RCPA NEWS

FEBRUARY 2018

Special Features

RCPA's Richard Edley's Comments in Mental Health Weekly

Mental Health Weekly (MHW) editor's note: *"As in past Special Preview Issues, we asked our readers to send us their thoughts on the challenges and opportunities awaiting the field in 2018. Here are their comments."*

RCPA President & CEO Richard Edley's comments on value-based purchasing as related to behavioral health have been featured in the above referenced article in ***Mental Health Weekly,*** **January 1, 2018 Issue (page 3 - see excerpt below).**

"As we enter 2018, one of the most pressing issues for behavioral health providers is the movement, or rush, toward "value-based purchasing" (VBP). Indeed, this is the catchphrase of the year. But what is value-based purchasing when it comes to behavioral health?..." See full article here.

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©2018. 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

Vista Announces Kirsten Yurich as CEO
On January 2, 2018, Vista announced that Kirsten Yurich has been appointed to the new position of Chief Executive Officer effective immediately. See full press release here.

RCPA Member NHS Human Services Changes Name
to **Merakey** Effective April 1, 2018

RCPA Member Barber Institute CEO
supports effort to raise support staff wages

Congratulations to RCPA Member TrueNorth Wellness Services
for being a finalist in the Central Penn Business Journal 2018 Nonprofit Innovation Awards: Programs category.

RCPA Member PennCares Launches New initiative
in York County to help the disabled become more attractive to employers

RCPA Member RHD Board of Directors Names Marco Giordano as CEO

RCPA Member CPARC Names Couldridge as Executive Director

RCPA Member Goodwill SWPA Elects Two New Directors ◄

►►►

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

NEW MEMBERS

BUSINESS MEMBER

The Tolan Group
475 W Town Place
St. Augustine, FL, 32092
Tim Tolan, CEO
www.thetolangroup.com

Vertess
3849 E Broadway Blvd, #233
Tucson, AZ 85716
Joshua Boynton, Managing Director

PROVIDER MEMBER

Colonial Management Group, LP
dba New Season
1023 Pittsburgh Rd, Ste 109
Uniontown, PA 15401
Rachel Costello, PhD, Regional Director
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.

Compliance Forums Held

On January 16, RCPA hosted its first in-person meetings for compliance officers and related staff. There was a great deal of positive response to these meetings — while many people planned to attend, the weather unfortunately prohibited a good number of them from participating in person. Several members subsequently contacted RCPA, indicating that they would like to participate in future compliance forums.

There were two separate meetings held – one for providers of mental health and substance abuse services and the other for intellectual and developmental disabilities. Please contact RCPA staff members Sarah Eyster, Lynn Cooper, Robena Spangler, or Carol Ferenz to indicate your interest in future meetings. Members are encouraged to identify which meeting(s) they are interested in attending. ◄

The Lancaster Osteopathic Health Foundation

Has appointed Connell O'Brien, RCPA Policy Director for Integrated Health Care, to its Board of Directors. See full article from *LancasterOnline* for details. ◄

2018 RCPA Conference Call for Proposals is Now Available

The RCPA Annual Conference will be held at the Hershey Lodge, October 1–4. The call for proposals has been released and proposals are due to RCPA by Friday, March 16. RCPA is seeking innovative workshops to address mental health, drug and alcohol, intellectual and developmental disabilities, children's, brain injury, medical rehabilitation, and physical disabilities and aging policy areas, as well as value-based payment/finance, human resources, and compliance. The executive leadership track will return along with a mini-track for emerging leaders (those under 35). The call can be found on the RCPA and RCPA Conference websites. Please contact Sarah Eyster with any questions. ◄

RCPA IS GOING GREEN!

We are happy to report that RCPA is taking steps to become more environmentally friendly. As part of our going-green effort, we will be offering meeting materials (agendas, handouts, etc.), as well as other documents, in a convenient, easy-to-access, digital format for our members. What does this mean for you? It means that meeting handouts, membership renewal information, and other materials will be available on our website, enabling you to print them and/or save to your files for easy access on your mobile device or laptop and for future reference.

Here are some of the benefits to going green:

- Helps the environment through conservation;
- Cuts printing costs and increases efficiency, making your membership dues go even further;
- Adds convenience by making documents more readily available for easy access.

RCPA is committed to doing its part in helping the environment and becoming more efficient. If you have any questions about this initiative, please do not hesitate to contact Sharon Militello.

Class-Action Suit Filed Against Medicaid Work Requirements

Multiple advocacy groups filed a class-action lawsuit to block Kentucky from becoming the first state to impose work requirements on Medicaid enrollees earlier this week. The lawsuit – filed on behalf of 15 Medicaid enrollees – says work requirements conflict with the core mission of Medicaid as set in law. The parties allege that Medicaid work requirements with these restrictions would rip coverage and care away from people with substance use disorders or mental illness. More details available in this *Louisville Courier Journal* article from January 24, 2018 (updated Jan. 26). ◄

HEALTH CARE MEASURES

The spending deal reauthorized CHIP for six years, ending a nearly four-month lapse in the program's long-term federal funding. The CR delays the ACA's medical device tax and the "Cadillac tax" on high-cost workplace health plans for two years as well as its health insurance tax for one year.

