RCPA NEWS

DECEMBER 2017

Government Affairs

RCPA Highlights

Congratulations to RCPA Children's Division Director Robena Spangler for Being Chosen as One of *Susquehanna Style Magazine's* 2017 Women of Style!

Congratulations to RCPA Director of Rehabilitation Services, **Melissa Dehoff**, for being elected Chair of the TBI Advisory Board!

RCPA also congratulates member **Bridget Lowery**, of Main Line Rehabilitation Associates, for being chosen as Vice Chair of the TBI advisory board!

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.

The Rehabilitation and Community Providers Association Political Action Committee (RCPA-PAC) is challenging members to help us raise $75,000 — spe¬cifically, we are looking for 75 member organizations to raise $1,000 each. Members can raise the $1,000 by doing a number of fun activities and includ¬ing staff, such as staff members pay $5 to wear jeans, or let your employees buy a chance to throw a pie in the CEO's face. We need YOU and YOUR STAFF 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. Our goal is to reach this amount by the end of this fiscal year, June 30, 2018.

Interested in learning about more fun ideas to raise money for RCPA-PAC or interested in donating now? Please visit our website, download the PAC FAQ Card, Donation Card, or email Jack Phillips, RCPA Director of Government Affairs.

Your participation in the RCPA-PAC is completely voluntary and you may con¬tribute 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 with¬out fear of reprisal. You will not be favored or disadvantaged by reason of the amount of your contribution or decision not to contribute. ◄

RCPA NEWS

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Members in the News

Devereux Advanced Behavioral Health Appoints Carl E. Clark II as Seventh President and Chief Executive Officer in 105-year-history.

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 bot¬tom of the spreadsheet. If you have questions on a specific bill or policy, please contact Jack Phillips. ◄

Visit the RCPA website for up-to-date information on legislation, meetings, trainings, and other industry developments. ◄

NEW MEMBERS

FULL PROVIDER

Angels of Care by TLM, LLC
10 Duff Rd
Pittsburgh, PA 15235
Michelle Barnett, CEO
Southwest Region

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.

Bundled Payment Care Improvement Year 3 Evaluation Report Published

The Centers for Medicare and Medicaid Services (CMS) has published the *Bundled Payments for Care Improvement (BPCI) Initiative Models 2-4: Year 3 Evaluation & Monitoring Annual Report.* The report was prepared by The Lewin Group. The information in the report is based on Medicare claims and enrollment data for episodes through December 2015. ◄

CMS Announces New Settlement Option for Pending Appeals

The Centers for Medicare and Medicaid Services (CMS) recently announced that it will make available a new settlement option for eligible providers with a low volume of Medicare Part A and B claim appeals pending at the Office of Medicare Hearings and Appeals (OMHA) and/or the Medicare Appeals Council. Appellants with fewer than 500 appeals pending at the third and fourth levels of appeal combined as of November 3, 2017, with a total billed amount of $9,000 or less per appeal, will potentially be eligible to participate in the process, known as Low Volume Appeals (LVA). OMHA also announced that it will expand the current Settlement Conference Facilitation (SCF) program to provide certain additional providers and suppliers with an opportunity to resolve their eligible pending appeals. ◄

CY 2018 Medicare Physician Fee Schedule Final Rule Released

On November 3, 2017, the Centers for Medicare and Medicaid Services (CMS) released the calendar year (CY) 2018 Medicare Physician Fee Schedule final rule. The proposed rule updates payment policies, payment rates, and quality provisions for services with an overall payment update of .41 percent.

Some of the key provisions finalized in the rule include:

- Addition of several codes to the list of telehealth services, eliminating the required reporting of the telehealth modifier GT for professional claims in an effort to reduce administrative burden for practitioners, and separating payment for CPT code 99091, which describes certain remote patient monitoring, for 2018;
- Adoption of CPT codes for CY 2018 for reporting several care management services currently reported using Medicare G-codes and clarifying a few policies regarding chronic care management;
- Increase in payment rates for office-based behavioral health services that better recognizes overhead expenses for office-based face-to-face services with a patient;
- Revision of Part B drug payments for infusion drugs furnished through an item of durable medical equipment (DME) to conform with requirements of the 21st Century Cures Act;
- Revision of payment for chronic care management in Rural Health Clinics (RHCs) and Federally-Qualified Health Centers (FQHCs), and establishing requirements and payment for RHCs and FQHCs furnishing general behavioral health integration (BHI) services and psychiatric collaborative care model (CoCM) services;
- Implementation of the Medicare Diabetes Prevention Program (MDPP) expanded model starting in 2018;
- Change to the current Physician Quality Reporting System (PQRS) program policy that requires reporting of 9 measures across 3 National Quality Strategy domains to only require reporting of 6 measures for the PQRS with no domain requirement; and
- Revision to the rules for accountable care organizations (ACOs) participating in the Medicare Shared Savings Program to reduce burden and streamline program operations.

In addition, CMS indicated they will continue to consider the following based on comments from stakeholders:

- Stakeholder input in response to the proposed rule's comment solicitation on how CMS could expand access to telehealth services, within the current statutory authority;
- Reviewing and updating "outdated" Evaluation and Management (E/M) visit codes; and
- Reviewing stakeholders' comments for potential future rulemaking or publication of sub-regulatory guidance pertaining to the Clinical Laboratory Fee Schedule (CLFS) data collection and reporting periods.

