



## A MESSAGE FROM THE CEO

### RCPA Announces Support for the Behavioral Health Carve-Out

In December, RCPA announced its support for the existing county-based Behavioral Health Carve-Out program. View the full alert distributed to members [here](#).

**RCPA has drafted the following position paper in favor of continuing the carve-out:**

Over the last several months, there has been discussion concerning continuation of the long-standing HealthChoices behavioral health “carve-out” program in Pennsylvania. In addition to some open administration dialogue over the need for improved physical health (PH) and behavioral health (BH) integration, there is now specific legislation being proposed which would end this program in favor of a “carve-in” model.

RCPA, as the largest behavioral health trade association in Pennsylvania representing over 300 members across all areas of health and human services, **stands in support of the continuation of the present county-based carve-out program.**

We come to this position based on several considerations, including:

- ▶ The program is stable and has been successful;
- ▶ Access to care has greatly increased;
- ▶ Consumer choice has been maintained and improved upon;

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## Members in the News

### New CEO named for Pittsburgh Mercy Health System

By Paul J. Gough, Reporter, *Pittsburgh Business Times*

Pittsburgh Mercy Health System on Wednesday named Antonio Beltran as its new president and CEO. Beltran will replace Sister Susan Welsh, who had announced her retirement in August 2017. Beltran's appointment is effective Jan. 7. (See full news release [here](#)).

### ACHIEVA Receives Donations in Names of Tree of Life Victims

By Luke Torrance, Digital Producer, *Pittsburgh Business Times*

After the shooting at the Tree of Life synagogue in October, the family of victims Cecil and David Rosenthal designated ACHIVA as the recipient of donations made in the two men's memory. On Wednesday, the Pittsburgh-based nonprofit announced that it has received more than \$55,000 in donations through the Cecil and David Rosenthal Memorial Fund. (See full article [here](#)).



### Eyster Appointed to the Managed Care Delivery Subcommittee of the MAAC

RCPA Mental Health Division Director Sarah Eyster has been appointed to the Managed Care Delivery Subcommittee of the Medical Assistance Advisory Committee (MAAC). Miss Eyster replaces RCPA retired staff member Connell O'Brien on this committee. This appointment is a two-year term beginning January 2019.



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



### BUSINESS

#### ASTARIA TECH

2141 Oregon Pike  
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Vitalie Martea, CIO

#### HEALTH MANAGEMENT ASSOCIATES

1650 Market St, Ste 3600  
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#### PENNSYLVANIA ASSISTIVE TECHNOLOGY FOUNDATION

1004 W 9th Ave  
King of Prussia, PA 19406  
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### PROVIDER

#### MAINSTAY LIFE SERVICES

200 Roessler Rd  
Pittsburgh, PA 15220  
Kim Sonafelt, CEO  
Southwest Region

*As the largest state association of its kind, RCPA continues to look for ways to strengthen its voice. One way to facilitate this is by the recruitment of new members. For new provider members, there are financial incentives for the first two years of membership. If you have questions about membership or know of an organization that would benefit from membership with RCPA, please contact [Tieanna Lloyd](#), Accounts Receivable/ Membership Services Manager.*

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- ▶ The addition and expansion of needed services, supplemental services, and use of reinvestment dollars have been hallmarks of the provider service delivery design;
- ▶ Support for community provider innovation, especially for special populations such as those entering the community from state institutions;
- ▶ The infrastructure to manage the program is in place;
- ▶ Reporting structures and quality oversight are in place;
- ▶ There is significant stakeholder input to the program; and
- ▶ The program has demonstrated cost savings against the trend since its implementation over 20 years ago.

So why are people exploring ending this successful model in place of an alternative carve-in approach? Some of the answer is in that over the last 20 years, many things in health care have changed. There is more focus now on a “whole-person” approach and on the integration of physical and behavioral health care. Similarly, there is the belief that there will be more innovation and a more complete move to value-based purchasing models if the BH and PH funds are intermingled.

To address these and other concerns there needs to be an objective and careful review of each assumption:

- ▶ **Assumption One:** The carve-in model promotes better PH/BH integration and a whole-person approach.

**Response:** Neither RCPA nor our colleagues have uncovered objective, supportive data to justify this change. Is there data and experience nationally that supports this assertion? Or is it a theoretical argument that has some face validity but no real numbers behind it? Couldn't the current carve-out model adequately address this concern?

- ▶ **Assumption Two:** The carve-in model promotes better integration through the co-mingling of PH/BH dollars.

