



## 2019 CONFERENCE

### RCPA Call for Proposals for the 2019 Annual Conference

The 2019 RCPA Conference, *Impact PA*, will be held September 24–27 at the Hershey Lodge. A premier statewide event, the Conference Committee is seeking workshop proposals for possible inclusion. The conference offers diverse educational opportunities and submissions are needed in every area. A complete listing of focus tracks is available on the [proposal form](#). Presentations are encouraged that assist providers in developing and maintaining quality, stable, and effective treatments, services, and agencies in an industry where change is constant. Visit this [web page](#) for more details. ◀





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©2019. 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

**XtraGlobex Welcomes Brooke Clippinger: Philadelphia Firm Expands to Meet Demand Across Pennsylvania**



- ▶ **Case for Inclusion 2019 Ranks States on Policies and Programs** – RCPA President/CEO Richard S. Edley, PhD, RCPA IDD Division Director Carol Ferenz, and Brandy Burnham, President/CEO of RCPA member AHEDD quoted in article
- ▶ **Pennsylvania Official Fighting Drug Crisis Leaves Administration** – RCPA President/CEO Richard S. Edley, PhD quoted in article



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



### BUSINESS

#### MILLIN ASSOCIATES

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Nicholas Jerolimov, Business Development

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 is a discount for the first year 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.



## Children's Division Announcement

It is with mixed emotions that I announce that Robena Spangler will be leaving her position as Director of the RCPA Children's Division. Mixed, as we are so appreciative of the accomplishments Robena has made in this role and on behalf of the members, but also glad for her in her continued career and professional growth. Robena will be assuming the role of Director of the Bureau of Children and Family Services within the Office of Children, Youth, and Families (OCYF), Department of Human Services (DHS).

Robena has had many accomplishments since joining RCPA, which include:

- ▶ Diversification and growth of the division into all aspects of children's services
- ▶ Expansion of the Children's Steering Committee to cover all ages and the full array of children's services
- ▶ Development of key work groups, including:
  - ▶ Children in Congregate Care with complex medical and behavioral health needs;
  - ▶ Early Intervention/Infant Mental Health;
  - ▶ School-Based Behavioral Services; and
  - ▶ Intensive Behavioral Health Services (IBHS).
- ▶ Led the partnership effort with Relias Learning to extend trainings to RCPA members
- ▶ Improved cross-systems collaboration on behalf of RCPA members with ODP, OMHSAS, and OCYF

Robena's final date with RCPA will be February 28 and she will assist RCPA in the transition during that time.

Please join me in congratulating Robena in taking on this exciting new challenge and opportunity and we look forward to working with her in this new role.

*"The opportunity to work with RCPA's children's services providers has been my pleasure and has taught me valuable lessons about promoting the interests of others and provided opportunities for professional growth. My passion for leadership was appreciated by some of the hardest working, most dedicated group of professionals in the field of human services. Thank you for your trust in me." – Robena*

- Richard S. Edley, PhD  
RCPA President & CEO

RCPA is now actively recruiting for the position of Children's Division Director. If you, or any of your colleagues may be interested, please contact [Tina Miletic](#) at the RCPA office, 717-364-3280.



## Save the Date for RCPA Capitol Day on May 1

RCPA will be hosting our **2019 Capitol Day** on **Wednesday, May 1**. During the day, RCPA will have a table in the Main Rotunda between 9:00 am – 2:00 pm and we will hold a press conference/rally in the Main Rotunda between 11:00 am – 12:00 pm. Members are requested to schedule appointments with their Senate and House legislators to discuss the state budget, legislation, and regulations that affect the day-to-day activities of our members.

More information will follow — if you have questions or suggestions regarding our 2019 Capitol Day, please contact [Jack Phillips](#), Director of Government Affairs. ◀

## Save the Date: RCPA PAC's 6th Annual Golf Outing

Please join us for RCPA PAC's 6th annual golf outing at the beautiful Hershey Country Club on Thursday, May 9! Lunch will start at 11:00 am in the clubhouse followed by a putting contest and 1:00 pm shotgun start.

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

## Gov. Wolf Announces His Cabinet Nominees

Governor Tom Wolf has announced his list of cabinet nominees. His appointment nominees, which will have to be confirmed by a majority of the State Senate, are as follows:

- ▶ Jessica Altman – Commissioner, Pennsylvania Insurance Department
- ▶ Kathy Boockvar – Secretary of the Commonwealth
- ▶ Major General Anthony Carrelli – Adjutant General, Department of Military and Veterans Affairs
- ▶ Dennis Davin – Secretary, Department of Community and Economic Development
- ▶ Cynthia Dunn – Secretary, Department of Conservation and Natural Resources
- ▶ Lieutenant Colonel Robert Evanchick – Commissioner, Pennsylvania State Police
- ▶ C. Daniel Hassell – Secretary, Department of Revenue
- ▶ Dr. Rachel Levine – Secretary, Department of Health
- ▶ Patrick McDonnell – Secretary, Department of Environmental Protection
- ▶ Teresa D. Miller – Secretary, Department of Human Services
- ▶ W. Gerard Oleksiak – Secretary, Department of Labor & Industry
- ▶ Russel Redding – Secretary, Department of Agriculture
- ▶ Leslie S. Richards – Secretary, Department of Transportation
- ▶ Jennifer Smith – Secretary, Department of Drug and Alcohol Programs
- ▶ Curt Topper – Secretary, Department of General Services
- ▶ Robert Torres – Secretary, Department of Aging
- ▶ John Wetzel – Secretary, Department of Corrections
- ▶ Robin Wiessmann – Secretary, Department of Banking and Securities

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

## House Republicans Announce Majority Committee Chairs

Speaker Mike Turzai (R – Allegheny County) announced the House majority chairs for the 2019–20 legislative session. The Republicans control the Pennsylvania House in the General Assembly and will be in charge of the legislative calendar. The following are the majority chairs:

**Aging and Older Adult Services:**

Rep. Thomas Murt, 152nd Legislative District, Montgomery and Philadelphia counties.

**Agriculture and Rural Affairs:**

Rep. Martin Causer, 67th Legislative District, Cameron, Potter, and McKean counties.

**Children and Youth:**

Rep. Karen Boback, 117th Legislative District, Lackawanna, Luzerne, and Wyoming counties.

**Commerce:**

Rep. Mark Keller, 86th Legislative District, Cumberland and Perry counties.

**Consumer Affairs:**

Rep. Brian Ellis, 11th Legislative District, Butler County.

**Education:**

Rep. Curt Sonney, 4th Legislative District, Erie County.

**Environmental Resources and Energy:**

Rep. Daryl Metcalfe, 12th Legislative District, Butler County.

**Ethics:**

Rep. Frank Farry, 142nd Legislative District, Bucks County.

**Finance:**

Rep. Michael Peifer, 139th Legislative District, Pike and Wayne counties.

**Game and Fisheries:**

Rep. Keith Gillespie, 47th Legislative District, York County.

**Gaming Oversight:**

Rep. Jim Marshall, 14th Legislative District, Beaver and Butler counties.

