

# Special Feature

## Psychiatric Outpatient Regulations Clear the IRRC

On July 18, the 55 Pa. Code Chapter 1153, Outpatient Psychiatric Services and 55 Pa. Code Chapter 5200, Psychiatric Outpatient Clinics were approved unanimously by the Independent Regulatory Review Commission (IRRC). This has been a long time coming; the regulations date back to 1981, with a few amendments made over the years. The documented process began more than six years ago; however, most will tell you it's been at least a decade. These regulations are the result of a statewide work group that began in late 2013 and was adjusted and updated over the course of the last several years. The next step is the Office of the Attorney General.

RCPA staff will be combing the new regulations to identify their impact on the mental health field. With the advance of clinical practices, evidence-based practices, and new technology, RCPA and providers must remain diligent in designing an outpatient model that will best meet the needs of Pennsylvanians. RCPA plans to present an outpatient redesign model to the Department of Human Services (DHS) and statewide payors.

RCPA congratulates DHS and all statewide stakeholders in getting the regulations passed and hopes that the redesigned outpatient model will be welcomed. We will send the final regulations out as soon as they are approved by the Office of the Attorney General and published by DHS. Contact RCPA Mental Health Division Director [Sarah Eyster](#) or RCPA Children's Division Director [Jim Sharp](#) with questions. ◀



**Richard S. Edley, PhD**

*President and CEO*

**Allison Brognia**

*Event Planner/  
Accounts Payable Manager*

**Melissa Dehoff**

*Director, Rehabilitation Services  
Divisions*

**Sarah Eyster, MSW**

*Director, Mental Health Division,  
Eastern Region Representative*

**Carol Ferenz**

*Director, IDD Division*

**Cindi Hobbes**

*Director, International Pediatric  
Rehabilitation Collaborative*

**Linda Kaufmann**

*Membership/Conference Administrator*

**Tieanna Lloyd**

*Accounts Receivable/  
Membership Services Manager*

**Tina Miletic**

*Assistant to the President/CEO,  
Finance Manager*

**Sharon Militello**

*Director, Communications*

**Jack Phillips, JD**

*Director, Government Affairs*

**Jim Sharp, MS**

*Director, Children's Division*

- 1** Special Feature
- 3** Membership
- 4** 2019 Conference
- 5** Government Affairs
- 8** Federal News
- 10** State News
- 11** Medical Rehabilitation
- 12** Brain Injury
- 13** Physical Disabilities & Aging
- 14** Mental Health
- 16** Drug & Alcohol
- 18** IDD
- 21** Children's Services
- 23** Calendar



**Rehabilitation and Community  
Providers Association**

777 E Park Dr, Ste 300  
Harrisburg, PA 17111-2754  
717-364-3280 — Phone  
717-364-3287 — Fax  
[www.paproviders.org](http://www.paproviders.org)

©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

- ▶ RCPA Member ACHIEVA's Employee Appointed to State Advisory Body
- ▶ Sue Soderberg, RCPA Member Goodwill Keystone Area's Senior Vice President of Mission & Business Services, Named to Pennsylvania Rehabilitation Council
- ▶ Juliet Marsala From RCPA Member JEVs Human Services Reappointed to the Pennsylvania Rehabilitation Council (PaRC) as Rehabilitation Counselor
- ▶ RCPA Member TrueNorth Wellness Names New COO
- ▶ Home Will Assist Caregivers – RCPA Member Skills of Central PA is Featured



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



## RCPA Membership: Strength in Numbers

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. ◀

# MEMBERSHIP





## RCPA Annual Conference Registration is Open!

Registration for *Impact*, the 2019 RCPA Annual Conference, is now open. Early bird rates are available through August 31. This year's conference theme is:

- The *Impact* providers make on families and individuals using services;
- The *Impact* made in their communities; and
- The *Impact* made in their state.

The robust conference agenda brings ample opportunities to learn and dialogue, with stellar speakers to offer a variety of valuable, timely information. This event features more than 65 workshops; a keynote; three stimulating and thought-provoking plenaries; a vibrant Exhibit Hall; networking events; time to interact with colleagues; and opportunities for creative thinking to inspire passion and drive change. And don't forget your favorite leisure suit for the Studio 54 dance party Thursday evening!

An [interactive registration brochure](#) has been prepared for download to provide essential information on the go. Links in the brochure are internal to the document as well as external to the conference website to provide additional information. The [conference website](#) is available with complete information on all scheduled activities, and details about workshops, exhibitors, and other events.\*\* Online registration is available and may be reached directly from [this link](#) or through the conference website.

Mark your calendars for September 24–27 to join RCPA President and CEO, Richard S. Edley, PhD, along with the Conference Committee, Board of Directors, and staff at the Hershey Lodge. Questions about the conference may be directed to [Sarah Eyster](#), Conference Coordinator, or [Tieanna Lloyd](#), Conference Registrar.

\*\*The conference website is constantly being updated, so check back for the most current information. ◀

**RCPA conference guests who are also Hershey Lodge hotel guests will be entered to win one of two ONE-NIGHT HERSHEY LODGE STAYS and one of TEN \$100 GIFT CARDS!**



## Studio 54 Themed Dance Party!

**Thursday, September 26, 9:00 pm – 12:00 am  
in the Red Ballroom**

Get your leisure suits, silk pant suits, and your dance partner and join us for some after-hours music and dancing. Sponsored by Magellan Behavioral Health, Newtown, PA. ◀



## Highlights of 2019/20 Pennsylvania Budget

The 2019/20 budget season is over and the Governor has signed [HB 790](#), the 2019/2020 General Appropriations budget, and [HB 33](#), which eliminates the General Assistance Fund, a welfare program that provides cash grants of about \$200 to Pennsylvania's poorest residents. Despite an [intense dust up](#) amongst members of the Senate, the budget process was relatively calm.

According to summaries from the House Republican and Democrat Appropriations Committees, the 2019/20 budget highlights include:

### GENERAL BUDGET

**The General Appropriations Budget spends \$33.997 billion budget for FY 2019/20.**

- ▶ **That is an increase of \$596 million or 1.8%;**
- ▶ **There are no new taxes or fees in this budget;**
- ▶ **The budget is \$149 million less than Governor Wolf's February budget proposal;**
- ▶ The budget transfers an estimated \$250 million into the state's **Rainy Day Fund**.
  - o **The Rainy Day Fund** is essentially the state's savings account and is utilized when the economy hits a downturn and revenue collections are weak. By saving money, this budget protects taxpayers from future tax increases.

### DRUG AND ALCOHOL PROGRAMS

The proposed legislation provides level funding for assistance to drug and alcohol programs, which provides grants to single county authorities across the commonwealth to develop and implement substance abuse education, prevention, and treatment programs.

Funding for general government operations would increase by \$793,000 – 42.5 percent – to bolster administrative resources needed to effectively implement state and federal programs, which mirrors Gov. Wolf's request.

Outside of the department, the proposed legislation includes \$1.5 million in new funding through the Pennsylvania Commission on Crime and Delinquency (PCCD) to supply additional doses of Naloxone to first responders.

### EDUCATION

- ▶ **Basic education funding** contains a \$160 million increase in basic education funding through the fair funding formula, according to the latest information available. Comparatively, Gov. Wolf's

2019/20 budget proposal called for a \$166 million increase in formula-driven funds.

