

A green arrow pointing to the right, located to the left of the word "CONFERENCE".

## CONFERENCE

### RCPA Annual Conference: “Fueling the Future” Registration Form Now Available

October 2–4 at Hershey Lodge

The RCPA Annual Conference Committee is proud to announce another full conference agenda to meet your educational and networking needs. The 2018 event offers pre-conference sessions on Monday, October 1, and a shortened program, which will end after lunch on Thursday, October 4. Returning once again to the Hershey Lodge, this location promises opportunities to not only meet with your colleagues, but with state and legislative officials from Pennsylvania, as well as national leaders. Registration form is now available [here](#); online registration coming soon, stay tuned for more information. ◀

The logo for the RCPA 2018 CONFERENCE. It features the letters "RCPA" in a large, white, sans-serif font, with "2018" in a smaller, white, sans-serif font below it, and "CONFERENCE" in a larger, white, sans-serif font below that. The background is black.

RCPA  
2018  
CONFERENCE

**FUELING** the **FUTURE**



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©2018. This monthly newsletter is written by the Rehabilitation and Community Providers Association (RCPA) for the health and human services communities. Deadline for publication is the 20th of every month or the Friday before.

## Members in the News

**Important Announcement From RCPA Member UPMC**

**Plans to Construct Centene Facility Moving Forward**

**RCPA member Northern Tier Counseling presents award to Rep. Tina Pickett**

**Fellowship Health Resources, Inc. to Affiliate with RCPA Member Elwyn**

**SAMHSA's Program to Achieve Wellness Recognizes RCPA Member Berks Counseling Center**

**Value Behavioral Health of Pennsylvania announces New Psychiatric Consultation Service to Their Community HealthChoices Providers**

**enkompas Technology Solutions Participates in Local Philanthropic Events**



**Insight, An Information Resource from COMCARE: July 2018 Issue** features Value-Based Purchasing in Pennsylvania, article from RCPA President & CEO Richard S. Edley, PhD ◀



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



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*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.*



## Governor Signs Executive Order Increasing the Minimum Wage for State Workers

Recently, Governor Tom Wolf signed an executive order that increases pay for employees under the governor's jurisdiction to no less than \$12 an hour on July 1, 2018 and raises the wage by 50 cents a year until reaching at least \$15 per hour in 2024.

"Pennsylvania must be a place where hard work is rewarded, but today too many people cannot afford the basics," said Governor Wolf. "This [executive order](#) increases the wage floor for state workers and state contractors, but the General Assembly has not given all minimum wage workers a raise in nearly a decade. More than half of the states have a higher minimum wage, including all of our surrounding states, leaving many Pennsylvanians behind. Raising the wage puts more money in their pockets which generates business for our economy and makes the Commonwealth stronger. Hardworking men and women should not have to wait any longer. It's time for the General Assembly to join me and raise the wage."

Workers in Pennsylvania earning the minimum wage of \$7.25 an hour have only 26 percent of the purchasing power they did in 1979. A family of two working full-time and earning minimum wage falls below the poverty line. Increasing the minimum wage is a win-win for workers and the economy. Boosting wages provides workers with more income to purchase items they most need, which generates business for the local economy and reduces costs for state services.

The governor's executive order also covers employees of state contractors, those that lease property to the Commonwealth, and employees that perform direct services to the Commonwealth or spend at least 20 percent of their working time on ancillary services related to the contract or lease.

After reaching \$15 an hour in 2024, the minimum wage rate would increase by an annual cost-of-living adjustment using the percentage change in the Consumer Price Index for All Urban Consumers for Pennsylvania, New Jersey, Delaware, and Maryland.

The current wage floor for employees is \$10.20 an hour under an executive order signed by the governor in March 2016.

Questions, contact RCPA Director of Government Affairs [Jack Phillips](#).

*(Information from Governor Wolf's [official website](#))* ◀

## Wolf Administration Proposes Changes to Overtime Eligibility Standards

In January 2018, the Wolf administration announced its intent to implement changes to the Commonwealth's overtime eligibility rules for employees. The Administration released their [proposed regulations](#), which would dramatically change overtime eligibility rules imposed on employers by requiring a wage threshold for "exempt status" that is more than double the current rate as established by the Federal Government. The proposed changes further include significant revisions to the so-called "duties tests," which are also used to determine eligibility. Finally, the rule establishes an automatic update to the salary threshold every three years, beginning in 2023.

