



Legislative Reception Added to RCPA Capitol Day Events

On Tuesday, April 17, RCPA will be holding its annual Capitol Day in Harrisburg. After the conclusion of Capitol Day, RCPA in conjunction with The Behavioral Health + Economics Network, known as BHECON (pronounced “beacon”), will be hosting a legislative reception between 4:30 pm – 6:00 pm in the Main Rotunda. All legislators will be invited to attend, so please make arrangements to stay afterwards and meet with elected officials and their staff in a more casual setting.

Please make sure to register on the Capitol Day [website](#) for the day’s events. Additionally, RCPA has secured a block of 10 rooms at the Crowne Plaza in downtown Harrisburg. Members can visit the Crowne Plaza’s [website](#) and enter code RCP to book your room(s) at a rate of \$129 for the night. The room rate includes one breakfast.

RCPA strongly encourages members, staff, and clients to attend, and get your voice heard on the hill. Questions, please contact [Jack Phillips](#). ◀



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3	Membership
4	Government Affairs
5	Federal News
8	State News
8	Medical Rehabilitation
9	Brain Injury
10	Physical Disabilities & Aging
11	Mental Health
13	Drug & Alcohol
15	IDD
17	Children's Services
18	Calendar



©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

IN MEMORIAM

David Feinberg, of the consulting firm Feinberg Shopp Associates, passed away on February 19. He spent his professional life in service of the health care needs of vulnerable citizens both in PA and nationally. David worked with RCPA and its predecessor associations for many years, and was well known and respected by many. More details of David's life and career can be found [here](#).



Notice to RCPA Members

RCPA is in the process of working to improve our technology that supports our webcasting, emails, and event management system. Currently, we are pursuing another vendor for this purpose. As is often the case, there are some "kinks" to work out in these systems during this transitional process. We would like to encourage our members to continue informing us of any issues that arise regarding event registrations, participation in our webcast meetings, and receiving (or not receiving) our email blasts.

Thank you for your patience as we strive to provide the best service possible to you.

- ▶ For email issues, contact [Cindy Lloyd](#)
- ▶ For webcasting or event registration issues, contact [Sharon Militello](#)



Visit the [RCPA website](#) for up-to-date information on legislation, meetings, trainings, and other industry developments. ◀

NEW MEMBERS

GOVERNMENT MEMBER

LYCOMING-CLINTON JOINDER

200 East St (Sharwell Bldg)
Williamsport, PA 17701
Keith Wagner, Executive Director

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.

National Council Hill Day – April 25

On April 25, join the largest behavioral health advocacy event of the year: National Council Hill Day 2018. Hear from seasoned policy experts, hone your advocacy skills, and make your voice heard in the national mental health and addiction policy conversation through workshops, presentations, and visits to your legislators on Capitol Hill. [Sign up today](#), or update your [Nat-Con18 registration](#) to attend! ◀

Legislative Tracking Report

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

Golfers and Sponsors for RCPA/RCPA PAC Golf Outing

Calling all golfers, it's time to [register](#) for RCPA/RCPA PAC's 5th annual golf outing at the beautiful Hershey Country Club, 1000 East Derry Road, Hershey, PA 17033 on Thursday, May 17. Registration starts at 10:30 am, lunch begins at 11:00 am, followed by a putting contest and 12:30 pm shotgun start.

Golf outing [sponsorships](#) are also available. We hope you will consider becoming a golf sponsor; it is a great opportunity to support this worthy cause and your agency will be recognized throughout the tournament.

The RCPA PAC raises money and supports campaigns of state legislators who work tirelessly on issues that benefit mental health, intellectual disabilities, children's services, substance use disorder treatment and services, brain injuries, medical and vocational rehabilitation, physical disabilities and aging, and other related human services. The funds raised through RCPA PAC can make the difference between a win and a loss on an issue or assist in making a new ally. Even if you can't be a strong contributor to RCPA PAC fundraising efforts, we all have friends and business associates who are interested in helping our allies to victory. Getting involved in RCPA PAC not only allows you to help make decisions on who the committee supports, but also helps to identify new folks who will join in our successes.

Further questions may be directed to [Jack Phillips](#). ◀

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 looking 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. ◀

CMS Issues Documentation Simplification Changes

As part of its [Patients over Paperwork](#) initiative, the Centers for Medicare and Medicaid Services (CMS) has issued a number of changes to rules for submitting claims to Medicare. The first such change is allowing physicians to verify a student's documentation in the medical record for evaluation and management (E/M) services, rather than the physician needing to document the same items again. In a change to the Medicare Claims Processing Manual (MCPM), CMS states the teaching physician must personally perform (or re-perform) the physical exam and medical decision making activities of the E/M service being billed, but may verify a student documentation of them in the medical record. You can read the [transmittal from CMS reflecting this change here](#). The next change CMS made was to clarify, through a change in the Medicare Program Integrity Manual, that a scribe does not need to sign their work, but rather a physician simply needs to review and sign the scribe's note. CMS said in its revision that contractors shall not deny claims for items or services because a scribe has not signed and dated a note. This [transmittal](#) provides additional information. ◀