The final rule was published in the November 15, 2017 *Federal Register*. ◄

CMS Releases CY 2018 Updates to Quality Payment Program

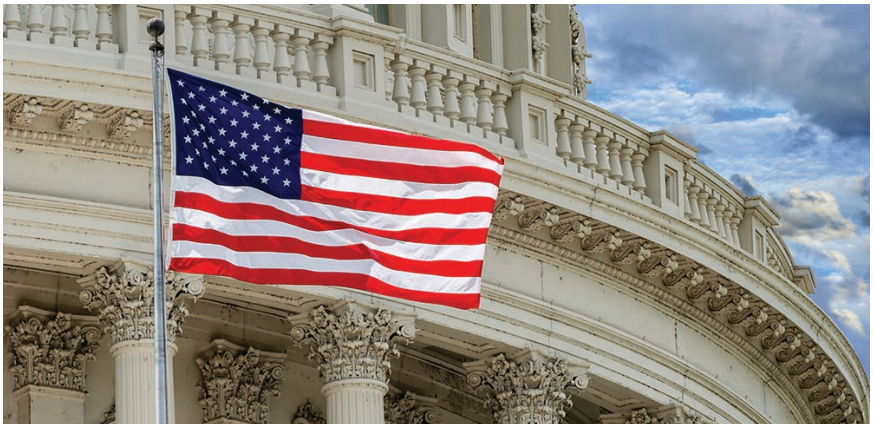
The Centers for Medicare and Medicaid Services (CMS) released the calendar year (CY) 2018 updates to the Quality Payment Program (QPP) via a final rule with comment period.

Established by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), the QPP has the goal to incentivize physicians and other eligible clinicians by rewarding value and outcomes through either the Merit-based Incentive Payment System (MIPS) or Advanced Alternative Payment Models (APMs).

Some of the provisions contained in the final rule include:

- Weighting the MIPS cost performance category to 10 percent of total MIPS final score, and the Quality performance category to 50 percent;
- Raising the MIPS performance threshold to 15 points in Year 2 (from 3 points in the transition year);
- Awarding up to 5 bonus points on MIPS final score for treatment of complex patients;
- Adding 5 bonus points to the MIPS final scores of small practices;
- Adding Virtual Groups as a participation option for MIPS;
- Issuing an interim final rule with comment period for extreme and uncontrollable circumstances where clinicians can be automatically exempt from these categories in the transition year without submitting a hardship exception application if they have been affected by the hurricanes that occurred during the 2017 MIPS performance period;
- Providing more detail on how eligible clinicians participating in selected APMs (known as MIPS APMs) will be assessed under the APM scoring standard; and
- Creating additional flexibilities to allow clinicians to be successful under the All Payer Combination Option, which will be available beginning in performance year 2019.

The final rule was published in the November 16, 2017 *Federal Register*, with comments due by January 1, 2018. Additional information is available in a fact sheet and an Executive Summary document. ◄



President Trump Nominates Alex Azar for HHS Secretary

In a November 13, 2017 press release from the White House, President Trump announced his intention to nominate Alex Azar to be Secretary of the US Department of Health and Human Services. Mr. Azar is currently the Chairman of Seraphim Strategies, LLC. According to the press release, Mr. Azar has held several senior roles in both the public and private sectors: "As President of Lilly USA, LLC, the largest affiliate of global biopharmaceutical leader Eli Lilly and Company, he directly led the US Biomedicines business unit, the affiliate's largest division, encompassing the areas of neuroscience, cardiovascular health, men's health, musculoskeletal, autoimmune disease, Alzheimer's disease, and pain, as well as the sales, marketing, and payer operations of the company's US commercial business. Prior to his time at Lilly USA, Mr. Azar was the Deputy Secretary of the US Department of Health and Human Services immediately after serving as its General Counsel, where the Senate confirmed him for both Presidential appointments by voice vote. He received his bachelor's degree from Dartmouth College and his juris doctorate from Yale University." Azar will succeed Dr. Tom Price, who resigned in late September from the post. ◄

Executive Order to Review State Licensure Board Requirements & Processes

In the November 11, 2017 Pennsylvania Bulletin, Governor Wolf issued an Executive Order (No. 2017-03) that directs the Commissioner of Professional and Occupational Affairs within the Department of State to conduct a review of the State Professional and Occupational Licensure board requirements and processes. This includes a comprehensive review of the processes, fees, training, and continuing education requirements and prepared report for each type of professional and occupational license. The report is to include: training requirements; licensing, registration, and renewal fees; continuing education requirements; and any other requirements described within the executive order. The report is to also include information regarding the number of other states which require a license for each professional or occupational license, the national and regional averages for training requirements, fees, and continuing education requirements.

The Commissioner has been given the authority to establish an advisory group to assist with the research, data collection, and formatting of the reports, and any other function the Commissioner deems necessary. The advisory group shall be composed of members chosen by the Commissioner from the professional Boards and Commissions, Bureau of Professional and Occupational Affairs (BPOA) staff, and any other persons the Commissioner deems necessary. The advisory group must be established within 30 days from the effective date of this executive order. Additional details regarding the report are provided in the bulletin.

The report is due to the Governor, the Secretary of Policy and Planning, and the Secretary of the Commonwealth no later than 180 days from the establishment of the advisory group or 210 days from the effective date of this executive order, whichever is sooner.

Some of the boards impacted by this executive order include: State Board of Physical Therapy, State Board of Speech–Language Pathology and Audiology, the State Board of Medicine, the State Board of Nursing, the State Board of Occupational Therapy, etc.

The executive order is effective immediately. ◄

Alzheimer's State Plan Task Force

The Pennsylvania Department of Aging recently announced the formation of the Alzheimer's State Plan Task Force. The task force was created in order to move the needle forward on Pennsylvania's efforts to carry out the State Plan for Alzheimer's Disease and Related Disorders (herein referred to as the State Plan). Created in 2014, the State Plan put forward seven recommendations which serve as a blueprint for identifying goals and specific actions that will set Pennsylvania apart in increasing awareness, improving care delivery, building a workforce, and maximizing development opportunities in pursuit of a cure. The Alzheimer's State Plan Task Force, staffed by the Department of Aging, will consist of 15 members from a diverse background of interests in Alzheimer's disease who volunteered to serve.

