



Special Feature



- ▶ Lawsuit Challenges New Pennsylvania I/DD Waiver Rates For Community Participation Support Services
- ▶ State Throws Behavioral Health Organizations A Funding Curveball – Drops Out Of Federal Program
- ▶ Pennsylvania Needs To Accept Federal Money For Behavioral Health Clinics, Organizations Say

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The views and opinions expressed in these articles are those of the authors and do not necessarily reflect the official policy or position of RCPA.

Members in the News

- ▶ RCPA Member Colleen Stuart of Venango Training and Development Center, Inc. Receives Junior Achievement National Silver Leadership Award (pictured is Colleen Stuart with Bill Lucas, Executive VP for Junior Achievement of Western PA)
- ▶ RCPA Member Via of the Lehigh Valley CEO Transition
- ▶ Agency Veteran Takes The Reins At Leading Disability Services Provider: RCPA Member UCP Central PA Names Janeen Latin President/CEO
- ▶ Lawmakers Eye Good Samaritan Law: RCPA member Paul Bacharach from Gateway Rehab, and RCPA Drug & Alcohol Division Director Kristen Houser, weigh in on this legislation and its potential for unintended consequences
- ▶ Canonization Sought for Disability Institute Founder – RCPA Member Barber National Institute



RCPA Board Member Dennis W. Nebel, PsyD, Executive Director, Human Services Center Retiring

Dr. Dennis Nebel, longtime executive director of the Human Services Center, has retired, effective December 31.

Former HSC Clinical Director, Michele Kelly-Thompson, has replaced him. Ms. Thompson has been employed at HSC since July 1, 1987, and will be well suited to serve as HSC's Chief Executive of the future.

Dr. Nebel, a licensed psychologist, began his full-time tenure at HSC in June 1979. A graduate of St. Vincent College, St. Francis College and receiving his Doctorate from Baylor University, Dr. Nebel actually began part-time employment at HSC in the late Fall of 1978, conducting psychological evaluations while concurrently completing his Psychology Internship at the Pittsburgh Child Guidance Center at the University of Pittsburgh Medical Center. Nebel, 68 years of age, is originally from Aliquippa. He was first hired as a staff psychologist in the Child and Family Services Department at HSC in June 1979 following the completion of his internship. In 1982, Dr. Nebel was promoted to HSC Clinical Director and subsequently became HSC's fifth executive director, since its founding in 1963, in June 1992... [read full article [here](#)]. ◀



BUSINESS

Linke Resources

106 Brookhollow Dr
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George P. Linke, Jr, PsyD,
Founder and President

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.



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

House Health Committee Advances State Center Moratorium Bill

On Tuesday, December 17, the House Health Committee voted Senate Bill 906 (SB 906) out of committee by a vote of 13-12. Thirteen (13) of the fifteen (15) Republicans voted in favor of the bill and all ten (10) Democrats on the Committee voted against the bill. SB 906 now heads to the full House for consideration.

It is still unclear whether House leadership will allow a vote on the bill when the General Assembly returns to session after the holiday break. The earliest a final vote can be taken will be during the week of January 13.

SB 906 would do the following:

- ▶ Prohibit the Department of Human Services (DHS) from closing a state facility until all Medicaid waiver-eligible individuals in the Commonwealth are authorized to begin receiving home and community-based services;
- ▶ Require DHS to provide notice in the Pennsylvania Bulletin when all individuals have received authorization to begin home and community-based services;
- ▶ Establish a task force regarding the closure of state centers upon publication of notice; and
- ▶ Require the Secretary of DHS to convene an initial meeting of the task force within sixty (60) days. ◀

2020 Spring House and Senate Session Days

The House and Senate will be in session this spring as follows:

2020 SENATE SPRING SESSION SCHEDULE

January 7, 27, 28, 29

February 3, 4, 5

March 16, 17, 18, 23, 24, 25

April 6, 7, 8

May 4, 5, 6, 18, 19, 20

June 1, 2, 3, 8, 9, 10, 15, 16, 17, 22, 23, 24, 25, 26, 29, 30

2020 HOUSE SESSION SCHEDULE

January 7 (non-voting), 13, 14, 15, 21, 22

February 3, 4, 5

March 16, 17, 18, 23, 24, 25

April 6, 7, 8, 14, 15, 16

May 4, 5, 6, 11, 12, 13, 18, 19, 20

June 1, 2, 3, 8, 9, 10, 15, 16, 17, 22, 23, 24, 25, 26, 29, 30

Senate Announces 2020 State Budget Hearing Schedule

The State Senate has announced the state budget schedule for fiscal year 2020/21. See the schedule [here](#). Please contact [Jack Phillips](#), Director of Government Affairs, with questions. ◀



Obamacare Individual Mandate Ruled Unconstitutional

The U.S. Court of Appeals for the Fifth Circuit ruled, in a 2–1 decision in *State of Texas v. U.S. Department of Health and Human Services*, that the Affordable Care Act’s individual mandate is “unconstitutional because it can no longer be read as a tax, and there is no other constitutional provision that justifies this exercise of congressional power.” The court remanded to the district court to provide additional analysis on the severability of the other ACA provisions to determine how much of the rest of the health care law is valid. Citing the Supreme Court ruling that originally determined that the individual mandate was constitutional under Congress’s power to tax, the Fifth Circuit determined that because the shared responsibility payment no longer exists – and no longer produced revenue – the individual mandate is now unconstitutional because it is now merely a “command” to purchase insurance – rather than giving the individual an option to purchase insurance or pay a tax.

While District Court Judge Reed O’Connor had ruled on the unconstitutionality of the individual mandate – and also determined that the mandate was inseverable from the

rest of the health care law – the Fifth Circuit sent the case back to Judge O’Connor with orders to conduct a more thorough analysis of which provisions of the ACA could be separated from the individual mandate because the original severability analysis was not “careful” or “granular” enough.

In her dissent, Judge Carolyn King argued that not only did the challengers not have legal standing to challenge the individual mandate, the individual mandate should be found constitutional despite the elimination of the penalty. Further, the mandate is also severable from the remainder of the ACA, King wrote, “Without any enforcement mechanism to speak of, questions about the legality of the individual ‘mandate’ are purely academic, and people can purchase insurance – or not – as they please. No more need be said; it has long been settled that the federal courts deal in cases and controversies, not academic curiosities.” (Source: *Healthcare Daily Roundup*, Buchanan, Ingersoll & Rooney, PC – Federal Government Affairs Group, December 19, 2019) ◀

PA Supreme Court Appears to Close the Door on Legal Challenge to the Elimination of the State’s General Assistance Cash Welfare Program

The Pennsylvania Supreme Court on Wednesday, with a 6–1 ruling, upheld a Commonwealth Court decision to reject an injunction by welfare advocates who wanted to prevent the second termination of the state’s General Assistance (GA) cash welfare program while they legally challenged the re-elimination of the program on procedural issues.

“... we find that the Commonwealth Court did not abuse its discretion in determining that Appellants failed to carry their burden with regard to the likelihood-of-success-on-the-merits aspect of the standard for preliminary injunctive relief,” wrote Chief Justice Tom Saylor in the [majority opinion](#), joined by Justices Max Baer, Debra Todd, Christine Donohue, Kevin Dougherty, and Sallie Updyke Mundy. “That being the case, we need not address whether the court erred in finding that Appellants failed to demonstrate irreparable harm.”

The General Assembly in June voted to discontinue the General Assistance program and Gov. Tom Wolf reluctantly signed the legislation (House Bill 33, now Act 12 of 2019), which critics of the program termination argue contained other components – including Medicaid money for Philadelphia hospitals – that forced Wolf to sign the bill into

law. Appellants claim that’s an example of unconstitutional “logrolling,” and have asked the courts to rule the legislation unconstitutional and force another resumption of the program.

As they did in 2012 when the program was first eliminated as part of that year’s state budget, Community Legal Services (CLS) of Philadelphia – along with Disability Rights Pennsylvania (DRP) – filed a class action lawsuit in July in Commonwealth Court to prevent the ending of the program. At that time, with the cash payments to approximately 12,000 low-income Pennsylvanians to end on Aug. 1, the legal action included a request for a preliminary injunction to prevent the cessation of the benefits.