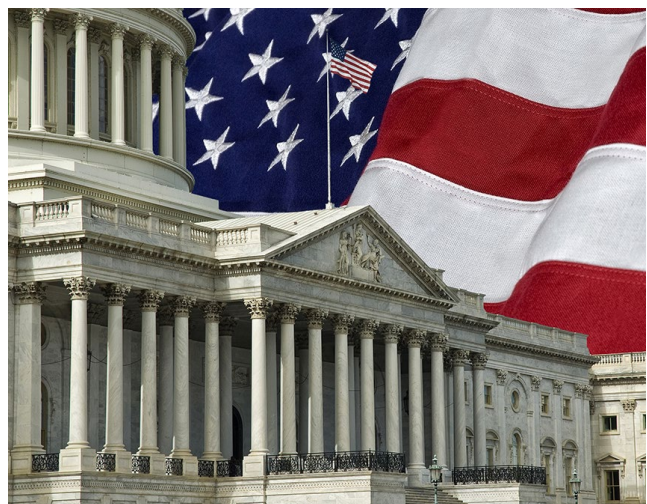
Secretary of HHS Announces Department Priorities

Newly confirmed Secretary of the Department of Health and Human Services (HHS), Alex Azar, recently gave a [speech](#) to stakeholders that included his priorities, which included a dramatic acceleration in transitioning to paying for outcomes and wellness. He noted four areas of emphasis in moving forward with value-based transformation: giving consumers greater control over health information through interoperable and accessible health information technology; encouraging transparency from providers and payers; using experimental models in Medicare and Medicaid to drive value and quality throughout the entire system; and removing government burdens that may be obstructing integrated, collaborative, and holistic care for the patient. Calling the results of Accountable Care Organizations (ACOs) "lackluster," Azar indicated that providers "were not given new meaningful space to experiment," and while providers were allowed to share in modest cost savings, they were "not asked to accept responsibility for cost overruns." ◀

MyHealthEData Initiative to Put Patients at Center of Health Care System

The Centers for Medicare and Medicaid Services (CMS) Administrator, Seema Verma, has announced a new Trump Administration initiative called [MyHealthEData](#), intended to empower patients by giving them control of their health care data, and allowing it to follow them throughout their health care journey. The government-wide MyHealthEData initiative is led by the White House Office of American Innovation with participation from the Department of Health and Human Services (HHS) – and its Centers for Medicare & Medicaid Services (CMS), Office of the National Coordinator for Health Information Technology (ONC), and National Institutes of Health (NIH) – as well as the Department of Veterans Affairs (VA).

MyHealthEData will help to break down the barriers that prevent patients from having electronic access and true control of their own health records from the device or application of their choice. Patients will be able to choose the provider that best meets their needs and then give that provider secure access to their data, leading to greater competition and reducing costs. The MyHealthEData initiative will work to make clear that patients deserve to not only electronically receive a copy of their entire health record, but also be able to share their data with whomever they want, making the patient the center of the health care system. Patients can use their information to actively seek out providers and services that meet their unique health care needs, have a better understanding of their overall health, prevent disease, and make more informed decisions about their care. ◀



Energy & Commerce Leaders Request Info on Accreditation Processes

In mid-March, leaders on the Energy and Commerce (E&C) Committee sent [letters](#) to the Centers for Medicare and Medicaid Services (CMS) and four hospital accreditation entities following a series of questions raised in a September 2017 [article](#) in The Wall Street Journal about patient safety concerns at hospitals. The letters indicated that the Committee on Energy and Commerce were conducting oversight to ensure that patient safety was being provided and that federal standards were being adhered to. Under the Social Security Act, hospitals participating in the Medicare program are required to meet certain minimum requirements specified in the statute as well as any supplemental requirements that are established by the Secretary of the Department of Health and Human Services (HHS) to protect the public health, otherwise known as the Conditions of Participation (CoPs). Responses were requested to CMS by March 23, 2018. Click [HERE](#) to read copies of the letters. ◀

**Stephanie Armour, September 8, 2017 (subscription required)*

Letters to CMS & Accreditation Entities Regarding Patient Safety Concerns

The House Committee on Energy and Commerce (E&C) recently sent [letters](#) to the Centers for Medicare and Medicaid Services (CMS) and four hospital accreditation entities, following a September 2017 *Wall Street Journal* article*, which raised concerns that the Joint Commission had revoked the accreditation of less than 1 percent of the hospitals that were out of Medicare compliance in 2014. Noting that 89 percent of hospitals have chosen to demonstrate compliance with their Conditions of Participations (CoPs) through a CMS-approved accreditation organization (AO), the letter to CMS raised concerns with the “adequacy of CMS’ oversight as well as the rigor of the AO survey process.”

The letters sought documents and information from CMS, including:

- ▶ Correspondences that address disparity rates between validation surveys performed by State Survey Agencies and hospital surveys performed by AOs;
- ▶ Correspondences between CMS and any State Survey Agency that address hospital surveys performed by the State Survey Agency; and
- ▶ Correspondences that address adverse event and complaint reporting policies and procedures among CMS, AOs, and State Survey Agencies.