**Response:** Again, is there data to support this contention? There are certainly ways in which the behavioral health managed care organizations (BH-MCOs) and the physical health managed care organizations (PH-MCOs), with administration support, could address this issue as well.

- ▶ **Assumption Three:** There will be saved administrative costs through the carve-in.

**Response:** This, too, would need to be quantified. Clearly, there will be increased administrative costs to PH-MCOs to manage behavioral health care. And the cost of a significant system change to a 20+-year-old stable program (i.e., the carve-out) needs to be factored in.

Further, many of the PH-MCOs – even when the behavioral health is carved-in through commercial insurance or other states' programs – turn around and carve-out behavioral health to BH-MCOs anyway. So, under that scenario, would the perceived advantages really be achieved through the elimination of the current carve-out model? And when it falls under a physical health plan, would behavioral health get the same attention as it does in a carve-out model? Without tight state controls, could there be a shift of funds to physical health?

There are pros and cons to all payment and managed care program models. If Pennsylvania was designing a brand-new program today, perhaps HealthChoices would have a different design in place, or certainly a model tweaked from how it exists today.

But we live in the reality that we have a successful, stable behavioral health carve-out program in place in PA. Therefore, the following recommendations are put forth:

- ▶ The continued development of integrated PH/BH programs within the carve-out model. The Commonwealth may need to be involved in order to assist in overcoming any barriers – real or perceived.
- ▶ The better intermingling of PH/BH funds within the current carve-out program structure to support more complete and holistic models of value-based purchasing. Again, the Commonwealth's involvement would potentially be needed to support these efforts.
- ▶ The carve-in movement should not carry the day based on assertions. There must be hard data and proof from actuarial modeling and other states' experiences in order to justify the complete overhaul of the current program. Further, it must fit Pennsylvania's unique service delivery system and government structure.
- ▶ Continue to look for ways within the carve-out model to simplify, standardize, and focus on service outcomes.

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# A MESSAGE FROM THE CEO

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The behavioral health carve-out has done a lot of good for consumers and families in the Commonwealth, and that is ultimately what all these programs are about. There has also been a true focus on those with special needs such as adults with serious mental illness (SMI) and children with serious emotional disturbance (SED). To further reach its potential, the program should evolve. It is right for the administration and legislators to push the envelope and ask for change to better achieve such things as integration and a whole-person focus. However, that can be **a call for the evolution of the current carve-out program**, rather than one for dismantling the same.

We strongly urge that policy makers consider the above as we transition into the next generation of HealthChoices, one that can move the carve-out model to be even more successful.

Richard S. Edley, PhD, President/CEO

## New Member Benefit

### RCPA Members Are Now Full Members of National Council for Behavioral Health

In today's competitive health care environment marked by political and economic uncertainty, we need to speak with a united voice to strengthen the public behavioral health system and provide the best possible care to our clients, families, and communities. For this reason, we are excited to inform you that we have recently approved full membership with the National Council for Behavioral Health, which will benefit all members of RCPA.

The National Council supports you and your staff with business development and educational opportunities, insight into national trends related to mental health and addiction services, discounts on webinars and national conferences, and you will become part of a united movement of advocacy on behalf of behavioral health.

National Council offers extensive resources and national expertise in the behavioral health field. Key benefits of membership include:

- ▶ Discounts on registration for the National Council's [Annual Conference](#) and other events;
- ▶ Participation in [practice improvement initiatives](#);

- ▶ Discounts on [Mental Health First Aid instructor training](#);
- ▶ Access to 50+ [webinars](#) with tools and resources on a variety of topics;
- ▶ Discounts on *Mental Health Weekly*, *The Brown University Child and Adolescent Behavior Letter*, and *Alcoholism & Drug Abuse Weekly*;
- ▶ Exclusive access to the *Journal of Behavioral Health Services and Research*;
- ▶ Exclusive access to the Member Listserv and listserv archives on a variety of topics; and
- ▶ Featured on the "[Find a Provider](#)" section of the National Council Website.

Together, we will attain our mutual goal: to ensure all Americans living with mental illnesses and addictions have access to comprehensive, high-quality care that affords every opportunity for recovery. Contact [Sarah Eyster](#), RCPA Mental Health Division Director, with questions. ◀

## General Assembly Announces Spring Legislative Days

Both Houses of the Pennsylvania General Assembly announced their respective legislative days for the Spring of 2019. Please find below the days when the General Assembly will be in session.

