

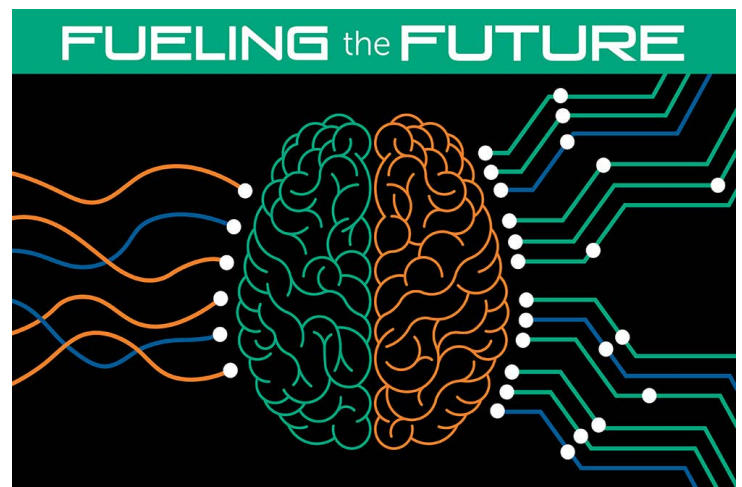


## Special Features

### Save the Date for RCPA Annual Conference: “Fueling the Future”

**October 2–4 at Hershey Lodge**

The RCPA Annual Conference Committee is pleased to announce another full conference agenda to meet your educational and networking needs. The 2018 event will bring pre-conference sessions on Monday, October 1, and a shortened program, ending after lunch on Thursday, October 4. Returning to the Hershey Lodge, the location promises opportunities to not only meet with your colleagues, but with state and legislative officials from Pennsylvania, as well as national leaders. Registration begins July 27; [see flyer](#) for more information. ◀



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## Members in the News

### Wolf Administration Visits Community Behavioral Health Clinic

Department of Human Services (DHS) Secretary Teresa Miller visited RCPA member Resources for Human Development, one of seven Certified Community Behavioral Health Clinics (CCBHC) in the Commonwealth that are jointly licensed by DHS and the Department of Drug and Alcohol Programs. See the full release [here](#). (DHS, May 7, 2018)

### Save The Date – 2018 PA Community Alliance Summit:

September 5 & 6, 2018, Harrisburg featuring RCPA members Colleen Stuart and Susanna Giesey of Venango Training and Development Center, Inc. as presenters

### Hope's Second Annual Dance Event Raises More Than \$3K

CPARC, CALC Team up for Art Class to Promote Inclusion in Carlisle

### RCPA Member AHEDD Names New President



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



### PROVIDER

#### DEVELOPMENTAL EDUCATION SERVICES OF MONROE COUNTY, INC.

400 Powerhouse Ln  
Stroudsburg, PA 18360  
Denise Summa, 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.*



## Sponsor – Exhibit – Advertise at RCPA Conference: Fueling the Future!

Join RCPA as it hosts its 2018 conference October 2 – 4 at the Hershey Lodge. The Conference Committee is excited to release this year's [Sponsors, Exhibitors, and Advertisers brochure](#), with new opportunities to get in on the action – from exhibit hall to an awards luncheon and everything in between.

Don't miss your chance to be seen and to support the work of this dynamic organization! The event is a highlight for the Pennsylvania mental health, drug and alcohol, intellectual and developmental disabilities, children's, brain injury, medical rehabilitation, and physical disabilities and aging provider community.

The deadline for inclusion in all digital materials is **July 31**. Sponsors, exhibitors, and advertisers who wish to be listed on the website, the mobile app, and in the online conference program must adhere to that deadline.

The association looks forward to welcoming you at the conference! Space and opportunities are reserved on a first come, first-served basis and no reservation is considered complete without payment. For additional questions, please contact [Sarah Eyster](#), Conference Coordinator. ◀



## Government Affairs

### HB 478 Outpatient Psychiatric Oversight Act Signed Into Law by Governor

On May 31, Governor Wolf signed into law HB 478 – the Outpatient Psychiatric Oversight Act – now Act 25 of 2018. The law will become effective in 60 days.

The law will require an outpatient psychiatric clinic to have a psychiatrist on site for two (2) hours of psychiatric time per week for each full-time equivalent treatment staff member employed by the outpatient psychiatric clinic. Act 25 of 2018 permits 50 percent of the required onsite psychiatric time to be provided by an advanced practice professional specializing in behavioral health with prescriptive authority in this Commonwealth. Telepsychiatry provided by a psychiatrist that is not on site with prescriptive authority in the Commonwealth may be utilized with a service description approved by the Department of Human Services (DHS). DHS is required to promulgate regulations necessary to carry out the provisions of this act.

Act 25 of 2018 defines the following terms:

“Advanced practice professional.” A registered, licensed, or certified health care practitioner who has gained additional specialized knowledge, skills, and experience through a program of study in that specialty. A person who:

- (1) (I) holds a current Pennsylvania license as a certified registered nurse practitioner with a mental health certification; or
- (II) obtains a mental health certification within two years of being hired by a psychiatric outpatient clinic or within two years of the effective date of this section, whichever is later; or

continued on page 5

continued from page 4

- (2) (I) holds a current Pennsylvania license as a physician assistant with a mental health certification; or
- (II) obtains a mental health certification within two years of being hired by a psychiatric outpatient clinic or within two years of the effective date of this section, whichever is later.

"Full-time equivalent." Thirty-seven and one-half hours per week.

"Interactive Audio and Video." Real-time two-way or multiple-way communication between a psychiatrist and an individual.