Notably, the bill does **not** contain a funding extension for community health centers or renewal of so-called Medicare "extenders." Many advocates expressed alarm that these measures are now separated from the more politically-expeditious CHIP program and ACA taxes — both of which were signed into law by President Trump as part of Monday's CR. Historically, these smaller health care measures have been assured regular extensions by being tied to CHIP – a bipartisan, priority health insurance program covering 9 million low-income children and families.

Despite a number of promises from lawmakers on which issues will be addressed in February's funding decision, it remains unclear what will ultimately be included in the next government funding package. (Source: National Council for Behavioral Health's *Capitol Connector*) ◄

Government Shutdown

In mid-January, the federal government shut down after a short-term spending patch, known as a continuing resolution (CR) failed to pass both chambers of Congress before an all-important funding deadline. The original four-week CR, written by House Republicans, passed through the House but stalled in the Senate. Conflicts between Republicans and Democrats on appropriate levels of funding for defense and non-defense priorities, as well as Democrats' commitment to seeing an immigration debate, ultimately resulted in the Senate's inability to pass the bill. However, the shutdown came to a close quickly the following Monday when Senate Majority Leader Mitch McConnell (R-KY) agreed to hold a debate on immigration in the coming weeks and the CR was shortened by one week.

Importantly, in spite of the Senate's "gentleman's agreement" and the shutdown incident, it appears that House Republicans and President Trump are resolutely against pairing the Senate's bipartisan immigration deal with any broader spending bill. That dynamic will be the one to watch as Congress tries to negotiate on a more permanent way forward. ◄

Wagner, DiSanto, and Brooks Propose to Count, Cap, Cut State Regulations

Several senators are taking aim at Pennsylvania's excessive regulations to jump-start the state's economy. State Senators Michele Brooks, Scott Wagner, and John DiSanto announced they will introduce legislation to count, cap, and cut the number of regulations in Pennsylvania. The senators observed how the regulatory environment in the state is holding back businesses and individuals from succeeding in their fields.

The senators' bill, called the Red Tape Reduction Act, aims to accomplish three things:

1. Count the number of state regulations in the Pennsylvania Code;
2. Cap the number of state regulations at the current number; and
3. Cut the number of state regulations by instituting a one-in, two-out regulatory model. ◄

Congress Passes CHIP Spending Bill

After a three-day government shutdown, the House and Senate passed a stopgap spending bill to keep the government running through February 8. The deal also provided a six-year extension of the Children's Health Insurance Program (CHIP) and delayed certain Affordable Care Act (ACA) taxes. With a new February 8 funding deadline, lawmakers will once again start negotiating on a long-term FY 2018 budget deal and a potential immigration package, among some remaining health care measures that have been log jammed in the government funding process. (Source: National Council for Behavioral Health's *Capitol Connector*) ◄

The $75k Challenge

Now, more than ever, health and human services 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 — specifically, we are look¬ing for 75 member organizations to raise $1,000 each. Members can raise the $1,000 by doing a number of fun activities and including 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 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. ◄

Legislative Tracking Report

RCPA is constantly tracking various policy initiatives and legislation that may have pos¬itive 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. ◄

New Data Submission System for Clinicians in Quality Payment Program

The Centers for Medicare and Medicaid Services (CMS) has announced that physicians and other eligible clinicians that participate in the Quality Payment Program (QPP) can begin submitting their 2017 performance data using a new system on the QPP website. This new system has been improved from the former system that required clinicians to submit data on multiple websites. There are multiple data submission options. As data is entered into the system, eligible clinicians will see real time initial scoring within each of the Merit-based Incentive Payment System (MIPS) performance categories based on their submissions. Eligible clinicians are encouraged to log-in early and often to familiarize themselves with the system. Data can be updated at any time during the submission period. Once the submission period closes, CMS will calculate payment adjustments based on your last submission or submission update. For assistance with the data submission system, contact CMS via email or 866-288-8292. ◄

CMS Administrator/AHA Discuss Regulatory Relief

On January 17, 2018, Seema Verma, Administrator for the Centers for Medicare and Medicaid Services (CMS) joined Rick Pollack, the American Hospital Association (AHA) President and CEO, in a town hall webcast. The primary focus of the webcast was to discuss areas of priority and challenges for hospitals and health systems, as well as CMS, and discuss ways to reduce regulatory burdens for the upcoming year. CMS provided a great deal of insight and perspective, and set forth an action plan. Members are encouraged to watch the webcast. ◄

CMS Announces Launch of New Bundled Payment Model

On January 9, 2018, the Centers for Medicare and Medicaid Services (CMS) announced their launch of a new voluntary bundled payment model called the Bundled Payments for Care Improvement (BPCI) Advanced. BPCI Advanced will test a new iteration of bundled payments for 32 clinical episodes initially (29 Inpatient Clinical Episodes and 3 Outpatient Clinical Episodes) and will qualify as an advanced alternative payment model (APM) under the quality payment program (QPP). Participants can earn additional payment if all expenditures for a beneficiary's episode of care are under a spending target that factors in quality.