The Department of Labor and Industry (L&I) is seeking comments from employers on the new rules regarding overtime eligibility standards. The governor's proposed changes are similar to a proposal put forth by former President Obama in 2015, which was widely opposed by the employers and ultimately struck down by a federal court.

Additionally, Rep. Rob Kauffman, Majority Chair of the House Labor and Industry Committee, has submitted comments to L&I. In the Chairman's [comments](#), he references how the proposed amendments to the overtime eligibility standards will affect health and human service providers.

RCPA has been working with various state associations to extend the deadline from Monday, July 23. RCPA was notified that the comment deadline has been extended until Wednesday, August 22, 2018.

If your organization plans to submit comments to L&I, please forward a copy of your comments to [Jack Phillips](#), RCPA Director of Government Affairs. ◀



## Court Blocks Kentucky's Medicaid Work Requirements

by Stephanie Pellitt, Policy Associate, National Council for Behavioral Health's *Capitol Connector*, July 12, 2018

On June 29, a district court judge blocked Kentucky's waiver request to require Medicaid enrollees to work or participate in a job-related activity for at least 80 hours per month or lose their health coverage. The court ruled that the Centers for Medicare and Medicaid Services (CMS) had not properly considered whether the initiative would violate Medicaid's central objective of providing medical assistance to the state's citizens. The decision could have broad implications for other states hoping to limit Medicaid enrollment through work requirements.

### IMPLICATIONS

While Judge James Boasberg's ruling applies only to Kentucky, his reasoning for overturning CMS' decision to approve Kentucky's work requirements could extend to the other states that have implemented work requirement programs — namely, Arkansas, Indiana, and New Hampshire — and seven other states whose applications are currently being reviewed by the Department of Health and Human Services (HHS). Matt Salo, Executive Director of the National Association of Medicaid Directors, said the ruling is a “big roadblock for the four states looking to implement these already approved waivers.”

Although the decision did not outlaw Medicaid work requirements outright, it requires that any Medicaid Section 1115 waiver demonstration be carefully assessed for its impact on people's health care coverage. The decision also sets an important precedent by finding Medicaid to be a health insurance program that provides equal treatment of all groups covered by its statute, including Medicaid expansion populations.

### WHAT'S NEXT?

HHS will now reevaluate Kentucky's waiver approval and decide whether they will seek an appeal, which will need to be filed in the next 60 days. As a result, HHS may hold off on announcing any additional work requirement approvals — and states may wait to submit their requests — until this legal battle reaches its conclusion.

In the meantime, Kentucky Gov. Matt Bevin (R) has responded to the ruling by canceling Medicaid vision and dental benefits included in Kentucky HEALTH, and has threatened to reverse the state's Medicaid expansion. ◀

## First Medicaid Work Requirement Deadline Passes in Arkansas

Last week, 8,534 Arkansans aged 30–49 were supposed to prove they had worked 80 hours in June if they wanted to stay on Medicaid. Shortly before the July 5 deadline, only 371 people had logged their hours, according to the state. The new Medicaid work requirements are part of a Section 1115 waiver the Trump Administration granted Arkansas in March. (Source: National Council for Behavioral Health's *Capitol Connector*, July 12, 2018). ◀



## Trump's ONDCP Director Nominee Faces Senate Confirmation Hearing

During the hearing, Trump's Office of National Drug Control Policy (ONDCP) nominee Jim Carroll said he would “hold pharmaceutical executives accountable” for downplaying the risk associated with prescription opioids. He also talked about the importance of the High Intensity Drug Trafficking Areas program, one of two major grants the office administers. If confirmed, Carroll will be President Trump's first official director of the ONDCP. (Source: National Council for Behavioral Health's *Capitol Connector*, July 12, 2018). ◀

## CMS Freezes Billions in Risk Adjustment Payments

CMS indicated... that they will freeze \$10.4 billion Affordable Care Act (ACA) risk adjustment payments, a move that could add to anticipated premium increases. The risk adjustment program takes payments from insurers with healthier customers and redistributes that money to companies with sicker enrollees with the intent of reducing the incentive for health insurers to cherry-pick healthy members. (Source: National Council for Behavioral Health's *Capitol Connector*, July 12, 2018). ◀

### 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 current 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](#). ◀

### RCPA PAC Needs Your Help!!

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

The 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.