"Outpatient psychiatric clinic." A nonresidential treatment setting in which psychiatric, psychological, social, educational, and other related services are provided under medical supervision. It is designed for the evaluation and treatment of individuals of any age with mental illness or emotional distress. Outpatient services are provided on a planned and regularly scheduled basis.

"Psychiatrist." A physician who has completed at least three years of a residency in psychiatry and is licensed to practice psychiatry in this Commonwealth.

Contact RCPA Director of Government Affairs [Jack Phillips](#) with any questions. ◀

## 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 the \$75,000 by the end of this summer.**

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.* ◀

## RCPA 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](#) or visit the General Assembly's public [website](#). ◀



## Senate Panel Hears About School Mental Health Needs

*By Robert Swift, Staff Writer, Capitolwire*

A Senate panel on Wednesday, May 23 heard testimony from several school superintendents about the need for recurring state funding to support mental health services for students.

The hearing before the Senate Appropriations Subcommittee on Health and Human Services came as state lawmakers weigh action on several school safety bills in the wake of recent mass school shootings in Texas and Florida. The hearing was chaired by Senate Health and Human Services Committee Chairwoman Sen. Lisa Baker, R-Luzerne, and Senate Appropriations Committee Chairman Pat Browne, R-Lehigh.

The issue of state aid to help make schools safer is emerging as part of the development of the Fiscal Year 2018-2019 state budget, which will begin in earnest next month. Earlier this week, Senate President Pro Tem Joe Scarnati, R-Jefferson, said he plans to make school safety funding a budget priority.

Browne spoke of the importance of schools doing an assessment of mental health needs so any funding could be properly targeted. Sen. Thomas McGarrigle, R-Delaware, said he is drafting legislation to provide about \$30 million annually to help schools hire mental health professionals such as guidance counselors, social workers, or school psychologists. The funding would come from diverting revenue generated by existing court and criminal fees.

Two superintendents spoke of the lack of in-patient psychiatric services for juveniles in central Pennsylvania. "I am here to tell you we need help!" said Ed Bowser, superintendent at Forest Hills School District in Cambria County. "My staff is not trained to handle the psychological needs of some kids. I do not have enough professionally trained individuals to handle the social and emotional needs of these children."

Bowser said the situation is exacerbated by the closing of Aloysius Hall, the juvenile psychiatric unit in Johnstown. He said the closing has resulted in children being sent to Pittsburgh and Dubois for hospitalization.

The closing of Aloysius Hall also troubles Dr. Mark Kudlawiec, superintendent of Chestnut Ridge School District in Bedford County. "We are now forced to send students to Pittsburgh or Dubois for treatment," he said, echoing Bowser's testimony. "We need treatment facilities closer to home for these students." "I am asking you to support sustainable funding for the school district to provide the services necessary to, once again, create an educational atmosphere where students feel safe to learn," Kudlawiec told senators.

In Northeast Pennsylvania, a number of school districts are finding an alternative to existing school-based services by getting services from a special behavioral health team, said Jim Gallagher, CEO of Northeast Behavioral Health Care Consortium Inc., which serves Lackawanna, Luzerne, Susquehanna, and Wyoming counties.

Conemaugh School District (Cambria County) Superintendent Dr. David Lehman urged senators to consider providing funding to support families, hire more guidance counselors and social workers, develop mental health treatment facilities, and to address limited staffing for the juvenile justice system and children and youth services.

"The funding for an additional counselor could be a game-changer in a district like mine, but funding needs to be sustainable, utilized only for counseling and mental health professionals and services, and not just taken from our (state education) subsidy with a mandated repurposing," said Dr. John Zesiger, superintendent of Moshannon Valley School District in Clearfield County. ◀





## Senate Committee Leaves Some Redistricting Issues for Future Debate

*By Robert Swift, Staff Writer, Capitolwire*

On Tuesday, May 22, the Senate State Government Committee approved a proposed constitutional amendment creating a legislative redistricting commission, but left out key details about how it would operate.

The Senate State Government Committee avoided the thorny issue of who actually gets to be on the commission, except for barring current lawmakers and state and federal officials. It also avoided picking a final arbiter if the commission's redistricting plans are subject to prolonged deadlock.

According to Committee Majority Chairman Mike Folmer, R-Lebanon, those issues would be handled by separate enabling legislation. This could be considered during a lengthy constitutional amendment process that can take several years. "I pledge to continue working on a separate free standing bill to implement SB 22," said Folmer.

Folmer said his main goal is meeting a July 6 deadline to start the initial approval process of a constitutional amendment. Lawmakers face a tight deadline for making constitutional changes to take effect with the next redistricting in 2022. "It [having an enabling bill] gives us some breathing room," added Folmer.

Senate Bill 22, as reported unanimously by the committee, would create an eleven-member commission to redraw district maps for both state legislative and congressional districts after the 2020 census.

The commission would be made up of four appointees from the two House caucuses, four from the two Senate caucuses, and three independents appointed by the governor under the amended bill.

The bill creates one avenue for handling state legislative and congressional redistricting instead of the current two-pronged approach. Currently, Pennsylvania handles redistricting of congressional districts through passage of legislation. A commission dominated by legislative leaders handles state legislative districts as per a process delineated within the Pennsylvania Constitution.

This amendment would remove politicians from actually drawing the maps, said Sen. Lisa Boscola, D-Northampton, the bill sponsor, who spoke before the committee. "There are remaining questions and details that come with enabling legislation," she added.

Among the outstanding issues left out of the amendment are the application and selection process for commission members and the role of the Supreme Court should the commission and then the General Assembly deadlock on redistricting plans.