The Model Performance Period for BPCI Advanced begins on October 1, 2018, and runs through December 31, 2023. For additional information about the model, including the Request for Applications document, application template, etc., visit the BPCI Advanced web page. Applications must be submitted via the application portal. The application portal will close on March 12, 2018. ◄

MedPAC Votes to Eliminate Merit-Based Incentive Payment System

During the January 2018 Medicare Payment Advisory Commission (MedPAC) public meeting, the agenda included the topic of the Merit-based Incentive Payment System (MIPS). MedPAC members voted in favor of recommending Congress eliminate this system, stating the program was burdensome and complex. The presentation also cited that the program "Replicates flaws of prior value-based purchasing programs." It was recommended that MIPS be replaced with a new model known as the voluntary value program (VVP). The VVP would include an across-the-board withhold for all fee schedule payments, and performance would be assessed using uniform measures across three categories, which include clinical quality, patient experience, and value. Those in favor of the new program indicated it would better prepare physicians to participate in the Medicare Access and CHIP Reauthorization Act's (MACRA) Advanced Alternative Payment models.

The agenda included many additional topics of interest, some of which referenced increasing the equity of Medicare's payments within each setting, mandated report on telehealth services and the Medicare program, and a status report on Medicare Accountable Care Organizations. ◄

State News

DHS Posts Peer Groups, Peer Group Prices, and Medians in PA Bulletin

The Department of Human Services (DHS) posted a notice in the December 23, 2017, *Pennsylvania Bulletin* announcing the peer groups, peer group medians, and peer group prices for nonpublic nursing facilities including hospital-based nursing facilities and special rehabilitation facilities. ◄

Medical Rehabilitation

CMS Issues Guidance on Outpatient Therapy Caps

The Centers for Medicare and Medicaid Services (CMS) has issued an update/guidance posted in the Spotlight section of the All Fee-for-Service Providers web page regarding the Medicare Outpatient Therapy Caps. The exceptions process for the Medicare Outpatient Therapy Caps expired on December 31, 2017, which left an annual hard cap of $2,010 for physical therapy (PT) and speech-language pathology (SLP) services combined and $2,010 for occupational therapy (OT) services. Since the deadline for the expiration of the exceptions process, little communication was provided regarding the processing of therapy claims to avoid beneficiaries being denied access to therapy until Congress considered reinstating an exceptions process.

This update from CMS announced they would be delaying the processing of claims for therapy services, indicating if legislation regarding the therapy caps is not enacted by Congress in this "short period of time," then they would release and process the therapy claims accordingly. The full update/guidance:

CMS is committed to implementing the Medicare program in accordance with all applicable laws and regulations, including timely claims processing. Several Medicare legislative provisions affecting providers and beneficiaries recently expired, including exceptions to the outpatient therapy caps, the Medicare physician work geographic adjustment floor, add-on payments for ambulance services and home health rural services, payments for low volume hospitals, and payments for Medicare dependent hospitals. CMS is implementing these payment policies as required under current law. However, CMS is taking steps to limit the impact on Medicare beneficiaries by holding claims affected by the therapy caps exceptions process expiration for a short period of time beginning on January 1, 2018. Only therapy claims containing the KX modifier are being held; claims submitted with the KX modifier indicate that the cap has been met but the service meets the exception criteria for payment consideration. Currently, if claims are submitted without the KX modifier and the beneficiary has exceeded the cap the claim will be denied. CMS is not holding any other claims except those affected by the therapy caps. If legislation regarding the therapy caps is not enacted in this short period of time, then CMS will release and process the therapy claims accordingly. Under current law, CMS may not pay electronic claims sooner than 14 calendar days (29 days for paper claims) after the date of receipt, but generally pays clean claims within 30 days of receipt.

RCPA will continue to monitor this issue and update members accordingly. ◄

Final Rule for TRICARE Reimbursement for IRFs Published by DoD

The Department of Defense (DoD) published the final rule, *TRICARE; Reimbursement of Long Term Care Hospitals and Inpatient Rehabilitation Facilities*, in the December 29, 2017, Federal Register. This final rule finalizes the changes in the inpatient rehabilitation facility (IRF) payments from the proposed rule that was published back in 2016 and establishes TRICARE inpatient care reimbursement methodologies and rates similar to Medicare. Currently, IRFs are exempted from the TRICARE diagnosis related group (DRG) based payment system and paid by TRICARE at the lower of a negotiated rate or billed charges. To reduce the burden from sudden significant reductions on the IRFs, the final rule includes a gradual transition from TRICARE's current policy of allowing 100 percent of allowable charges (either the billed charge or voluntary negotiated rate), to phasing-in the Medicare IRF prospective payment system (PPS) rates as follows:

- Allowing 135 percent of Medicare IRF PPS amounts in the first 12-month period after implementation (estimated reduction of $24M);
- 115 percent in the second 12-month period after implementation (an estimated reduction of $41M); and
- 100 percent in the third 12-month period after implementation (an estimated $57M).