### 2019 SENATE SESSION SCHEDULE

January 1, 15, 16, 28, 29, 30  
February 4, 5, 6  
March 18, 19, 20, 25, 26, 27  
April 8, 9, 10, 29, 30  
May 1, 6, 7, 8  
June 3, 4, 5, 10, 11, 12, 17, 18, 19, 24, 25, 26, 27, 28

### 2019 HOUSE SESSION SCHEDULE

January 1, 15, 16, 28, 29, 30  
February 4, 5, 6, 19, 20, 21  
March 11, 12, 13, 18, 19, 20, 25, 26, 27  
April 8, 9, 10, 15, 16, 17, 29, 30  
May 1, 6, 7, 8, 13, 14, 15, 22, **23 (Cancelled)**  
June 3, 4, 5, 10, 11, 12, 17, 18, 19, 20, 24, 25, 26, 27, 28

\*Bold indicates changes made when last updated on 12/6/18

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



## Pennsylvania State Senate and House Announce 2019/20 Budget Hearing Dates

The Pennsylvania State Senate and House of Representatives announced the dates for the 2019/20 Appropriations Committee Budget hearings. All House Appropriations Budget hearings will be held in the Main Capitol Building, Room 140. The Senate Appropriations Budget hearings will be held in North Office Building, Hearing Room 1. Please mark your calendars with the upcoming important dates.

The Senate hearing schedule can be found [here](#).

The House hearing schedule is as follows:

### Monday, February 11, 2019

10:00 am – Independent Fiscal Office  
1:00 pm – Department of Revenue (including Lottery)  
3:00 pm – Department of Aging

### Tuesday, February 12, 2019

10:00 am – PSERS/SERS  
1:00 pm – State System of Higher Education  
3:00 pm – Pennsylvania Higher Education Assistance Agency

### Wednesday, February 13, 2019

10:00 am – Treasury Department  
1:00 pm – Auditor General  
3:00 pm – Attorney General

### Thursday, February 14, 2019

10:00 am – Department of Environmental Protection  
1:00 pm – Department of Conservation & Natural Resources  
3:00 pm – Department of Labor and Industry

### No Hearings Week of February 18–22

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## **Monday, February 25, 2019**

10:00 am – Pennsylvania State Police/Homeland Security

1:00 pm – Criminal Justice: Corrections, Board of Probation & Parole, Commission on Crime and Delinquency, Juvenile Court Judges' Commission

3:00 pm – Department of Health/Department of Drug & Alcohol Programs

## **Tuesday, February 26, 2019**

10:00 am – Office of Administration–Office for Information Technology

1:00 pm – Department of Transportation

3:00 pm – Department of General Services

## **Wednesday, February 27, 2019**

10:00 am – Gaming Control Board

1:00 pm – Department of Community & Economic Development

3:00 pm – Liquor Control Board

## **Thursday, February 28, 2019**

10:00 am – Department of Human Services

## **Monday, March 4, 2019**

10:00 am – Department of Education

## **Tuesday, March 5, 2019**

10:00 am – Department of Agriculture

1:00 pm – OPEN

## **Wednesday, March 6, 2019**

10:00 am – Budget Secretary – Office of the Governor/ Executive Offices

1:00 pm – Department of Military and Veterans Affairs

## **Thursday, March 7, 2019**

10:00 am – Snow Make-up Date

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

## **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. ◀*

## **RCPA Government Affairs Monthly Conference Call to Resume in 2019**

In January 2019, RCPA Government Affairs will resume monthly conference calls. These calls will give RCPA members an inside look as to what is happening down at the Capitol in Harrisburg and Washington, DC. The conference calls will occur every third Thursday of the month starting at 9:00 am — the call-in number and agenda will be sent out to RCPA members who are interested. If you would like to participate, please email [Jack Phillips](#), RCPA Director of Government Affairs. ◀

## **RCPA Legislative Tracking Report on Hiatus**

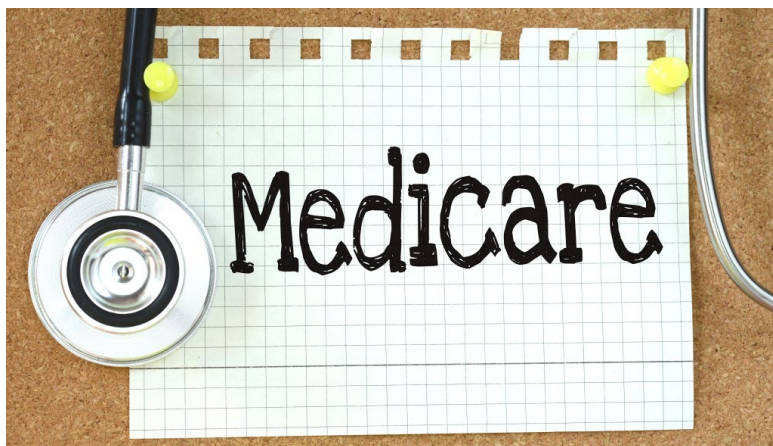
RCPA's legislative tracking report will be taking a much needed rest after a very busy and hectic legislative session. The tracking report will resume after the General Assembly reconvenes in January!! ◀