- ▶ **Special education funding** includes a \$50 million, or 4.4 percent, increase for special education funding, which was the amount requested by Gov. Wolf in February.
- ▶ **Early intervention funding**, which provides funding for developmental support services for 3- to 5-year-olds, receives a \$15 million increase for 2019/20 on top of a \$14 million supplemental appropriation for 2018/19.
- ▶ **Early childhood education funding** in Gov. Wolf's 2019/20 budget proposed a \$40 million increase for Pre-K Counts and a \$10 million increase in Head Start Supplemental Assistance. The budget lowers these amounts to \$25 million and \$5 million, respectively.
- ▶ **The School Safety and Security Grant Program** are being funded at \$60 million. \$45 million is coming from General Fund revenues and \$15 million is from the courts.
- ▶ **The Public Library Subsidy will receive a \$5 million, or 9.2 percent, increase** is the first real state funding boost for libraries since drastic cuts in the wake of the Great Recession. However, the \$59.5 million funding level for 2019/20 remains well below the \$75.8 million peak in 2007/08.
- ▶ **The Educational Improvement Tax Credit (EITC)** will receive \$25 million in additional funding.

### HEALTH

The proposed budget legislation includes funding to the Department of Health that is largely in line with the governor's request. It also offers several additional, targeted increases to specific programs. The budget, at a minimum, would restore funding for all disease line-items that the governor had proposed to eliminate.

continued on page 6

continued from page 5

## HUMAN SERVICES

The budget provides \$12.7 billion in state General Funds to the Department of Human Services, a \$97.3 million increase from the revised 2018/19 budget that counted a supplemental appropriation increase of \$650.5 million.

- ▶ The proposed 2018/19 supplemental increase includes \$200 million to backfill the funding gap created in Medical Assistance-capitation when the court blocked the transfer from the Pennsylvania Professional Liability Joint Underwriting Association (JUA). The transfer was anticipated by June 30, 2019.
- ▶ The administration has appealed the court's decision and the proposed budget assumes the JUA transfer will occur in 2019/20. Consequently, the 2019/20 appropriation for Medical Assistance-capitation is predicated on the success of this appeal and transfer of \$200 million to help pay program expenditures.

The proposed legislation would fully restore funding for hospitals and medical centers to the physician practice plan and academic medical centers appropriations in line with the prior year funding amounts.

Funding for existing long term living waiver programs continues to shift to Community HealthChoices – the statewide managed care program for seniors and individuals with physical disabilities – as the program becomes active statewide. The final phase of implementation will occur on Jan. 1, 2020, to add the remaining regional zones, including Lehigh/Capital, Northwest, and Northeast alongside the Southwest (implemented Jan. 1, 2018) and Southeast (implemented Jan. 1, 2019).

- ▶ The budget offers \$12 million, a 2 percent rate increase, for personal assistance services provided by direct care workers. The proposed increase is across long-term living appropriations including: home and community-based services, services to persons with disabilities, attendant care, and Community HealthChoices.

**Intellectual Disabilities and Autism funding** in the current budget supports several important initiatives directed to Pennsylvanians with intellectual disabilities and autism spectrum disorder. State funds totaling

\$15.003 million (with \$15.309 million in federal matching funds) would provide services to an additional 865 individuals currently on the emergency waiting list that now counts 5,306 individuals. Of this total, \$10.959 million would be used to place 765 people in the community living waiver while \$4.044 million would be used to place 100 people on the consolidated waiver.

**Mental Health Service funding** will have an additional \$26.3 million which includes funds to provide home and community-based services for 45 individuals currently residing in state hospitals.

**Children and Youth funding** in the budget reflects an increased use of federal block grants funds to significantly reduce state spending on child-care services and child-care assistance. Federal block grants will also be used to fund new initiatives for the coming fiscal year.

The waiting list for child-care services currently stands at 4,700. The proposed budget includes an additional \$15 million in federal funds to remove 970 infants from the waiting list. The proposal would also utilize \$9.986 million in federal funds to increase the reimbursement rates to STARS 2, 3, and 4 providers.

An additional \$5 million in state funding would be spent on community-based family centers, providing access to evidence-based home visiting services to 800 more Pennsylvania families, bringing total spending to \$18.558 million.

## LABOR AND INDUSTRY

**A minimum wage** increase was contained in Gov. Wolf's February budget address. The Governor's proposal would have raised the minimum wage to \$12/hour effective July 1, 2019, followed by 50 cent increases annually until 2025, when the minimum wage would reach \$15/hour. House and Senate Republicans rejected the governor's proposal to increase the minimum wage, and the final budget plan does not assume or include any change to the minimum wage.

**The Office of Vocational Rehabilitation** will receive a \$2.3 million increase; however, the increase will likely not offset declining federal funds, creating pressure on OVR's

continued on page 7

continued from page 6

ability to provide services to Pennsylvanians with disabilities seeking employment during the coming fiscal year. Along with a number of cost containment strategies, OVR plans to close the “order of selection,” which creates a waiting list for services.

**The Centers for Independent Living** would receive a 2.0 percent increase.

## HEALTH AND HUMAN SERVICE CODE BILL

[Senate Bill 695](#) prevents the Department from entering a contract with a broker until an analysis of non-emergency medical transportation and other human services transportation programs has been completed (See pages 3 and 4); provides for an analysis of a uniform statewide preferred drug list; and extends the Nursing Facility assessment and the Intermediate Care Facilities for Persons with an Intellectual Disability.

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

## Register for the RCPA PAC Annual Golf Outing Sept 23

Going to the RCPA Conference? Start the week with attending the RCPA PAC Golf Outing on **Monday, September 23, 2019**. Members have requested that RCPA move its Golf Outing back to conference week. Conference attendees, exhibitors, sponsors, and presenters can now [register](#) to participate in the RCPA PAC’s 7th annual golf outing at the beautiful Hershey Country Club (East Course), 1000 East Derry Road, Hershey, PA 17033. Registration starts at 10:30 am, lunch begins at 11:00 am, followed by a putting contest and 12:30 pm shotgun start.

[Sponsorships](#) are available for this worthwhile cause. We hope you will consider becoming a golf outing sponsor; it is a great way for your organization to get name recognition and an opportunity to support the RCPA PAC.

The RCPA PAC raises money and supports campaigns of state legislators and representatives who advance our interests on Health & Human Services issues. The funds raised through RCPA PAC can make a difference. Further questions may be directed to [Jack Phillips](#), RCPA Director of Government Affairs. ◀

## Save the Date – National Council’s Hill Day

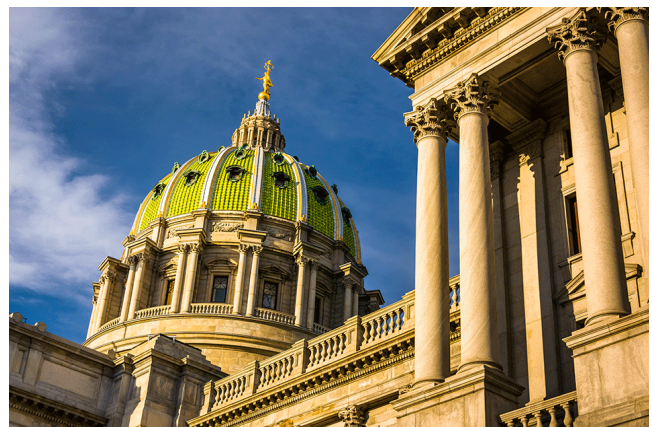
The National Council for Behavioral Health will be hosting its Annual Hill Day, September 17–18, 2019 in Washington, DC. Additional information can be found [here](#). Jack Phillips, RCPA Director of Government Affairs, will be serving as Pennsylvania’s captain. Jack will be scheduling meetings with our Senators and Congressmen, so please [notify Jack](#) of any appointments you set up in order to ensure that we do not duplicate efforts. We look forward to your participation in this important event. ◀