The DoD will apply the FY 2019 IRF PPS for purposes of the 12-month period beginning on October 1, 2018, and follow any changes adopted by the Medicare IRF PPS for subsequent years. The provisions in the final rule become effective on March 5, 2018. ◄

MedPAC Recommends Cut for Rehab Hospitals and Units for FY 2019

On January 11, 2018, the Medicare Payment Advisory Commission (MedPAC) held their public meeting to discuss and vote on fiscal year (FY) 2019 payment recommendations to include in their March 2018 report to Congress. Included in the discussion was a draft recommendation to reduce payments to inpatient rehabilitation facilities (IRFs) and units by five percent. Also included was a recommendation from 2016 for the Secretary to assess the integrity of the Inpatient Rehabilitation Facility Prospective Payment System (IRF PPS) through focused medical reviews and to expand the outlier pool to redistribute payments within the sector. Commissioners also approved a separate recommendation to redistribute payments within each post-acute care (PAC) setting using a blended-rate method derived from MedPAC's unified PAC prospective payment system (PAC PPS). The policy would have the effect of shifting payments within each setting, increasing payments for medically complex care and decreasing payments for the furnishing of therapy unrelated to care needs. According to MedPAC's research, this would effectively increase payments for nonprofit and hospital-based providers, and decrease payments to for-profit and freestanding providers. ◄

CMS Implements Guidance for Limit of DME in Medicaid Program

On December 27, 2017, the Centers for Medicare and Medicaid Services (CMS) released a State Medicaid Director Letter (SMDL) that provides policy guidance to states on compliance with the statutory limit on available federal financial participation (FFP) for State Medicaid expenditures for Durable Medical Equipment (DME). Per the statute, the changes became effective on January 1, 2018. ◄

PAC QRP – Section GG Web-based Training Modules Now Available

The Centers for Medicare and Medicaid Services (CMS) has released new training modules to address questions regarding functional reporting for the quality reporting programs (QRPs) in the post-acute care (PAC) sector, which includes inpatient rehabilitation facilities (IRFs). The training is on-demand and includes exercises to improve understanding of assessment items. Additional information, including access to the training, can be found at the IRF QRP training website. ◄

Reminder: Deadline for IRF Quality Reporting is February 15

The deadline for submission of Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) data is Thursday, February 15, 2018. IRF patient assessment instrument (PAI) data set assessment data and data submitted to the Centers for Medicare and Medicaid Services (CMS) via the Center for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) for July–September (Q3) of calendar year 2017 are due as part of this deadline. Additional information can be located on the IRF QRP web page. ◄

Brain Injury

Researcher Secures $4M to Study Brain Injuries

University of Pennsylvania researcher Dr. Douglas H. Smith has secured a $4 million award from the Department of Health (DOH) to transform the prevention, diagnosis, and treatment of traumatic brain injury (TBI). This four-year Pennsylvania Consortium on Traumatic Brain Injury (PACT) honor calls for Smith and colleagues from four other Pennsylvania institutions to pinpoint underlying biological commonalities in brain injury patients, evaluate tests for identifying physical causes, and forecast recovery paths in the spectrum of brain injury cases. ◄

BIAA Announces Upcoming Webinars

The Brain Injury Association of America (BIAA) has posted their upcoming live webinars, including February through April 2018. ◄

Physical Disabilities & Aging

CHC Corner

The Community HealthChoices program is in full roll out mode in the fourteen counties in SW Pennsylvania. This roll out has been notable for the level of openness and willingness of the state, MCOs, and providers to communicate and collaborate. It is rather soon to consider how well the program is working but here are some highlights:

- Over 85,000 participants have been enrolled in the program;
- About 50% of the participants are in the UPMC plan, while 28% are in PA Health and Wellness, and 22% are with AmeriHealth Caritas; and
- Participants in the community account for 45% of the enrollees. The mix is not available by MCO.

In the first three weeks, most of the challenges have been related to systems issues, which are being addressed. These issues translate to the ability to bill in a timely manner, but it is rather early to determine the impact of such delays as most providers are still going through the first billing cycle.