**Health:**

Rep. Kathy Rapp, 65th Legislative District, Forest and Warren counties.

**Human Services:**

Rep. Gene DiGirolamo, 18th Legislative District, Bucks County.

**Insurance:**

Rep. Tina Pickett, 110th Legislative District, Bradford, Sullivan, and Susquehanna counties.

**Judiciary:**

Rep. Rob Kauffman, 89th Legislative District, Franklin County.

**Labor and Industry:**

Rep. Jim Cox, 129th Legislative District, Berks and Lancaster counties.

**Liquor Control:**

Rep. Jeff Pyle, 60th Legislative District, Armstrong, Butler, and Indiana counties.

**Local Government:**

Rep. Dan Moul, 91st Legislative District, Adams County.

**Professional Licensure:**

Rep. Dave Hickernell, 98th Legislative District, Lancaster and Dauphin counties.

**State Government:**

Rep. Garth Everett, 84th Legislative District, Lycoming and Union counties.

**Tourism and Recreational Development:**

Rep. David Millard, 109th Legislative District, Columbia County.

**Transportation:**

Rep. Tim Hennessey, 26th Legislative District, Chester and Montgomery counties.

**Urban Affairs:**

Rep. Sue Helm, 104th Legislative District, Dauphin and Lebanon counties.

**Veterans Affairs and Emergency Preparedness:**

Rep. Stephen E. Barrar, 160th Legislative District, Chester and Delaware counties.

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

## House Democrats Announce Minority Committee Chairs

House Democratic Leader Frank Dermody named the Democratic minority chairs of the standing committees.

Rep. Matt Bradford of Montgomery County was chosen separately by a November vote of all the Democratic members to be chairman of the Appropriations Committee.

The House Democratic chairs for the 2019–20 session are:

**Aging and Older Adult Services:**

Rep. Steve Samuelson, 135th Legislative District, Northampton County.

**Agriculture and Rural Affairs:**

Rep. Eddie Day Pashinski, 121st Legislative District, Luzerne County.

**Children and Youth:**

Rep. Joseph Petrarca, 55th Legislative District, Westmoreland, Armstrong and Indiana counties.

**Commerce:**

Rep. John Galloway, 140th Legislative District, Bucks County.

**Consumer Affairs:**

Rep. Rob Matzie, 16th Legislative District, Beaver and Allegheny counties.

**Education:**

Rep. James Roebuck, 188th Legislative District, Philadelphia County.

**Environmental Resources and Energy:**

Rep. Greg Vitali, 166th Legislative District, Delaware and Montgomery counties.

**Finance:**

Rep. Jake Wheatley, 19th Legislative District, Allegheny County.

**Game and Fisheries:**

Rep. William Kortz, 38th Legislative District, Allegheny County.

**Gaming Oversight:**

Rep. Scott Conklin, 77th Legislative District, Centre County.

**Health:**

Rep. Dan Frankel, 23rd Legislative District, Allegheny County.

**Human Services:**

Rep. Angel Cruz, 180th Legislative District, Philadelphia County.

**Insurance:**

Rep. Tony DeLuca, 32nd Legislative District, Allegheny County.

**Judiciary:**

Rep. Tim Briggs, 149th Legislative District, Montgomery County.

**Labor and Industry:**

Rep. Patrick Harkins, 1st Legislative District, Erie County.

**Liquor Control:**

Rep. Dan Deasy, 27th Legislative District, Allegheny County.

**Local Government:**

Rep. Bob Freeman, 136th Legislative District, Northampton County.

**Professional Licensure:**

Rep. Harry Readshaw, 36th Legislative District, Allegheny County.

**State Government:**

Rep. Kevin Boyle, 172nd Legislative District, Philadelphia and Montgomery counties.

**Tourism and Recreational Development:**

Rep. Mark Longietti, 7th Legislative District, Mercer County.

**Transportation:**

Rep. Mike Carroll, 118th Legislative District, Luzerne and Lackawanna counties.

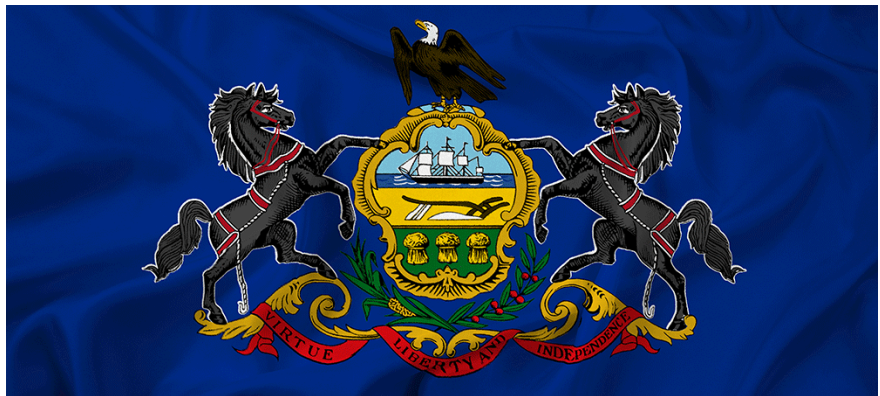
**Urban Affairs:**

Rep. Thomas Caltagirone, 127th Legislative District, Berks County.

**Veterans Affairs and Emergency Preparedness:**

Rep. Christopher Sainato, 9th Legislative District, Lawrence County.

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





## Senate Democrats Announce Minority Committee Chairs

Senate Minority Leader, Jay Costa (D-Allegheny), announced the Senate Democratic minority chairs of the standing committees.

Senate Democratic Standing Committee Chair Assignments are as follows:

- ▶ **Aging & Youth:** Maria Collett
- ▶ **Agriculture & Rural Affairs:** Judy Schwank
- ▶ **Appropriations:** Vincent Hughes
- ▶ **Banking & Insurance:** Sharif Street
- ▶ **Communications & Technology:** Steve Santarsiero
- ▶ **Community, Economic, & Recreational Development:** Larry Farnese
- ▶ **Education:** Andrew Dinniman
- ▶ **Environmental Resources & Energy:** John Yudichak
- ▶ **Finance:** John Blake
- ▶ **Games & Fisheries:** James Brewster
- ▶ **Health & Human Services:** Art Haywood
- ▶ **Intergovernmental Operations:** Wayne Fontana
- ▶ **Judiciary:** Daylin Leach
- ▶ **Labor & Industry:** Christine Tartaglione
- ▶ **Law & Justice:** James Brewster
- ▶ **Local Government:** Tim Kearney
- ▶ **Rules & Executive Nominations:** Jay Costa
- ▶ **State Government:** Anthony Williams
- ▶ **Transportation:** John Sabatina, Jr.
- ▶ **Urban Affairs & Housing:** Katie Muth
- ▶ **Veteran's Affairs & Emergency Preparedness:** Lindsey Williams

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

## Senate Republicans Announce Majority Committee Chairs

Senate President Pro Tempore Joe Scarnati (R – Jefferson) named the Senate Republican majority chairs of the standing committees.