## RCPA’s Legislative Tracking Report

RCPA is constantly tracking various policy initiatives and legislation that may have positive or negative effects on our members and those we serve — so for your convenience, RCPA has created a legislative tracking report. You can [review this tracking report](#) to see the legislative initiatives that the General Assembly may undertake during the 2019/20 Legislative Session. If you have questions on a specific bill or policy, please contact [Jack Phillips](#), RCPA Director of Government Affairs. ◀

## RCPA Legislative Information

RCPA members can now find the most recent [documents](#) on legislative priorities, position papers, and other important legislative information on RCPA’s website. Please check the [RCPA website](#) for additional updates on legislative happenings. ◀





## President Trump Signs Advancing American Kidney Health Executive Order

President Trump recently signed the [Executive Order on Advancing American Kidney Health](#). The purpose of this Executive Order (EO) is to improve kidney health and promoting increased treatment options for Americans suffering from kidney disease. The kidney health initiative seeks to prevent kidney failure through better diagnosis, treatment, and preventative care; increase affordable alternative treatment options, educate patients on treatment alternatives, and encourage the development of artificial kidneys; and increase access to kidney transplants by modernizing the transplant system and updating counterproductive regulations. Under the executive order, Medicare will test adjusting payment incentives to encourage preventative kidney care and the use of home dialysis and kidney transplants.

Following the issuance of this EO, the Centers for Medicare and Medicaid Services (CMS) announced in a [press release](#) five new CMS Center for Medicare and Medicaid Innovation (CMMI) payment models that aim

to transform kidney care in order for patients with chronic kidney disease to have access to high quality, coordinated care. One of the models, the [proposed End-Stage Renal Disease Treatment Choices \(ETC\) Model](#), would encourage greater use of home dialysis and kidney transplants for Medicare beneficiaries with end-stage renal disease (ESRD) in order to enhance their quality of care while reducing Medicare expenditures. Under the proposed ETC Model, CMS would make certain payment adjustments that would encourage participating ESRD facilities and Managing Clinicians to ensure that ESRD beneficiaries have access to, and receive education about, their kidney disease treatment options. CMS would positively adjust certain Medicare payments to participating ESRD facilities and Managing Clinicians for the first three years of the model for home dialysis and dialysis-related services. The payment adjustments under the proposed ETC model would begin January 1, 2020, and end June 30, 2026.

The other optional models announced by CMS are the [Kidney Care First \(KCF\) Model](#) and the [Comprehensive Kidney Care Contracting \(CKCC\)](#), which includes the Graduated, CKCC Professional, and Global models that are designed to help health care providers reduce the cost and improve the quality of care for patients with late-stage chronic kidney disease and ESRD. These models also aim to delay the need for dialysis and encourage kidney transplantation. The final model announced by CMS is the [Radiation Oncology \(RO\)](#) model aimed at improving the quality of care for cancer patients receiving radiotherapy treatment. This model, which would involve required participation, would test whether prospective site neutral, episode-based payments to physician group practices (PGPs), hospital outpatient departments (HOPD), and freestanding radiation therapy centers for radiotherapy (RT) episodes of care would reduce Medicare expenditures while preserving or enhancing the quality of care for Medicare beneficiaries. ◀





## CMS Announces Landmark Price Transparency Proposals That Benefit Consumers

*Additional Proposed Rules Advance Agency's Patients Over Paperwork and Meaningful Measures Initiatives, Strengthen Quality Incentives, and Build on Commitment to Improving the Lives of Patients with Kidney Disease*

The Centers for Medicare & Medicaid Services (CMS) has announced three important Medicare proposed payment rules that support the transformation of the health care system and deliver on providing quality care for patients.

### 1. Calendar Year (CY) 2020 Medicare Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System Proposed Rule

This proposed rule contains historic changes as a result of President Trump's recent Executive Order on price and quality transparency that lays the foundation for a patient-driven health care system. CMS is putting forward price transparency requirements that will increase competition among all hospitals by requiring them to make pricing information publicly available. Each year, CMS issues a proposed rule to update CY Medicare payment policies and rates under the OPPS and the ASC Payment System. For more information, see the [Press Release](#) and [Fact Sheet](#).

### 2. Calendar Year (CY) 2020 Medicare Physician Fee Schedule (PFS) and Quality Payment Program (QPP) Proposed Rule

This proposed rule updates payment policies for clinicians paid for the services they provide to Medicare beneficiaries under the PFS and QPP. The proposed policy changes will ensure clinicians spend more time providing high-value care for patients instead of on cumbersome paperwork. As part of CMS' annual changes to the PFS and QPP, the agency is reducing burden, rewarding clinicians for the time they spend with patients, removing unnecessary measures they have to report, and making it easier for them to be on the path towards value-based care. This proposed rule builds on the Trump Administration's efforts to establish a patient-driven health care system that focuses on better health outcomes. For more information, see the [Press Release](#) and [Fact Sheet](#).



### 3. Calendar Year (CY) 2020 Medicare End Stage Renal Disease (ESRD) and Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Proposed Rule

The ESRD and DMEPOS CY 2020 proposed payment rule would update payment policies and rates under the ESRD Prospective Payment System (PPS) for renal dialysis services furnished to beneficiaries and the DMEPOS Competitive Bidding Program (CBP) and Fee Schedule Amounts. This proposed rule puts forth updates to the acute kidney injury (AKI) dialysis payment rate for renal dialysis services furnished by ESRD facilities to individuals with AKI. The proposal would also make changes to the ESRD Quality Incentive Program (QIP), introduce a methodology for calculating fee schedule payment amounts for new DMEPOS items and services, adjustments to the fee schedule amounts established using supplier or commercial prices if such prices decrease within five years of establishing the initial fee schedule amounts, and also revises existing policies related to the competitive bidding program for DMEPOS. For more information, see the [Press Release](#) and [Fact Sheet](#). ◀

## Enterprise Incident Management System Updates Effective July 20

On July 20, 2019, the Office of Long-Term Living (OLTL) will begin implementing changes to the Enterprise Incident Management (EIM) system. The changes include adding additional screens and information to provide additional information surrounding deaths and greater detail in the review of incidents. An overview of all of the changes and additions, which includes screenshots and explanations of each change is available [here](#). Questions regarding these changes should be directed to the [OLTL EIM resource account](#). ◀

## Electronic Visit Verification Public Meetings Scheduled

The Department of Human Services (DHS) will be holding public Electronic Visit Verification (EVV) webinars to provide additional information and updates related to the DHS EVV implementation. These meetings are scheduled every five weeks leading up to January 1, 2020.

The planned meeting dates are as follows (dates subject to change):

- ▶ Tuesday, August 13, 2019, from 1:00 pm to 3:30 pm
- ▶ Tuesday, September 17, 2019, from 1:00 pm to 3:30 pm
- ▶ Tuesday, October 22, 2019, from 1:00 pm to 3:30 pm
- ▶ Tuesday, November 26, 2019, from 1:00 pm to 3:30 pm

You can access these webinars [using this link](#).