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 Announces Release of Their First Data Element Library

The Centers for Medicare and Medicaid Services (CMS) recently announced the launch of their first [Data Element Library](#) (DEL). The DEL is the centralized resource for CMS assessment instrument data elements (e.g. questions and responses) and their associated health information technology standards. This free centralized resource will allow the public, for the first time, to view the specific types of data that CMS requires post-acute care facilities (such as inpatient rehabilitation facilities) to collect as part of the health assessment of their patients. Standardized and interoperable data support health information exchanges across health care settings to facilitate care coordination, improve health outcomes, and reduce provider burden through the reuse of appropriate health care data.

The assessment items included in the DEL originate from the following:

- ▶ Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI);
- ▶ Long-Term Care Hospital Continuity Assessment Record & Evaluation (CARE) Data Set;
- ▶ Resident Assessment Instrument (RAI) Minimum Data Set (MDS);
- ▶ Outcome and Assessment Information Set (OASIS);
- ▶ Hospice Item Set (HIS); and
- ▶ Functional Assessment Standardized Items (FASI) (In Progress). ◀

## June MACPAC Report to Congress Highlights Managed Care in LTSS

The June 2018 Medicaid and CHIP Payment and Access Commission (MACPAC) [Report to Congress](#) included a chapter on Managed Long-Term Services and Supports (MLTSS). The chapter provides an overview of MLTSS, the growing role of managed care in long-term services and supports, reviews the results of MACPAC's initial work in this area, and identifies gaps in our knowledge about what drives success in MLTSS programs. It also includes highlights of reports describing state MLTSS programs and program outcomes. In addition, the report focuses on operational issues and the future of MLTSS. ◀

## 2019 Medicare Physician Fee Schedule Proposed Rule Released

The Centers for Medicare and Medicaid Services (CMS) [released](#) the fiscal year (FY) 2019 Medicare Physician Fee Schedule (MPFS) [proposed rule](#). This proposed rule includes revisions and updates to payment policies, payment rates, and quality provisions. Included in the proposed rule are significant changes to the provisions, including an increase in the amount of time physicians and clinicians can spend with patients by reducing the burden of paperwork required when billing Medicare, and modernizing Medicare payment policies to promote access to virtual care or telehealth. Comments on this proposed rule are due by September 10, 2018. ◀

## Report Details How Medicaid Program Plagued by Waste, Fraud, & Abuse

The Senate Homeland Security and Governmental Affairs Committee (HSGAC) Majority Staff released a report, *The Centers for Medicare & Medicaid Services Has Been a Poor Steward of Federal Medicaid Dollars*, that provides details on how the Medicaid program is plagued by waste, fraud, and abuse. The Committee held a hearing to further discuss the problems and solutions surrounding the Medicaid fraud and overpayments. [Video of this hearing](#) is available online. ◀

## Updated Payment System Proposed for Durable Medical Equipment

The Centers for Medicare and Medicaid Services (CMS) published a proposed rule in the July 19, 2018 [Federal Register](#) that includes proposed updates to payments for Durable Medical Equipment (DME) for Medicare. Included in the proposals is the suspension of the competitive bidding prices currently in place (that are effective on January 1, 2019) and their replacement with a temporary payment structure. Comments on this proposed rule are due by Monday, September 10, 2018. ◀

## CMS Announces Initiatives to Strengthen Medicaid Program Integrity

On June 26, 2018, the Centers for Medicare and Medicaid Services (CMS) announced new and enhanced initiatives that have been designed to strengthen Medicaid program integrity through greater transparency and accountability, strengthened data, and innovative analytic tools. Administrator Verma set forth three pillars to guide CMS' work in the Medicaid program: flexibility, accountability, and integrity. ◀