Service Coordination Entities have been requested to continue providing services as they had prior to January 1, 2018, and questions about roles and responsibilities are still being answered. Some of the plans continue to use the HCSIS platform, while others are using proprietary systems. All the plans provide for using HHAeXchange as a platform to receive authorizations and billing. The state has issued guidance for Service Coordinators and has updated the Q&A section of the CHC website. For the most timely update on these responses, visit this link. On the service delivery side, some services like transportation and home modifications continue to represent challenges in network availability, and SCEs are operating under the Organized Health Care Delivery System (OHCDS) guidelines that were in place prior to the roll out of Community HealthChoices. ◄

CMS Guidance on EVV

CMS has held a number of teleconferences with industry associations and advocates whose providers will be affected by the roll out of electronic visit verification (EVV). In the latest meeting held with Applied Self Direction, the group working on consumer directed services, CMS reaffirmed the guidance on the implementation of EVV in all personal assistance services covered by 1115 and 1119 waivers.

- Implementation is required by January 1, 2019; this cannot be delayed because it is part of a legislative rather than regulatory process.
- Services affected by this guidance include self-directed services, as well as services provided in group settings in the community. ◄

Mental Health Steering Committee Formed

Volunteers from the RCPA Mental Health Committee have agreed to serve on the newly developed Mental Health Steering Committee. The full scope of the committee will be decided as the group holds its meetings. To start with, the committee will be the "go-to" regional or statewide contacts as issues arise and assist in setting Mental Health Committee goals each year. ◄

Eyster Appointed to the PCMH Advisory Council

Sarah Eyster, RCPA Director of Mental Health Division, was appointed by DHS Acting Secretary Teresa Miller to the Patient Centered Medical Home (PCMH) Advisory Council for a two-year term. Eyster previously served on the PCMH Planning Committee. ◄

CCBHC Corner

Certified Community Behavioral Health Clinic (CCBHC) providers continue to move ahead with the new model. Most providers report actively being paid, which is a huge relief. The clinical model is demonstrating early promising results. The focus for all CCBHCs at this time is their first joint site visit, from the Department of Drug and Alcohol Programs (DDAP) and Office of Mental Health and Substance Abuse Services (OMHSAS). Northeast Treatment Centers was the first CCBHC to be visited, on January 24 and 25. ◄

DDAP Announces New XYZ Packet Completed

RCPA is pleased to report that the Department of Drug and Alcohol Programs (DDAP) has announced that the XYZ Rate Setting Committee has completed work on documents related to the rate setting process for the 2018/19 state fiscal year. Providers of non-hospital detox and rehabilitation, to include halfway houses, can find the 2018/19 materials on PACDAA's web page.

RCPA has been informed that once the XYZ packet is completed and submitted, the rate that is determined is the rate that must be used. Other important changes have been made that will benefit providers and end up accomplishing the all-important goal of covering the costs of the services provided.

RCPA sends a special thank you to Jon Wolf, President and CEO of Pyramid HealthCare Inc.; his strong participation and leadership in this critical task force are greatly appreciated. RCPA also thanks Jennifer Smith, Acting Secretary and Terry Matulevich, Director, both from DDAP, for their commitment to assisting providers in obtaining fair rates that actually covered costs.

Below is the revised time frame for the rate setting process, as outlined in the XYZ package. Providers should direct questions to your single county authority (SCA). ◄

November 1	Provider audits due to SCAs, unless otherwise specified in the DDAP/SCA Grant Agreement
By or before February 1	Providers submit the completed XYZ package to the SCA
By or before March 16	SCAs respond to providers with the approved rates
Between March 16 – April 16	Provider appeals are submitted to the SCA
April 16 – April 30	Appeals that are unable to be resolved at the SCA level are submitted to DDAP
By or before May 1	SCA posts rates to PACDAA's web page

Warm Handoff Regional Meetings Will be Held in Early Spring

Efforts are being made all over Pennsylvania to address the opioid epidemic. One notable example is the Department of Health (DOH), in cooperation with the Department of Drug and Alcohol Programs (DDAP), and the Department of Human Services (DHS), will be convening six regional meetings with stakeholders across the Commonwealth to address the process of providing a warm handoff for opioid overdose survivors. The purpose of these meetings will be to develop the framework for localized plans ensuring seamless transfer of care from first responders to the emergency department and finally to the local treatment providers. The confirmed dates will be sent out soon – at this time, it appears that they plan to hold these regional meetings in late March and April. RCPA will keep members up to date as more information is available. All RCPA members providing treatment for substance use disorders are encouraged to attend. ◄

DDAP New Location

Department of Drug and Alcohol Programs (DDAP) employees working in the Harrisburg office have relocated to One Penn Center, located at 2601 North Third Street in Harrisburg. Jennifer Smith, Acting Secretary, stated "We are all very excited to operate in a new space under one roof, and I speak for many of us by saying that I look forward to new opportunities for collaboration and productivity that will come from working in one space." Phone numbers and other email contact information for the department remain the same, and DDAP staff will be in touch with any changes to individual mailing addresses. RCPA looks forward to meeting the DDAP staff in their new space. It is long overdue and much deserved! ◄

Governor Wolf Issued Statewide Disaster Declaration for PA Opioid Epidemic

Governor Tom Wolf recently issued a disaster declaration in Pennsylvania. For the first time in state history, the announcement [was] made for a public health crisis and the ongoing opioid epidemic killing thousands of Pennsylvania residents each year. The worsening crisis grew more than 30 percent in a year to 4,632 overdose deaths in 2016, according to the most recent statistics available from the US Drug Enforcement Agency. While some other states saw a decline in overdose deaths from May 2016 to May 2017, Pennsylvania recorded an 83 percent increase, according to a new analysis published Monday by Kaiser Health. The rise in Pennsylvania was largely attributed to fentanyl, which is in line with DEA statistics. Wolf [issued] an executive order during a press conference in his reception room at the Capitol, immediately allowing state officials to **temporarily override regulations** that prevent them from fighting the epidemic.