Join by phone: 267-332-8737, 42711756# or [find a local number](#) / Conference ID: 42711756. Feel free to email the [EVV Resource Account](#) to let them know you'll be joining in the meeting!



## Community HealthChoices Phase II Continuity of Care Ends

On June 30, 2019, the continuity of care period for long-term services and supports (LTSS) for Phase II (southeast region) ended. As a result, Community HealthChoices (CHC) is now live in this region of the state. Providers should be aware of questions this may generate from CHC participants, such as a change to their service coordinator or a change they may experience with the services they receive (amount, duration, or frequency).

A CHC Managed Care Organization (MCO) must notify the Office of Long-Term Living (OLTL) in writing of its intent to terminate contracts with a provider, and services that a provider offers, 90 days before the termination's effective date. Procedures to address the termination's impact on participants should be in place and participants must be notified in writing 45 days before the effective date.

OLTL will continue to monitor notification requirements, service plan changes, service denial notices, complaints, and grievances despite the continuity of care period ending. CHC-MCOs will be held accountable for meeting notification requirements to ensure participants are properly informed and continue to receive necessary services without unexpected disruption.

Participants with questions or concerns about changes to services or service delivery should contact their CHC-MCO. If questions remain after talking with their CHC-MCO, participants can contact OLTL at 800-757-5042. There are resources available to answer questions, etc. including a [fact sheet](#), a [question and answer document](#), and [online training](#). ◀



## CMS Announces In-Person IRF QRP Training

The Centers for Medicare and Medicaid Services (CMS) recently announced an upcoming in person inpatient rehabilitation facility quality reporting program (IRF QRP) [training](#). This two-day “train-the-trainer” event for providers is scheduled for August 15–16, 2019 at the Four Seasons Hotel, 200 International Drive, Baltimore, MD 21202.

The primary focus of this training, which is open to all IRF providers, associations, and organizations, will be to provide those responsible for training staff at IRFs with information about IRF QRP changes and updates to the IRF Patient Assessment Instrument (PAI) v.3.0, which will become effective on October 1, 2019. Topics will include, but are not limited to:

- ▶ An overview of the changes between the IRF-PAI v.2.0 and v.3.0;
- ▶ Updated training materials for Section GG, which will include videos of patient scenarios; and
- ▶ An interactive session on the use of reports to identify opportunities for process improvement and utilize information contained in reports available via the Certification and Survey Provider Enhanced Reports (CASPER) system, which will be used to develop quality improvement plans.

A full [agenda](#) is available for both days of the training. Registration is limited to 100 people on a first-come, first-served basis. Questions or additional information requests should be sent to the [PAC Training mailbox](#). ◀

## IRF Appeals Settlement Initiative Call on August 13

On Tuesday, August 13, 2019, from 1:30 pm – 3:00 pm, the Centers for Medicare and Medicaid Services (CMS) will conduct an inpatient rehabilitation facility (IRF) Appeals Settlement Initiative [call](#). The call is targeted to IRF appellants that filed appeals at the Medicare Administrative Contractor (MAC) for redetermination no later than August 31, 2018, which are currently pending or are eligible for further appeal at the MAC, Qualified Independent Contractor (QIC), Office of Medicare Hearings and Appeals (OHMA), or Medicare Appeals Council. Topics to be discussed include appellant eligibility, Expressions of Interest (EOI) period and settlement process, and frequently asked questions. A question and answer session will follow the presentation; however, attendees may [email questions](#) in advance with “Aug 13 MLN Call” in the subject line. These questions may be addressed during the call or used for other materials following the call. ◀





## MLTSS Subcommittee Meeting Scheduled for August 9

The next Managed Long-Term Services and Supports (MLTSS) Subcommittee is scheduled for Friday, August 9, 2019 from 10:00 am – 1:00 pm in the Honor's Suite at 333 Market Street Tower in Harrisburg. To participate in the meeting via webinar, please register by [using this link](#). Registrants will receive a confirmation email containing information about joining the webinar.

The dial-in number is: 213-929-4232 / Access Code: 376-524-531

If you have any questions about registering for the webinar or require a toll-free number to dial in, please contact the [Office of Long-Term Living](#) or call 717-857-3280. ◀

## Contact Info for Community HealthChoices

The following information was just released, regarding contact information for Community HealthChoices (CHC):

For participants not yet enrolled in CHC, the providers would continue to use these numbers:

- ▶ Billing and General Policy Issues – OLTL Provider Helpline 800-932-0989 or [email](#). If staff answering this line can't answer your policy questions, they will confer with OLTL's Policy Bureau to get an answer.
- ▶ Participant issues with services, transfers, expediting services – Contact the participant's service coordinator for assistance first. If you're not having success with the service coordinator, you and the participant can call the OLTL Participant Helpline at 800-757-5042. For urgent issues only: Division of Participant Supports, 717-787-8091, and ask for Sharon Tomforde.

After participants are enrolled in CHC:

Contact the participant's MCO first. Each MCO will have both Provider and Participant helplines. If you're not having success with the MCO, you can contact OLTL at the numbers above. This CHC [fact sheet](#) also provides some good information. ◀

## BIAA Announces Upcoming Webinars

The Brain Injury Association of America (BIAA) has [posted](#) their upcoming live webinars, including:

- ▶ The Challenge of Brain Injury in Older Adults;
- ▶ Employment and Accommodation After Brain Injury;
- ▶ Prevalence of Medical and Psychiatric Comorbidities Following Traumatic Brain Injury;
- ▶ Status of State Concussion Legislation in the U.S.;
- ▶ An Evidence-Based Care Model for Workers with Concussion;
- ▶ Cultural Competency in Rehabilitation;
- ▶ Supported Decision Making and Independence After Brain Injury;
- ▶ Multidisciplinary Concussion Clinics: State of the Practice; and
- ▶ Psychological Risk Factors for Persistent Post-Concussive Symptoms.

## Focused Ultrasound Treats Tremors From Parkinson's Disease

*From WHY, by Alan Yu, July 22, 2019*

Perry Collier was diagnosed with Parkinson's disease about 11 years ago, and he's lived with the tremors associated with it ever since. "It's very similar to shaking when you're cold. If you fell into an icy lake and they pulled you out like teeth chattering and arms shaking and legs shaking. It's pretty much the same," he said. Collier, who is from South Jersey, has medication he can take three times a day, which kind of helps, but the tremors still get in the way of his everyday life. "I think it'd be nice not to spill water over myself when I get a drink and not to poke myself in the eye when I try to put eye drops in," he said.

Researchers estimate that more than 600,000 people above the age of 45 in the US have Parkinson's disease, and that number is expected to rise. A new noninvasive surgical procedure the FDA approved for Parkinson's in December could help with tremors from the disease. Collier was waiting to undergo the procedure last week at Pennsylvania Hospital in Philadelphia... [read full article [here](#)]. ◀

*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 Fact Sheet on Service Coordination Issued

Community HealthChoices (CHC) is Pennsylvania's mandatory managed care program for individuals who are dually eligible for Medicare and Medicaid, and individuals 21 years of age or older with physical disabilities who receive long-term services and supports (LTSS) through Medicaid. Under CHC, LTSS and each participant's person-centered service plan are managed by a service coordinator (SC). Service coordinators work with the CHC managed care organizations as a single point-of-contact to help participants obtain health services and supports.