The Committee also requested briefings from the accreditation entities. ◀

Funding Opportunity for Use in Measure Development for Quality Payment Program

On March 2, 2018, the Centers for Medicare and Medicaid Services (CMS) [announced](#) a \$30 million funding opportunity for measure development, improvement, updating, and expansion of quality measures for use in the quality payment program (QPP). The funding opportunity is available to clinical specialty societies, clinical professional organizations, patient advocacy organizations, educational institutions, independent research organizations, health systems, and other entities engaged in quality measure development. According to CMS, these external entities provide the necessary medical specialty and patient perspectives to lead or support the measure development priorities of the CMS Quality Measure Development Plan developed and updated through the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). ◀



CMS Proposes Regulation to Alleviate State Burden

Proposed rule furthers President Trump's commitment to "cutting the red tape" by relieving states of burdensome paperwork requirements

Today, The Centers for Medicare & Medicaid Services (CMS) issued a notice of proposed rulemaking (NPRM) that would provide states with flexibility from certain regulatory access to care requirements within the Medicaid program. Specifically, the NPRM would exempt states from requirements to analyze certain data and monitor access when the vast majority of their covered lives receive services through managed care plans. CMS regulations separately provide for access requirements in managed care programs. Additionally, the NPRM would provide similar flexibility to all states when they make nominal rate reductions to fee-for-service payment rates.

States have raised concerns over undue administrative burdens associated with meeting the requirements of the final rule, *Medicaid Program; Methods for Assuring Access to Covered Medicaid Services* (published in November 2015). Specifically, states with few Medicaid members enrolled in their fee-for-service program or when members are only temporarily enrolled, and states making small reductions to fee-for-service payment rates, have urged CMS to consider whether analyzing data and monitoring access in that program is a beneficial use of state resources. To respond to these concerns, the NPRM proposes the following changes:

- ▶ States with an overall Medicaid managed care penetration rate of 85% or greater (currently, 17 states) would be exempt from most access monitoring requirements.

- ▶ Reductions to provider payments of less than 4% in overall service category spending during a state fiscal year (and 6% over two consecutive years) would not be subject to the specific access analysis.
- ▶ When states reduce Medicaid payment rates, they would rely on baseline information regarding access under current payment rates, rather than be required to predict the effects of rate reductions on access to care, which states have found very difficult to do.

This notice furthers President Trump's commitment to "cut the red tape" and is part of a series of initiatives aimed at helping states focus more resources and time on patient outcomes in their Medicaid programs. In a speech to the National Association of Medicaid Directors last year, CMS Administrator Seema Verma emphasized CMS' commitment to "turn the page in the Medicaid program" by giving states more freedom to design innovative programs that achieve positive results for the people they serve. In total, the proposed changes are estimated to reduce states' administrative burden by 561 hours with a total savings of over \$1.6 million.

These proposed regulatory changes do not change the underlying statutory responsibilities for states to ensure that Medicaid recipients have appropriate access to services. These efforts are instead designed to support CMS efforts to move away from micromanaging state programs and instead focus on measuring program

outcomes and holding states accountable for achieving results.

"Today's proposed rule builds on our commitment to strengthening the Medicaid program and assist those it serves through state partnerships that improve quality, enhance accessibility, and achieve outcomes in the most cost effective manner," said CMS Administrator Seema Verma. "These new policies do not mean that we aren't interested in beneficiary access, but are intended to relieve unnecessary regulatory burden on states, avoid increasing administrative costs for taxpayers, and refocus time and resources on improving the health outcomes of Medicaid beneficiaries."

In a [March 14, 2017 Letter To Governors](#), the Department of Health and Human Services (HHS) and CMS announced a new commitment "to empower all states to advance the next wave of innovative solutions to Medicaid's challenges – solutions that focus on improving quality, accessibility, and outcomes in the most cost-effective manner."

For more information regarding CMS 2406-P: Methods for Assuring Access to Covered Medicaid Services – Exemptions for States with High Managed Care Penetration Rates and Rate Reduction Threshold, and to make a comment regarding the proposed rule, please visit this [web page](#). ◀

Webinar on PA Resources for Funding Assistive Technology Available

The Office of Long-Term Living (OLTL) is offering a webinar on Tuesday, April 10, 2018, at 9:00 am that will focus on the topic of Pennsylvania Resources for Funding Assistive Technology. Assistive technology devices help make it possible for individuals with disabilities to work, live independently in their own homes, go to school, and participate in the community. Mrs. Susan Tachau, Chief Executive Officer (CEO) of the Pennsylvania Assistive Technology Foundation (PATF), will conduct the webinar. [Registration](#) is required to participate in the webinar. Registrants will receive a confirmation email containing information about joining the webinar. Questions should be directed to [Edward Butler](#), OLTL, at 717-214-3718. ◀

DOH Creates Brain Injury Identification Wallet Card

The Pennsylvania Department of Health (DOH) has created a brain injury identification wallet card. The card was created as a result of a telephone call from an individual with a brain injury who moved from another state. The individual was inquiring as to whether PA had a card that could be used in emergent situations that would easily identify him as having a brain injury and his symptoms. The wallet card is available on the [DOH website](#). The intent of the card is to provide a document for individuals with a brain injury that could be used to communicate their symptoms and emergency information to emergency personnel or the public. ◀

Medical Rehabilitation

CMS Issues IMPACT Act Transfer of Health Measures for Comment

On March 20, 2018, the Centers for Medicare and Medicaid Services (CMS) released the Improving Medicare Post-Acute Care Transformation Act of 2014 ([IMPACT Act](#)) transfer of health measures for public review and comment. CMS contracted with the RTI International and Abt Associates to develop cross-setting post-acute care transfer of health information and care preferences quality measures in alignment with the IMPACT Act.