Senate Republican Standing Committee Chair Assignments are as follows:

- ▶ **Aging & Youth** – Senator John DiSanto (R-15)
- ▶ **Agriculture & Rural Affairs** – Senator Elder Vogel, Jr. (R-47)
- ▶ **Appropriations** – Senator Pat Browne (R-16)
- ▶ **Banking & Insurance** – Senator Don White (R-41)
- ▶ **Communications & Technology** – Senator Wayne Langerholc, Jr. (R-35)
- ▶ **Community, Economic & Recreational Development** – Senator Mario Scavella (R-40)
- ▶ **Consumer Protection & Professional Licensure** – Senator Robert Tomlinson (R-6)
- ▶ **Education** – Senator Ryan Aument (R-36)
- ▶ **Environmental Resources & Energy** – Senator Gene Yaw (R-23)
- ▶ **Finance** – Senator Scott Hutchinson (R-21)
- ▶ **Game & Fisheries** – Senator Dan Laughlin (R-49)
- ▶ **Health & Human Services** – Senator Michele Brooks (R-50)
- ▶ **Intergovernmental Operations** – Senator Judy Ward (R-30)
- ▶ **Judiciary** – Senator Lisa Baker (R-20)
- ▶ **Labor & Industry** – Senator Camera Bartolotta (R-46)
- ▶ **Law & Justice** – Senator Pat Stefano (R-32)
- ▶ **Local Government** – Senator Scott Martin (R-13)
- ▶ **Rules & Executive Nominations** – Senator Jake Corman (R-34)
- ▶ **State Government** – Senator Mike Folmer (R-48)
- ▶ **Transportation** – Senator Kim Ward (R-39)
- ▶ **Urban Affairs & Housing** – Senator Tom Killion (R-9)
- ▶ **Veterans Affairs & Emergency Preparedness** – Senator Mike Regan (R-31)

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



## Senate Democrats Announce Committee Assignments

The Pennsylvania Senate Democratic Caucus released its committee assignments for the 2019–20 legislative session.

The committees listed will have the following members from the Senate Democratic Caucus.

- ▶ **Aging & Youth:** Maria Collett (Chair), John Sabatina, Jr., Judy Schwank, Christine Tartaglione
- ▶ **Agriculture & Rural Affairs:** Judy Schwank (Chair), Andrew Dinniman, John Sabatina, Jr., Sharif Street
- ▶ **Appropriations:** Vincent Hughes (Chair), Judy Schwank (Vice Chair), Jay Costa (Ex Officio), John Blake, Maria Collett, Art Haywood, Daylin Leach, Steve Santarsiero, Sharif Street
- ▶ **Banking & Insurance:** Sharif Street (Chair), Lisa Boscola, James Brewster, Larry Farnese, Christine Tartaglione
- ▶ **Communications & Technology:** Steve Santarsiero (Chair), Jay Costa, Tim Kearney, Lindsey Williams
- ▶ **Community, Economic & Recreational Development:** Larry Farnese (Chair), John Blake, Lisa Boscola, Wayne Fontana, John Sabatina, Jr.
- ▶ **Consumer Protection & Professional Licensure:** Lisa Boscola (Chair), Maria Collett, Larry Farnese, Steve Santarsiero, John Yudichak
- ▶ **Education:** Andrew Dinniman (Chair), James Brewster, Daylin Leach, Lindsey Williams
- ▶ **Environmental Resources & Energy:** John Yudichak (Chair), Andrew Dinniman, Daylin Leach, Anthony Williams
- ▶ **Finance:** John Blake (Chair), Art Haywood, Vincent Hughes, Katie Muth
- ▶ **Game & Fisheries:** James Brewster (Chair), Lisa Boscola, Andrew Dinniman, John Yudichak
- ▶ **Health & Human Services:** Art Haywood (Chair), Katie Muth, Judy Schwank, Sharif Street
- ▶ **Intergovernmental Operations:** Wayne Fontana (Chair), Art Haywood, Vincent Hughes, Katie Muth
- ▶ **Judiciary:** Daylin Leach (Chair), Larry Farnese, Art Haywood, John Sabatina, Jr., Steve Santarsiero
- ▶ **Labor & Industry:** Christine Tartaglione (Chair), Tim Kearney, Lindsey Williams, John Yudichak
- ▶ **Law & Justice:** James Brewster (Chair), Wayne Fontana, Christine Tartaglione, Anthony Williams
- ▶ **Local Government:** Tim Kearney (Chair), John Blake, Steve Santarsiero, Judy Schwank
- ▶ **Rules & Executive Nominations:** Jay Costa (Chair), Lisa Boscola, Larry Farnese, Wayne Fontana, Vincent Hughes, Anthony Williams
- ▶ **State Government:** Anthony Williams (Chair), Maria Collett, Katie Muth, Lindsey Williams
- ▶ **Transportation:** John Sabatina, Jr. (Chair), John Blake, James Brewster, Tim Kearney, John Yudichak
- ▶ **Urban Affairs & Housing:** Katie Muth (Chair), Wayne Fontana, Tim Kearney, Sharif Street
- ▶ **Veterans Affairs & Emergency Preparedness:** Lindsey Williams (Chair), John Blake, Maria Collett, Andrew Dinniman

Questions, please contact [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 February! ◀

## RCPA Government Affairs Monthly Conference Call Has Resumed

In January 2019, RCPA Government Affairs resumed its monthly conference calls. These calls 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 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 Issues RFI on Financial Relationships Between Accrediting Organizations & Facilities They Monitor

On December 20, 2018, the Centers for Medicare and Medicaid Services (CMS) issued a [Request for Information](#) (RFI) in the Federal Register. The RFI is seeking comments regarding the appropriateness of the practices of some Medicare-approved Accrediting Organizations (AOs) to provide fee-based consultative services for Medicare-participating providers as part of their business models. CMS is seeking to determine whether AO practices of consulting with the same facilities which they accredit under their CMS approval could create actual or perceived conflicts of interest between the accreditation and consultative entities. Comments on the RFI will be accepted by close of business on February 19, 2019. ◀

## Guidance Issued on OPPS Changes

The Centers for Medicare and Medicaid Services (CMS) issued a Medicare Learning Network (MLN) Matters [article](#) that provides guidance to providers, due to recent changes made to the hospital Outpatient Prospective Payment System (OPPS). The article explains various changes made for calendar year 2019, including new separately payable procedure codes, updates to codes added to an inpatient-only list, a new modifier to designate services delivered in off-campus emergency departments, and so forth. ◀

# State News

## Reporting Requirements for Missed Services in CHC Counties

A Community HealthChoices (CHC) notice was issued to Direct Service Providers (DSPs) of participants in the 14 southwest and 5 southeast CHC counties. The notice indicates DSPs are required to report missed services resulting from unplanned hospitalizations, participant/family refusal, and agency unable to staff, using the HHAeXchange portal. When documenting missed services in the HHAeXchange portal, explanations must be provided for each reason and the entry must be completed in a timely manner. Examples of questions that should be addressed in the explanation include:

- ▶ **AR** = Participant/family refused or unavailable: Has this been a recurring problem with the participant or family? What is the reason the service is being refused? Are follow-up actions necessary and/or being taken?
- ▶ **HU** = Hospitalization unplanned: Were there missed home health skilled care, home health aide services, and/or personal assistance services that impacted the unplanned hospitalization?
- ▶ **UN** = Agency unable to staff: Why were the services not provided? Was a backup plan initiated? If a backup plan was initiated, what was it? What did the agency do to address the missed service to ensure the participant was not at risk?