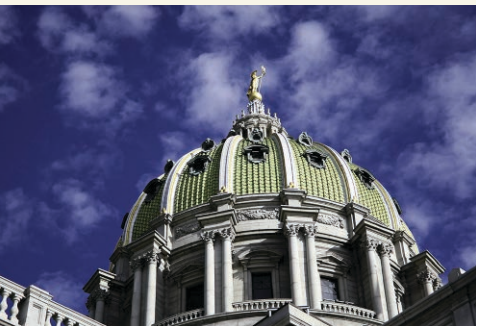
The group will work with local organizations, entities, advocates, and other stakeholders, to:

- Identify and share best practices that support the goals and overall success of the State Plan;
- Lead efforts to review and revise the State Plan as necessary;
- Help to develop and facilitate the actions needed to carry out the State Plan;
- Pursue research and review any other issues that are relevant to Alzheimer's disease;
- Assist in planning of the Annual State Plan Forum; and
- Assist in the development of an annual update to the State Plan.

If you are interested in serving as a member of the task force, you are asked to complete a short survey. ◄

PA Disability Employment Summit December 6–7!

If you have not registered yet, time is running out. The annual cross-disability Pennsylvania Disability Employment Summit (PADES) is being held in King of Prussia, Pennsylvania on Wednesday, December 6 and Thursday, December 7. The conference is again being underwritten by state government (including the Offices of Vocational Rehabilitation, Developmental Programs, and Special Education), but new conference planners were brought in this year and "the new PADES" is expected to have something for everyone. PADES brings together businesses, people with disabilities, and organizations that assist people with disabilities in getting and keeping jobs, to explore new technologies, employment-support services, and other innovations that will increase the labor participation rate for people with disabilities and employment rate for this important segment of our population. People with physical, intellectual, developmental, or cognitive disabilities, as well as people with mental health and/or substance use disorders, are encouraged to attend. Businesses, advocates, and service providers are also welcome. There is no charge to attend PADES. Additional information about the event, including how to register, can be found here. ◄



Pennsylvania's Community Corrections Programs Experiencing Significant Cuts: Further Cuts Averted

Numerous RCPA members have been working closely with RCPA staff to stop further cuts to the Community Corrections Programs. Below is a brief position paper sent to Secretary Wetzel questioning these cuts and advocating strongly for them to be discontinued:

The Pennsylvania Department of Corrections' mission is "to reduce criminal behavior by providing individualized treatment and education to offenders, resulting in successful community reintegration through accountability and positive change." The Community Corrections Programs play a major role in this mission.

Currently, 90% of people incarcerated will eventually be released from prison and return to their homes. Previously incarcerated people face many obstacles to a successful re-entry — their chances for success are complicated by their low levels of education, income, and skills. In addition, many offenders have mental health challenges and/or alcohol and drug addictions that often go untreated. Going straight home is rarely the best choice. The neighborhoods from which many inmates come from do not have the supports to help them succeed outside the walls of the prison. Community Corrections Programs provide safety, service, and successful re-entry. They provide safe transitional living, and assessments which determine what the offender needs to become a contributing member of society. The ultimate goal is to assure a successful re-entry, which enhances public safety, reduces recidivism, and is fiscally responsible.

These programs have been stricken by funding cuts since March of 2017, which is forcing the elimination of some programs. Programs cannot be sustained when 50 – 70% of their funds are cut. It is not possible to simply "hang in there" until needed funds are allocated; staff, facilities, and the programs themselves end up being eradicated. The costs to restore closed programs is massive and creates even larger financial challenges for the Commonwealth. Needless to say, the level of human suffering and increased likelihood of recidivism is great.

1. Why are these programs experiencing such cuts?
2. Why are some offenders being transferred to other facilities (some of which are farther from the services they are receiving and even farther away from family)?
3. Why are some offenders being sent home without the help they need to be successful?
4. Well-run Community Corrections Programs have evidenced-based services and research has proven them effective.
5. It is difficult to imagine that programs providing substance use disorder treatment would be cut in the face of the current opioid epidemic plaguing Pennsylvania and the country.
6. Valuable, much-needed jobs are being eliminated.

It is critical that the dismantling of these programs cease immediately before more harm is done. RCPA and its members are ready and willing to help identify better solutions.

Important Update: At the time this article was written, major action was taking place by the Department of Corrections to stop the further cuts planned. RCPA expresses its sincere appreciation for the decisions made to stop these additional cuts. Special thanks to Secretary John Wetzel and Community Corrections Director George Little. ◄

Document Combines Clarifications for IRF Coverage Requirements

The Centers for Medicare and Medicaid Services (CMS) published a document that combines all of the clarifications for the inpatient rehabilitation facility (IRF) coverage requirements into one document. The clarifications contained in this document date back to 2010. ◄

Policy Agreement Reached to Repeal Medicare Therapy Caps

On October 26, 2017, the Energy & Commerce Committee and the Ways and Means Committee announced in a press release that they have come to a policy agreement on a permanent repeal of the Medicare therapy caps. The policy/discussion draft will repeal the therapy caps, continue to require that an appropriate modifier is included on claims submitted over the new threshold (indicating the services are medically necessary), and continue targeted medical review of claims established by the Medicare Access and CHIP Reauthorization Act (MACRA). For background purposes, in 2006 Congress created an exceptions process allowing patients to exceed the cap based on medical necessity. The cap was addressed most recently in 2015 with MACRA (H.R. 2), becoming law. A provision in H.R. 2 established targeted medical review of therapy caps and extended the therapy cap exceptions process until January 1, 2018. ◄

Hearing on MACRA and Alternative Payment Models

The Energy & Commerce House Health Subcommittee scheduled a hearing for November 8, 2017, which focused on the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 and Alternative Payment Models: Developing Options for Value-based Care. Members of the subcommittee discussed alternative payment models (APMs) and heard from those that are already engaged in the transition to value-based care, as well as those developing new models and stakeholders who are already delivering improved outcomes and savings for Medicare beneficiaries and taxpayers. The Majority Memorandum, witness list, and witness testimony for the hearing are available here. ◄