## Office of Medicare Hearings and Appeals Revises Chapters in Processing Manual

The Office of Medicare Hearings and Appeals (OMHA) has published two revised [chapters](#) of the OMHA Case Processing Manual (OCPM). As of November 30, 2018, Chapter 17 (“Dismissals”) and Chapter 18 (“Requests for Information and Remands”) were revised. The processing manual standardizes the day-to-day procedures for carrying out adjudicative functions, in accordance with applicable statutes, regulations, and OMHA directives, and gives OMHA staff direction for processing appeals at the OMHA level of adjudication. ◀

## OIG Report Focuses on Improper Medicare Payments for Orthotics and Prosthetics

The Office of the Inspector General (OIG) conducted an audit of Medicare claims from 2015–2017 and found that Medicare improperly paid \$34 million for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) that were for patients being treated as inpatients. Included in their [full report](#), the OIG stresses that all items must be provided directly by the inpatient facility, or under arrangements between the facility and the supplier when the beneficiary is an inpatient, and not billed separately to Medicare. ◀



# State News

## Next MLTSS Subcommittee Meeting

The first Managed Long-Term Services and Supports (MLTSS) Subcommittee meeting of 2019 is scheduled for January 4, 2019, in the Honors Suite at 333 Market Street Tower in Harrisburg, from 10:00 am to 1:00 pm. ◀

## Community HealthChoices Southeast Implementation Goes Live on January 1

The next phase (Phase 2) of Community HealthChoices (CHC) will be implemented on January 1, 2019 in the Southeast section of the state. Participants had until December 21, 2018 to make their plan selections or make changes to the plan for it to be effective on January 1, 2019. Those that did not select a plan will be auto-enrolled into one of the Managed Care Organizations (MCOs). The rollout in the Southeast will include approximately 131,000 individuals. For additional information, visit the CHC [website](#). ◀



## CMS Issues KX Modifier Thresholds/Related Policy Updates for CY 2019

The Centers for Medicare and Medicaid Services (CMS) released [Change Request \(CR\) 11055](#), “Annual Update to the Per-Beneficiary Therapy Amounts.” This CR provides information on the annual per-beneficiary incurred expense amounts, now known as the KX modifier thresholds, and related policy updates for calendar year (CY) 2019. These amounts were previously associated with the financial limitation amounts (therapy caps) before the application of the therapy caps was repealed when the Bipartisan Budget Act (BBA) of 2018 was signed into law.

For CY 2019, the KX modifier threshold amount for physical therapy (PT) and speech-language pathology (SLP) services combined is \$2,040. For occupational therapy (OT) services, the CY 2019 threshold amount is \$2,040. Contact [Melissa Dehoff](#), RCPA Rehabilitation Services Director, with questions. ◀

## CMS Issues Clarification on Role of Therapy Students in IRFs

During the November Centers for Medicare and Medicaid Services (CMS) National Provider call with inpatient rehabilitation facilities (IRFs), CMS responded to a question related to the counting of minutes of therapy provided by a therapy student that these minutes would not count, regardless of the level of supervision.

This triggered much confusion and led to the therapy professional associations requesting a meeting with CMS to discuss and address this and their concerns surrounding this response. After this collaborative effort between these associations and CMS, CMS issued a clarification of its position on therapy students in IRFs.

CMS has noted that student therapists may participate in therapy provided in an IRF if the student is appropriately supervised, and that the time spent with the student may count towards satisfying intensity of therapy requirements for IRFs. Cited directly from the clarification:

*“Regarding the IRF intensive rehabilitation therapy program requirement in 42 CFR 412.622(a)(3)(ii), CMS’s current policy does not prohibit the therapy services furnished by a therapy student under the appropriate supervision of a qualified therapist or therapy assistant from counting toward the intensive rehabilitation therapy program. However, IRFs provide a very intensive hospital level of rehabilitation therapy to some of the most vulnerable patients. To ensure the health and safety of this vulnerable population, CMS expects that all student therapy services will be provided by students under the supervision of a licensed therapist allowed by the hospital to provide such services.”*