Pointing to issues left for the enabling legislation, Sen. Daylin Leach, D-Montgomery, said, "This is by no means done."

As written, the amendment states the General Assembly should prescribe by law the qualifications to serve on the

commission, the manner by which the Secretary of the Commonwealth shall receive applications for the job, and how to ensure that applicants reflect a racial, gender, and geographic diversity.

The amendment provides for super-majority votes by the commission to approve final redistricting plans. Failing that, the General Assembly would choose among several maps submitted by the commission with a two-thirds vote needed for approval. Failing that, the amendment is silent about a next step, such as court action.

Thus far, the House State Government Committee, where legislative redistricting bills have been sent for committee consideration, has been an obstacle for those seeking a new commission process, with the committee's Republican majority having amended two bills on party-line votes, gutting the "citizens commission" bills to create a redistricting commission composed of six lawmakers. ◀

## Veterans Affairs Announces Expansion of Telehealth

On May 11, 2018, the US Department of Veterans Affairs (VA) [announced](#) a new federal rule that will allow VA doctors, nurses, and other health care providers to administer care to Veterans using telehealth, regardless of where in the United States the provider or Veteran is located. This includes across state lines and outside of a VA facility.

Previously, it was unclear whether VA providers could furnish care to Veterans in other states through telehealth because of licensing restrictions or state-specific telehealth laws. This new rule exercises federal preemption to override those state restrictions, paving the way for VA to expand care to Veterans using telehealth. ◀

## OIG Issues Report Highlighting Outcome From Review of Telehealth Claims

The Office of Inspector General (OIG) issued a report, [CMS Paid Practitioners for Telehealth Services That Did Not Meet Medicare Requirements](#), after reviewing and analyzing telehealth claims from 2014 and 2015. The report shows that the Centers for Medicare and Medicaid Services (CMS) paid practitioners for some telehealth services that did not meet Medicare requirements. One example provided was that more than half of the professional telehealth claims did not have matching originating - site facility fee claims (190,000 claims totaling \$13.8 million). The OIG provided recommendations to CMS and CMS concurred with all of those recommendations. ◀

## IPPS Rule Proposes Changes to Empower Patients & Reduce Administrative Burden

The Centers for Medicare and Medicaid Services (CMS) released the [proposed](#) hospital inpatient prospective payment systems (IPPS) and Long Term Care Hospital (LTCH) prospective payment system policy changes and fiscal year (FY) 2019 rates. Some of the changes that are proposed implement certain statutory provisions contained in the 21st Century Cures Act and the Bipartisan Budget Act of 2018.

Some of the proposed provisions include:

- ▶ Establish new requirements or revise existing requirements for eligible professionals and eligible hospitals participating in the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs, which is now being referred to as the Promoting Interoperability Programs. CMS indicates this would make the program more flexible and less burdensome; emphasize measures that require the exchange of health information between providers and patients; and incentivize providers to make it easier for patients to obtain their medical records electronically.
- ▶ Update policies for the Hospital Value-Based Purchasing (VBP) program, the Hospital Readmissions Reduction Program, and the Hospital-Acquired Condition (HAC) Reduction program. This includes the proposal to remove unnecessary, redundant, and process-driven quality measures from a number of quality reporting and pay-for-performance programs.
- ▶ A variety of changes to reduce the number of hours providers spend on paperwork, which would allow more time to be devoted to patient care and improve the quality of care they receive.

In addition to the payment and policy proposals, CMS is releasing a Request for Information (RFI) to obtain feedback on positive solutions to better achieve interoperability or the sharing of health care data between providers. In responding to the RFI, commenters should provide clear and concise proposals that include data and specific examples. CMS will not respond to RFI comment submissions in the final rule, but will actively consider all input in developing future regulatory proposals.

A [fact sheet](#) provides additional information on this proposed rule. The proposed rule is scheduled to be published in the Federal Register on May 7, 2018. The deadline for submitting comments on the proposed rule and the RFI is June 25, 2018. ◀



## CMS Announces First Rural Health Strategy

On May 8, 2018, the Centers for Medicare and Medicaid Services (CMS) [announced](#) their first Rural Health Strategy with a goal to improve access and quality of care for rural Americans. This agency-wide effort focuses on five objectives: apply a rural lens to CMS programs and policies; improve access to care through provider engagement and support; advance telehealth and telemedicine; empower patients in rural communities to make decisions about their health care; and leverage partnerships to achieve the goals of the CMS Rural Health Strategy. CMS will also continue to collaborate with agencies across the US Department of Health and Human Services (HHS), including Federal Office of Rural Health Policy at the Health Resources and Services Administration (HRSA), to implement this strategy. For additional information, a [fact sheet](#) is available. ◀

## CMS Center for Program Integrity Launches New Web Pages

The Centers for Medicare and Medicaid Services (CMS) Center for Program Integrity (CPI) recently launched new [web pages](#). CPI is part of CMS that oversees Medicare contractors, such as the Medicare Administrative Contractors (MACs). These new web pages are intended to allow for providers to more easily interact with the agency on issues related to billing, as well as information about upcoming events. ◀

## NASUAD Releases Report on EVV

The National Association of States United for Aging and Disabilities (NASUAD) announced the release of a new report, [Electronic Visit Verification: Implications for States, Providers, and Medicaid Participants](#). This report describes considerations and policy decisions that states should consider as they work to implement electronic visit verification (EVV) systems in accordance with the mandate included in the 21st Century Cures Act. The report also examines different approaches that states may want to consider to establish EVV within their home and community-based services (HCBS) programs. The report was developed in partnership with Jennifer Burnett, former Deputy Secretary of PA's Office of Long-Term Living (OLTL). ◀