Potential RAC Review of IRF Stays

On November 13, 2017, the Centers for Medicare and Medicaid Services (CMS) began to post a list of potential audits for Recovery Audit Contractors (RACs) to review. The topics will be listed on a monthly basis on the Provider Resources page of the CMS website. The topics currently proposed include: review of pre-admission screening, post-admission examination, and other requirements for inpatient rehabilitation facility (IRF) stays. The review type is identified as a "complex review." Comments or questions should be submitted via email. ◄

CMS Identifies Issue With Transmission of IRF Claims Submission Reports

The Centers for Medicare and Medicaid Services (CMS) identified a system-wide issue with the transmission of inpatient rehabilitation facility patient assessment instrument (IRF PAI) data from CMS' National Assessment Collection Database to the Fiscal Intermediary Shared System (FISS). As a result, claims may have been incorrectly Returned to Provider (RTP) from their Medicare Administrative Contractor (MAC) with Reason Code 37096. MAC Novitas Solutions has the issue posted on their Open Claim Issues web page, indicating a temporary workaround has been put in place. eRehabData® has been advised by CMS' Quality Improvement and Evaluation System (QIES) Technical Support Office that if IRFs received a rejection code of 37096 on a bill, they should resubmit the bill. If providers received any other rejection code, they are advised to contact the QTSO to verify the record exists first before taking further action. There will most likely be a delay in reimbursement to the facilities affected by this. For more information, contact the QTSO at 800-339-9313 or via email. ◄

ACL Solicits Comments on TBI State Partnership Grant Program Performance Measures

The Administration for Community Living (ACL) announced in the November 13, 2017 *Federal Register* the proposed semiannual performance measures for the ACL's Traumatic Brain Injury (TBI) State Partnership Grant program, as reauthorized under the TBI Reauthorization Act of 2014.

ACL is open to public comment on:

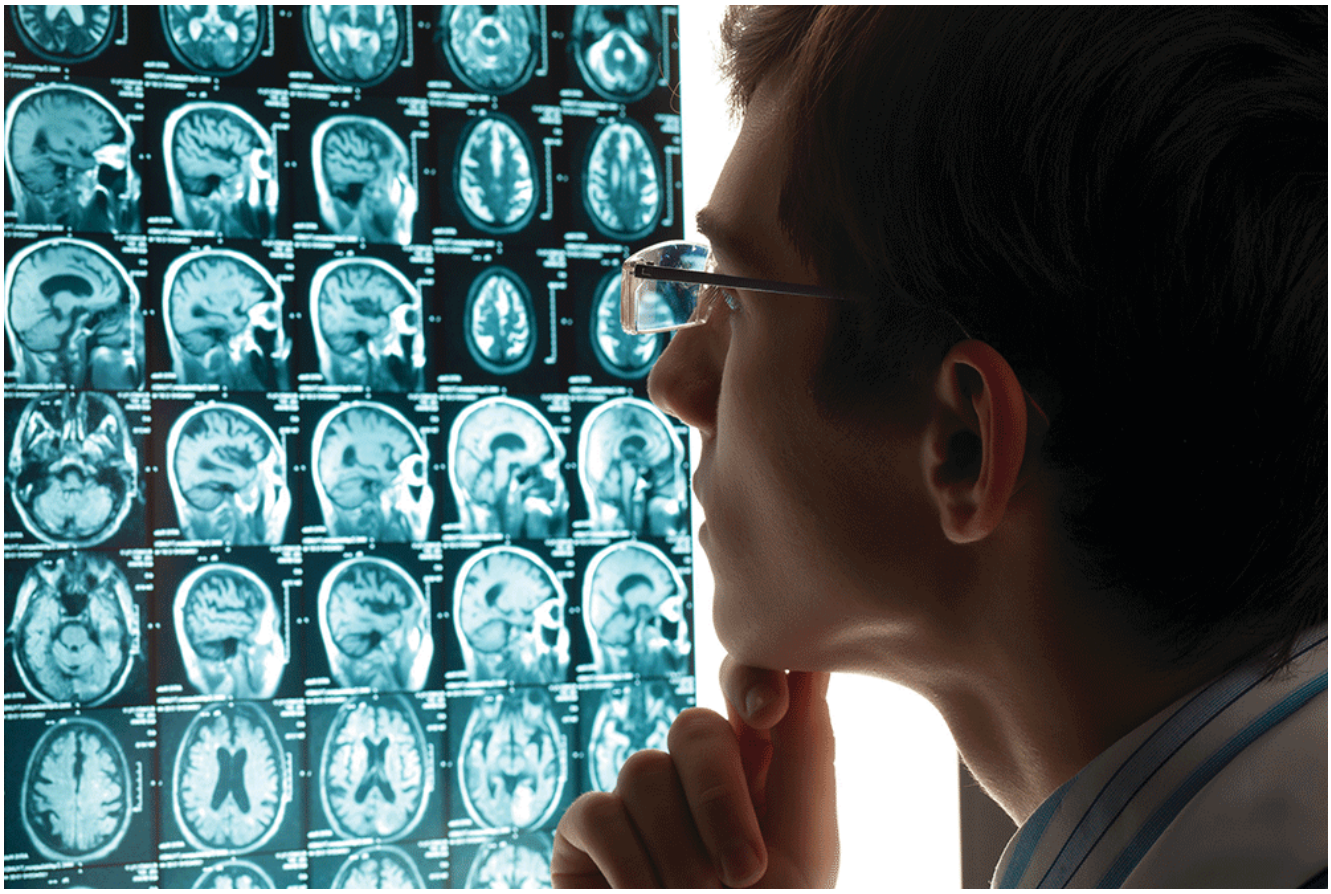
(1) Whether the proposed collection of information is necessary for the proper performance of ACL's functions, including whether the information will have practical utility and/or help ACL illustrate the program's return on investment;

(2) The accuracy of ACL's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(3) Ways to enhance the quality, utility, and clarity of the information to be collected; and

(4) Ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques when appropriate and other forms of information technology.

