Marriott North</i> <i>100 Cranberry Woods Drive</i> <i>Cranberry Township, PA 16066</i>
<b>Tuesday, November 7</b>	Start/End Times TBA	Northeast Regional Meeting <i>Commonwealth Health</i> <i>Thomas P. Saxton Building</i> <i>468 Northampton Street</i> <i>Edwardsville, PA 18704</i>
<b>Wednesday, November 8</b>	Start/End Times TBA	Southeast Regional Meeting <i>NHS</i> <i>350 Sentry Parkway</i> <i>Building 640; 2nd Floor</i> <i>Blue Bell, PA 19422</i>
<b>Wednesday, November 8</b>	10:00 am – 12:30 pm	Human Resources Committee <i>Penn Grant Centre</i>
<b>Thursday, November 9</b>	10:00 am – 12:30 pm	Outpatient Rehabilitation Committee <i>RCPA Conference Room</i>
<b>Tuesday, November 14</b>	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee <i>Conference Call</i>
<b>Wednesday, November 15</b>	9:00 am – 4:00 pm	ABFT Training – Day 1 <i>Best Western Premier</i> <i>800 East Park Drive</i> <i>Harrisburg, PA 17111</i>
<b>Tuesday, November 21</b>	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee <i>Conference Call</i>