## Act 6 of 2018 Notice to Licensees, Registrants, Certificate Holders, and Permit Holders Issued

The Bureau of Professional & Occupational Affairs (BPOA) has posted the following notice to all professional licensees on the board websites:

IN ADDITION TO ANY EXISTING REPORTING REQUIRED BY A SPECIFIC BOARD OR COMMISSION, EFFECTIVE APRIL 16, 2018, PURSUANT TO ACT 6 of 2018, any person holding a license, registration, certificate, or permit issued by a licensing Board or Commission under the Bureau of Professional and Occupational Affairs shall notify the appropriate licensing board/commission **within 30 days** of the occurrence of any of the following:

1. A disciplinary action taken by a licensing agency of another jurisdiction.
2. A finding or verdict of guilt, an admission of guilt, a plea of nolo contendere, probation without verdict, disposition in lieu of trial or an accelerated rehabilitative disposition (ARD) of any felony or misdemeanor offense.

To report a disciplinary action or criminal matter AS SET FORTH ABOVE, log in to the [Pennsylvania Licensing System \(PALS\)](#) and select "MANDATORY REPORTING BY LICENSEES" under the heading "licensing services." Source: The Act of February 15, 2018 (P.L. 14, No. 6) (Act 6 of 2018). Act 6 of 2018 can be [viewed here](#). ◀



## OLTL Offers Webinars on CESP Certification/Credentialing

The Office of Long-Term Living (OLTL) will be offering webinars in July on the Certified Employment Support Professional (CESP) certification/credentialing. The webinars are scheduled for [July 9 at 1:00 pm](#) and [July 10 at 9:00 am](#). The webinars will cover the basics of the CESP, including the upcoming changes to the test delivery to be given in a computer-based format. Also covered will be the OLTL requirements on certification/credentialing and the impact the requirements have on the certification of organizations and staff. The webinar will provide information about this certification, the process of becoming certified, the requirements, and the opportunities that exist for organizations to rise to this challenge. ◀

## FY 2019 IRF PPS Proposed Rule Released

The Centers for Medicare and Medicaid Services (CMS) released the [display copy](#) of the fiscal year (FY) 2019 inpatient rehabilitation facility prospective payment system (IRF PPS) proposed rule.

Key highlights from the proposed rule:

- ▶ Proposed Removal of FIM: Being the most significant proposal, CMS proposes to remove the Functional Independence Measure (FIM) instrument, as well as the associated Functional Modifiers, from the IRF Patient Assessment Instrument (PAI).
- ▶ Changes to the IRF Coverage Requirements: There are several proposed changes to the coverage requirements:
  - Post-Admission Physician Evaluation: CMS is proposing allowing the post-admission physician evaluation to count towards one of the required three weekly face-to-face physician visits.
  - Physician Attendance at Interdisciplinary Team Meeting: CMS is proposing to amend the regulations to allow the rehabilitation physician leading the required interdisciplinary team meeting to attend the meeting remotely (via video conference or teleconference).
  - Admission Order Documentation Requirement: CMS is proposing to remove the requirement that there be a physician order for inpatient care when the patient is admitted since this requirement is included under the Medicare Conditions of Participation (CoPs) regulations.
  - Requests for Information on Physician

Requirements: CMS is seeking information on specific areas where they can alleviate burden through changes to requirements pertaining to physician supervision in an IRF. CMS is also seeking information on the use of non-physician practitioners (NPPs) in IRFs.

- ▶ Proposed Changes to IRF QRP – CMS is proposing to remove two measures from the IRF Quality Reporting Program (QRP):
  - National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus Aureus (MRSA) Bacteremia Outcome Measure (NQF #1716); and
  - Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680).
- ▶ Display of Functional Outcomes Measures Data on IRF Compare: CMS proposes to begin publicly displaying data on the following assessment-based measures in calendar year (CY) 2020 on IRF Compare:
  - Change in Self-Care (NQF: #2633);
  - Change in Mobility Score (NQF: #2634);
  - Discharge Self-Care Score (NQF: #2635); and
  - Discharge Mobility Score (NQF: #2636)

CMS has published a [fact sheet](#) that provides additional information on the proposed rule. The proposed rule will be published in the May 8, 2018 [Federal Register](#), with comments being due by June 26, 2018. ◀

## CMS Posts Updated IRF QRP Documents & Proposed IRF PAI Version 3.0

The Centers for Medicare and Medicaid Services (CMS) has posted the following new documents to its Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP) [website](#):

- ▶ Updated Section 4 (Quality Indicators) of IRF PAI Training Manual Version 2.0: Section 4 of the IRF PAI contains information regarding data collection for the quality measures on the IRF PAI version 2.0, effective October 1, 2018.
- ▶ CDC/NHSN Submission Guidance for the IRF QRP: This is a new guidance document specific to the IRF QRP. It includes information regarding submission requirements for the CDC/NHSN quality measures and helpful links to additional resources for NHSN.
- ▶ Proposed IRF-PAI Version 3.0 – Effective October 1, 2019 (FY 2020): The FY 2019 IRF PPS proposed rule proposes a new IRF PAI to be effective October 1, 2019 (FY 2020). Please note that the proposed IRF PAI Version 3.0 should be considered informational only at this time and not a final IRF PAI for adoption or implementation. ◀