Contact [Melissa Dehoff](#), RCPA Rehabilitation Services Director, with questions. ◀

## IRF Provider Preview Reports Available Until January 2

The inpatient rehabilitation facility (IRF) provider preview [reports](#) are updated and available for providers. The data contained within the preview reports is based on quality data submitted by IRFs between Quarter 2 – 2017 and Quarter 1 – 2018 and reflects what will be published on IRF Compare during the March 2019 refresh of the website. Providers have until January 2, 2019 to review their performance data. Corrections to the underlying data will not be permitted during this time; however, providers can request CMS review of their data during the preview period if they believe the quality measure scores that are displayed within their preview reports are inaccurate. ◀

## Updated Guidance Released on Requirement to Post Standard Charges

The Centers for Medicare and Medicaid Services (CMS), in the inpatient prospective payment system (IPPS) final rule for 2019, finalized that all hospitals (including inpatient rehabilitation facilities) must post a list of standard charge rates on the internet. An updated [guidance](#) on this requirement was released by CMS. ◀

## Senate Committee Reauthorizes TBI Program

The United States Senate Committee on Health, Education, Labor & Pensions ([HELP](#)) recently held an executive session and voted to advance S.3657 – the [Traumatic Brain Injury Program Reauthorization Act of 2018](#). The bill included some increased funding (from \$5,500,000 to \$7,321,000 for 2020 through 2014) and reauthorized the [Traumatic Brain Injury \(TBI\) State Partnership Grant Program](#), which is administered by the Administration for Community Living (ACL).

The bill also created and funded a national concussion data collection and analysis program through the Centers for Disease Control and Prevention (CDC) to determine the prevalence and incidence of concussion. Contact [Melissa Dehoff](#), RCPA Director of Rehabilitation Services, with questions. ◀

## Congressional Brain Injury Task Force Announces 2019 Brain Injury Awareness Day

The Congressional Brain Injury Task Force (CBITF) has announced the 2019 Brain Injury Awareness Day for March 13, 2019, which is a date that members will be in session. ◀

## American Academy of Pediatrics Updates Guidelines for Treating Mild Concussions

The American Academy of Pediatrics recently updated their [guidelines](#) for treating mild brain trauma. Included in the guidelines, they urge physicians and parents to let kids return to school sooner and allow them to use electronics and enter back into physical activity after just a couple of days of rest. It is noted that the return to activity should be personalized, while balancing the need for stimulation and rest. ◀

## BIAA Announces Upcoming Webinars

The Brain Injury Association of America (BIAA) has [posted](#) their upcoming live webinars, including Neuroendocrine Function After Brain Injury; Protecting Vulnerable Populations from Exploitation; Taste and Smell Issues After Brain Injury; and Spasticity After Brain Injury. ◀



Articles and topics selected for this newsletter are designed to help build continued knowledge base among our members for the topics that will impact you most as we move to managed care in Pennsylvania.

## CHC Corner

On January 1, 2019, the Department of Human Services (DHS) launched Community HealthChoices (CHC) in its second phase, the five southeast counties: Bucks, Chester, Delaware, Montgomery, and Philadelphia. The CHC program serves people who are dually eligible for Medicaid and Medicare, and for eligible individuals who are 21 and older who have physical disabilities requiring long-term services and supports. Individuals enrolling in CHC in the Southeast were able to choose among three managed care organizations: Keystone First Community HealthChoices, PA Health and Wellness, and UPMC Community HealthChoices. The program is currently serving about 80,000 people in the first phase since January 1, 2018 in Southwest PA. In the Southeast, over 40,000 people served in the OLTL waivers transitioned to CHC and will have a six month continuity of care period. When fully implemented in 2020, CHC will serve 420,000 Pennsylvanians, 94% of whom are dually eligible for both Medicare and Medicaid. For more information about CHC, visit this [web page](#). ◀

## Employment Report

The Office of the Inspector General of the Social Security Administration (SSA) has issued a final report that evaluates the Ticket to Work program, Plan to Achieve Self-Support (PASS) program, and the Benefit Offset National Demonstration (BOND) project. The SSA estimated that, as of FY 2016, the Ticket to Work program had saved the agency approximately \$5.9 billion and achieved a 2.6 percent participation rate since 2000. For PASS, SSA could not determine costs incurred, savings, or return-to-work outcomes. A draft report is still under internal review. For the BOND project, 4,700 (5.5 percent) of the 85,140 project participants voluntarily returned to work. The BOND project tested a one dollar reduction in benefits for every two dollars participants earned over the substantial gainful activity (SGA) level for a five-year period, with further assistance of work incentives counseling. SSA was unable to provide an estimate of savings for the successful return-to-work participants. ◀

## Medicare-Medicaid Alignment

The Centers for Medicare & Medicaid Services (CMS) has released several new evaluation reports on states participating in the Medicare-Medicaid Financial Alignment Initiative demonstrations, which aim to provide more integrated, coordinated care to individuals who are dually eligible for Medicare and Medicaid. In these demonstrations, 12 states are testing either capitated or managed fee-for-service (MFFS) models of financial alignment, and one is testing an administrative alignment demonstration that does not have a financial alignment component.