The new declaration, essentially leveraging the powers of the state to act with more immediacy and flexibility as it would in response to a natural disaster, is simply intended to ensure that any remaining barriers to providing law enforcement, first responders, health care providers, and government agencies the tools they need to battle the addiction crisis as effectively as they can, are removed.

Pennsylvania [has] become at least the eighth state to declare some sort of emergency as a result of the opioid epidemic, joining Alaska, Arizona, Florida, Maryland, Massachusetts, South Carolina, and Virginia. In addition, President Donald J. Trump last fall declared the opioid crisis a federal public health emergency.

All members are encouraged to review current barriers to providing their much needed services and contact Lynn Cooper at RCPA so that immediate action can be taken.

Information from *PennLive.com* ◄

DiDomenico Selected as Acting Deputy Secretary for DDAP

Ellen DiDomenico, Special Assistant for the Department of Human Services (DHS), has been selected as Acting Deputy Secretary of the Department of Drug and Alcohol Programs (DDAP) during Secretary Smith's extended (two month) medical leave of absence.

The announcement from Lynn Kovich, MEd, Deputy Secretary of DHS, Office of Mental Health & Substance Abuse Services (OMHSAS), stated that Ms. DiDomenico was asked to serve in this role because of her key involvement in certain initiatives that bring DDAP and OMHSAS together, such as the 21st Century Cures grant, Certified Community Behavioral Health Clinics (CCBHC) initiative, the AHRQ Medication Assisted Treatment in rural communities grant, and the Opioid Use Disorder-Centers of Excellence (OUD-COEs). In addition, it is hoped that in this role, she will be able to further bridge the gap between the two agencies. Ellen will continue to play a leadership role in the major initiatives that span both agencies. RCPA looks forward to working with Ellen in her new position and wishes the best to Jennifer Smith during her leave. ◄

Office of Developmental Programs Annual Everyday Lives Conference

The Office of Developmental Programs (ODP) held their annual Everyday Lives Conference at Hershey Lodge from January 9–11. The conference was attended by Pennsylvanians with disabilities, their families, advocates, governmental officials, and service providers. The focus of the annual conference is striving to make it possible for people with disabilities to live fulfilled lives as valued members of the community. Topics covered included dual diagnosis, relationships and friendships, self-advocacy, employment, peer to peer support, community living, federal policy, and aging. ◄

ID/A Coalition Requests Governor Wolf's Support in 2018/19 Budget

The Intellectual Disabilities and Autism Services (ID/A) Coalition met with Budget Secretary Randy Albright on January 17, 2018, to advocate for the Governor to continue his support for endorsing a living wage for Direct Support Professionals (DSPs) and reducing the state's ID/A waiting list. In a **letter to Governor Wolf,** the coalition specifically asked that the following ID/A priorities be included in his budget recommendations:

- Funding to address in FY 2018/19 the 5,034 individuals identified by the Office of Developmental Programs (ODP) as Emergency Needs Category;
- Funding to add 100 more individuals to be served by the Autism Waiver; and
- $60 million appropriation for Direct Support Professional Wages to support his call for establishing a Path to A Living Wage for DSPs. ◄

Office of Developmental Programs Provider Profile Work Group

Dolores Frantz, Office of Developmental Programs (ODP), and Celia Feinstein, Temple IOD, are co-leading the Provider Profile Work Group. This work group, made up of stakeholders, has been focused on developing a template for providers to share their information on ODP's website, in order to inform individuals and families about qualified providers and supports available to them, and enable them to make informed choices about service providers. The group is looking for feedback by mid-February. For more information, or to give feedback on this project, please contact Dolores Frantz or Celia Feinstein. ◄

ODP Updates

The Office of Developmental Programs (ODP) has released the following information in January:

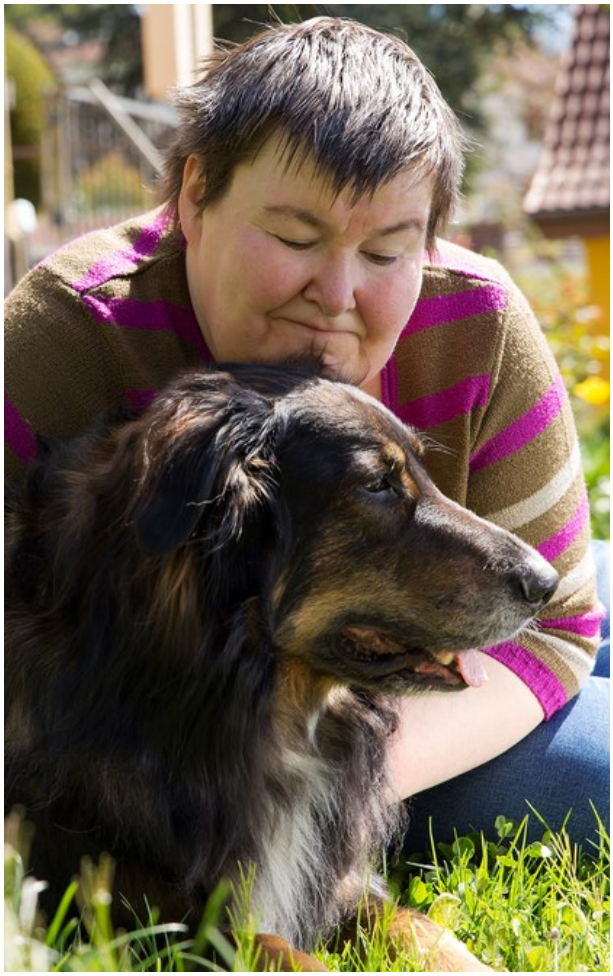
- ODP Communication #001-18: ODP Opens Application for Spring 2018 ODP Quality Management (QM) Certification Classes
- ODP Communication #002-18: Supplemental Security Income (SSI) Increase for Calendar Year 2018
- ODP Communication #003-18: National Core Indicators Release 2016 Staff Stability Survey Report
- OPD Communication #004-18: Additional face-to-face Medication Administration Classroom training sessions scheduled Spring 2018
- ODP Communication #005-18: Reminder Provider Requalification
- ODP Communication #006-18: Initial Certified Investigator Course Spring offerings are now available
- ODP Communication #007-18: Office of Victim Service Assessment
- ODP Communication #008-18: Train the Trainer version of the Community Participation Supports for Direct Support Professionals

Community Living Waiver Approved by CMS Effective January 1, 2018

The new Community Living Waiver was approved by CMS on December 20, 2017, to become effective on January 1, 2018. The Community Living Waiver supports individuals to live in their homes and communities and closely resembles the Person/Family Directed Support Waiver with the following differences:

- There is a limit of $70,000 per person per fiscal year total limit for Community Living Waiver services. All services are included in the limit, with an exception for Supports Coordination Services;
- Life Sharing services will be available at Needs Groups 1 and 2 and for individuals who need less than 30 hours per week of service on average;
- Supported Living services will be available at Needs Groups 1 and 2; and
- Vehicle accessibility adaptations will be limited to $20,000 during a 10-year period.

The Administrative Entities were notified of their Community Living Waiver capacity allocation and are responsible for determining who will be enrolled in this waiver. ◄



Engaging Survivor Services

by Mandy Fauble, PhD, LCSW, Executive Director at Safe Harbor Behavioral Health of UPMC

As we know, our agencies provide services to a significant number of individuals who have survived trauma. Many of the people we are serving are dealing with mental illness or substance use disorder that is at least in part triggered by these events. Those we serve are also much more likely to be revictimized or exploited, given the vulnerability created by mental illnesses, substance use disorders, and intellectual and physical disabilities.

When we move toward a more trauma informed environment and culture, we might notice gaps in systems that support survivors.

There are gaps within our own environments; perhaps in our policies, procedures, knowledge or skill set, or treatment modalities. Thankfully, there is a current push in the provider community to address these gaps in our agencies. It is benefiting our clients, but it is also benefiting our staff, who face secondary traumatization daily, and who may enter the workforce with their own trauma histories.

Other gaps include the many social service agencies that tie together the unique needs of trauma survivors.

I recently took a survey that helped me explore where I might see some of these gaps in our practice. It reminded me of some of the many needs of our clients that require a more robust social service response:

- Assistance with writing victim impact statements;
- Getting to court appearances, and feeling supported through their court appearances;
- Short and long-term shelter from intimate partner violence, sex trafficking, and homelessness;
- Applying for victim compensation services;
- New American competencies to help refugees and immigrants;
- Engaging the LGBTQIA community to tackle unique experiences and challenges in the criminal justice system;
- Child protective services, foster care, and family preservation; and
- Specialized trauma interventions.

To more fully meet these needs, it strikes me that providers can work with agencies providing survivor services in a variety of ways:

- Training in mental illness and suicide prevention; many agencies struggle with these competencies that are so strong in community mental health providers;
- Case Management support and programming designed to better coordinate care and reduce gaps;
- Communication with individuals served about victim/survivor services so that individuals served in our agencies know about additional community resources; and
- Provision of clinical supervision and training.