## CMS Seeks Public Input on Reducing Regulatory Burdens of Physician Self-Referral Law

On June 20, 2018, the Centers for Medicare and Medicaid Services (CMS) issued a [Request for Information](#) (RFI) seeking public input on reducing regulatory burdens of the Physician Self-referral Law (also known as the "Stark Law"). Comments are due by Friday, August 24, 2018. ◀

# Medical Rehabilitation

## Bundled Payments for Care Improvement Year 4 Evaluation Report Published

The Centers for Medicare and Medicaid Services (CMS) has published the latest evaluation report on the [Bundled Payments for Care Improvement \(BPCI\)](#) initiative. This Year 4 report uses payment, utilization, and quality outcomes to describe the experience of BPCI Model 2 and 3 during the first three years of the voluntary bundling program, from 2013–2016. The report, however, does not include outcomes data specific to inpatient rehabilitation facilities (IRFs), due to the small sample size of participants. ◀

## CMS Issues Letters of IRF QRP Non-Compliance

It has been reported that the Centers for Medicare and Medicaid Services (CMS) has issued letters of non-compliance to Inpatient Rehabilitation Facilities (IRFs) specific to the IRF quality reporting program (QRP) requirements for the data collection period affecting federal fiscal year (FFY) 2019 reimbursement. IRFs that did not meet the IRF QRP reporting requirements will receive a two percent payment reduction on their IRF prospective payment system (PPS) annual increase factor in FY 2019.

IRFs found to be non-compliant should have received notification from their Medicare Administrative Contractor (MAC) and are also expected to receive a letter in their provider Certification and Survey Provider Enhanced Reporting (CASPER) folder with specific details regarding the missing quality reporting data. Additional information on the data collections requirements and submission timeframes for FY 2019 compliance determination can be found in the CMS Data Collection & Final Submissions [table](#) posted on the CMS website, as well as the CMS [IRF QRP](#) website.

IRFs that feel they have received a non-compliance notification letter in error may request CMS reconsideration of the decision. Providers have 30 days to file a reconsideration request. Detailed filing instructions can be found on the [IRF Quality Reporting Reconsideration and Exception & Extension](#) web page. ◀





## Procedure Code Change for Cognitive Rehab Therapy

The Office of Long-Term Living (OLTL) released the following notice to Service Coordination Entities (SCEs) regarding a procedure code change for Cognitive Rehabilitation Therapy (CRT) Services:

This notice is to advise all SCEs that due to 2018 Healthcare Common Procedure Coding System (HCPCS) updates, the procedure code for Cognitive Rehabilitation in the Independence and OBRA Waivers will change effective 7/1/18. The service procedure code 97532 SE will be end-dated as of 6/30/2018. The new service procedure code for Cognitive Rehabilitation is 97127 and will be effective 7/1/18. The service definition and units of service remain the same. OLTL requires the attention and assistance of SCEs in order to update the service procedure code for HCSIS Fiscal Year (FY) 2018-2019 service plans. OLTL is systemically removing the service procedure code of 97532 SE from any impacted HCSIS FY 2018-2019 service plans in order to end-date service contracts and offerings as of 6/30/18 for providers enrolled to render the service. A system update must be completed prior to making the new service procedure code of 97127 available for selection onto service plans. A data fix is scheduled to occur in HCSIS on 6/21/18 to remove the remaining impacted 97532 SE service lines from FY 2018-2019 service plans. Please **do not add** the service **97532 SE** to any additional FY 2018-2019 service plans as this will impact the success of the data fix. The new service procedure code of 97127 will be added to HCSIS and available for selection onto service plans as of 6/25/18. Service Coordinators (SCs) will be required to add the new service code for impacted FY 2018-2019 service plans. Once the service is available for selection onto FY 2018-2019 service plans, SCs will then submit a Critical Revision to OLTL for review and approval for the addition of the new service procedure code 97127. OLTL's Service Plan Review Team within the Bureau of Participant Operations will be communicating with SCEs that are directly impacted by this service procedure code change. A separate email communication will be sent to impacted SCEs to provide additional detail and guidance.