## BIAA Article Focuses on Abusive Use of Opioids and Effects on the Brain

The Brain Injury Association of America (BIAA) published an article, “Persistent and Abusive Use of Opioids: Short- and Long-Term Effects on the Brain.” This article indicates that brain injury professionals affiliated with the Academy of Certified Brain Injury Specialists (ACBIS) have reported an unprecedented uptick in the number of individuals they serve who have suffered a brain injury due to substance abuse — in particular, opioid dependence. ◀

## BIAA Announces Upcoming Webinars

The Brain Injury Association of America (BIAA) has [posted](#) their upcoming live webinars, including June 2018 through January 2019. ◀

# Physical Disabilities & Aging

## CHC Corner

The Community HealthChoices (CHC) educational provider sessions in the southwestern region of the state have been scheduled during the month of June. The [invitation](#) includes the dates and locations, as well as the RSVP link. [Use this link for additional information and to register.](#)

## CHC-Provider Relationship Document Provides Guidance About CHC MCOs and Providers

As the Department of Human Services’ (DHS) Office of Long-Term Living (OLTL) prepares to rollout the second phase of Community HealthChoices in the Southeast, they developed a [document](#) to provide additional information, including processes for claims payments, quality monitoring, and dispute resolution. ◀

## Community HealthChoices Q&A Document

As a result of the many Community HealthChoices (CHC) stakeholder events, the Department of Human Services (DHS) has added frequently asked questions (FAQ) documents to the CHC website for providers and participants. To assist stakeholders in finding answers to questions more quickly, DHS recently consolidated all FAQs into a single CHC Questions and Answers [document](#). This new document is in a searchable pdf format and contains a table of contents that allows the user to easily move to different sections within the document.

The Continuity of Care period will end on June 30, 2018, in the SW Zone of CHC. Until that date, current service plans for participants may not be changed unless there is a change in the participant’s condition. Participants may appeal changes. ◀



## Federal Department of Human Services Administration for Community Living 2017 Profile of Older Americans

The Administration for Community Living (ACL) has published the **2017** edition of The Profile of Older Americans. This annual document compiles data from the US Census Bureau, the National Center for Health Statistics, and the Bureau of Labor Statistics to create a statistical summary of older Americans. The Profile focuses specifically on the population of people aged 65 and older. It looks at changing demographics across individual categories including population, income and poverty, living arrangements, education, health, and caregiving.

Here are a few highlights:

- ▶ A 33% increase in the population age 65 and over during the last decade;
- ▶ A projected 129% increase in the 85+ population from 2016 to 2040;
- ▶ An increase in the number of older adults in the racial and ethnic minority populations from 6.9 million in 2006 to 11.1 million in 2016; and
- ▶ Older women outnumber older men 27.5 million to 21.8 million.

Use [this link](#) to access the full profile, as well as data tables and charts in Excel. ◀

## DHS Announces \$5 Increase in the Cost of Child Abuse Clearance

Effective July 1, 2018, the cost of Child Abuse Clearance will increase from \$8 to \$13. Child Abuse Clearance is required for all individuals interacting with participants who have a child under 18 living in the household. Agency employees and direct care workers must have the FBI Background Check and the ChildLine checks completed. Volunteers will have this requirement waived once within every five-year period. ◀

# Mental Health

## CCBHC Expansion Opportunity

The Substance Abuse and Mental Health Services Administration (SAMHSA) released a funding opportunity announcement for fiscal year 2018 Certified Community Behavioral Health Clinics (CCBHCs) Expansion Grants. SAMHSA anticipates awarding 25 eligible providers up to \$2,000,000 annually to increase access to, and improve the quality of, community behavioral health services through the expansion of CCBHCs. CCBHCs and community behavioral health providers in states that participated in the CCBHC planning year are eligible to apply. These states include: AK, CA, CO, CT, IA, IL, IN, KY, MA, MD, MI, MN, MO, NC, NJ, NM, NV, NY, OK, OR, PA, RI, TX, and VA. Applications are due July 9, 2018.

The SAMHSA Center for Mental Health Services (CMHS) is now accepting applications for these CCBHC Expansion Grants. The purpose of this program is to increase access to, and improve the quality of, community behavioral health services through the expansion of CCBHCs. CCBHCs provide person- and family-centered services and are available in the 24 states that participated in the FY 2016 Planning Grants (SM-16-001). The CCBHC Expansion grant program must provide access to services for individuals with serious mental illness (SMI) or substance use disorders (SUD), including opioid disorders; children and adolescents with serious emotional disturbance (SED); and individuals with co-occurring disorders (COD). SAMHSA expects that this program will improve the behavioral health of individuals across the nation by providing comprehensive, community-based mental health and substance use disorder services; facilitating treatment of co-occurring disorders; advancing the integration of behavioral health with physical health care; assimilating and utilizing evidence-based practices on a more consistent basis; and promoting improved access to high quality care. The full opportunity can be found [here](#). ◀

## Certified Peer Specialists Recognized with Full Certification Process

To more formally recognize the value of peers in the workforce, Pennsylvania is moving to a new full peer certification offered by the Pennsylvania Certification Board (PCB). **This new formal certification will be necessary to provide Medicaid billable peer support services.**

To make this transition as easy as possible for current Pennsylvania Peer Specialists, there will be a time-limited grandparenting process for those who wish to obtain the new full certification during the grandparenting period.

The grandparenting period began March 1, 2018, and ends August 31, 2019. The requirements for the grandparenting process must be met but **no additional exam** will be required.

### The requirements to become grandparented are:

- ▶ Peer must have completed the two-week peer specialist training from one of the recognized training vendors. Those two vendors are the Institute for Recovery and Community Integration and RI Consulting.
- ▶ Complete the Certified Peer Support (CPS) grandparenting application and sign and date a peer-specific code of ethical conduct.
- ▶ Signed and notarized release form.