I would invite all RCPA members to complete this survey to identify gaps in services for trauma survivors and the needs that you are seeing. And, I would love to hear more dialog about how we can work with the many survivors' services that we can engage, including those funded through the Pennsylvania Office of Victim Services! ◄

Effective Leadership for System Change Training

A two-day leadership training on the art and practice of Adaptive Leadership was facilitated by Ellen B. Kagen, Director of the Georgetown University Leadership Program and Shannon Crossbear, Leadership Consultant. The training was sponsored by the PA System of Care (SOC) Partnership. The training participants were persons with supervisory, managerial, and leadership roles within their county SOC. The group was diverse, dynamic, and engaged with the process of learning and coaching. Adaptive Leadership principles are utilized to influence change that builds and enables the capacity of individuals and organizations to thrive. The practice of mobilizing groups of people to tackle challenges will be enhanced at RCPA as a result of the opportunity for participation. Robena Spangler will provide a brief overview of the training during the Children's Division meeting next month. Many thanks to the OMHSAS Children's Bureau for the invitation and commitment to future direction of the System of Care initiatives. ◄

National Registry of Evidence Based Programs and Practices no Longer Funded Through SAMHSA

The Trump Administration abruptly halted the funding of this registry at the beginning of January. If you have visited the site recently, a notice has been prepared and it reads, "We are deeply disappointed that the National Registry of Evidence Based Programs and Practices will no longer be funded through SAMSHA. This has been an invaluable resource for many years and frankly a gold standard for many community based behavioral health providers."

The website is "frozen" but has not been taken down to date. The Substance Abuse and Mental Health Services Administration (SAMHSA) is working on other ways to reconfigure its approach to disseminating the information on EBPs to the public. The administration has advised health and human services agencies to avoid using words/language such as "evidence-based," "transgender," and "fetus," to name a few, in budget documents. Health and human services professionals have also been encouraged to use terminology that wouldn't antagonize members of Congress. Most have expressed regret over what appears to be contract termination for the convenience of government. The contract cancellation means that the program profile updates will no longer be done. Providers are encouraged to send comments or questions about the discontinuation of the registry to Robena Spangler. ◄

AHEDD is a performance driven Central PA based 501(c)(3) non-profit organization that has been providing leadership in the delivery of Community Integrated Employment services throughout Pennsylvania for over 40 years.

Our current President/CEO will be retiring in July 2018, and we are seeking qualified candidates for this position. Applicants should possess the qualities of a visionary and strategic leader, work effectively with large complex government agencies, businesses, and provider organizations, and possess a strong business capability with solid management and public speaking skills. Candidates must have a full appreciation of the vocational and employment needs of diverse disability communities.

Ideal candidates will have a master's degree in a business or vocational rehabilitation discipline and have a minimum of five years of senior management experience in community vocational rehabilitation or a workforce development services setting; community integrated employment experience preferred.

The salary for the President is competitive and commensurate with experience.

Qualified candidates should send a cover letter that clearly states why you believe you are qualified to hold this position; highlight skills, experiences, or characteristics relevant to the expectations outlined in this posting; and indicate salary requirements.

Additional information can be found here.

Please forward your cover letter along with your resume to the following:

Mail to:
Search Committee
c/o AHEDD
3300 Trindle Road
Camp Hill, PA 17011-4432

Email information to: boardceosearch@ahedd.org.

AHEDD
A Specialized Human Resource Organization

FEBRUARY

Tuesday, February 13	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee *Conference Call*
Wednesday, February 14	10:00 am – 3:00 pm	Human Resources Committee Human Resources FLSA Training *Penn Grant Centre*
Thursday, February 15	10:00 am – 2:00 pm	Children's Division *Penn Grant Centre*
Tuesday, February 20	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee *Conference Call*
Thursday, February 22	1:00 pm – 3:30 pm	Physical Disabilities and Aging Division *Penn Grant Centre*
Tuesday, February 27	9:00 am – 4:00 pm	ABFT Training – Day 1 *Best Western Premier* *800 East Park Drive* *Harrisburg, PA 17111*
Wednesday, February 28	10:00 am – 2:00 pm	Brain Injury Committee *Penn Grant Centre*

MARCH

Thursday, March 8	12:00 pm – 1:00 pm	Outpatient Rehabilitation Committee *RCPA Conference Room – Webcast Only*
Tuesday, March 13	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee *Conference Call*
Tuesday, March 20	9:00 am – 4:00 pm	ABFT Training – Day 2 *Best Western Premier* *800 East Park Drive* *Harrisburg, PA 17111*
Tuesday, March 20	10:00 am – 12:30 pm	Medical Rehabilitation Committee *RCPA Conference Room*
Tuesday, March 20	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee *Conference Call*
Wednesday, March 21	9:00 am – 4:00 pm	ABFT Training – Day 3 *Best Western Premier* *800 East Park Drive* *Harrisburg, PA 17111*
Tuesday, March 27	12:00 pm – 1:00 pm EDT	IPRC Annual Membership Meeting *Webcast*