As part of its measure development process, CMS is requesting comments on two draft measure specifications, including:

1. Medication Profile Transferred to Provider
2. Medication Profile Transferred to Patient

Additional information is provided on the [public comment page](#) on the CMS website. The public comment period closes on May 3, 2018. ◀

IRF Provider Preview Reports Now Available

Inpatient Rehabilitation Facility (IRF) Provider Preview Reports are now available. Providers have the opportunity to review their performance data on quality measures based on Quarter 3 - 2016 to Quarter 2 - 2017 data, prior to the June 2018 [IRF Compare](#) refresh, during which this data will be publicly displayed. Providers have until April 5, 2018, to review their performance data. Corrections to the underlying data will not be permitted during this time. However, providers can request a Centers for Medicare and Medicaid Services (CMS) review during the preview period if they believe their data is inaccurate. Additional information is located on the [IRF Quality Public Reporting](#) web page, [IRF Compare](#), and [Preview Report Access Instructions](#). ◀

CMS Transmittal Published on Therapy Intensity Requirements in IRFs

On February 23, 2018, the Centers for Medicare and Medicaid Services (CMS) issued [Transmittal 771/Change Request 10482](#) (Clarification of Instructions Regarding the Intensive Level of Rehabilitation Therapy Services Requirements). The transmittal provides clarifying instructions to Medicare Contractors for conducting medical reviews of inpatient rehabilitation facility (IRF) claims when reviewing the level of intensive rehabilitation services provided. ◀

Save the Dates: CMS To Host In-person IRF QRP Training

The Centers for Medicare and Medicaid Services (CMS) will be hosting a two-day inpatient rehabilitation facility (IRF) quality reporting program (QRP) in-person "train-the-trainer" event for providers on Wednesday, May 9 and Thursday, May 10, 2018, in Baltimore, MD. The training is open to all IRF providers, associations, and organizations. When registration information is posted, RCPA will notify members. ◀

Brain Injury Awareness Resolution Introduced/Passed

On March 9, 2018, Representative Tina Pickett introduced [House Resolution 741](#) designating the month of March 2018 as “Brain Injury Awareness Month” in Pennsylvania. The resolution was adopted (188–0) on March 14, 2018. A similar co-sponsorship memo was introduced in the Senate by Senator Schwank and will be voted on in the near future. March is nationally recognized as Brain Injury Awareness Month as well. ◀

CDC Issues Report to Congress on Management of TBI in Children

The Centers for Disease Control and Prevention (CDC) released the report, *The Management of Traumatic Brain Injury in Children: Opportunities for Action*, which details the impact a traumatic brain injury (TBI) can have on children and their families. The report also identifies gaps in care, provides opportunities for action to reduce the gaps, and highlights key policy strategies to address the short and long-term consequences of a TBI. ◀

CoBI Offers Free Social/Recreational Events to Young Adults with BI in Transition Years

The Council on Brain Injury (CoBI) has an exciting opportunity to bring free social/recreational events to young adults with brain injuries in transition years (18–21). Included in these events are classes/activities for young adults with brain injuries across the state on topics from yoga to creative arts to sports and more. The catalog of courses is posted on the CoBI [website](#). ◀

BIAA Announces Upcoming Webinars

The Brain Injury Association of America (BIAA) has [posted](#) their upcoming live webinars, including April through October 2018. ◀



CHC Corner

On March 15, the PA Department of Human Services (DHS) / Office of Long-Term Living (OLTL) provided an update on the status of the rollout of Community HealthChoices in the Southwest Zone and plans for rollout in the Southeast. Here are some highlights:

- ▶ The state considers the rollout to be a success with learning opportunities that provide for improvements as the program stabilizes and expands into other zones.
- ▶ Overall, 70% of the HCBS Dual Eligible participants are over 60 years of age, while the remaining 30% are under 60. Inversely, for HCBS Non-Duals, one third of the participants are over 60 years old, while two thirds are under 60. This reflects the traditional combination of consumers in this market segment, and highlights the importance of the aging population in this service.
- ▶ UPMC Community HealthChoices has 52% of the participants while Pennsylvania Health and Wellness and AmeriHealth Caritas have 28% and 20% respectively.
- ▶ New enrollments through March 2 in HCBS CHC totaled 377 participants, with 198 choosing UPMC, 131 selecting Pennsylvania Health and Wellness, and 48 selecting AmeriHealth Caritas. New enrollments had been an area of concern for advocates. No exact comparative data is available to historical patterns at this time, but indications are that access to services continues at a steady pace.
- ▶ In the 1/1/ – 3/2/18 period, 755 new participants were enrolled into CHC receiving services in nursing facilities. Monitoring these trends would provide a good benchmark for the moves towards rebalancing. No official numbers were shared about transitions out of nursing facilities into the community.
- ▶ It was also reported that participants are transferring across the three plans, with UPMC having the largest gains, reflecting its overall market position in the Southwest Zone.
- ▶ OLTL reported activity in the complaints and grievances process.
- ▶ Regarding payment of claims, OLTL reported that all three MCOs are actively processing claims.

AmeriHealth reported the largest proportion of the claims continuing in “pending” status through 2/23, while UPMC reported the largest proportion of the claims being “paid” through 2/23. PA Health and Wellness had the largest proportion of rejected claims. These data do not necessarily reflect the dollar value of the claims and are also an indication of the evolving systems at all three plans.