Comments will be accepted until January 12, 2018. ◄



The Science on Aging With a Disability

In October 2017, The National Council on Aging (NCOA) and the National Institute on Disabilities, Independent Living, and Rehabilitation Research (NIDILRR) hosted a webinar series, State of the Science: Advances at the Intersection of Aging and Long-term Disabilities. The three-part series covered a broad array of topics, including studies and analyses of national trends in rebalancing and managed or integrated care, surveys on aging in place and independent living preferences, as well as research on aging with a disability. The presentations and the audio recordings are available at these links:

- Session 1 – Long-Term Services and Supports and Caregiving for Adults Aging With Disability
- Session 2 – Autonomy and Access Issues for Adults Aging with Disability
- Session 3 – Health Care Policy, and Implications for Adults Aging with Long-Term Disability

Participant Enrollment / Choice of MCO was at 37% of eligible participants as of Thursday, November 16

The *Pittsburgh Post-Gazette* reported this in an interview with Jennifer Burnett, Deputy Secretary of the Office of Long Term Living (OLTL). The Commonwealth will begin implementing the auto assignment rule and algorithm to assign eligible participants to CHC MCOs. Providers are encouraged to discuss this with their consumers and to remind consumers that there is an opportunity to change an MCO before the launch of the program in January 2018. ◄

HHAeXchange has been selected by each of the three CHCs to provide communication of the authorizations and to support limited functionality in the **EVV and Billing areas.** HHAeXchange will be providing training in the SW zone on the dates below. Use these links for the specific sessions you wish to attend:

Tuesday, Dec. 12 – Wyndham Grand Pittsburg Downtown, Pittsburgh
Register here.

Wednesday, Dec. 13 – Blair County Convention Center, Altoona
Register here.

Thursday, Dec. 14 – RLA Learning and Conference Center, Cranberry Township
Register here.

Online Training for Direct Service Providers by DHS

This 30-minute video outlines the changes providers in the CHC space should expect. Some of the highlights include:

- Aging waiver participants transition to the Enterprise Incident Management System;
- Outline of the appeals process;
- Verification of participants' choice of the MCO; and
- Continued use of the Electronic Verification System (EVS). ◄

Physical Disabilities & Aging

Background Checks – New Player and Changes in Cost

While these two changes are not directly related, they impact the way all providers have to manage compliance and budgets:

1. The state selected Idemia to be the provider of fingerprinting services. Details, transition plans, and FAQ can be found online.
2. The recently approved state budget increases the cost of state police criminal background checks through the PATCH website from $8 to $22 on December 1. RCPA staff will be gathering information from all of its members about how to respond to this change, and addressing this significant increase in operating costs in its advocacy with the state. ◄

DHS Affirms Launch of CHC in SW Counties (Phase 1) on January 1, 2018. Delay of the SE Counties (Phase 2) from July 2018 to January 2019, and delay of remaining counties (Phase 3) until January 2020.

CHC Corner

Visit the CHC website for the latest communications and developments in CHC.

Mental Health

CCBHC Update

CCBHC providers continue to share positive outcomes related to access to care and clinical care delivery. However, in November, RCPA became aware of payment concerns with several CCBHC pilot programs. After gathering information, it appeared as though providers were unable to successfully bill for CCBHC services rendered. The problems seem to directly relate to changes to the electronic health record of both the provider and BH-MCO, and in some cases, clearinghouses. Testing is ongoing with occasional success; however, at the time of this article going to print, some providers have still not received any payment for a program that began July 1. RCPA President & CEO Richard Edley and Mental Health Division Director Sarah Eyster spoke with DHS Chief of Staff Johanna Fabian-Marks and Acting Deputy Secretary Ellen DiDomenico. They reinforced that payments for services rendered should and will be furnished and that advances have been made. Secretary DiDomenico is the direct contact for discussion with any provider who wants to review payment issues related to their organization in more detail; email her here with questions. ◄

Outpatient Redesign Update

Outpatient providers in the redesign work group met to discuss prioritizing all of the areas that needed to be addressed to improve outpatient services in PA. The priority items will be shared with new Office of Mental Health and Substance Abuse Services (OMHSAS) Deputy Secretary Kovich at a meeting with RCPA staff on November 30, for eventual review with Department of Human Services (DHS) Secretary Teresa Miller. The 2018 top priorities are:

- Funding;
- Reduction and redundancies in auditing and licensing;
- Workforce development challenges; and
- Increasing flexibility to serve people as needed within the authorization/approval.

With the many changes at DHS, RCPA looks forward to tackling these challenges and making some positive changes in outpatient services. ◄

DHS Moves Forward to Address the IMD Exclusion

Proposed Federal Section 1115 Application for SUD and Public Hearing Schedule

The Department of Human Services (DHS) is making available for public review and comment the proposed Federal Section 1115 Demonstration waiver application for substance use disorder (SUD) services. The purpose of this demonstration is to afford continued access to high quality, medically necessary treatment for opioid use disorder (OUD) and other SUDs. Pennsylvania recognizes the importance of a full continuum of treatment services, including residential services that are provided in a cost-effective manner, and for a length of stay that is governed by appropriate clinical guidelines. This demonstration is critical to provide the necessary funding to support the continuation of medically necessary services.

The 1115 Demonstration waiver application is available here. In addition, copies of the application are available upon written request to the Director, Bureau of Policy, Planning, and Program Development, Office of Mental Health and Substance Abuse Services, 11th Floor Commonwealth Tower, 303 Walnut Street, Harrisburg, PA 17101.

The department will hold four public hearings throughout the Commonwealth to accept testimony on the proposed 1115 Demonstration waiver application. They will also present updates and solicit comments on the waiver application at the Medical Assistance Advisory Committee meeting on Thursday, December 14, 2017.