CHC is currently live in the Southwest and Southeast. CHC will launch in the remainder of the state on January 1, 2020. There is a 30-minute online [training](#) on CHC to provide additional information on this program. If you have other questions about CHC, view the comprehensive question and answer [document](#). For additional information about service coordination in CHC, view this [fact sheet](#). If you have any questions, please visit the [HealthChoices website](#) or submit [via email](#). ◀

## Resident-Initiated Incidents: 5 Tips For Long-Term Care Facilities to Create Safe Environments

**McKnight's Senior Living, by Diane Doherty, July 29, 2019**

Due to an overtaxed behavioral healthcare system, younger individuals with serious mental illness are seeking long-term treatment and residence in senior living and care settings. This trend is contributing to the rise of incidents of resident-initiated violence. In fact, according to a recent study of long-term care facilities, 65% of surveyed nurses and certified nursing assistants have experienced such workplace incidents. A full 41% believe that upper management shows little or no concern for their safety.

Whether resident-initiated incidents take the form of resident-on-staff or resident-on-resident aggression, they are a prevalent and often overlooked problem in senior living and care facilities. Long-term care administrators and executive directors can take steps to craft an effective response to these workplace incidents, however, including the following... [read full article [here](#)]. ◀

## The Wave After The Silver One

**McKnight's Senior Living, by Lois A. Bowers, July 29, 2019**

The "silver wave" of baby boomers hasn't even hit yet — the oldest boomers won't even turn 80 for another seven years — and yet one company is looking past that wave to the next one. The oldest GenXers turn 55 next year, and a new survey by active adult community builder Del Webb examines their preferences and savings habits.

It makes sense that the company is looking at this younger group, given that active adult community residents are, on average, about [two decades younger](#) than independent living residents at move-in (aged 60 to 65 compared with 82, respectively, according to the ProMatura Group's Margaret Wylde). Despite the age difference, however, the survey results provide useful information for the senior living industry, too... [read full article [here](#)]. ◀



## Behavioral Health Educational Webinar for Nursing Facility Staff August 19

The Department of Human Services' Office of Mental Health and Substance Abuse Services (OMHSAS) and Office of Long-Term Living (OLTL) invite nursing facility staff to register for the Behavioral Health Educational Webinar. This is an opportunity to learn about behavioral health services for participants in Community HealthChoices (CHC). The webinar will be held on Monday, August 19, 2019, from 1:00 pm to 3:00 pm. To register for the webinar, [use this link](#).

After registering, you will receive a confirmation email containing information about joining the webinar. For questions about the webinar, please contact the Bureau of Policy Development and Communications Management at 717-857-3280. ◀

## Mental Health

### CCBHC Update From Capitol Hill and Pennsylvania

The US Congress has passed an extension of existing CCBHC funding until September 13, 2019. RCPA, along with the CCBHC programs, have been advocating for full continuation of the program and are encouraging all Pennsylvania legislators to support the two-year extension. Pennsylvania leaders are talking with the Centers for Medicare and Medicaid Services (CMS) and the Substance Abuse and Mental Health Services Administration (SAMHSA) to understand this current extension and funding, as well as the bigger picture if the two-year extension is funded in September. ◀

### Governor Wolf Announces \$3.68 Million Youth Suicide Prevention Federal Grant

Members of Governor Tom Wolf's health agencies, including the departments of Human Services (DHS) and Health (DOH), announced receipt of a \$3.68 million federal grant for youth suicide prevention. The grant will support increasing capacity and growing the work of existing suicide prevention efforts led by DHS' Office of Mental Health and Substance Abuse Services (OMHSAS). This includes expanding the Suicide Prevention Online Learning Center, working with staff in schools, colleges, and primary care settings to identify risk of suicide, plus engaging families and behavioral health providers trained in suicide-risk management to help screen and assess risk of suicide and ensure youth needing support are properly connected to treatment resources.

Over the five years of the grant, DHS will also target five Pennsylvania regions for focused implementation of evidence-based suicide prevention strategies based on available data (e.g., suicide rates, prevalence of youth-reported ideation and attempts) and readiness (e.g., local infrastructure, partnerships) to improve care transitions for youth at risk of suicide. They will support a broader goal of developing systems and partnerships that promote a better continuity of care for youth entering and leaving a hospital or behavioral health treatment center. Counties identified in the five regions will be announced as they are determined. For more information on Pennsylvania's Suicide Prevention Task Force and upcoming public meetings or listening sessions, visit the [DHS website](#). ◀





## OMHSAS Presents Value-Based Purchasing: Supporting Whole-Person Care Conference Wednesday & Thursday, August 14 & 15, 2019, Harrisburg Hilton

Register today to attend this conference, featuring key state and national conversations outlining the movement towards Value-Based Purchasing (VBP), in order to achieve whole person care, as well as current success stories in Pennsylvania and beyond.

[Use this link to register.](#)\*\*

\*\*Be sure to sign up for the waiting list, as people on the waiting list are being registered regularly. ◀

## CONNECTED: A Youth Mental Health Initiative From the National Council for Behavioral Health

CONNECTED is a two-year project that intends to reduce the impact of anxiety, depression, and suicide among young people aged 10 to 24 in underserved communities, while also empowering youth to engage in meaningful community change. With support from a private venture philanthropist, and in partnership with [Change Matrix](#), [Relias](#), [Watauga Consulting](#), and [Youth MOVE National](#), the National Council for Behavioral Health launched this groundbreaking initiative to increase access to and engagement in quality, appropriate care for culturally diverse, rural, LGBTQ+, and other youth populations that experience barriers to mental health supports. Recognizing that approaches are most effective when developed and implemented at the community level with involvement from those they intend to serve, CONNECTED will support new approaches for young people who may be experiencing these challenges across a wide range of settings... [\[read full article here\]](#). ◀



## Letter from Lynn Cooper

Dear RCPA Friends,



I am writing this letter to say thank you. I have immensely enjoyed working for RCPA for nearly 25 years. We fought many battles small and large; we won some and we lost some. I have served RCPA in several different roles in my quarter of a century. I was first hired by the legendary Ray Webb in 1994 as the MH and D&A Policy Specialist,

then worked for most of my years at the association as the D&A Policy Specialist. I also had the pleasure of working as the Senior Policy Specialist and Deputy Director for George Kimes soon after he came on board as our Executive Director. I have especially enjoyed my last position as Western Region Representative, which got me home to Pittsburgh. I am, and will always be, grateful for the time I spent at RCPA.

This is going to show my age, but here are a few interesting facts from the early days. When I came to RCPA, as a person in recovery, I was appalled to learn that anyone in the Medicaid system needing outpatient drug and alcohol treatment had to first get a letter from their physician before they could begin treatment. It was also impossible for an agency to bill Medicaid if they received a provisional license. With the help of several important state officials we were able to get those regulations changed quickly. That is where my passion for drug and alcohol treatment was fired up. We have faced many challenges over the years, and I want to thank every person that sat on a task force, committee, subcommittee,

or work group. Without your dedication and hard work, we would not have had so many important wins (changes made). I especially want to thank the members that worked with me to change entire sets of regulations for drug and alcohol treatment. We spent countless grueling hours going over those regulations time and time again.

I also want to thank all the state officials that I have had the privilege and pleasure to work with on these vital issues over the years. I know I should apologize for challenging and pestering you so often, but it is your work that was key to the changes/improvements made. Thank you also to the state officials that made time in their busy schedules to attend our committee meetings and discuss needed changes and updates.