User training webinars are available on the [HHAeXchange website](#). Under the training tab, see the training titled Capturing Missed Visits in HHAeXchange. This training webinar will be updated to reflect the three revised reason codes (AR, HU, and UN). As a reminder, DSPs must enter all critical incidents into the Enterprise Incident Management System (EIM) for CHC participants.

Completion of this entry is mandatory and must be done in a timely fashion. Community HealthChoices managed care organizations (CHC-MCOs) investigate these incidents and have additional reporting requirements to the Office of Long-Term Living (OLTL). Direct Service Providers must notify service coordinators of all critical incidents, including unplanned hospitalizations. DSPs should contact the CHC-MCOs with additional questions. ◀

## Next MLTSS Subcommittee Meeting Planned for February 6, 2019

The next Managed Long-Term Services and Supports (MLTSS) Subcommittee meeting will be held February 6, 2019 in the Honor's Suite, 333 Market Street Tower in Harrisburg, 10:00 am – 1:00 pm. ◀

## PA IEB Outreach Coordinator Contacts & Maps

The Community Relations Manager for the Pennsylvania Independent Enrollment Broker (IEB) program (aka Maximus) has provided a [map](#) of Outreach Coordinators on the team and their coverage areas. This information was requested during the December 19, 2018 RCPA Physical Disabilities and Aging Division meeting.

Please Note: Jennifer Borgess in the North Central Region (shown in green on the map) is leaving the PA IEB (her last day will be January 4, 2019). Until a replacement is found for this region, if someone in that region reaches out to the PA IEB, please copy Joan Landis (Community Relations Manager) and Jahd Burns (her team supervisor) to ensure the issue is addressed by someone. Once a new coordinator in that area is hired and trained to take over this region, an updated map will be issued. 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. ◀

## New Guidance Issued on DMEPOS Coverage for Dual-Eligible Patients

On January 4, 2019, the Centers for Medicare and Medicaid Services (CMS) issued an [Informational Bulletin](#) to providers, to assist them with securing timely access to durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) for individuals dually eligible for Medicare and Medicaid. This bulletin explains the differences in coverage between Medicaid and Medicare for DMEPOS, as well as Medicare's role as the primary payer for DMEPOS covered by both programs. The bulletin also clarifies that, in certain circumstances, providers will not be expected to wait for a denial of coverage from Medicare before seeking coverage from Medicaid. ◀



## Article Focuses on FDA Approval of Tracking Test to Detect Concussions

On January 8, 2019, Medscape published an article, [“FDA Clears Novel Eye Tracking Test to Detect Concussion.”](#) The FDA will now allow the marketing of EyeBOX, which is the first noninvasive, baseline-free test to help diagnose concussion. The company, Oculogica, plans to market the device for use in children ages 5 and older, and adults up to age 67 years of age, starting with a pilot launch for select, qualified sites. EyeBOX uses eye-tracking to provide objective information that helps clinicians assess patients who have a suspected concussion with a simple, 4-minute test that does not require a baseline test. ◀

## BIAA Plans TBI Stakeholder Day on March 12

In observance of Brain Injury Awareness Month, the Administration for Community Living (ACL) will hold a Traumatic Brain Injury (TBI) Stakeholder Day on Tuesday, March 12, 2019, and a brown bag lunch during [Brain Injury Awareness Day](#) on Capitol Hill on Wednesday, March 13. Brain Injury Awareness Day is hosted by the Congressional Brain Injury Task Force, co-chaired by Representatives Bill Pascrell, Jr. and Thomas Rooney. ◀

## BIAA Announces Upcoming Webinars

The Brain Injury Association of America (BIAA) has [posted](#) their upcoming live webinars, including *Spasticity After Brain Injury*; *Clubhouse Works! Full Participation in Rehabilitation*; *Sexuality in Supported Living Programs*; *Postconcussive Headache – A Pain in the Brain?*; and *Implementing Guidelines and Best Practices in Clinical Settings*. ◀

## OLTL Issues Billing Clarification for Cog Rehab Therapy

The Office of Long-Term Living (OLTL) issued a billing clarification for Cognitive Rehabilitation Therapy (CRT) Procedure Code 97127 SE. This procedure code can be billed by either billing each date of service separately per claim or by billing each date of service on separate detail lines of a date spanned claim. Examples are listed below.

### **Billing each date of service separately per claim:**

Would mean billing each date of service for each recipient for this procedure code individually. Each date is recognized as a new claim and will have a different ICN.

### **Billing each date of service on separate detail lines of a date spanned claim:**

Would mean span dating the dates of service from one date to another date. At the bottom of the claims each date of service is a different line or number. This will show each day on a different line in the detail section of the claim.

Providers should continue to use the SE modifier per the OLTL [fee schedule](#). Questions regarding this clarification should be directed to the OLTL Provider Inquiry Unit [via email](#) or 800-932-0939. ◀





*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.*

## Person-Centered Practices

The Administration for Community Living (ACL) and the Centers for Medicare & Medicaid Services (CMS) have announced the launch of the National Center on Advancing Person-Centered Practices and Systems (NCAPPS). The goal of NCAPPS is to “promote systems change that makes person-centered principles not just an aspiration, but a reality in the lives of people who require services and supports across the lifespan.”

NCAPPS will help states “transform their long-term care service and support systems to implement US Department of Health and Human Services policy on person-centered thinking, planning, and practices.” Activities will include providing technical assistance; establishing communities of practice to promote best practices; hosting educational webinars; and creating a national clearinghouse of resources to support person-centered practice.

NCAPPS is funded by the ACL and CMS, and administered by the Human Services Research Institute (HSRI). A Person-Centered Advisory and Leadership Group, composed of national experts with lived experience receiving long-term services and supports, will oversee and contribute to all aspects of NCAPPS. Information about the new center is available [here](#). ◀

## Money Follows the Person

On January 17, Congress passed the Medicaid Extenders Act of 2019, which includes three months of funding for the Money Follows the Person (MFP) program. The bill must be signed by the President to become law. Pennsylvania, like all other states, had exhausted their MFP resources by December 31, 2018. First authorized by President Bush in 2005, with strong bipartisan support, MFP supports individuals with disabilities and seniors to leave institutional settings and move back into their communities. The program has assisted more than 88,000 individuals with voluntarily moving into a setting of their choice, and has helped 44 states improve access to community-based long-term care. Advocacy efforts for a longer-term re-authorization of MFP, known as the Empower Care Act, were not successful in the last Congress. Information on MFP advocacy through the Center for Public Representation is available [here](#). ◀



## CHC Corner

The Department of Human Services (DHS) and Office of Long-Term Living (OLTL) have issued clarification and operational processes for individuals who receive services through ODP beyond Supports Coordination, who can elect to enroll in Community HealthChoices (CHC) if they meet nursing facility level of care. In addition, the processes include steps for transferring from CHC to an ODP waiver. The Q&A document also reviews the process for a provider to enroll with CHC. For specific questions, please submit via [email](#).