The schedule of dates, times, and locations for the public hearings is listed below:

Public Hearing Schedule
Monday, December 4, 2017, 10:00 am to 12:00 pm
OMHSAS NE Field Office Conference Room
100 Lackawanna Avenue
Scranton, PA

Tuesday, December 5, 2017, 10:00 am to 12:00 pm
Norristown State Hospital Auditorium
1001 Sterigere Street
Norristown, PA

Friday, December 8, 2017, 8:00 am to 10:00 am
Child Welfare Resource Center
403 East Winding Hill Road
Mechanicsburg, PA

Monday, December 11, 2017 from 1:00 pm to 3:00 pm
Shenango Crossing
2520 New Butler Road
New Castle, PA 16101

Public Comment Period for 1115 Waiver Application

DHS seeks public input on the proposed 1115 Demonstration waiver application for SUD services. The 30-day public comment period began on November 18, 2017, and will end on December 18. Individuals who wish to testify on the proposed waiver application at one of the public hearings should schedule a time by calling 717-772-7900. Persons from outside the Harrisburg area may send a written request, including telephone number, to Satoko Hariyama, Bureau of Policy, Planning, and Program Development, Office of Mental Health and Substance Abuse Services, 11th Floor, Commonwealth Tower, 303 Walnut Street, Harrisburg, PA 17101. Individuals also may submit written comments at any of the public hearings listed in the previous article or by email, or mail to the address of the contact person listed above. DHS will consider all comments received by December 18, 2017, in developing the final waiver application. ◄

Update on Centers of Excellence: Provided by Jason Snyder, Special Assistant to the Secretary of Health and Human Services

The topline objective of the Centers of Excellence (COE) is to better initiate people into and keep them engaged in treatment. There are three ways COEs are doing this:

1. Treat the whole person by integrating physical and behavioral health care. When we focus only on the addiction and not the underlying physical (e.g., pain) and mental health issues that may be driving the addiction, the likelihood that we'll keep the person on a sustained path of recovery is low.

2. Expand access to medication-assisted treatment (MAT). Evidence-based MAT is the gold standard for treating opioid use disorder (OUD).

3. Implement community-based care management (CBCM) teams that meet individuals wherever they present in the community to facilitate timely level of care assessments and admissions to treatment. The CBCM teams provide care management services, including supporting individuals through the continuum of addiction treatment; supporting the integration of their physical and behavioral health care; and connecting them to other social service needs, including housing and employment.

- Since January, COEs have admitted to treatment 74 percent of the individuals they have encountered as part of this initiative, and the average continuous months of engagement across all 45 COEs thus far is three.

- This compares to 2014 Pennsylvania Medicaid data that show that of those diagnosed with an OUD that year, only 48 percent received treatment. Of that 48 percent, only 33 percent remained engaged beyond 30 days.

- Length of stay in the continuum of care (e.g., residential, partial hospitalization, intensive outpatient, outpatient) is directly correlated with recovery from the disease of addiction.

- COEs are charged with creating a hub-and-spoke network, with the designated center serving as the hub.

- The spokes may include primary care practices, the criminal justice system, other treatment providers, and other referral sources. In creating the hub-and-spoke network, COEs are expected to develop effective processes whereby individuals move into and out of the hub along the spokes with the support of the CBCM teams.

- There are 45 COEs, 26 of which are behavioral health providers, meaning they are licensed addiction treatment providers (and some of those are dually licensed to also provide mental health services). The other 19 are physical health care providers, including health systems and community health centers.

- The 45 COEs represent a wide array of providers, including residential treatment providers, outpatient providers, narcotic treatment programs (e.g., methadone providers), and physical health providers. The COEs are charged with ensuring that an individual with OUD gets to the right level of care, regardless of whether they themselves provide it. They are also responsible for providing care management for individuals with OUD, regardless of whether all of their care is being provided at the COE facility. ◄

Opioid Update: Numerous Efforts Underway to Address This Continuing Crisis

Overdose deaths from heroin and prescription drug abuse pose a public health crisis. In 2016, 4,642 drug-related overdose deaths were reported in Pennsylvania – an increase of 37 percent from 2015 – and every day 13 Pennsylvanians die of a drug overdose.

President Trump officially declared the opioid crisis a public health emergency. This declaration will allow states to redirect federal funds to the opioid crisis; however, it provides no new federal funding to fight this epidemic. RCPA was pleased to learn that President Trump proposed relaxing the Institutions of Mental Diseases (IMD) exclusion for inpatient substance use disorder treatment. The IMD exclusion, which bars Medicaid payment for services delivered in certain facilities with 16 or more beds, has been a major barrier against patients accessing treatment. Pennsylvania officials have stated on numerous occasions that they clearly understand the severity of the IMD exclusion and are working on numerous ways to resolve the problem — Trump's announcement will likely make that easier to accomplish. This announcement may also allow for expanded access to telemedicine, including remote prescribing for medication-assisted treatment.

Governor Wolf stated that "President Trump's decision to declare the opioid epidemic a public health emergency is an important step, but this is only the beginning." He added that "Without a commitment to fund the crisis in specific ways, it's difficult to say how much this declaration can do. While an awareness of this critical health emergency is important, an increased availability of grant money would help. Every effort to fund treatment, including medication-assisted treatment options, should be explored."

Pennsylvania has numerous efforts underway to respond to this crisis.

- Governor Tom Wolf announced at the end of September that Pennsylvania, through its Department of Drug and Alcohol Programs (DDAP), had been awarded a $5.7 million Medication-Assisted Treatment Prescription Drug and Opioid Addiction (MAT-PDOA) grant from the US Department of Health and Human Services, to help in the state's ongoing fight against the opioid epidemic.
- The US Department of Health and Human Services also awarded Pennsylvania a $26.5 million grant, funded by the 21st Century Cures Act, signed into law by President Obama in December 2016.
- Pennsylvania will soon award four $1 million federal PA Coordinated medication-assisted treatment (MAT) grants to providers in Pennsylvania, via the 21st Century CURES grant funding. Over the next two years, the grant is intended to help combat the heroin and opioid epidemic.
- 45 Centers of Excellence (COE) have been implemented to better initiate people into — and keep them engaged in — treatment.
- DDAP is also working to expand the "warm handoff" process to get overdose survivors directly into treatment. DDAP has implemented a hotline to direct people needing help finding treatment (800-662-HELP).