It is time for me to move on from RCPA. Funny story first. I once did an exit interview with a Nurse Practitioner in my previous career. When I asked for any suggestions for us, she said one thing: "Lynn, I think it is unrealistic to believe that once a person is hired the expectation is that they will stay forever." I, of course, responded with a "Why not?" (I stayed there almost 20 years).

I wish only the best for RCPA and its members, as well as our state officials, as you move forward. I am pretty sure our paths will cross again, but just in case... good afternoon, good evening, and goodnight (from the movie "Truman").

Best Always,  
Lynn

P.S. — The MH outpatient regulations will be coming!

## Alcohol Screening And Brief Intervention For People Who Consume Alcohol And Use Opioids

Alcohol was involved in 22% of deaths caused by prescription opioids and 18% of emergency department visits related to the misuse of prescription opioids in the United States in 2010.<sup>1</sup> Screening and brief intervention for excessive alcohol use (ASBI) is an effective clinical prevention strategy for reducing excessive drinking, but it is underused in clinical settings. The purpose of [this document](#) is to familiarize health departments and health care providers with ASBI, discuss its usefulness for helping people who drink excessively and may be prescribed an opioid to drink less or stop drinking altogether while using opioid medications, and assist state health departments in supporting health systems and other community partners in carrying out ASBI in various settings as a part of routine practice. A reference for routinely implementing ASBI in health systems is also included. ◀

**NAADAC Addiction  
& Recovery eNews:  
July 5, 2019**

## The National Council Supports the Mainstreaming Addiction Treatment Act

*(A Letter From the National Council for Behavioral Health)*

We are writing today to highlight an important bill before Congress that would expand access to medication-assisted treatment for individuals living with addiction. The National Council for Behavioral Health Board of Directors has determined to [support the bipartisan Mainstreaming Addiction Treatment \(MAT\) Act](#) (H.R. 2482), authored by Reps. Paul Tonko (D-N.Y.), Antonio Delgado (D-N.Y.), Ben Ray Lujan (D-N.M.), Ted Budd (R-N.C.), Elise Stefanik (R-N.Y.) and Mike Turner (R-Ohio).

The MAT Act removes the DATA-2000 waiver requirement for health care providers to prescribe buprenorphine. The bill also requires the Secretary of Health and Human Services to conduct a national campaign to educate practitioners about the changes and encourage providers to integrate substance use treatment into their practices.

The National Council Board supports this bill's efforts to remove a major hurdle to prescribing buprenorphine, thereby increasing the number of providers able to provide medication-assisted treatment. Waiver requirements do not exist for clinicians licensed to prescribe opiates or other addiction and mental health medications.

Removing the burdensome waiver requirement for buprenorphine would have an especially great impact in rural areas where access to medication-assisted treatment is currently extremely low and there are few waived providers to provide access to this evidence-based treatment. [Recent studies](#) have also

called attention to distressing disparities in access to buprenorphine in minority communities, an issue that this bill has the potential to address by removing barriers to providers that serve diverse populations.

The National Council has long recognized that there are multiple paths to recovery and person-centered treatment and allowing patients access to all forms of medication-assisted treatment is essential. While medication coupled with psychosocial supports is often considered the best model of care, access to medication alone can keep patients alive until they are ready to change treatment.

In conjunction with lifting the DATA 2000 waiver requirement, the National Council Board strongly supports efforts to ensure providers are adequately trained on how to prescribe buprenorphine and medication-assisted treatment. The National Council will work with Rep. Tonko and his colleagues to advance these educational and training efforts.

Help us advance access to medication-assisted treatment. Ask your members of Congress to sign on to this legislation or thank them for their support, if they have already signed on. [Click here to take action.](#)

We thank Rep. Tonko for his efforts and [welcome any feedback](#) from our members regarding the MAT Act. Stay tuned to the National Council's Capitol Connector for updates and additional opportunities to get involved. Contact Sara Howe or Rebecca Farley David at the [National Council](#) with questions. ◀





## Intermediate Care Facilities (ICF) for Individuals With Intellectual Disabilities

In Pennsylvania, there are over 30 private ICF/ID programs that provide a valuable service to 2,000 individuals with intellectual disabilities. ICF programs come with a different set of federal regulations and challenges. Over the past several years, ICF/ID providers have struggled with getting timely approvals for financial waivers through ODP. If you are an ICF provider and would like to join in a conference call with other RCPA members to discuss specific issues facing you as a provider, please contact [Carol Ferenz](#). We will be holding a conference call in August (date to be determined).

One of the specific requirements ICF/ID providers must deal with is compliance with the Life Safety Code. ANCOR has been working with the Congregate Care Division of the Centers for Medicare and Medicaid Services (CMS), asking for a six-month non enforcement delay of the Life Safety Code requirements for ICF/IDs. They moved the policy request to grant this enforcement delay to Administrator Verma's office for clearance. Unfortunately, there were some roadblocks and they are currently pursuing policy alternatives. In the interim, the Life Safety Code requirements were set for compliance by July 5, 2019. CMS advises that all ICF/ID members should have at least begun to show some progress towards compliance. They also shared that CMS is looking at possible ways to offer providers flexibility — no guarantees — but will follow up with ANCOR on what they may be able to do. If you have any questions, please reach out to [Esme Grewel](#). ◀

## Vision for the Future: Financial Empowerment Conference for Individuals With Disabilities

The Pennsylvania Assistive Technology Foundation (PATF) is hosting a free conference on Thursday, October 3, 2019 at the Keystone Building in Harrisburg from 8:00 am – 4:00 pm. People with disabilities, family members, providers, nonprofit organizations, and policymakers will spend the day discussing financial education and all of its components. Sessions will include an overview of resources we have here in Pennsylvania, including the ABLE program, and how we can move forward in implementing Employment First, "A Home of My Own," and other initiatives that empower people with disabilities to be an integral part of their financial futures.

Learn more by visiting the [conference web page](#). ◀

## EVV Reminder – October is "Soft Roll-Out" in Pennsylvania

Effective January 1, 2020, providers of personal care services are required to comply with the 21st Century Cures Act. For Office of Developmental Programs (ODP) Services, these rules apply to:

Consolidated, Person/Family-Directed Services (P/FDS), Community Living, and ID/A Base Services (includes Agency and Participant directed services):

- ▶ Companion;
- ▶ In-Home and Community Support;
- ▶ Respite (unlicensed settings and camp); and
- ▶ Homemaker/Chore (chore portion not included).

Adult Autism Waiver services:

- ▶ Community Support; and
- ▶ Respite (unlicensed settings only).

The information that providers must report through the Electronic Visit Verification (EVV) system includes:

1. Type of service provided;
2. Individual receiving the service;

3. Individual providing the service;
4. Date service was delivered;
5. Location where service was delivered; and
6. Time service began and time service ended.

Providers are required to utilize either Sandata (DHS is supplying this service at no charge to providers) or use an alternative system that can share data with Sandata. If a provider chooses to use an alternative system, they must work with Sandata to become certified. For questions specific to use of an alternative system, Sandata can be reached at 855-705-2407, or [via email](#).