There is no initial cost to peers for obtaining the credential as the grandparenting fee is being underwritten by the Commonwealth of Pennsylvania, Department of Human

Services (DHS), Office of Mental Health and Substance Abuse Services (OMHSAS). The new CPS certification will be valid for two years.

This new formal certification through the PCB is designed to help strengthen the profession and give CPSs a stronger voice, while maintaining the essence of peer support in delivering recovery oriented services. We urge you to complete the process now, during the grandparenting period, to ensure you can continue to do the great work that you do.

**This new formal certification will be necessary to provide Medicaid billable peer support services.** The CPS grandparenting application can be found [at this link](#).

Requests for paper applications and/or questions should be addressed to:

Mail: PCB, 298 S Progress Ave, Harrisburg, PA 17109

Phone: 717-540-4455

Email: [info@pacertboard.org](mailto:info@pacertboard.org)

The following organizations participated in the development of the new certification process:

Pennsylvania Peer Specialist Work Group

Pennsylvania Department of Human Services, Office of

Mental Health and Substance Abuse Services (OMHSAS)

Pennsylvania Mental Health Consumers' Association (PMHCA)

Pennsylvania Peer Support Coalition (PaPSC)

Pennsylvania Certification Board (PCB) ◀

## Outpatient Redesign Update

RCPA staff and members met with Deputy Secretary Lynn Kovich and her senior staff to review the RCPA white paper on Outpatient Redesign on May 8, 2018. It was reiterated that this white paper and its contents were not intended to interrupt the outpatient regulatory change currently in process, but to be ready for the next iteration quickly. It was agreed that RCPA will invite community stakeholders, including OMHSAS, to a meeting to stratify the contents of the white paper based on feasibility to take action while understanding the guiding principle of cost neutrality. This group will be convened in July and then sub-groups will be identified to work through the areas identified by the larger work group. The goal is that this become a key next step in changing outpatient service delivery in Pennsylvania. ◀

## OMHSAS Issues Draft Tele-Behavioral Health Bulletin for Comment

OMHSAS published a draft Tele-Behavioral Health bulletin for comment. RCPA and members offered comments directly to OMHSAS; you can find the draft bulletin [here](#). ◀

## CCBHC Corner

The Wolf Administration has been making its way across the Commonwealth visiting each of the currently certified CCBHCs. The visits have revealed success stories for the people served as well as the staff serving them.

▶ [Visit to Berks Counseling Center on April 25](#)

▶ [Visit to Resources for Human Development on May 7](#) ◀



## ASAM Update

The Department of Drug and Alcohol Programs (DDAP) is working hard to implement the new American Society of Addiction Medicine (ASAM) criteria. Below is a brief summary of some of the plans for implementation and DDAP's efforts to assist providers.

1. The new deadline for having staff trained has been extended to December 31, 2018.
2. The department is allowing ASAM trained supervisors to sign off on assessments done by staff that have not yet been trained.
3. DDAP is encouraging SCAs and BHMCOs to help with training costs and the cost of downtime. End of the year adjustments have been mentioned most often as the method of covering these costs. DDAP is also working to ensure that if any SCAs have leftover funds, they will be directed to other counties that do not have any funds available to help providers.
4. Providers are being permitted to use the Pennsylvania Client Placement Criteria (PCPC) until staff have received the ASAM training.
5. The [crosswalk document](#) for ASAM/PCPC has been released, along with a new [guidance document](#) for the application of ASAM.
6. Online training will be increasingly available after the initial transition period.
7. DDAP is holding tight to the in-person training requirement; however, they have agreed to consider a waiver for online on a case-by-case basis. For example, if staff are part time and not able to take the in-person training due to other work commitments, online training will be considered.

From the recent RCPA D&A member survey, it was clear that extending the deadline and getting reimbursed for the costs/downtime were most important to members. RCPA will inform members if things are working as planned or not working. Please keep us posted on what is happening locally. Contact RCPA Drug & Alcohol Division Director [Lynn Cooper](#) with any questions. ◀

## SAMHSA CSAT Survey

As part of the SAMHSA Center for Substance Abuse Treatment (CSAT) Knowledge Application Program's (KAP) continuing work to produce high-quality products, SAMHSA is asking for your help by completing a brief online [customer information survey](#) that will help them better understand their readers' characteristics and information needs. The survey is anonymous and will take no more than 6 minutes to complete.

The target audience is:

- ▶ Addiction treatment counselors and program administrators;
- ▶ Addiction-focused psychologists and psychiatrists;
- ▶ Peer recovery support specialists;
- ▶ Primary care providers;
- ▶ Criminal justice workers;
- ▶ Employee assistance program specialists; and
- ▶ Community health specialists.

Please contact Candi Byrne via [email](#) or call 240-276-1572 if you have any questions. ◀



## Proposed Regulatory Process Improvement for MH and SUD in PA; Initial Call to Action

The Pennsylvania regulatory process has not been changed in decades. Given the technology that we have today and the evidence of best practices that have been established, this outdated process needs to be updated so we can assure that the Commonwealth utilizes funds wisely and efficiently, in order to provide the best possible services to PA citizens.

The best example of this is the still proposed mental health outpatient regulations. On many occasions it has been reported that the new regulations were “going through the regulatory process.” After over eight years of waiting, it is clear that the regulatory review process must be dramatically improved. RCPA sent a white paper to the Office of Mental Health and Substance Abuse Services (OMHSAS) in June of 2010. The white paper, entitled “The Collapse of the Outpatient Program,” was extremely well received by OMHSAS. The Acting Deputy Secretary at that time organized a large stakeholder group to research the regulations and make recommendations for changes. The appointed task force presented a final set of revised regulations and they were approved by OMHSAS in January of 2014. However, there are still no final regulations to date.