OLTL identified the following areas of focus in the Southwest Implementation:

- HHAExchange/Data Integrity;
- Direct Care Worker Authorizations;
- Nursing Facility and HCBS Claims Submission;
- Medicare/Medicaid Participant and Provider Education;
- Enrollment Issues;
- Person-centered Service Planning Process;
- Reviewing Changes in Person-Centered Service Plans;
- Transportation; and
- Complaint and Grievance processes and notices for HCBS Services.

Among the lessons learned so far, OLTL identified the following:

- Earlier stakeholder engagement opportunities with key population groups and group representatives;
- Earlier in-person provider communication sessions;
- Enhanced communication materials regarding Medicare vs CHC;
- More education and communication on continuity-of-care;
- Additional report development on enrollment and plan transfer scenarios;
- Earlier OBRA reassessments;
- More communication on the LIFE program as an enrollment alternative;
- Earlier data clean-up in HCSIS and SAMS;
- Earlier pre-transition;
- More provider information on IEB website; and
- More provider training on Medicare vs CHC.

The slides for this data and additional CHC updates can be found online [here](#). ◀

CCBHC Update

RCPA staff member Sarah Eyster participated in the Certified Community Behavioral Health Clinics (CCBHC) Advisory Committee meeting on March 16 with OMHSAS and all of the CCBHC pilot providers. The following was discussed:

1. Finances:

- a. The first six months of data from the cost reports will not be used for setting the rates for year two.
- b. There will be interim rates for year two which will be based on year one rates with the Medicare Economic Factor applied.
- c. Final year 2 rates will be based on the final annual cost report and be available by April 30, 2019.
- d. CCBHCs may be an alternative payment model for PA, but depends on the data.

2. Licensing:

- a. For the first time, OMHSAS and DDAP visited for one, joint licensing visit. Though there were some glitches, valuable lessons were learned for the future.
- b. Both providers and the state licensing staff agreed that the process went well.
- c. Although DDAP is now licensing providers for two years, for the CCBHC pilot providers will be on an annual inspection cycle.

3. Claims/Encounter Data:

- a. Though claims processing has resulted in an increased number and amount of payments, there remain problems with the PROMISe system getting stuck on Third Party Liability (TPL). BH-MCOs have been asked to hold any claims with TPL until the problem is worked out.
- b. An outstanding question remains about providers who are not Medicare providers (not required to be a CCBHC) but are serving people with both Medicare and Medicaid. This creates another TPL issue.

4. Quality:

- a. Currently all data reported is in the data certification process, meaning that while a PowerPoint of 60 slides was shared, it is not

currently available. What is known is that there are reporting issues related to defining the requirements to ensure that the pilot providers are reporting exactly the same information.

- b. Since July, more than 20,000 people are reported participating in the CCBHCs, with 5,766 coming in after July 1, 2017.

Finally, the offer was made to all providers to hold conference calls using the state's calling line. Training needs were then identified.

The meeting then wrapped up with providers sharing success stories. There have been huge successes with sharing data resulting in preventing and sharing inpatient hospitalization during business and non-business hours. Providers have hired specialized therapists, implemented electronic health record systems, which allows the providers to use data to make treatment and care decisions and engage in positive relationships with their designated contracting organizations (DCOs). ◀



Psychiatric Outpatient Regulations

The outpatient regulations continue to go through the governmental review process within the Department of Human Services and the Governor's Office legal reviews. RCPA will continue to monitor progress and inform members of any new developments. ◀

CCBHC Engagement Success Story

During the March Certified Community Behavioral Health Clinics (CCBHC) Advisory Committee meeting, providers were sharing stories about successes to date in the pilot program. Many people spoke about organizational success, but one program shared this early success story below...

J was referred to CCBHC at NET on July 17, 2017, as a step down from Fairmount Hospital, where he was hospitalized for a suicide attempt. J is a 26-year-old Black male, diagnosed with bipolar disorder. When J was admitted into CCBHC NET Clinic he was homeless, living on the streets, or in vacant homes throughout the city. J has a long history of psychological trauma, growing up in impoverished environments, being placed in a residential treatment setting as an adolescent, and having experienced the death of his daughter. J is receiving Trauma Focused Cognitive Behavioral Therapy (CBT) to help him identify his challenges and replace biased, self-defeating thoughts resulting from his trauma. J has worked with a certified peer specialist and a case manager to gain employment and housing. J has now been employed at Dunkin' Donuts for four months, and is now living at a shelter in Philadelphia. Since being settled in with the shelter, he has focused on his self-care. He recently reconnected with his psychiatrist at NET, and scheduled a physical with his primary care physician.

J is able to articulate his plans to regain visitation with his other children, and to work on rebuilding his external supports... "My path towards success feels smoother, since I connected with CCBHC." ◀



ASAM Update

RCPA staff, and several members of the RCPA American Society of Addiction Medicine (ASAM) implementation task force, met with Secretary Jen Smith and numerous DDAP staff to discuss concerns regarding the ASAM implementation. RCPA members are working hard to get appropriate staff trained in the new screening and assessment process.