The timeline for implementation includes provider training to be scheduled in September, and a "Soft Roll-out" in October when providers are expected to use DHS' EVV system, or the DHS Aggregator. Full implementation is expected to occur in January 2020. Any other questions regarding EVV should be directed to [this email](#). ◀

## ODP Communications Since Last RCPA News

- ▶ 19-078 Exceptions to the Annual Fiscal Limit for the Person/Family Directed Support Waiver
- ▶ 19-079 Registration Now Open for Fall 2019 ODP Quality Management Certification Classes
- ▶ 19-080 Quality Assessment and Improvement Process, Cycle 1 Year 3: Changes for FY 19-20
- ▶ 19-082 Waiver Amendment Webinar Recording Now Available on MyODP
- ▶ 19-083 New Regulations to be Explored During Human Services Licensing Renewal Inspections
- ▶ 19-084 Delay for the Requirements Regarding the Number of Individuals Served in Licensed Facilities that Provide Community Participation Support or Day Habilitation Services
- ▶ 19-085 Quality Assessment & Improvement Process, Cycle1, Year 3: All Self-Assessments begin July 1, 2019
- ▶ 19-086 ODP Launches Online Provider Profiles
- ▶ 19-087 Reissue: Incident Management (IM) Bulletin Draft Public Comment Period Extended to July 31, 2019
- ▶ 19-089 Clarifying the Requirement for the Master Provider Index Number for Claim and Service Documentation
- ▶ 19-090 Community Participation Support and Day Habilitation Implementation Updates
- ▶ 19-091 Revised Annotated ISP and Information Regarding its Implementation for Individuals Receiving Residential Habilitation
  - ISP Planning Tool – For Use by the Team to Assist in the Identification of Possible Risk Factors
- ▶ 19-092 Periodic Risk Evaluation (PRE) Survey
- ▶ 19-093 Informational Webinar: ODP Processes for Employment- Related Services During a Closure of OVR's Order of Selection
- ▶ PA Bulletin 00-19-02 OVR Referrals During a Period when OVR's Order of Selection is Closed
- ▶ 19-094 Expectations for AAW Supports Coordinators Regarding the Right to be Free from Abuse
- ▶ 19-095 ODP Offers Training on Online Provider Profiles
- ▶ 19-096 Charting the LifeCourse Training for All AAW & ACAP Support Coordinators: Registration is OPEN!
- ▶ 19-097 Office of Developmental Programs' Virtual Training Offerings August 2019
- ▶ 19-098 Clarification on Identification of Staffing Ratios for Facility Time in the Community Participation Support Service
- ▶ 19-099 Clarification to AAW and ACAP Providers and SCOs about the New SPeCTRUM 2.0 Training
- ▶ 19-100 Department of Human Services (DHS) Adult Protective Services (APS) and Mandatory Reporting Webinar Opportunities
- ▶ ODP News July 2019



## Applicant-Centered Recruiting: The Next (Necessary) Innovation in I/DD

by Scott de Fassel & Craig de Fassel, Blitz Media Design

Typical “help wanted” ads do little to attract the kinds of people who would be fulfilled by a career in the industry. They’re often positioned in such a way where similar-paying jobs in other industries like food service look more appealing, since applicants “don’t have to” work with people and their needs. Fortunately, we’ve perfected what we think is the solution: an approach we call “applicant-centered recruiting.”

### *What is Applicant-Centered Recruiting?*

Applicant-centered recruiting is exactly what it sounds like: a way of hiring that puts the candidate first. Their wants, their needs, their questions—all of these and more are addressed in an applicant-centered process.

The idea comes from the “person-centered care” philosophy that has changed the intellectual/developmental disability (I/DD) industry. Applicant-centered recruiting is simply a way of hiring that puts the candidate’s wants and needs first.

Yet even though person-centered care is changing the way we deliver service to individuals, many service providers still struggle to hire candidates who can help organizations achieve the vision that “person-centered” promises.

### *Why Focus on the Applicant?*

In our work with I/DD organizations, we’ve learned that the “person-centered” philosophy needs to be hired for, not simply taught after

unsuspecting and unprepared employees start their first day on the job. By focusing on the applicant, you can attract candidates who are excited to work with people.

### *How to Put Applicant-Centered Recruiting in Place*

Start by connecting with the “why” of I/DD work. It’s not about just a paycheck for the right candidate. The type of person that’s ideal for a Direct Support Professional (DSP) job — and, therefore, the type you have a better chance of retaining — doesn’t want “just another job.” They want something more fulfilling. That means if you can communicate shared beliefs and values, and draw candidates’ attention to the multiple emotional and personal benefits they can get by working with people with disabilities, you’ll be more likely to attract job-seekers that would be a good fit for your organization.

Yes, you’ll need to be absolutely clear on job requirements like helping individuals with toileting — but for heaven’s sake not in the job posting. That kind of conversation is best kept for a face-to-face interview when you can properly contextualize the harder parts of a DSP job with the myriad of rewards and benefits, such as helping participants in the community.

### *What this Approach Can Do*

The benefits of adopting this kind of approach are tangible — and exciting. For example, after we helped one organization revise their recruitment ad, they saw 173 new

applicants in 48 hours. Another provider we worked with received three times more applicants from their ad — even though it ran in the dead of summer — compared to the same time the year before. And a third client we’ve worked with now makes applicants complete a more complex process to apply — because they’re simply receiving too many applications.

### *Is Applicant-Centered Recruiting Right for You?*

If you’re like most service providers, you’re desperately short-staffed. A national unemployment rate that hovers around 4% doesn’t help. But even when drawing from a smaller employment pool, you can make much more of an impact on potential candidates — and thereby increase the chances that you’ll see unprecedented recruiting success — by putting those candidates first.

*Scott and Craig de Fassel are marketing experts who help I/DD providers attract and retain great DSPs with communication that motivates. To get their best advice on how to write an applicant-focused job ad, as well as a free copy of “9 Mistakes to Avoid in Your Job Post,” connect with them at [blitzmediadesign.com/anchor](http://blitzmediadesign.com/anchor). This article was originally published by ANCOR on March 19, 2019. ◀*



## Back-to-School Tips for Parents of Children With Special Needs

A new school year means a new grade, new teachers, new goals, and maybe even a new school! In order to help you and your child with special needs be as successful as you can be, review the list of eight helpful back-to-school tips that we hope will make the transition into a new school year a little easier for children and families.

### Organize all that paperwork

Setting up a binder or folder to keep your child's special education documentation, meeting notices, and IEPs in sequential order can also help you stay organized.

### Start a communication log

[Keeping track](#) of all phone calls, emails, notes home, meetings, and conferences is important. Create a "communication log" for yourself in a notebook that is easily accessible. Be sure to note the dates, times, and nature of the communications you have.

### Review your child's current IEP

The [IEP](#) is the cornerstone of your child's educational program, so it's important that you have a clear understanding of it. Note when the IEP expires and if your child is up for reevaluation this year. Most importantly, be sure that this IEP still "fits" your child's needs! If you're unsure, contact the school about holding an IEP review meeting.

### Relieve back-to-school jitters

Just talking about the upcoming year and changes can help reduce some of that back-to-school anxiety! Talk to your child about exciting new classes, activities, and events that they can participate in during the new school year. If attending a new school, try to schedule a visit before the first day. With older students, it is sometimes

helpful to explain the services and accommodations in their IEP so that they know what to expect when school begins.

### Keep everyone informed

It's important to know the routine that will happen once school starts. You can even begin practicing your new schedule, focusing on morning and evening routines, and begin implementing them well in advance of the first day of school.