The reports, available [here](#), include some encouraging utilization results, as well as some areas for further consideration and improvement, including:

- ▶ Inpatient utilization;
- ▶ Skilled nursing facility (SNF);
- ▶ Long-stay nursing facility placement;
- ▶ Beneficiary experience; and
- ▶ Medicare savings.

Additional information is available at the [Integrated Care Resource Center](#). ◀



## Patient Centered Medical Home Update

The advisory board of the Pennsylvania Patient Centered Medical Home (PCMH) met in mid-December. Currently there are 1,111 PCMH providers, almost double from the year before. There are more than 632,300 people using the PCMH model for services. Of those, over 31,000 people make up the top 5% of medical costs. More than 75,500 people have been identified as having a serious and persistent mental illness. And more than \$10 million has been paid to the PCMH providers, up from \$4 million last year. The program continues to grow and more data will be available mid-year 2019. ◀

## CCBHC Update

The Certified Community Behavioral Health Clinics (CCBHC) Advisory Board meeting was held on December 7, 2018, and reviewed the data collected from demonstration year two, first quarter (July 1 – September 30, 2018). While there is an abundance of data, it is still being scrubbed. What we know so far is that more than 12,000 people received at least one core CCBHC service in the first quarter. Of those, 2,458 were new to the CCBHC service. The aggregate number of days until the initial evaluation was 5.1 – these are very positive statistics!

- ▶ We heard from a couple of clinics that are doing exciting things like offering an art studio in the waiting area to help people with anxiety and stress while waiting for services.
- ▶ Two existing CCBHCs (Berks Counseling and Pittsburgh Mercy), as well as one new CCBHC (Merakey), received grant funding.

As of now, there has been no legislation to continue the demonstration grant; however, efforts continue on the hill. ◀





## A Message From the National Institute of Mental Health

Joshua A. Gordon, MD, PhD,  
NIMH Director



Our country is currently in the middle of an opioid crisis, with an average of 115 people dying every day from an opioid overdose. While the opioid epidemic has been widely covered in the news, something that has been less publicized is the role that mental illnesses play in this public health crisis.

Adults with mental illnesses receive more than half of all opioid prescriptions dispensed each year in the U.S. and a 2016 Substance Abuse and Mental Health Services Administration report revealed that 1 in 10 adults with a mental disorder had misused opioids in the past year. Individuals with mental illnesses' use and misuse of opioids is particularly concerning as [research](#) suggests that people who regularly use opioids are about 75 percent more likely to make suicide plans and are twice as likely to attempt suicide as people who did not report any opioid use.

Although these statistics are troubling, research is helping advance the fight to prevent and better diagnose and treat opioid use disorder (OUD). Earlier this year, NIH launched the [HEAL \(Helping to End Addiction Long-term<sup>SM</sup>\) Initiative](#), an aggressive, trans-agency effort to speed scientific solutions for countering the pain and opioid crisis in this country. The HEAL Initiative<sup>SM</sup> seeks to support research across NIH to help [prevent addiction through enhanced pain management](#) and [improve treatments for OUD and addiction](#).

The NIMH is actively working to support this effort. In partnership with other NIH institutes, the [NIMH will support research](#) testing the use of collaborative care models to treat individuals with OUD and co-occurring mental disorders in primary care settings (where many of these individuals already seek care). [Related NIMH-funded research, under the Zero Suicide initiative](#), is examining how changes in opioid prescribing practices are impacting suicide in a large, nationwide network of healthcare systems. I look forward to sharing more details over the course of the next year as NIMH and NIH efforts to address the opioid crisis progress. In the meantime, thank you for your continued efforts to share NIMH research and resources with those who can most benefit from them. ◀

## Governor Wolf Renews Opioid Disaster Declaration, Notes Recent Progress

December 21, 2018

Harrisburg, PA – Governor Tom Wolf today signed the fourth renewal of his 90-day opioid disaster declaration and noted recent successes in the ongoing fight against the epidemic.