Information has also been issued regarding the process for reassessments of OBRA waiver participants, as part of the implementation of the CHC program for Phase 3 in January 2020, in the Lehigh/Capital, Northwest, and Northeast Zones. The guidance includes a letter to OBRA providers, a fact sheet about CHC, and how the program will change the way some OBRA waiver participants receive Medical Assistance (Medicaid) services. For information about this process, send an email to [this address](#). General information on CHC is found [here](#). ◀

## Disability Integration Act

On January 15, 2019, two bills known as the Disability Integration Act (S 117 and HR 555) were introduced in the 116th Congress to address continuing problems with access to community-based services across the country. The bills implement a recommendation in the Senate Health, Education, Labor, and Pensions (HELP) Committee report: *Separate and Unequal: States Fail to Fulfill the Community Living Promise of the Americans with Disabilities Act*, which specifies that Congress should strengthen the ADA integration mandate. The Act would assure full integration of people with disabilities in the community, including real choice of services and supports in the most integrated settings. Specific requirements of the legislation are available [here](#). ◀

## Standardized Physician Certification Form

The Office of Long-Term Living (OLTL) has issued a Bulletin (59-19-01), Standardized Physician Certification (PC) Form, and a cover letter template, for use when sending the PC to physicians. The bulletin became effective as of February 1, 2019. All PCs required as part of a Home and Community-Based Services (HCBS) waiver application, or eligibility determination started on or after the effective date of this bulletin, must use the standardized PC form, MA570. The bulletin can be found [online](#). ◀

# Mental Health

## What Does Regulatory Reform Mean to RCPA Members?\*

*\*Excerpt from information sent to Rep. Mike Schlossberg per his request*

From the perspective of the RCPA membership, regulatory reform specifically refers to:

- ▶ Creating a nimble human service system to serve Pennsylvania residents using best practice methods by the qualified person to do so;
- ▶ Developing regulatory change processes and timelines to ensure that delayed regulations are not negatively impacting the effort to move forward with innovation (e.g., technology advances, movement to value-based purchasing);
- ▶ Including stakeholders in the streamlined, transparent process of reviewing or creating regulations to avoid unfunded mandates because decision makers were unaware;
- ▶ Ensuring that the new regulations result in value/improved outcomes for the person receiving services;
- ▶ The potential of accepting national credentialing standards and adjusting auditing procedures through regulation, accordingly, known as Deemed Status;
- ▶ Ensuring that parity exists in both the commercial and Medicaid industries, including the ease of access to services similar to the physical health insurance industry;
- ▶ A better understanding of when new regulations are not needed, and rather new department processes and guidance would serve as a more direct resolution; and
- ▶ Supporting human service providers in serving Pennsylvanians while ensuring taxpayer dollars are spent on monitoring quality and outcomes, rather than administrative details (e.g., the organization of a medical record). ◀



## 2019 Warm Hand-Off Regional Summits

This article is an update regarding the regional summits scheduled to address Warm Hand-offs for Opioid Overdose Survivors. It includes changing Schuylkill County to the Northeast Regional Summit, rather than the Southeast Regional Summit. The [Save the Date notices](#) for these summits have been updated accordingly.

In March and April of 2019, the Department of Drug and Alcohol Programs (DDAP) and the Department of Health (DOH) will host eight regional Warm Hand-off Summits. The purpose of each summit is to bring together stakeholders from the public and private sectors across a range of disciplines to learn from experts and one another. Practical examples of successful warm hand-off tools and pathways will build on the success of last year's summit.

The target audience for the summits includes the following as well as a host of professional organizations representing these stakeholders and the individuals who work for them:

- ▶ Behavioral health managed care organizations (BH-MCOs);
- ▶ Centers for Excellence (COEs);
- ▶ Commonwealth agencies;
- ▶ County/municipal health departments;
- ▶ Drug and alcohol treatment facilities;
- ▶ Emergency Medical Services (EMS) regional directors;
- ▶ Hospitals and health systems with emergency departments;
- ▶ Pennsylvania Coordinated Medication Assisted Treatment (PacMATs);
- ▶ Single County Authorities (county drug and alcohol agencies); and
- ▶ Veterans Administration Medical Centers in Pennsylvania.

Information for the eight regional summits are as follows:

<b>Southeast</b>	Berks, Bucks, Chester, Delaware, Montgomery	Wednesday, March 20, 2019 9:00 am - 12:00 pm
<b>Philadelphia</b>	Philadelphia	Thursday, March 21, 2019 9:00 am - 12:00 pm
<b>Southwest</b>	Armstrong, Beaver, Butler, Cambria, Fayette, Greene, Indiana, Somerset, Washington, Westmoreland	Wednesday, March 27, 2019 9:00 am - 12:00 pm
<b>Allegheny</b>	Allegheny	Thursday, March 28, 2019 9:00 am - 12:00 pm
<b>Southcentral</b>	Adams, Bedford, Blair, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Mifflin, Perry, York	Thursday, April 4, 2019 1:30 pm - 4:30 pm
<b>Northeast</b>	Carbon, Lackawanna, Lehigh, Luzerne, Monroe, Northampton, Pike, Schuylkill, Susquehanna, Wayne, Wyoming	Thursday, April 11, 2019 1:30 pm - 4:30 pm
<b>Northcentral</b>	Bradford, Centre, Clinton, Columbia, Lycoming, Montour, Northumberland, Potter, Snyder, Sullivan, Tioga, Union	Tuesday, April 16, 2019 9:00 am - 12:00 pm
<b>Northwest</b>	Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Forest, Jefferson, Lawrence, McKean, Mercer, Venango, Warren	Wednesday, April 17, 2019 9:00 am - 12:00 pm

Additional details such as locations will be posted as they become available. Contact [Lynn Cooper](#) at RCPA for additional information. ◀

## Loan Repayment Program for SUD Treatment Providers

As part of the State Opioid Response federal funding awarded to the Department of Drug and Alcohol Programs (DDAP), the department has worked with the Department of Health to develop a substance use disorder (SUD) loan repayment program. The program will offer loan repayment to practitioners who provide behavioral health care and treatment for substance use disorder and opioid addiction in designated health professional shortage areas and designated high substance use counties. The program is set to launch in mid-February. For more information, there is a [one-pager](#) describing the project in more detail. Please direct questions regarding the project to [this email](#).

RCPA and others have strongly advocated for this loan assistance for substance use disorder treatment staff. RCPA will continue to advocate for increases to the amount allocated for this crucial workforce recruitment opportunity. ◀

### 2019 Certified Professional of the Year Award Nominations Due by March 1

Do you know a certified colleague that has made a demonstrable contribution to the service of, or treatment in, the behavioral health field through their work and/or personal efforts? Consider nominating them for the [Pennsylvania Certification Board \(PCB\)](#) Certified Professional of the Year! The award will be presented at the PCB Annual Conference, at the Eden Resort & Suites in Lancaster, PA on April 15–16, 2019.