### Stay up-to-date on special education news

Being knowledgeable about your child's IEP and their disability can help you become a better [advocate](#) for your child. Try to keep up-to-date on new special education legislation, news, and events. The more you know, the more prepared you will be to navigate the world of special education and successfully advocate for your child!

### Attend school events

Take advantage of [Open House](#), [Back-to-School Night](#), and [parent-teacher conferences](#) to help you and your child get a feel for the school and meet the teachers, other staff, students, and families. Share the positives about working with your child, and let the teacher know about changes, events, or IEP concerns that should be considered for children in special education. ◀

## Juvenile Court Judges Commission Guiding PA's Juvenile Justice System

The Juvenile Court Judges' Commission (JCJC) was established by the Pennsylvania Legislature in 1959. Members of the commission are nominated by the Chief Justice of the Pennsylvania Supreme Court and appointed by the governor for three-year terms.

The JCJC is responsible for:

- ▶ Advising juvenile courts concerning the proper care and maintenance of delinquent and dependent children;
- ▶ Establishing standards governing the administrative practices and judicial procedures used in juvenile courts;
- ▶ Establishing personnel practices and employment standards used in probation offices;
- ▶ Collecting, compiling, and publishing juvenile court statistics; and
- ▶ Administering a grant-in-aid program to improve county juvenile probation.

The Commission, under the direction of Executive Director Rick Steele, works in conjunction with the Pennsylvania Council for Chief Juvenile Probation Officers, The Pennsylvania Commission on Crime and Delinquency (PCCD), as well as state and national stakeholders, to support and drive programs and operations to meet the mission and vision of Balanced and Restorative Justice (BARJ) and the Juvenile Justice Systems Enhancement Strategies (JJSES) that were featured in last month's [RCPA newsletter](#). Follow this link to [JCJC's June Newsletter](#) for updates, stories, and trainings across PA. ◀

## The Fostering Independence Through Education Waiver

The Juvenile Law Center (JLC) announced that on June 28, Pennsylvania passed a law, which will create the Fostering Independence Through Education Waiver. This will create a tuition and fee waiver for youth who were in foster care.

### KEY PROVISIONS

- ▶ **Creates a tuition and fee waiver** for undergraduate degrees at colleges and universities in Pennsylvania for youth in foster care to reduce financial barriers.
- ▶ **Creates points-of-contact** at covered institutions to help eligible students identify and apply for financial aid and scholarships, gather verification documents, and access campus and community resources and support services.
- ▶ **Provides outreach** to students to ensure that eligible students know about the waiver and all student supports, and apply for all available financial aid.
- ▶ **Data collection and reporting** by institutions and government agencies to improve retention and the success of students.
- ▶ **The program will begin in the Fall semester of 2020.**

- ▶ **The waiver can be used for up to five years until a young adult reaches age 26.**

### ELIGIBLE STUDENTS

- ▶ Graduated from high school or received equivalent degree.
- ▶ Must maintain Satisfactory Academic Progress while in college.
- ▶ Pennsylvania residents eligible for the PA Chafee Education and Training Grant Program. This includes:
  - Youth who are or were in the foster care system in PA at age 16 or older and "age out"; and
  - Youth who were adopted or enter guardianship arrangements (Permanent Legal Custodianship "PLC") from the PA foster care system at age 16 or older.

### ELIGIBLE SCHOOLS

- ▶ Colleges and Universities in PA (public and private)
- ▶ Community Colleges in PA
- ▶ Most Vocational-Technical Schools in PA

For more information, contact [Nadia Mozaffar](#), JLC staff attorney. ◀

## Office of Children Youth and Families (OCYF) to Facilitate Meetings for Chapter 3800 Regulatory Revisions

After 20 years, revisions are being considered to this regulatory chapter to reflect modifications needed to comply with recent legislation, to reflect responsiveness to the evolving needs of the population served, to support incorporation of best practices, and to address the concerns raised by providers delivering these services.

This process has begun with regional stakeholder meetings that will run through August to solicit input from providers, county children, youth and juvenile probation offices, youth, advocates, and state OCYF, OMHSAS, JCJC, AOPC, and PDE staff during July and August. Stakeholder input compiled from this series of meetings will be incorporated into a master list of areas to be considered for edits and additions. The Department of Human Services OCYF has identified priority areas to be addressed as a starting point in this regulatory change process. This review process provides a timely forum to coordinate the integration of systems enhancements to advance the standards of care for children and families. ◀

## DHS-IBHS Regulations Final Submitted to IRRC for Review and Public Hearing

The Department of Human Services (DHS) has submitted the [Intensive Behavioral Health Services \(IBHS\) final-form regulation](#). The Independent Regulatory Review Commission (IRRC) plans to meet and act on this regulation at a public meeting on Thursday, August 15, 2019, at 10:00 am. The agenda and any changes to the time or date of the meeting will be posted on the [IRRC website](#).

Please note that any comments should be submitted to DHS prior to the 48-hour blackout period, which begins on Tuesday, August 13 at 10:00 am. Please provide IRRC with a copy of any comments submitted. Additionally, please copy RCPA Children's Division Director, [Jim Sharp](#), on any comments submitted to DHS by close of business on August 12. The RCPA Children's IBHS Work Group will provide a substantive review in advance of the public hearing. Please contact [Jim Sharp](#) with questions, thoughts, or concerns. ◀



## AUGUST

<b>Tuesday, August 13</b>	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee <i>Conference Call</i>
<b>Thursday, August 15</b>	9:00 am – 10:00 am	Government Affairs Committee <i>Conference Call</i>
<b>Thursday, August 15</b>	12:00 pm – 1:00 pm	IPRC Webinar: From Volume to Value: Ethics & Guidelines for Frequency and Episodes of Care in Pediatric Rehabilitation
<b>Tuesday, August 20</b>	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee <i>Conference Call</i>
<b>Wednesday, August 21</b>	10:00 am – 1:00 pm	Human Resources Committee <i>Penn Grant Centre</i> <i>Lunch sponsored by Horizon House, Inc.</i>
<b>Wednesday, August 21</b>	1:00 pm – 2:00 pm	Human Resources Training: Federal and State HR-Related Regulations   <i>Penn Grant Centre</i>
<b>Wednesday, August 21</b>	10:00 am – 2:00 pm	Brain Injury Committee <i>RCPA Conference Room</i>
<b>Thursday, August 22</b>	12:00 pm – 1:00 pm	Outpatient Rehab Committee – Webcast Only

## SEPTEMBER

<b>Tuesday, September 10</b>	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee <i>Conference Call</i>
<b>Wednesday, September 11</b>	9:30 am – 12:00 pm	Mental Health Committee <i>RCPA Conference Room</i>
<b>Wednesday, September 11</b>	1:00 pm – 4:00 pm	Criminal Justice Committee <i>RCPA Conference Room</i>
<b>Tuesday, September 17</b>	10:00 am – 12:30 pm	Med Rehab Committee <i>RCPA Conference Room</i>
<b>Tuesday, September 17</b>	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee <i>Conference Call</i>
<b>Thursday, September 19</b>	9:00 am – 10:00 am	Government Affairs Committee <i>Conference Call</i>
<b>Monday, September 23</b>	12:30 pm shotgun start	PAC Golf Tournament <i>Hershey Country Club</i>
<b>Tuesday – Friday September 24 – 27</b>		2019 RCPA Conference <i>Hershey Lodge</i>
<b>Sept. (TBD) at RCPA Conf.</b>		Children's Steering Committee <i>Hershey Lodge</i>