If you have any questions regarding the necessary service plan updates, please contact the [Bureau of Participant Operations](#) or Stacey Griffiths with the Bureau of Participant Operations at 717-724-6547. ◀



## CHC Corner

The rollout of Community HealthChoices continues as scheduled

- ▶ The Continuity of Care Period has ended in the Southwest Zone – there were no significant changes.
  - The three MCOs maintained the current network of service coordination entities; however, newly enrolled participants are being directed to in-house staff at this time.
  - There have been minimal changes to participants' plans.
  - InterRAI assessments and Person-Centered Planning processes are being rolled out gradually.
- ▶ The PA Functional Assessment Tool has been delayed until August.
- ▶ The rollout in the Southeast Zone has begun:
  - Participants are receiving notices of the forthcoming changes.
  - Aging Well will be conducting 60 participant information sessions starting in August.
  - Providers are receiving contracts for the continuity of care period starting in January 2019.
- ▶ If you are a provider in the Southeast Zone counties (Philadelphia, Chester, Montgomery, Bucks, Delaware) who has not received a contract, contact the MCOs requesting a contract. Information is available [online](#). ◀

## Mental Health

### CCBHCs Corner: National Technical Assistance for Year Two

The National Council for Behavioral Health has invited Pennsylvania Certified Community Behavioral Health Clinics (CCBHCs) included in the two-year demonstration of the Excellence in Mental Health Act to participate, as you have seen firsthand the impact of CCBHCs in the lives of your residents. The success has been tremendous – in the first six months of implementation, 87 percent of CCBHCs reported an increased number of patients served, representing up to a 25 percent increase in total patient caseloads for most clinics. After one year, 68 percent of CCBHCs have decreased patient wait times. Year 1 was about getting up and running. Year 2 is about showing their enormous impact and advocating for expansion! Now, more than ever, we need to commit to sustainability.

The National Council technical assistance during Year 2 will be tailored specifically toward the feedback your state's participating clinics have shared, focusing on topic areas with the greatest impact: managing within a PPS rate, proving the efficacy of this model, and developing a value proposition. ◀

### Outpatient Redesign

Pennsylvania stakeholders and state partners met on July 27 to review the RCPA white paper on the need for outpatient redesign, while awaiting the promulgation of the outpatient regulations currently under review with the Office of Mental Health and Substance Abuse Services (OMHSAS). The outcome of this first statewide meeting will be shared in the September newsletter. ◀

### Inpatient, Residential Treatment Facility for Adults (RTFA) and Extended Acute Regulatory Review and Development

RCPA members and staff are participating on a statewide committee to review and update regulations related to hospital inpatient and stand-alone inpatient services. The goal is to have an overarching regulation for all services considered inpatient, with sub-sections specifically directing care guidelines for each area. As this effort progresses, more information will be made available. ◀

## Fraud and Poor Practice Harming PA Clients in Need of D&A Treatment

RCPA has been in the process of addressing fraudulent and poor practices being conducted in the Commonwealth, working on issues such as “sober homes,” “boarding homes,” and patient brokering. Several members have provided strong leadership on this issue. RCPA staff, along with one of these members, and DDAP staff, met with the Attorney General’s Fraud Unit. It was clear from our meeting that these issues were already on everyone’s radar screen. There is much work to do and we are reaching out to members to assist. If you have any knowledge of these activities, please contact RCPA Drug & Alcohol Division Director [Lynn Cooper](#). RCPA has agreed to help in identifying these fraudulent entities. If you are aware of a “sober home,” “recovery house,” or a similar entity that provides boarding for people in need of treatment, and minimal treatment services, please contact RCPA as soon as possible. In addition, if you learn of any patient brokering taking place, please let us know. The Attorney General’s Fraud Unit will be following up on any leads we are able to provide. RCPA Government Affairs Director Jack Phillips will be reaching out to other statewide associations, such as the County Commissioners Association, to request their assistance as well. ◀



## RCPA Continues Strong Support for Moving Ahead with ASAM

RCPA members continue to work on moving from the Pennsylvania Client Placement Criteria (PCPC) to the American Society of Addiction Medicine (ASAM). The Department of Drug and Alcohol Programs (DDAP) has made a few changes that have made things a little easier, like allowing ASAM trained supervisors to review and sign assessments for staff not yet trained. Although members have experienced some challenges getting all appropriate staff trained, RCPA remains in favor of the move to ASAM and has been opposed to legislative efforts aimed at halting this process. RCPA will work with DDAP and others to help support a smooth transition. ◀