1. The in-person requirement has made it difficult and costly due to scheduling, limited training opportunities, and lost revenue from down time. RCPA has been researching the effectiveness of eLearning and continues advocating for allowing some staff to do the online training instead of the in-person training. RCPA has been charged to develop specific criteria for online training; the task force is in the process of doing just that.
2. It is clear that all appropriate staff will not be trained by the official startup date of July 1, 2018. DDAP will be reviewing the progress in April and a new deadline will be determined.
3. **Supervisors that have had the ASAM training will be able to sign off for the counselors that have yet to be trained. It is important that the supervisors are first priority to be trained.**
4. DDAP is clearly aware of the barriers to training, such as costs of down time and the limited training availability at this time. DDAP has emphasized that there will be no negative consequences to providers due to the inability to get staff trained.
5. There will be a Pennsylvania Client Placement Criteria (PCPC) summary sheet included with the Web Information Technology System (WITS) to help fill the gap until all appropriate staff are trained.
6. RCPA has been strongly advocating for financial assistance to members to cover the training costs. After numerous discussions with state officials and behavioral health managed care organizations (BH-MCOs), oversight bodies, and single county authorities (SCAs), it is clear that all are aware of the need for financial assistance. One plan shared by several officials was that some SCAs will be considering providing assistance (including lost revenue from down time) to providers by making year end contract revisions, if funds are available. Several oversight bodies and BH-MCOs have already provided significant support for training and implementation and will continue to do so. All members experiencing problems getting staff trained are encouraged to contact their SCAs. If the SCA does not provide assistance, it is recommended that providers contact their BH-MCOs to request assistance.

DDAP is posting periodic FAQs to their website. If you have any questions in the meantime, please contact [Lynn Cooper](#). ◀

Governor Wolf Removing Pre-authorization for MAT

Governor Wolf is removing pre-authorization requirements for some medications used in the treatment of opioid addiction. In an effort to help people get treatment more quickly, the state will remove a pre-authorization requirement for Medicaid recipients prescribed some types of medication which are helpful for recovery. Pre-authorization can take up to 24 hours to process, and the administration hopes the change will prevent situations where people struggling with addiction must decide whether to pay out of pocket for the medication, risk going into painful withdrawal, or make no changes at all. Treatments like Suboxone and Vivitrol require a prescription from a doctor; they often also require a pre-authorization from insurance. With the waiver in place, a prescription alone will be enough to ensure that Medicaid recipients receive coverage for such treatments. See the Governor's press release [here](#). ◀

Waiver: NTPs Medication Units Allowed

On January 10, 2018, Governor Tom Wolf issued a [Proclamation of Disaster Emergency](#) related to the opioid epidemic that directly impacts treatment in Pennsylvania. The Department of Drug and Alcohol Programs (DDAP) regulation 28 Pa. Code §715.25, which prevents Narcotic Treatment Providers (NTPs) from establishing medication units, is being waived for the 90-day duration of the disaster emergency declaration. In addition, a permanent waiver can be requested.

Questions regarding this policy bulletin and exception requests shall be directed to Wenona Wake, Bureau Director for Quality Assurance for Prevention and Treatment, Division of Drug and Alcohol Program Licensing, at 717-783-8675 or via [email](#). ◀

Changes Coming to PA Recovery Houses

In December 2017, the General Assembly passed and Governor Wolf approved [Senate Bill 446](#). This new legislation directs the Department of Drug and Alcohol Programs (DDAP) to license or certify drug and alcohol recovery houses that:

- Receive referrals from state agencies or state-funded facilities; or
- Receive federal or state funding.

DDAP will make [regulatory changes](#) for the licensure or certification of drug and alcohol recovery houses on or before June 17, 2020. Once these changes are in place, only licensed or certified drug and alcohol recovery houses will:

- Be eligible to receive federal or state funding to deliver drug and alcohol recovery housing services; and
- Be eligible to receive referrals of individuals whose treatment is funded with federal or state funding.

In addition, state or county courts must give first consideration to facilities that are licensed or certified when making residential recommendations for individuals under their supervision.

Note: This is good news. While there are some excellent recovery residences in PA, RCPA members are reporting that there are some others, mostly out of state companies, causing PA citizens great suffering and even death. These entities are falsely representing themselves — and they are not getting the clients they recruit into the level of care needed for recovery. RCPA has expressed concern regarding the time frame in which this will be completed (2020). We hope to work with DDAP as soon as possible to figure out how to zero in on the most harmful “safe houses/ recovery houses” and stop them from causing additional damage. For further questions, please contact [Lynn Cooper](#). ◀

Warm Hand-offs for Opioid Overdose Survivors Summits

The Department of Health (DOH) and the Department of Drug and Alcohol Programs (DDAP) have been holding regional summits to address warm hand-offs for opioid overdose survivors. The goal of these summits is to bring together stakeholders from the public and private sector, across a range of disciplines, to collaborate on ways to ensure the seamless transfer of opioid overdose survivors from emergency care to the treatment provider. The agendas have included success stories from those on the front lines of the battle against this epidemic, opportunities for peer-to-peer learning, and much more, with one or more cabinet officials in attendance. Questions regarding these summits may be [emailed here](#). ◀



BAS/ODP Focus on Training

The Bureau of Autism Services (BAS) / Office of Developmental Programs (ODP) is focusing resources on providing training opportunities to providers in the community. In April and May they are offering several free statewide professional training sessions. Comprehensive Functional Behavioral Assessment (FBA) is being offered by the BAS Clinical team. The team will be reviewing the foundations of behavioral support, including data collection, data analysis, and data-based recommendations. Potential pitfalls and methods to control these implications will also be shared. Dates and locations can be accessed [here](#).