RCPA members have welcomed these initiatives, but members continue to emphasize the need for more funding for basic services. Many rates provided do not even cover the full cost of treatment; the drug and alcohol program has been chronically underfunded for many years. Increased capacity and improved access must be fully funded, which will take new and additional resources. Individuals and families struggling for help with an opioid addiction should not have to wait for beds/placements — it is a matter of life or death.

Contact Lynn Cooper, RCPA Director, Drug & Alcohol Division, with any questions. ◄

RCPA Participates in State Strategy Session for Tobacco Free Recovery

The Pennsylvania State Strategy Session for Tobacco Free Recovery was held on November 16 and 17; Lynn Cooper represented RCPA at these sessions. The purpose of the 1½ day working meeting was to: 1) learn about the disproportionate death and poor health impact of tobacco use among people with mental health (MH) and substance use disorders (SUD), and 2) develop an integrated program action plan to support people with MH and SUD who want to quit tobacco. The PA State Strategy Session was facilitated by the Smoking Cessation Leadership Center (SCLC) at the University of California, San Francisco (UCSF). The session was sponsored by the Pennsylvania Department of Human Services, Office of Mental Health and Substance Abuse Services; the Pennsylvania Department of Health, Tobacco Prevention and Control Program; the Pennsylvania Department of Drug and Alcohol Programs in partnership with the CDC National Behavioral Health Network for Tobacco & Cancer Control (NBHN); the Smoking Cessation Leadership Center at UCSF; and the Substance Abuse and Mental Health Services Administration.

As one of NBHN's designated State Strategy Sessions, the meeting addressed cancer and tobacco disparities in the behavioral health population. During the meeting, the participants established the overarching measurable goal for the reduction of tobacco use for Pennsylvania. In addition, the participants developed low-cost strategies to reduce the prevalence of tobacco dependence among behavioral health consumers, analyzed gaps and barriers to achieving these goals, and shared resources and strategies. Together, the group designed an action plan and made specific commitments and contributions to strengthen and promote tobacco-free recovery for those receiving services in the mental health and substance use disorders system. ◄

ODP Establishes Residential Services Work Group

The first meeting of a new work group created by the Office of Developmental Programs (ODP) to examine issues within residential services was held in November. The work group was first announced during the September meeting of ODP's Information Sharing and Advisory Committee (ISAC) by ODP's Division Director for Policy and Quality, Kristen Ahrens. As described at that time, the impetus behind creating the work group was to discuss and explore issues arising from the change in how behavioral supports are to be covered for waiver participants receiving residential habilitation services. When residential services move to a fee-schedule reimbursement system (from the current cost-based reimbursement system) on January 1, 2018, costs for behavioral supports needed by the waiver participant cannot be billed separately but must be covered by the provider. Access to behavioral supports and the coordination of such services with other behavioral supports the waiver participant may be getting during the provision of other services, such as community participation support, have been raised as issues that need to be considered.

During ODP's first meeting of the work group, a broader purpose was outlined and a process to develop recommendations for the ISAC were put forth. According to materials from the meeting, the work group will:

1) Establish a vision for residential services;
2) Develop a strategy to achieve an "Everyday Lives culture" in ODP residential services;
3) Work with ODP on the need for new and/or revised policies, standards, and practices, including licensing practices;
4) Recommend needed training and technical assistance for provider agencies; and
5) Assist ODP with developing guidance for provider best practice and adoption of "Life Course" concepts.

The work group is not intended to go on in perpetuity. A timeline shared at the first meeting indicates that work group recommendations will be presented to the ISAC by May 2018. Key provider associations were asked to name a representative to the work group. Thanks to Community Services Group's Peggy Van Schaick, who agreed to represent RCPA on the work group. ◄

January 1 – Still A Go

Two important things are still expected to take place on January 1, 2018 within the service system funded by the Office of Developmental Programs (ODP). First, the move from cost-based rates to fee-schedule rates for residential habilitation within the Consolidated Waiver, and second the effective date for the new Community Living Waiver. At the time of this writing, the Community Living Waiver has not yet been approved by the federal Centers for Medicare and Medicaid Services (CMS) but ODP was still expressing optimism that it would be approved by January 1. The normal process is for the state to submit the waiver application to CMS, and then the federal agency either approves the application or they send the state a series of questions. In this case, ODP received over 80 questions from CMS – while this seems like a high number of questions, it is not unusually high for CMS. Once ODP responds to the questions and CMS is satisfied, approval is expected. The Community Living Waiver is similar to the Person-Family Directed Services (P/FDS) Waiver, except it has a higher cap of $70,000 (compared to a cap of $33,000 for the P/FDS waiver). As for the residential fee schedule, that too is still slated to take effect January 1. Questions about the fee schedule and the Supports Intensity Scale that serves as the basis of a particular rate should be directed to the provider's appropriate ODP Regional Fiscal Officer or to ODP's Fiscal Bureau Director, Rick Smith. ◄

Everyday Lives Conference Set for January

The Office of Developmental Programs (ODP) has announced that the next Everyday Lives Conference will be held January 9, 10, and 11 at the Hershey Lodge in Hershey, Pennsylvania. The agenda is still being developed but keynote speakers and networking receptions have been confirmed. The concept of "Everyday Lives" was first developed and unveiled in 1991 and updates to planning documents have been made several times since then. The most recent document, *Everyday Lives – Values in Action*, is being used by ODP to guide its budget, policy, and program decisions. The conference is an opportunity to bring individuals with disabilities, their families, advocates, and service providers together to reinforce the principles of Everyday Lives and explore new ways of supporting people to make its vision a reality. More information about the conference can be found here. ◄

No Plan to Reopen HCBS Settings Rule "At This Time"