## RCPA Response to DDAP Request for Recommendations on Allocating \$55 Million

The Department of Drug and Alcohol Programs (DDAP) recently sent out a survey, requesting recommendations on how they should allocate new State Opioid Response grant money in the amount of \$55 million dollars. After seeking input from members, RCPA provided several ideas:

1. Funding for long term case/care management (comparable to what is being provided through the Centers of Excellence). MAT coordinators/navigators for both outpatient and residential/inpatient. Either as part of the reason for rate modification or directly funded.
2. Permanent and increased funding for Certified Recovery Specialist and regulatory changes to include the critical role they play.
3. Loan forgiveness for providers of drug and alcohol services in the Commonwealth. This should include doctors, certified registered nurse practitioners, physician assistants, licensed social workers, and masters level therapists.
4. Expansion of some existing facilities. In some cases, startup costs, upgrades, and renovations are needed to increase the size of the facility or to relocate to a larger facility that will allow for increased capacity.
5. Provide an enhanced rate for the initiation of clients in need of Medication-Assisted Treatment (MAT).
6. Reexamine the rate-setting process and consider using these new funds to assist SCAs and BH-MCOs in assuring adequate rates.

Other areas to be considered:

- ▶ Remove administrative burdens and delays that exist in the physical health plans to get clients the medication they need as soon as possible.
- ▶ Transfer the management of the behavioral health medications used in the community model to the BH-MCOs. At the very minimum, move the medications that are associated with the treatment of opioid addiction. ◀





## The Opioid Alliance

The Opioid Alliance is collaboration at its finest, bringing together the best in the field to provide the highest quality training and solutions to the current opioid epidemic. Its role is to provide organization and act as a point of contact to bring the brightest minds together, so they can develop ongoing, evidence-based, and adaptive interventions through coordinated education, research, and policy. The Opioid Alliance is comprised of expert leaders and other community members who have a stake in fighting the opioid epidemic in the state of Pennsylvania, and who will provide the systemic collaboration that is needed. This is a group that focuses on actionable steps that can be implemented and evaluated; it is necessary that their solutions are informed by research and are continuously evaluated after implementation. The Opioid Alliance seeks to have a significant impact on public policy, community education, and evidence-based practices. Currently, the Opioid Alliance has gained support from high-ranking government officials, medical professionals, treatment professionals, policymakers, and organizations involved in human services. They are seeking additional support from colleagues who are interested in actively making a difference in this health crisis. Please contact [Nicole Snyder](#) for more information and how to become involved. ◀

## Update From the PA Certification Board

Certified Peer Specialist (CPS) grandparenting is going well — after four months, 920 peers are now fully certified with the Pennsylvania Certification Board (PCB). All state correctional institutions (SCIs) are also submitting applications from peer inmates as part of the grandparenting process. Of the 920 current certified peers, 275 are SCI peers. Grandparenting does not end until August 30, 2019. One item of concern is that ethics questions are already surfacing with peers for a variety of issues. On behalf of the Office of Mental Health and Substance Abuse Services (OMHSAS), PCB worked with a mental health family peer focus group in June to develop core competencies and standards/requirements for what will be a new credential for Mental Health Family Peers. The work on this credential has been completed and is now in the hands of OMHSAS for review and final approval. They do not have a launch date yet for this family credential but suspect it will not be until early 2019. The Certified Recovery Specialist (CRS) credential continues to grow with no slowdown in sight. Currently, there are 1200 CRSs in Pennsylvania. ◀



## EVV Implementation Delayed

On July 30, 2018, President Trump signed [HR 6042](#) which delays the requirement for personal care service providers to utilize an electronic visit verification (EVV) system. This action changes the deadline by one year, to become effective January 1, 2020. HR 6042 was signed into law in order to delay reduction in the Federal Medicaid Assistance Percentage (FMAP) for personal care services furnished without an EVV system, and also requires more stakeholder input into the implementation process. For questions, contact [Carol Ferenz](#), RCPA IDD Division Director. ◀