Additionally, RCPA will be hosting a forum with BAS on Friday, April 20, 2018, 1:00 pm – 2:00 pm, to secure feedback from community providers working to support individuals living with Autism Spectrum Disorder, to bolster and expand system wide training initiatives. This session will provide a forum for participants to engage in a discussion with staff from the BAS about current and future training opportunities. Please [register for the forum here](#). ◀

ODP Communications Since Last RCPA News

023-18 ISP Manual Update Life Sharing Codes

024-18 Certified Investigator Forum Announcement

025-18 Updating AE, SCO and Provider Information for QAI

026-18 Residential Staffing Ratios and Supplemental Habilitation

027-18 College of Direct Supports Fulfillment of Fire Safety Licensing Requirement

028-18 Life Sharing and Respite Q&A

Money Follows the Person Bill

A bill to renew — and improve — the Money Follows the Person (MFP) program has been introduced in the US House of Representatives. MFP expired in 2016 and states have begun to run out of funds for the program. Those that have not run out of the funds will lose what funds remain if the program is not renewed. This program has been an important source to assist in moving people with disabilities and chronic conditions out of state-run institutions and into the community. RCPA has supported the continuation of this program in communications with Senator Casey's office; Senator Casey was one of the early co-sponsors of the reauthorization of MFP. ◀

Community Participation Supports Forum

All providers of the new Community Participation Supports waiver service are invited to participate in a provider led discussion regarding challenges and successes in implementation of this service in the community. Providers who have been transitioning from providing traditional pre-vocational training services to this new definition have had to make many adjustments to meet new staff training requirements, staff certification, and staffing ratios, among other program adjustments. We would like to open the dialog regarding these changes. Our hope is to share the results of this feedback in the future to help shape implementation of the goal of community integration in a realistic manner. Please join us in the discussion on Thursday, April 19, 2018, 10:00 am – 12:30 pm and share your experiences and observations. [Register for the forum here](#). ◀



PA ABLE Reaches One Year Anniversary – Declares a Year of Success

PA ABLE gives individuals with disabilities and their families a tax-free way to save funds for disability related expenses while still maintaining their government benefits. In the first year, more than 1,000 individuals have saved over \$5.5 million in these accounts. The Pennsylvania ABLE Savings program is administered by the Pennsylvania Treasury Department. To learn more about the program, visit the [PA Able web-site](#). ◀

Congressional Hearing Regarding Class Action Lawsuits Against ICF/IDDs

On March 6, 2018, the House Judiciary Committee conducted a hearing on class action lawsuits against intermediate care facilities (ICFs) for individuals with intellectual disabilities. During the hearing, the Committee heard testimony on how the lawsuits are structured and whether stakeholders — including residents, parents, and guardians — had knowledge of the lawsuit and the right to opt out. Some individuals have died shortly after moving from the ICFs. The video of the hearing is [available here](#). ◀

Advocating for Choice in Employment

RCPA supports ODP's implementation of Community Participation Supports to enrich people's lives and meet the Centers for Medicare & Medicaid Services (CMS) Final Rule, as well as competitive employment for individuals with disabilities. We also recognize that many people have found working in workshop settings to be meaningful and rewarding and want to remain in that setting. We want to ensure that individuals have a choice. It is important that people with disabilities have a full array of employment options, including jobs in center-based programs that provide a broad range of employment services to people with disabilities, including job training, job coaching, supported employment, and employment in their own work centers. These jobs bring great satisfaction and fulfillment to individual workers and provide them with necessary skills to succeed in the workplace. These are real jobs that provide real meaning to people's lives. Without these jobs, people with significant disabilities may be left behind and would not be allowed to pursue a full and dignified life. ACCSES is encouraging providers, individuals, and families to communicate to your Senators and Representatives the message that you want to protect employment choice for people with disabilities. To read the talking points and send a message to your representatives, visit the [ACCSES Action Center](#) and select Protect Employment Choice. ◀

Competitive Integrated Employment Definition

On January 18, 2017, the Rehabilitation Services Administration (RSA) "clarified" a definition of "competitive integrated employment" under 34 CFR § 361.5(9) that is not found in the definition voted on by Congress in the Workforce Innovation and Opportunity Act (WIOA), nor does it reflect federal policy. Rather than enhancing employment opportunities, the RSA's interpretation of "competitive integrated employment" found in FAQs posted on that date presumptively excludes all employers who are dedicated to hiring people with disabilities. Nineteen state vocational rehabilitation (VR) agencies have been refusing to refer people with significant disabilities to good jobs. Under WIOA, Congress intended to expand job opportunities for people with disabilities, not take them away.

As a result, the Consortium for Citizens with Disabilities, Employment and Training Task Force sent a letter to Assistant Secretary Johnny Collett and Deputy Assistant Secretary Kim Richey, asking to change the Frequently Asked Questions document issued by the RSA. The letter also requests that RSA advise the state agencies to take an expansive and logical view of employment options on a case-by-case basis, to help all people with disabilities who want to work. To read the letter, [follow this link](#). ◀



A Day at Soaring Heights School

Robena Spangler had the opportunity to spend a day at the Soaring Heights School, an educational program offered by Pyramid Healthcare. My day visit was prompted by an invitation from Dr. Corlene Ocker, Program Director. A dedicated teaching staff, the program's nurse, and behavior technicians participated in Diversity and Gender Responsive service delivery training. The school offers education programs based on proven best practices that are data-based, and utilizes applied behavior analysis (ABA) to serve students ages 5–21 years who have been diagnosed with an Autism Spectrum Disorder.