Contact:

Mary Jo Mather, PCB Executive Director  
phone: 717.540.4455 x103  
fax: 717.540.4458

## Revised XYZ Packet Released to SCAs

The XYZ package was sent to the single county authorities (SCAs) recently to begin the rate setting process for the 2019–20 fiscal year. Below are numerous documents relative to the 2019–20 XYZ Rate Setting Process. The release of these documents was delayed due to discussion surrounding implementation of the ASAM Criteria. The package remains mostly unchanged, with the exception of “Section C – Program Specific Description Information,” which has been revised to be reflective of the ASAM Criteria. **Please note that the 3.7 level of care has not been incorporated into the rate setting package given DDAP and DHS are still working to appropriately designate providers with this level of care.** Due to the delayed release of these documents, the timeframes for completion of the process have been adjusted. The new timeframes are as follows:

- ▶ November 1 – Provider audits due to SCAs, unless otherwise specified in the DDAP/SCA Grant Agreement
- ▶ By or before March 1 – Providers submit the completed XYZ package to the SCA
- ▶ By or before April 15 – SCAs respond to providers with the approved rates
- ▶ April 15 to April 30 – Provider appeals are submitted to the SCA
- ▶ April 30 to May 15 – Appeals that are unable to be resolved at the SCA level are submitted to DDAP
- ▶ By or before May 31 – SCA posts rates to PACDAA's web page

Please find these materials relative to the 2019–20 XYZ Rate Setting Process:

- ▶ [19–20 XYZ forms – excel 311 and roster](#)
- ▶ [RS 19–20 Provider Cover](#)
- ▶ [RS 19–20 No Rate Increase Form](#)
- ▶ [XYZ Package Final 2019–20](#)

Please contact [Lynn Cooper](#), RCPA Drug & Alcohol Division Director, with questions. ◀

## Employment First Oversight Commission Formed

On March 10, 2016, Pennsylvania became an “Employment First” state after Governor Tom Wolf signed [Executive Order 2016-03](#), entitled “Establishing ‘Employment First’ Policy and Increasing Competitive Integrated Employment for Pennsylvanians with a Disability.” On June 19, 2018, [Governor Wolf signed Act 36](#), which codifies Executive Order 2016-03. Being an “Employment First” state means that competitive-integrated employment is the first consideration and preferred outcome of all publicly funded education, employment and training, and long-term supports and service programs for working-age Pennsylvanians with a disability.

The Executive Order uses the Workforce Innovation and Opportunity Act’s (WIOA’s) definition of competitive-integrated employment: Work performed on a full- or part-time basis (including self-employment) for which a person is:

1. Compensated at not less than federal minimum wage requirements or state or local minimum wage law (whichever is higher), and not less than the customary rate paid by the employer for the same or similar work performed by people without a disability;
2. At a location where the employee interacts with people without a disability (not including supervisory personnel or people who are providing services to such employee); and
3. Presented, as appropriate, opportunities for similar benefits and advancement like those for other employees without a disability and who have similar positions.

One of the provisions of the act was the development of an Employment First Oversight Commission. The commission is tasked with meeting at least quarterly for the purpose of establishing measurable goals and objectives governing implementation of the Employment First Act. RCPA President and CEO Dr. Richard S. Edley, PhD, and several members of RCPA have been appointed to this commission, including Steve Suroviec, President and CEO of Achieva, Vincent Loose, President and CEO of UniqueSource, and Paul Stengle, CEO of The Arc Alliance. The first meeting of the commission was held on January 30, 2019 – Mary Hartley of United Way of Southwestern Pennsylvania was named Chair of the Commission, and Steve Suroviec has been named Vice-Chair. One of the documents provided to the commission members was the [Comprehensive Employment Report – Pennsylvania Office of Developmental Programs \(ODP\)](#), published August 2018. This report consists of data collected during the calendar year 2017 as well as data collected from July 2017 through June 2018 (FY 17–18). ◀



## The Case for Inclusion Report

*The Case for Inclusion*, which has been published regularly since 2006 by United Cerebral Palsy (UCP), compiles the most recent data available (generally from 2016 for this report) and analyzes 30 outcome measures in the five major categories. [The ANCOR Foundation joins UCP this year in publishing the report.](#)

*The Case for Inclusion 2019 Report* ranks all 50 states and the District of Columbia on how well state programs, primarily Medicaid, serve those with intellectual and developmental disabilities (IDD). The states are ranked in five key areas critical to the inclusion, support, and empowerment of individuals with IDD and their families: Promoting Independence, Promoting Productivity, Keeping Families Together, Serving Those in Need, and Tracking Health, Safety, & Quality of Life.

Pennsylvania has made significant strides to improve policies that help individuals with intellectual and developmental disabilities lead more independent and productive lives, propelling the state from 29th place in 2007 to 19th place this year in state rankings. **RCPA President/CEO Richard S. Edley, PhD, RCPA IDD Division Director Carol Ferenz, and Brandy Burnham, President/CEO of RCPA member AHEDD, were interviewed for this [PennLive article on the subject](#)** ("Where does Pa. rank in helping with those disabilities?" By Ron Southwick, January 10, 2019).

Pennsylvania's notable improvement was due to strong performance in several key areas compared with the 2016 Case for Inclusion report. When it comes to the portion of

the state's expenditures allocated toward supporting individuals with IDD in home- and community-based settings, Pennsylvania's percentage increased from 79 percent in the last report to 83 percent this year. The state also managed to cut by half the number of individuals on waiting lists for Home- and Community-Based Services, dropping from 18,308 in the last report to 9,728 individuals in this year's report.

Despite these important improvements, Pennsylvania, like most others, struggled in two critical areas: (1) the number of people living in large, state-run institutions, and (2) the number of individuals with IDD working in competitive employment, meaning they work alongside people without disabilities at a market-driven wage. Just over 900 individuals, or 1.6 percent of individuals with IDD, lived in one of Pennsylvania's five large, state-run institutions. The state also had just 17 percent of working-age individuals with IDD working in competitive employment — down from 18 percent in 2016 and lower than this year's national average of 19 percent.

### Among the other findings on Pennsylvania's performance:

- ▶ 92 percent of residents with IDD in Pennsylvania—a slightly higher percentage than in the 2016 Case for Inclusion and on par with the national average—were receiving long-term supports and services through Medicaid-funded waivers.
- ▶ With the exception of California, no other state spent more than Pennsylvania on keeping families together. With total spending in

excess of \$788 million, Pennsylvania spent an average of \$25,081 per family to ensure those with IDD have the option of living in their family homes, a number that is roughly two and a half times the national average of \$11,060.

- ▶ Despite the state's progress in reducing the size of its waiting lists, Pennsylvania still sees significant demand among individuals for residential services; with 7,812 individuals on the state's waiting list. Pennsylvania would have to expand its current service offerings by 23 percent to match current levels of demand.