## Work Group Meeting With OVR to Discuss New Supported Employment Policy

Leadership from RCPA, the Association of People Supporting Employment First (APSE), and the Pennsylvania Advocacy and Resources for Autism and Intellectual Disability (PAR), as well as provider representatives have been meeting with Ryan Hyde, Acting Director of the Office of Vocational Rehabilitation (OVR), along with other OVR representatives, to discuss strategies to assure that individuals seeking employment will receive the services they desire. Many stakeholders have expressed concerns due to the additional administrative burden the new policy places on providers of service, in many cases for a reduced rate, and the general concern regarding providers ability to successfully implement "Employment First." The Office of Developmental Programs (ODP) and OVR are working on developing a joint bulletin and this stakeholder group will continue to be active in working with leadership from both OVR and ODP. ◀

## Simplify the System Project

The Office of Developmental Programs (ODP) has posted a summary of the report produced from the Simplify the System Project to the ISAC Hub on the MyODP website. Over the course of six months, the project engaged in activities that included 942 stakeholder interactions. The activities included Stakeholder Sessions (one of which took place during RCPA's IDD Committee meeting in February 2018), National Best Practices Research, Innovation Workshop, Experience Workshop, DHS Initiatives, Surveys, and presence at the Everyday Lives Conference. Feedback was organized into options to be considered for future actions. Major themes identified are:

1. **Use the LifeCourse Framework** at the first meeting and as part of ongoing ISP;
2. **Make transitions easier**, especially from school to adult life;
3. **Create a systems navigator** to help self-advocates and families;
4. **Use the web and mobile apps** for self-advocates and families to get information, use their plan, and to communicate with each other;
5. **Let people manage their own services** and lives with flexible service packages, web technology, smart technology;
6. **Build support coordination** and make it easier for them to work with self-advocates and families; and
7. **Establish county authority** over — and responsibility for — services and supports coordination.

The full PowerPoint presentation is available [here](#). ◀

## Direct Support Staff Appreciation Week Coming in September

September 9–15 is Direct Support Professional Recognition Week! This is a week we pack with various ways to say 'Thank You' to the heart of our field, Direct Support Professionals!



## CMS Releases Informational Bulletin Regarding Group Home Critical Incidents

The Center for Medicaid and CHIP Services (CMCS) released an informational bulletin to address the issues outlined in the January 17, 2018 report titled “Ensuring Beneficiary Health and Safety in Group Homes Through State Implementation of Comprehensive Compliance Oversight” (the “Joint Report”) developed by three agencies of the Department of Health and Human Services: Administration for Community Living (ACL), Office for Civil Rights (OCR), and Office of Inspector General (OIG). CMS takes the health and welfare of individuals receiving Medicaid-funded Home and Community-Based Services (HCBS) very seriously, and this report was developed to provide CMS with perspective on the issues raised in the Joint Report for state and stakeholder awareness.

The [bulletin](#) addresses one of the three suggestions the Joint Report made to CMS: Encourage states to implement

compliance oversight programs for group homes, such as the Model Practices, and regularly report to CMS. This is expected to be the first in a series on the topic of health and welfare. CMS intends to issue future guidance highlighting promising practices in implementing the suggestions contained in the Joint Report, along with proposed performance metrics for evaluating the health and welfare of individuals receiving HCBS waiver services. CMS notes the potential availability of enhanced federal matching funds for state activities to implement the Model Practices described in the Joint Report. Enhanced federal administrative match of 75% may be available for these activities if they are part of a medical and utilization review performed by certain utilization and quality control peer review organizations. CMS plans to continue working with states to assist Medicaid beneficiaries in maintaining community integration and receiving quality services. ◀

### John’s Crazy Socks – Inspirational Story

This past month, the IM4Q Annual Training Conference was held at the Hilton in Harrisburg. The keynote speakers, John Cronin and his father Mark, shared their story of starting their own business selling “crazy socks” online. John has Down syndrome, and one of his most popular sock designs is the Down Syndrome Awareness sock that he created himself. They offer roughly 1,500 different styles and their first year in business resulted in \$1.5 million in revenue. Please [view the video](#) to see their heartwarming story. ◀