New to the service array will be an Emotional Support classroom for children with emotional and behavioral challenges. The school anticipates an increase in the number of girls currently receiving services. Girls and young women benefit from research based programs that take into account their unique experiences and developmental domains of functioning. The intensive educational supports for girls will be interwoven with sound principles of trauma informed care, and gender responsive principles, that represent a holistic approach to service delivery found to be successful when working with girls who have experienced complex trauma.

The most impressive feature of the program is the location; the school building is located on the Leg Up Farm in Mount Wolf, PA. The farm offers Equine Therapy to hundreds of children, youth, and their families from surrounding areas of York County. The students at Soaring Heights have a front row seat to observe the daily care and maintenance of the horses. The students also can access the horses and the best Equine Therapists in the area. It was an educational and enjoyable day and it was really good to catch up with Dr. Ocker! For more information, please visit the [Soaring Heights School website](#). ◀

2018 Children's Interagency Conference/ RCPA Children's Division Exhibit Table

"We Are Better Together"

Monday, April 30 through Thursday, May 3, 2018

The [conference](#) will bring together stakeholders focused on children's mental health and promote the work being done within the Child and Adolescent Service System Programs and System of Care activities. This event is an excellent opportunity for providers, administrators, youth, family members, and practitioners to network and learn about changing trends, and promising best practices in children's services. Both state and national perspectives will be offered on topics such as peer support, early intervention, suicide prevention, and school-based mental health.

RCPA will sponsor an exhibit table at the conference. Jack Phillips and Robena Spangler will attend the table and offer information about our children's services members and their contributions to children's services in Pennsylvania. We would like to display as much literature and informational materials as possible from all the Children's Division members. We are asking that you consider supplying materials such as one-page informational flyers, brochures that explain the mission of the organization and populations served, services offered, and referral/admission criteria. Another productive way to use the exhibit table space is to provide information on innovative or creative approaches to Children's Services delivery that you would like shared with conference attendees. Please contact [Robena](#) for details. The RCPA Children's Division would like to thank Shannon Fagan, her staff, and the conference planning committee for the work involved with bringing this important event back. ◀





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

APRIL

Tuesday, April 10	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee <i>Conference Call</i>
Tuesday, April 10	12:30 pm – 3:30 pm	Drug & Alcohol Committee <i>Penn Grant Centre</i>
Wednesday, April 11	9:30 am – 12:00 pm 10:00 am – 2:00 pm 1:00 pm – 4:00 pm	Mental Health Committee <i>Penn Grant Centre</i> Brain Injury Committee <i>Penn Grant Centre</i> Criminal Justice Committee <i>RCPA Conference Room</i>
Thursday, April 12	9:15 am – 11:15 am 12:15 pm – 4:15 pm	Supports Coordination Organization Subcommittee Intellectual/Developmental Disabilities Committee <i>Penn Grant Centre</i>
Tuesday, April 17	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee <i>Conference Call</i>
Tuesday, April 17	9:00 am – 2:00 pm 4:30 pm – 6:00 pm	RCPA Capitol Day Legislative Reception <i>Capitol Rotunda, Harrisburg, PA</i>
Tuesday, April 17	1:00 pm – 2:00 pm EST	IPRC Webinar: Somatic Symptom Disorder: An Evidence-Based, Multidisciplinary, Inpatient Rehab Approach
Thursday, April 19	10:00 am – 12:30 pm	Community Participation Supports Forum <i>Penn Grant Centre</i>
Friday, April 20	1:00 pm – 2:00 pm	Bureau of Autism Services/ODP Provider Forum <i>Webcast</i>



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

MAY

Thursday, May 3	9:00 am – 12:00 pm	Federal Wage and Hour Compliance and Vocational Facilities <i>Park Inn by Radisson</i> <i>45 Holiday Inn Rd</i> <i>Clarion, PA, 16214</i>
Tuesday, May 8	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee <i>Conference Call</i>
Tuesday, May 15	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee <i>Conference Call</i>
Wednesday, May 16	10:00 am – 3:00 pm	Human Resources Committee Training: Everything you need to know about FMLA and are afraid to ask! <i>Penn Grant Centre</i>
Thursday, May 17	10:30 am – 5:00 pm	RCPA PAC Golf Outing <i>Hershey Country Club</i>
Thursday & Friday, May 17 & 18	Annual Membership Reception & Meeting	<i>Hershey Country Club (reception)</i> <i>Hershey Lodge (meeting)</i>
Thursday, May 24	10:00 am – 3:00 pm	Children's Division <i>Penn Grant Centre</i>
Wednesday, May 30	10:00 am – 3:00 pm	Children's Steering Committee <i>RCPA Conference Room</i>
Wednesday, May 30	9:15 am – 3:00 pm	Compliance Program – Part Two <i>Penn Grant Centre</i>
Thursday, May 31	1:00 pm – 3:30 pm	Physical Disabilities and Aging Division <i>Penn Grant Centre</i>