Factors driving the stagnating or downward trends include states forgoing Medicaid expansion and growing shortages in Direct Support Professionals (DSPs), the frontline workers who help those with disabilities integrate into the community. "The DSP workforce crisis may be the most significant challenge we face in improving the outcomes tracked by the annual Case for Inclusion," said ANCOR and ANCOR Foundation CEO Barbara Merrill. "Without the professional staff needed to provide the supports and services that enable people with IDD to be integrated into the community, provider agencies have little hope of maintaining and expanding on any progress they've seen in the past decade."

The ANCOR press release regarding this report can be found [here](#). Contact RCPA IDD Division Director [Carol Ferenz](#) with questions. ◀



## Study Highlights DSP Workforce Needs

RCPA joined with six other associations representing community Intellectual Disability/Autism (ID/A) services providers in releasing a study that provides data about the 2017/18 Fiscal Year Compensation for Direct Support Professional (DSP) and Frontline Supervisor workforce in Pennsylvania.

The study, titled “2018 Pennsylvania Direct Support Professional and Frontline Supervisor Compensation Study,” found that the average DSP hourly wage increased from \$11.89 in 2016 to \$12.83 in 2018. The wage increase comes as a result of successful advocacy and action by Pennsylvania Government officials in the 2017/18 Fiscal Year when Intellectual Disability/Autism services received the first rate increase in a decade. This investment from the Commonwealth of Pennsylvania resulted in 90% of DSPs receiving a wage increase.

It was not all positive news in the study, as both turnover and the percentage of open positions have increased from 2016 to 2018. Staff turnover rose from 26% to 38.2%. The rate of open positions increased from 11.9% to 20.4%. As such, the study notes that, “while advocacy efforts have been followed by increases in DSP wages, hiring challenges continue to highlight the fact that the wages are too low. We have failed to reach an equilibrium between supply (DSPs) and demand (the need to hire DSPs).”

Dr. Scott Spreat, renowned researcher and the Principal Investigator of the study, said: “the data make it evident that even though wages have gone up, our system continues to be plagued by high workforce turnover rates and vacancy rates. It’s clear that with the current rate structure, Intellectual Disability/Autism services providers can’t compete with other businesses for talented, qualified workers. Workers often leave our field to pursue higher paying jobs elsewhere. The investment in the 2017/18 Fiscal Year is an important step forward. But as the study suggests, one shovel full is not enough to fill the hole.”

The study points out that, unlike other privately-owned businesses, providers of Intellectual Disability/Autism

services can’t raise their prices to pay higher wages without additional government funding. Services for individuals with Intellectual Disability and Autism are funded primarily through the rates set by the Commonwealth of Pennsylvania. This funding is matched approximately dollar for dollar by Federal Medicaid funds.

Copies of the study are available upon request and can be accessed [online here](#). The study is a collaborative project of RCPA, Moving Agencies Toward Excellence (MAX), PAR, The Alliance CSP, The Arc of Pennsylvania, The Provider Alliance (TPA), and United Cerebral Palsy of Pennsylvania (UCP of PA).

A one-page review of the study is available [here](#) for use in advocacy efforts on behalf of DSP salary increases. Contact RCPA IDD Division Director [Carol Ferenz](#) with questions. ◀



## ANCOR Releases White Paper: Advancing Value & Quality in Medicaid Service Delivery for Individuals with IDD

Discussions of managed care and alternative payment models for IDD services has become a hot topic. Over the course of 2018, The American Network of Community Options and Resources (ANCOR) identified and assessed alternative payment models for Medicaid-funded services for people with IDD, and developed a white paper entitled *Advancing Value & Quality in Medicaid Service Delivery for Individuals with Intellectual & Developmental Disabilities*.

Moving from traditional fee-for-service (FFS) payment models for this population presents challenges, due to the unique needs of individuals with IDD and their families. ANCOR makes the following recommendations on alternative payment methods (APMs) for individuals with IDD:

**1. Specific value-based payment approaches should be developed to incentivize the delivery of desired lifelong outcomes for people with IDD.** Value-based payments can increase quality and efficiency. In contrast to FFS payments, APMs reward quality and value over volume. Cost savings are difficult to achieve with services for the IDD population, and should not be a primary motivating factor behind APM development.

**2. To promote outcomes, efficiency, and flexibility in service delivery, models should move toward risk-based and/or global payments to providers at a measured pace and with robust risk adjustment.** Risk can encourage innovation, coordination, and efficiency better than existing FFS arrangements. But providers have small margins and low rates, and the consequences of inappropriate risk adjustment are significant for providers and people with IDD.

**3. For APMs to be successful, significant advances in measuring quality and outcomes for people with IDD are needed. In initial stages, tying value to measures used for CQL accreditation is an example of an approach to explore.** The success of APMs in meeting the needs of individuals with IDD and promoting their health, independence, and well-being will depend on the measures of progress to which they are tied. However, currently quality measures exist to only a limited extent.

**4. APMs should maintain access to necessary services and promote continuity and stability for individuals, families, and providers.** People with IDD are best served by providers who understand them as individuals and their families and make a long-term commitment to advancing their health, lifetime needs, and life goals (rather than entering and exiting the market frequently).

**5. APMs should foster integration of physical health, behavioral, and Long-Term Services and Supports (LTSS), and support coordination of IDD services led by providers/interdisciplinary care teams who have experience and expertise with individuals' needs.**

People are better served when their services are coordinated; coordination also promotes efficiency in service delivery.

**6. APMs should reduce administrative burdens, administrative layers, and promote flexibility in service provision while maintaining accountability and sound stewardship of public dollars.** Small timed increments for billing are burdensome, inefficient, and do not promote self-determination or provider accountability; layering intermediaries between the state as payer and providers can be inefficient.

**7. APMs should incentivize technology to promote a more efficient service delivery system and an adequate and sustainable workforce.** High rates of worker turnover are a barrier to the delivery of quality services. Savings that occur through the use of technology under APMs should be reinvested to promote recruitment and retention of DSPs, reduction of waiting lists, and further advances in technology at the payer, provider, and individual levels.

**8. APMs should promote person-centered planning and opportunities for individual choice and control in service provision, and accelerate progress toward greater community integration.** APMs should support key goals of individuals and their families. Provider resources and capacities can be deployed to promote self-direction.

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**9. Payment models for LTSS should continue to move toward fostering independence, individual well-being, and community integration. They should encompass medical services but not impose a medical model.** The role of LTSS HCBS as social determinants of health needs to be analyzed and better understood. Although medical services are important for this population, the needs of and services for people with IDD exceed the boundaries of a medical model.

**10. APMs should be overseen with a diverse governance model that actively involves individuals, families, providers, and state/county governments. Regardless of APM approach, a state oversight role remains important.** To support model success, safety and well-being, family involvement, and individual self-advocacy, governance is important.

**11. The transition to new models should not be rushed. Models should be developed with transparent, iterative processes. The consequences of moving too fast are significant, and range from placing individuals at risk and provider dislocation to undermining broader system goals for promoting community integration.** The speed of some recent managed care transitions has

created significant disruption and compromised quality of care. CMS' LTSS transition principles may also inform the appropriate speed of transition for APMs.