Given this situation, RCPA proposes that there must be a new expedited process that will once and for all stop the waste of millions of state dollars, increase access to services considerably, and decrease the unnecessary burdens placed on providers.

RCPA has contacted OMHSAS and the Department of Drug and Alcohol Programs (DDAP) to request that their leadership change the regulatory process for mental

health and substance use disorder programs. It is clear that this is a colossal endeavor; however, it is also clearly the source of the problem that has held up so many important changes that need to occur. With the current condition of such issues as the opioid epidemic and gun violence, it truly becomes a matter of life and death. Governor Wolf has demonstrated a strong commitment to addressing these crises; we must improve these systems and processes and find ways to allocate more funding to direct services.

DDAP Secretary Jennifer Smith and Deputy Secretary of OMHSAS Lynn Kovich were contacted to discuss this issue; both were very supportive and even proposed several ideas for important next steps.

Below is a brief initial draft plan to quickly begin the revision process:

- ▶ RCPA meets with OMHSAS and DDAP to initiate a plan of action for regulatory process renovation.
- ▶ Consider asking the legal counsel of DHS, OMHSAS, and DDAP to put together a flow chart of the current regulatory process.
- ▶ Organize a time sensitive task force of stakeholders and state officials to review the current process and make recommendations.
- ▶ Implement the proposed changes needed via in house DHS/DDAP modifications and actions, requests to CMS, and/or legislative initiatives if necessary.

RCPA staff plans to meet with Secretary Jen Smith and Deputy Secretary Lynn Kovich to discuss the possibilities and perhaps draft a plan of action. ◀



## Sexual Abuse Prevention Committee Formed

During the April 11, 2018 meeting of the Information Sharing and Advisory Committee (ISAC), all members were asked to go back to their respective organizations and develop a plan of action to assist with education, support, and ingrain practices that prevent sexual abuse of individuals with disabilities, and nurture the right to a healthy, consensual sexual life.

As a result, RCPA formed a Sexual Abuse Prevention Committee comprised of provider members from Supports Coordination Organizations, Early Intervention, Residential Services, Lifesharing, Vocational Services, Crisis Intervention, Behavioral Health, Mental Health, and Advocacy organizations.

Our first meeting was held on May 17, 2018, and the discussion was focused on how our association could assist with promoting information sharing and facilitating trainings throughout the state. The trainings would be targeted to various audiences to include: individuals with disabilities, family members, providers and direct support staff, supports coordinators, educators, and law enforcement personnel.

To demonstrate our commitment, as well as get us started in meeting our goal, we will include at least two sessions at RCPA's Annual Conference (scheduled for October 2–4, 2018) that will address this area of concern. One is a session regarding "Sexuality and Consent" presented by Robin Van Eerden, and another is "Healthy and Safe Relationships" presented by Robert Anderson.

Our committee will continue to explore training possibilities throughout the year. If interested in joining this committee, please contact [Carol Ferenz](#). ◀

## Electronic Visit Verification Update

On May 16, 2018, the Centers for Medicare and Medicaid Services (CMS) issued long-awaited guidance on the new requirements for electronic visit verification (EVV) as described in section 12006 of the 21st Century Cures Act for Personal Care Services (PCS). The guidance includes two documents: a [Frequently Asked Questions \(FAQ\) for public information](#) and a 19-page [Informational Bulletin for State Medicaid Directors](#). Many provider and advocacy organizations urged CMS to provide clarification on the applicability of the rule and on several operational and best practice issues. The documents include a review of the options available to states for compliance and the CMS interpretation that the reference in the statute to an "in-home visit" excludes PCS provided in congregate residential settings where 24-hour service is available.

Concerns remain regarding the use of EVV for participant-directed services and on the feasibility of the January 1, 2019 compliance deadline. ANCOR has developed a [resource page for EVV issues and advocacy](#). Both the US House (HR 5912) and the US Senate (S 2897) introduced bipartisan legislation designed to delay implementation of EVV for a year. This would give stakeholders and states time to consider all aspects of implementation and prepare until January 2020. ◀

## Community Participation Supports Work Group

The work group met on May 17 and reviewed survey results from members on what they considered to be the top three issues of concern with community participation supports (CPS), and shared ideas for improvements for the service. The group is now working on consolidating the ideas into a format that can be presented to ODP. Now that providers have some experience with providing the service, we have learned some strategies that have worked, and have received feedback from individuals served and their families that we believe should be considered by ODP. One of the outcomes of the group is a proposed simplification of the billing codes for CPS. The hope is that our recommendations will help to promote modifications that remain consistent with the intent of the service, but will allow for flexibility and respect of individuals choice, while streamlining the billing and recordkeeping requirements. ◀



## Workplace Choice And Flexibility for Individuals with Disabilities Act

HR 5658 was introduced on April 27, 2018, by Congressman Glenn Grothman. This bill is important to protect choices for individuals with disabilities who have been affected by laws that have taken away work opportunities that were previously available. This bill is not about protecting 14(c) facilities, but is directed at protecting choices. Currently, 19 states have stopped placing individuals in high paying jobs through Ability One and State Use jobs due to a presumption in the definition of competitive integrated employment that extends beyond the definition intended by congress. This bill is one step toward increasing job opportunities and choices for individuals with disabilities. ◀