"I am again renewing the 90-day opioid disaster declaration, the best current means we have to maintain a concerted effort focused on fighting this scourge on our state and our nation," Gov. Wolf said. "The renewal allows the 16 state agencies working together as part of the Opioid Command Center at PEMA to continue their collaborative approach at creating and implementing initiatives that are making a difference across many areas of this battle."

Read entire release [here](#). (Source: Governor Wolf official website) ◀



## “Boot Camp” Developing Policies for IDD Providers to Meet ODP Expectations Regarding “Sexual Health, Personal Relationships, and Sexuality Guidelines”

Tuesday, May 7 and Wednesday, May 8, 2019

The RCPA Sexual Abuse Prevention Committee is developing a two day “Boot Camp” for IDD providers to assist in developing an agency policy that will meet the expectations outlined in [ODP Bulletin 00-18-01](#), issued in April of 2018. During this two-day training, we will hear from various speakers from ODP, the Institute on Disabilities at Temple University,



McAndrews Law firm, Health Care Quality Units (HCQU), and other professionals with expertise in this subject. The training will be located at Penn Grant Centre; more information will be forthcoming. Participants will be charged a minimal fee to cover lunch expense and room charges.

The Information Sharing and Advisory Committee (ISAC) recently released the Action Plan for Sexual Abuse Prevention and Healthy Relationships. Members of the ISAC developed their own action plans that are compiled into one report, which can be [accessed here](#). ◀

## Managed Care and IDD Services

There has been much discussion recently about the future of IDD Services in PA and possible system changes. One of the major themes in recommendations that came out of the Simplify the System Project was to “Establish county authority over, and responsibility for, services and support coordination.” This has led to discussions within ODP regarding the future management of services and consideration of managed care options. RCPA and RCP SO have outlined basic principles believed to be essential for a successful service system to serve individuals with ID/A.

On a Federal level, Center for Medicare & Medicaid Innovation (CMMI) Director Adam Boehler recently was quoted as below:

“‘I’ll tell you a lot of what I do in my role running CMMI as senior adviser to Secretary Azar is to blow up fee for service,’ he said at the Office of the National Coordinator’s annual conference. ‘That’s one of our prime goals—is to get rid of fee for service.’” (Source: [Fierce Healthcare](#))

ODP Deputy Secretary Kristin Ahrens will be attending RCPA’s IDD Division meeting on January 31, 2019 to discuss her thoughts on Managed Care and the future of the ID/A system in Pennsylvania.

ANCOR recently released a white paper that examines the impact of managed long-term services and supports programs on individuals with intellectual and developmental disabilities. The report can be accessed here: [Current Landscape: Managed Long-Term Services and Supports for People with Intellectual and Developmental Disabilities](#). ◀

## Provider Oversight Committee Formed

As a result of concerns raised by advocates during the process of Chapter 6100 regulations moving to the Independent Regulatory Review Commission (IRRC) for consideration, the Office of Developmental Programs (ODP) agreed to form a Provider Oversight Committee as part of the Information Sharing and Advisory Committee (ISAC). The committee is co-chaired by Representative Gene DiGirolamo and Advocate Dee Coccia. The group will be reviewing Incident Management data, and other information regarding provider performance, in the areas of health and safety of the individuals served. RCPA President/CEO Richard Edley has been appointed to serve on this committee, along with representatives from other provider organizations, and advocacy representatives. ◀

## ODP Publications Since last RCPA News

- ▶ 101-18 Reissue Supporting People Who are Deaf or Hard of Hearing Special Training Series
- ▶ Attachment.2018.1 Certified Interpreters vs Certified Deaf Interpreters
- ▶ Attachment 2018.2 Tips for Working with a Certified Interpreter
- ▶ Attachment 2018.3 Initial Process for Supports Coordinator (SC)
- ▶ Attachment 2018.4 Resources
- ▶ Attachment 2018.5 Where to post jobs for staff who use American Sign Language
- ▶ 102-18 Delay in Transportation Trip Changes and Employment Credentials and Certificates
- ▶ 102-18 Attachment Side by Side of Consolidated, PFDS and Community Living Effective 1/1/19
- ▶ 103-18 ISAC Action Plan for Sexual Abuse Prevention Now Available
- ▶ Action Plan: Information Sharing and Advisory Committee (ISAC) Plan for Sexual Abuse Prevention and Healthy Relationships
- ▶ 104-18 Medication Administration Training Program Scheduled System Outage
- ▶ 105-18 Expectations for Supports Coordinators Regarding the Right to be Free from Abuse
- ▶ 106-18 Final Public Notice for Fee Schedule Rates and Department Established Fees for Fiscal Year 2018-2019
- ▶ 107-18 College of Direct Support Administrative Overview and Refresher 12/20/18
- ▶ 108-18 Home and Community Based Services Settings Provider Self-Assessment Update 5
- ▶ ODP News December 2018