### ODP Announcements/Bulletins Since last Newsletter

- 061-18: HCBS Settings Self-Assessment Status Update 2
- 062-18: Cycle 1, Year 2 QA&I Process
- 063-18: Registration Open ODP Quality Management Classes
- 064-18: Person Centered Thinking Training Registration
- 065-18: Certified Investigator Forums Registration
- 066-18: Palco, Inc. Statewide Vendor Fiscal/Employer Agent
- Palco Welcome Letter
- 067-18: Transportation Trip Assumptions Log and Waiver Amendment Webinar
- 068-18: Informational Meetings Regarding Transition to New VF/EA
- 069-18: Extended Public Comment Opportunity Transportation Fee Schedules
- 070-18: Person Centered Thinking Training Registration
- 00-18-03: Health Care Quality Units Bulletin
- Attachment 1 Bulletin 00-18-03 Current HCQUs
- 00-18-04: Interim Technical Guidance for Claim and Service Documentation
- Attachment 1 Bulletin 00-18-04 Interim Technical Guidance
- DHS Announces Successful Transition of Hamburg Residents
- BAW 18-16 July- August-September Virtual Training



## Children's Steering Committee

Is it time to consider adding more than the current number of members to this committee? The current Steering Committee has an excellent "problem" on their hands; there has been an overwhelming response to the request to join the committee. Last month, providers across the division were invited to submit letters of interest from individuals within their organizations who have subject matter expert in the delivery and management of children's services. The number of letters submitted could represent not only the level of interest but the diverse nature of children's services. A conference call is scheduled prior to the next committee meeting in August to discuss a potential increase in membership and agenda items for the overall Division meeting on August 16. ◀

## New Subcommittee Being Formed Under the Children's Division

A new subcommittee for Early Intervention (EI) will be created after receiving requests from several EI providers. Early intervention services are provided to infants, toddlers, and preschoolers who meet specific criteria in one or more areas of development. Most of the services are provided by specialists who work with children birth to 3 years and preschoolers 3 years to school age. Early intervention in PA provides individualized supports for children with developmental delays based on developmental screening. Families and children at risk for delays are also tracked for services. Early intervention services provide pathways for collaboration among providers, the Office of Child Development and Early Learning (OCDEL), the Bureau of Autism, and the OMHSAS Children's Bureau. Additional funding for these services were increased in this year's state budget. A formal invitation for interested members will be sent out in early in August. ◀





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

## AUGUST

<b>Tuesday, August 14</b>	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee <i>Conference Call</i>
<b>Thursday, August 16</b>	10:00 am – 3:00 pm	Children's Division <i>Penn Grant Centre</i>
<b>Wednesday, August 22</b>	10:00 am – 2:00 pm	Brain Injury Committee <i>Penn Grant Centre</i>
<b>Tuesday, August 28</b>	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee: "Aquatic Therapy" <i>Conference Call</i>

## SEPTEMBER

<b>Tuesday, September 11</b>	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee <i>Conference Call</i>
<b>Tuesday, September 11</b>	12:30 pm – 3:30 pm	Drug & Alcohol Committee <i>Penn Grant Centre</i>
<b>Wednesday, September 12</b>	9:00 am – 12:00 pm 1:00 pm – 4:00 pm	Mental Health Committee <i>Penn Grant Centre</i> Criminal Justice Committee <i>RCPA Conference Room</i>
<b>Thursday, September 13</b>	9:15 am – 11:15 am 12:15 pm – 4:15 pm	Supports Coordination Organization Subcommittee <i>RCPA Conference Room</i> Intellectual/Developmental Disabilities Committee <i>Penn Grant Centre</i>
<b>Tuesday, September 18</b>	10:00 am – 12:30 pm	Medical Rehabilitation Committee <i>RCPA Conference Room</i>
<b>Tuesday, September 18</b>	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee <i>Conference Call</i>
<b>Wednesday, September 19</b>	11:00 am – 3:00 pm	BH-MCO/RCPA Task Force Meeting <i>Penn Grant Centre</i>
<b>Thursday, September 20</b>	12:00 pm – 1:00 pm	Outpatient Rehabilitation Committee <i>RCPA Conference Room – Webcast Only</i>
<b>Thursday, September 20</b>	10:00 am – 3:00 pm	Early Intervention Committee Kickoff <i>Penn Grant Centre</i>