## ODP Communications Since Last RCPA News

- 2016-17 Annual Data Report
- Changes in Money Follows the Person Funding for Start-up and Transition Activities
- Supports Broker Certification Training
- Home and Community Based Services (HCBS) Eligibility/Ineligibility/Change Form PA 1768 and Instructions
- HCBS Eligibility/Ineligibility/Change Form Attachment 1
- HCBS Provider Self-Assessment Webinar Recording Available
- College of Employment Services ACRE Supplement Update
- CDS Informational Webinar Administrative Overview and Refresher

## ODP Provider Profile Update

The Office of Developmental Programs (ODP) is currently implementing a pilot program prior to rolling out the use of profiles for all providers. RCPA has three provider members who volunteered to participate in this pilot and will help provide ODP with feedback prior to full implementation. Thank you to The ReDCo Group, Milestone Centers, Inc., and Step by Step, Inc. for participating in this pilot. ◀



## Child Welfare System Reform Recommendations

A special report by Auditor General Eugene DePasquale was released in September 2017. The report, entitled "State of the Child" examines the strengths and challenges of Pennsylvania's child welfare system and the safety of at-risk children. The report contains seven areas of observation:

1. Hiring
2. Training
3. Caseloads and Paperwork
4. Salaries
5. Turnover
6. Other State Level Groups
7. Other States

The Executive Summary of the report opens with, "In 2016, 46 children died, 79 (children) nearly died in Pennsylvania from abuse and neglect. Of those 125 children, nearly half of their families were already in the child welfare system. Pennsylvania's child welfare system is broken. This is not hyperbole or exaggeration." (2017 State of the Child Report). The full report can be found on the [Auditor General's website](#).

In response to the "State of the Child" Report, the PA Children and Youth Administrators Association (PCYA) of the County Commissioners Association of Pennsylvania (CCAP) have formulated recommendations to further the efforts made to strengthen our child welfare system. PCYA Director Brian Bornman shared a copy of the association's position/recommendations paper with the RCPA Children's Division. One very important position/recommendation that resonates with RCPA involves changes to the differential response system. Differential response defines the process by which child abuse allegations are categorized in PA. We "differentiate" cases between CPS (child protective services) or GPS (general protective services) in order to determine the level of intervention needed post-investigation.

Currently, cases are determined to be CPS or GPS through the state's ChildLine system. The recommendation is that decisions regarding the status of a case should be made by the counties — not by ChildLine staff who receive the calls. The concern is that when callers report through the ChildLine system, information is insufficient and making

the decision regarding the case status can be incomplete. It is also contended that ChildLine staff are not trained and lack investigative experience. If the recommendation is accepted to its fullest capacity, GPS cases would be determined by counties and then counties would have the ultimate authority on how to dispose of each case. The opportunity to engage children's services providers in the support of county children and youth agencies would increase.

This could result in the use of the subject matter expertise at the provider level for case management, risk reduction, increased protective factors, and overall safety of children, youth, and their families. The full continuum of children's community-based services would create better performance outcomes for county case workers and decrease the liability to the counties. With programs such as Behavioral Health Rehabilitation Services (BHRS) or adaptations of BHRS, families and children could realize the benefits associated with short-term, in-home behavioral health services geared towards addressing behaviors, transfer of skills/supports, and parent coaching. Child welfare funding for prevention and intervention services are available as well. As clarification on the federal guidelines for the Family First initiative and Title IV-E funding become available, information will be shared with you. Additionally, the Children's Steering Committee will collaborate with PCYA as appropriate to support their work. ◀





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

## JUNE

|                           |  |   |
|---------------------------|--|---|
| <b>Thursday, June 7</b>   | 9:15 am – 11:15 am<br>12:15 pm – 4:15 pm | Supports Coordination Organization Subcommittee<br><i>RCPA Conference Room</i><br>Intellectual/Developmental Disabilities Committee<br><i>Penn Grant Centre</i> |
| <b>Tuesday, June 12</b>   | 12:00 pm – 1:00 pm                       | IPRC Advocacy, Education & Membership Committee<br><i>Conference Call</i>   |
| <b>Wednesday, June 13</b> | 10:00 am – 2:00 pm                       | Brain Injury Committee<br><i>Penn Grant Centre</i>  |
| <b>Thursday, June 14</b>  | 10:00 am – 12:30 pm                      | Outpatient Rehabilitation Committee<br><i>RCPA Conference Room – In person and Webcast</i>  |
| <b>Thursday, June 14</b>  | 12:00 pm – 1:00 pm EDT                   | IPRC Webinar: Engagement of Children and Families in Pediatric Rehabilitation   |
| <b>Tuesday, June 19</b>   | 10:00 am – 12:30 pm                      | Medical Rehabilitation Committee<br><i>RCPA Conference Room</i>   |
| <b>Tuesday, June 19</b>   | 12:15 pm – 1:00 pm                       | IPRC Outcomes & Best Practices Committee<br><i>Conference Call</i>  |

## JULY

|                           |                    |   |
|---------------------------|--------------------|---|
| <b>Tuesday, July 10</b>   | 12:00 pm – 1:00 pm | IPRC Advocacy, Education & Membership Committee<br><i>Conference Call</i> |
| <b>Tuesday, July 10</b>   | 12:30 pm – 3:30 pm | Drug & Alcohol Committee<br><i>Penn Grant Centre</i>                      |
| <b>Wednesday, July 11</b> | 1:00 pm – 4:00 pm  | Criminal Justice Committee<br><i>RCPA Conference Room</i>                 |
| <b>Tuesday, July 17</b>   | 12:15 pm – 1:00 pm | IPRC Outcomes & Best Practices Committee<br><i>Conference Call</i>        |