The American Network of Community Options and Resources (ANCOR), a national provider association of which RCPA is a member, was one of several disability groups that met recently with the federal Centers for Medicaid and Medicare Services (CMS) Administrator Seema Verma and other top CMS officials. The purpose of the meeting was to discuss the Home and Community-Based Services (HCBS) settings rule. According to an account of the meeting circulated on November 6, 2017 by ANCOR to its members, Administrator Verma shared that "There is no official plan to reopen the rule at this time but that CMS has decided to issue further sub-regulatory guidance with an immediate focus on the heightened scrutiny process." ANCOR went on to say that "The discussion with Administrator Verma also covered ideas of choice, standards for quality and outcomes, and goals to provide states with unprecedented flexibility." Read the full article here. ◄

Children's Services

Year 2 Behavioral Health and Economics Network (BHECON)

During Year 1 of BHECON events, the National Council for Behavioral Health worked with state partners in Connecticut, Illinois, Missouri, and Pennsylvania on a series of public forums that hosted diverse stakeholders at the state level to examine and advance policy for behavioral health, primary care, and criminal justice reform initiatives. RCPA co-hosted a round of meetings with our diverse group of members last year. As a result, a Consensus Statement on Policy Reform was created by the dedicated staff at National Council. The statement can be reviewed here.

Discussions between RCPA and BHECON staffers are underway for Year 2 — we are proposing topics that complement or expand upon the findings reported in the Year 1 statement. The topic areas include:

- Informational webinars/workshops on payment models;
- Information sharing on rehab models that are funded through the "carve-out";
- Latest policy information on the opioid crisis from the national perspective that can be tied to PA efforts;
- Research recruitment and retention strategies for the BH workforce and provide trending data on solutions;
- Ideas for "rebranding" health and human services to make it appealing to college students/grad students; and
- Support PA's effort to develop BH-MCO reporting requirements that are efficient and reflect effectiveness of care and treatment outcomes that are non-financial.

We look forward to future planning of BHECON activities. Contact Robena Spangler, Jack Phillips, Sarah Eyster, or Lynn Cooper if you have any questions. ◄

Meeting with Deputy Secretary Utz

RCPA convened a work group of residential treatment providers that are governed by Chapter 3800 regulations. A majority of the agenda is dedicated to regulatory compliance and interpretation regarding allegations of abuse and/or child maltreatment made against direct care staff. Providers are also interested in receiving clarification regarding safety plans and additional training on reporting.

On November 17, a meeting was held with Office of Children, Youth and Families (OCYF) Deputy Secretary Cathy Utz to discuss Chapter 3800 concerns and Child Protective Services Law (CPSL) interpretation concerns. The PA Council of Children, Youth and Family Services (PCCYFS) was also in attendance. Children's residential providers have become increasingly concerned over the recent change in interpretation and application of the CPSL. If a facility has staff members who are under investigation due to an allegation of abuse, the facility is required to remove the staff member from all direct care responsibilities and be placed on leave until further notification from the state.

Most of our residential programs experience staffing shortages; therefore, mandatory removal of staff from programs makes it difficult to provide a safe staff to child ratio. The absence of staff also has an impact on the therapeutic milieu. Children develop relationships with staff and rely on them to maintain a safe environment. When staffing levels are low, stress is high. The purpose for the meeting was to discuss strategies that will potentially alleviate the concerns that providers have specific to the timeliness of abuse investigations and the written follow up notification. Some providers have reported that written notification that would allow them to reinstate staff has taken way too long (longer than 60 days in some cases).

A noted increase in the volume of calls made to ChildLine due to "over-reporting" of issues was discussed (reportable vs. recordable vs. accidents). As a result, a small group of providers are invited to participate, along with staff from the State's Youth Development Center (YDC) system, with a work group to support the development of a comprehensive training for congregate care settings on the CPSL and requirements. The PA Family Support Alliance will create the curriculum based on provider input. The issue of timeframes required that would allow investigations to be conducted fully was not negotiable; however, if notifications were taking longer than expected, providers are encouraged to contact the regional OCYF supervisor, and then Roseann Perry if issues remain unresolved. Names of interested providers have been submitted to the OCYF. We are encouraged by the Deputy Secretary's response to our meeting request and concerns, and look forward to the work ahead.

If you are interested in participation with the statewide work group, or the RCPA PRTF (Psychiatric Residential Treatment Facility) Work Group, please contact Robena Spangler. ◄

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

DECEMBER

Tuesday, December 5	12:00 pm – 1:00 pm EST	IPRC Webinar: Neonatal Abstinence Syndrome: Understanding the Role of the Pediatric Rehabilitation Team
Tuesday, December 5	12:30 pm – 3:30 pm	Drug & Alcohol Committee *Penn Grant Centre*
Wednesday, December 6	9:30 am – 12:00 pm 1:00 pm – 4:00 pm 1:00 pm – 4:00 pm	Mental Health Committee Children's Division *Penn Grant Centre* Criminal Justice Committee *RCPA Conference Room*
Wednesday, December 6	10:00 am – 2:00 pm	Brain Injury Committee *Penn Grant Centre*
Thursday, December 7	9:15 am – 11:15 am 12:15 pm – 4:00 pm	Supports Coordination Organization Subcommittee Intellectual/Developmental Disabilities Committee *Penn Grant Centre*
Tuesday, December 12	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee *Conference Call*
Wednesday, December 13	10:00 am – 12:00 pm 12:00 pm – 1:00 pm	Open Meeting with Board Lunch with Board *Penn Grant Centre*
Thursday, December 14	10:00 am – 12:30 pm	Medical Rehabilitation Committee *RCPA Conference Room*
Tuesday, December 19	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee *Conference Call*
Wednesday, December 20	1:00 pm – 3:30 pm	Physical Disabilities and Aging Division *Penn Grant Centre*

JANUARY

Tuesday, January 9	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee *Conference Call*
Tuesday, January 16	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee *Conference Call*
Friday, January 19	11:00 am – 3:00 pm	BH-MCO/RCPA Task Force Meeting *Penn Grant Centre*