## Alternative Community Resource Programs Hosts Visit With Pedro Rivera, PA Secretary of Education



Article submitted by RCPA Children's Steering Committee member, Frank Janakovic, CEO

As part of the partnership with Greater Johnstown School District (GJSD), Alternative Community Resource Programs (ACRP) has been providing mental and behavioral health services within the school district. More specifically, for the

past two and a half years, ACRP has provided therapists, mental health workers, and mental health professionals within each of its three buildings for the purpose of supporting the school district with its school-wide positive behavior interventions and supports program.

The system is in place for identifying and implementing these interventions at the advanced levels and has enabled us to anticipate and develop plans for program behavior which greatly reduces the intensity and severity of the behaviors.

Through continued collaboration with ACRP, the GJSD has been able to provide intensive and individualized services with a multi-systemic approach that focuses on addressing all environmental systems that impact the students at GJSD.

Pennsylvania Secretary of Education, Pedro A. Rivera, visited the GJSD sites and met with ACRP staff on October 25, 2018. ◀



## Concerns About Children's Residential Care Facilities in PA Outlined by Children's Rights and Education Law Center

In a 38-page document entitled "Unsafe and Uneducated: Indifference to Dangers in Pennsylvania's Residential Child Welfare Facilities," staff from Children's Rights and the Education Law Center provide a report on deficiencies in residential facilities. The authors conducted a review and analysis of state licensing inspections data to support the findings. The claim is that the state's oversight of these facilities doesn't address licensing deficiencies that also include lack of educational resources especially for children with disabilities. The report can be found [here](#). ◀

## Pennsylvania's Child Protection Reforms Hit the 5 Year Mark

With the signature of a governor in December 2013, the Commonwealth sought to "create a culture that promotes greater awareness, more accountability, and better coordination." View the Children's Justice and Advocacy Report [here](#). ◀

## Family First Prevention Act Training

The County Commissioners Association of PA and Office of Children, Youth and Families will provide training on the Family First Prevention Act on Wednesday, January 30, 2019, in Harrisburg. [See flyer](#) for details. ◀







## JANUARY

<b>Tuesday, January 8</b>	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee <i>Conference Call</i>
<b>Tuesday, January 15</b>	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee <i>Conference Call</i>
<b>Thursday, January 17</b>	9:00 am – 10:00 am	Government Affairs Committee <i>Conference Call</i>
<b>Thursday, January 17</b>	10:00 am – 2:00 pm	Children's Steering Committee <i>Penn Grant Centre</i>
<b>Thursday, January 31</b>	10:00 am – 3:00 pm	IDD Committee Meeting <i>Penn Grant Centre</i>

## FEBRUARY

<b>Thursday, February 7</b>	12:00 pm – 1:00 pm	IPRC Webinar: Kinesiology Tape Applications
<b>Thursday, February 7</b>	12:00 pm – 1:00 pm	Outpatient Rehab Committee - Webcast Only <i>RCPA Conference Room</i>
<b>Friday, February 8</b>	1:00 pm – 4:00 pm	SCO Subcommittee: Special Meeting on Managed Care and IDD Services <i>RCPA Conference Room</i>
<b>Tuesday, February 12</b>	10:00 am – 3:00 pm	Children's Division <i>Penn Grant Centre</i>
<b>Tuesday, February 12</b>	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee <i>Conference Call</i>
<b>Tuesday, February 12</b>	12:30 pm – 3:30 pm	Drug & Alcohol Committee <i>Penn Grant Centre</i>
<b>Wednesday, February 13</b>	9:30 am – 12:00 pm	Mental Health Committee <i>Penn Grant Centre</i>
<b>Wednesday, February 13</b>	10:00 am – 3:00 pm	Human Resources Committee <i>Penn Grant Centre</i>
<b>Wednesday, February 13</b>	1:00 pm – 4:00 pm	Criminal Justice Committee <i>RCPA Conference Room</i>
<b>Tuesday, February 19</b>	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee <i>Conference Call</i>
<b>Thursday, February 21</b>	9:00 am – 10:00 am	Government Affairs Committee <i>Conference Call</i>
<b>Wednesday, February 27</b>	10:00 am – 2:00 pm	Brain Injury Committee <i>Penn Grant Centre</i>