**12. Models should be responsive to individuals' changing needs and ensure access to necessary LTSS services across the lifespan.** People with IDD have LTSS needs resulting from a range of conditions and often require a lifetime of services. Their specific needs will evolve over time, as the population ages and as new health and public health challenges emerge. Evidence-based best practices need to be studied and promulgated to result in better outcomes and a better experience of care for individuals.

**13. Efforts to further engage providers and other stakeholders in this process should continue.** Despite limited experience with APMs in LTSS, the number of APMs is likely to grow in the future. Community providers, along with other stakeholders, should be continuously engaged in the development and implementation of APMs.

Please see the full report referenced above for more information. ◀

## ODP Publications Since Last RCPA News

- ▶ 109-18 Now Available: Updated Fair Hearing Request Form (DP 458)
- ▶ 19-001 2017 ODP Quality Management (QM) Certificate Holders Now Due for Recertification by December 31, 2019
- ▶ 19-002 Office of Developmental Programs' Virtual Training Offerings January, February & March 2019
- ▶ 19-002 UPDATE Office of Developmental Programs' Virtual Training Offerings January, February & March 2019
- ▶ 19-003 New Process for Residential Habilitation Vacancies
- ▶ 19-004 Registration Now Open for Spring 2019 ODP Quality Management Certification Classes
- ▶ 19-005 Initial Certified Investigator Course Available for Spring 2019
- ▶ 19-006 Medication Administration Manual Student Course and Practicum Observer Access is Now Available
- ▶ ODP News: January 2019 Issue

## Community of Practice on School-Based Behavioral Health (CoP SBBH)

The CoP SBBH is a community of cross systems stakeholders that share a commitment to the advancement of early childhood, school age, and adult behavioral health and wellness within the Commonwealth. Recently, the stakeholders met to discuss priorities and review the following strategies that will be measured for success.

- ▶ Strategy 1: Continue to scale up PBIS (Positive Behavior Intervention and Supports) framework through outreach efforts of the Pennsylvania Positive Behavior Support (PA PBS) Network.
- ▶ Strategy 2: Align and integrate evidence-based, trauma-informed practices across early childhood and school age programs.
- ▶ Strategy 3: Align and implement evidence-based approaches in school and community-based settings to enhance social, emotional, and behavioral wellness and to prevent suicide among children across Pre-K through 12th grade.

For 2019, the structure of the CoP will include numerous stakeholders; however, it is proposed that an initial Board of Co-Directors be established from the following key stakeholder groups:

- ▶ Rehabilitation and Community Providers Association (RCPA);
- ▶ Pennsylvania Training and Technical Assistance Network (PaTTAN);
- ▶ Early Intervention Technical Assistance (EITA);
- ▶ Office for Safe Schools;
- ▶ Office of Mental Health and Substance Abuse Services (OMHSAS);
- ▶ Office of Child Development and Early Learning (OCDEL);
- ▶ Devereux Center for Effective Schools;
- ▶ McDowell Institute for Teacher Excellence in Positive Behavior Support;
- ▶ Behavioral Health Managed Care Organizations (BH-MCOs);
- ▶ Midwest PBIS National Center; and
- ▶ Family Advocacy (via PA Systems of Care).

The Board of Co-Directors will nominate and elect an Executive Committee of four representatives from the Board. The Executive Committee will be responsible for overseeing coordination of all aspects of the CoP SBBH to include operating procedures. ◀

## Safe2Say Training

Last week, students and educators across Pennsylvania received training on the Safe2Say program. The program provides students with an anonymous way to report those who are at risk of hurting themselves or others within their school community. The Pennsylvania program features an app, a 1-800 phone number that is monitored 24/7, and a [website](#) that allows students to anonymously share tips with trained Crisis Intervention staff. The [Sandy Hook Promise \(SHP\)](#), which is a nonprofit organization, provides the funding for Pennsylvania's program. [Read more about the Safe2Say initiative.](#) ◀







## 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>
<b>Thursday, February 28</b>	12:30 pm – 2:00 pm	Webinar: Ready or Not, Value-Based Payment Has Arrived <i>RCPA Conference Room</i>

## MARCH

<b>Tuesday, March 5</b>	9:30 am – 12:00 pm	RCPA NE Regional Meeting <i>Nesbitt Medical Arts Building 534 Wyoming Avenue, Kingston, PA 18704</i>
<b>Thursday, March 7</b>	9:30 am – 12:00 pm	RCPA Central Regional Meeting <i>Penn Grant Centre 777 East Park Drive, Harrisburg, PA 17111</i>
<b>Tuesday, March 12</b>	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee <i>Conference Call</i>



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

## MARCH

<b>Wednesday, March 13</b>	9:30 am – 12:00 pm	RCPA SE Regional Meeting <i>John Cramp Administration Building 111 Elwyn Road, Room 317, Elwyn, PA 19063</i>
<b>Thursday, March 14</b>	1:00 pm – 4:00 pm	Physical Disabilities & Aging Division <i>Penn Grant Centre</i>
<b>Friday, March 15</b>	11:00 am – 3:00 pm	BH-MCO Task Force <i>RCPA Conference Room</i>
<b>Tuesday, March 19</b>	10:00 am – 12:30 pm	Med Rehab Committee <i>RCPA Conference Room</i>
<b>Tuesday, March 19</b>	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee <i>Conference Call</i>
<b>Wednesday, March 20</b>	10:00 am – 2:00 pm	Children's Steering Committee <i>RCPA Conference Room</i>
<b>Thursday, March 21</b>	9:00 am – 10:00 am	Government Affairs Committee <i>Conference Call</i>
<b>Thursday, March 21</b>	9:30 am – 12:00 pm	RCPA NW Regional Meeting & Luncheon <i>Park Inn by Radisson 45 Holiday Inn Road, Clarion, PA 16214</i>
<b>Friday, March 22</b>	10:30 am – 12:30 pm	RCPA SW Regional Meeting <i>ACHIEVA 711 Bingham Street, Pittsburgh, PA 15203</i>
<b>Thursday, March 28</b>	10:00 am – 2:00 pm	Early Intervention Committee <i>RCPA Conference Room</i>
<b>****Please note that these meetings are in conjunction with the RCPA Regional meetings****</b>		
<b>Tuesday, March 5</b>	1:30 pm – 3:30 pm	RCPSO NE Regional Meeting <i>Nesbitt Medical Arts Building 534 Wyoming Avenue, Kingston, PA 18704</i>
<b>Thursday, March 7</b>	1:30 pm – 3:30 pm	RCPSO Central Regional Meeting <i>Penn Grant Centre 777 East Park Drive, Harrisburg, PA 17111</i>
<b>Wednesday, March 13</b>	1:30 pm – 3:30 pm	RCPSO SE Regional Meeting <i>John Cramp Administration Building 111 Elwyn Road, Room 317, Elwyn, PA 19063</i>
<b>Thursday, March 21</b>	1:30 pm – 3:30 pm	RCPSO NW Regional Meeting <i>Park Inn by Radisson 45 Holiday Inn Road, Clarion, PA 16214</i>
<b>Friday, March 22</b>	8:30 am – 10:00 am	RCPSO SW Regional Meeting <i>ACHIEVA 711 Bingham Street, Pittsburgh, PA 15203</i>