The Commonwealth Court ultimately rejected the preliminary injunction request – finding those challenging Act 12 failed to show the irreparable harm that would be created by GA’s cessation, as well as their likelihood of success in the lawsuit – with that ruling appealed to the state

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Supreme Court on Aug. 6, and oral arguments delivered to the court in October.

The first elimination of GA was ultimately overturned by the state Supreme Court last year (in July), with the court stating the way by which the legislation ending GA was considered by the General Assembly didn't comport with [the Pennsylvania Constitution's requirement that legislation be considered on three separate days in each chamber of the Legislature](#). This time around, CLS and DRP are claiming the legislation that was enacted to end GA contains too many separate and unrelated subjects, violating a different [provision of the Pennsylvania Constitution](#) (the "single-subject" rule). Beyond the GA provisions, the law contains language reauthorizing a hospital assessment that is used to fund Philadelphia hospitals and the state's Medicaid program, as well as a nursing home incentive payment, all of which – like GA – exist within the state's Human Services Code.

The state Supreme Court, in its July 2018 ruling that overturned the omnibus 2012 Human Services Code bill, included a footnote discussion suggesting that legislation had too many disparate subjects.

But while opponents of the GA elimination have been pointing to that as another potential avenue for a successful legal challenge, the state's high court appeared to close the door on that line of argument.

Saylor wrote that Commonwealth Court "properly determined that Act 12 does not include provisions that are so far removed from each other that they are 'unrelated' or would otherwise render the germaneness test meaningless."

"Rather, the act as a whole relates to the provision of benefits pertaining to the basic necessities of life to certain low-income individuals," continued Saylor. "Some of these benefits may be in the form of cash assistance for such items as basic utility services, food, clothing, and personal hygiene products, while others may be supplied through medical or nursing-home care, the delivery of which is incentivized by payments to providers. Regardless, such a topic is, in our view, both unifying and sufficiently narrow to fit within the single-subject rubric as that concept has been spelled out in the reported decisions of Pennsylvania appellate courts."

In his dissent, Justice David Wecht disagreed with the majority opinion's determination that Commonwealth Court was correct in its ruling that petitioners/appellants failed to establish a likelihood of success on the merits, arguing Commonwealth Court improperly required petitioners to prove the merits of the underlying claim, instead of allowing them to "demonstrate that substantial legal questions must be resolved to determine the rights of the parties."

Additionally, given the majority opinion's position regarding the petitioners' underlying claim, Wecht said it wasn't necessary for the matter to be remanded back to Commonwealth Court.

"The Majority leaves no doubt about how it views the merits of the underlying challenge, even if it closes by framing its disposition relative to our deferential standard of review," wrote Wecht. "Under such circumstances, it would be better simply to put the matter to bed than to invite parties, attorneys, and the lower court to continue to litigate a fait accompli," Wecht concluded.

(Source: *Capitolwire*, Chris Comisac, Bureau Chief, December 18, 2019) ◀

RCPA PAC Needs Your Support

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. 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.

Interested in learning about more fun ideas to raise money for RCPA-PAC or interested in donating now? Please visit our website, download the [PAC FAQ Card](#), [Donation Card](#), or email [Jack Phillips](#), RCPA Director of Government Affairs.

Your participation in the RCPA PAC is completely voluntary and you may contribute as much or as little as you choose. Donations are not tax-deductible and will be used for political purposes. You may choose not to participate without fear of reprisal. You will not be favored or disadvantaged by reason of the amount of your contribution or decision not to contribute. ◀

RCPA's Legislative Tracking Reports

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, which is broken down into specific policy areas. You can review these tracking reports below 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.

- ▶ Adult Mental Health
- ▶ Autism
- ▶ Brain Injury
- ▶ Children and Youth
- ▶ Children's
- ▶ Criminal Justice
- ▶ Drug & Alcohol
- ▶ Insurance
- ▶ Intellectual Disabilities
- ▶ Labor
- ▶ Medical Rehabilitation
- ▶ Minimum Wage
- ▶ Miscellaneous
- ▶ Regulatory
- ▶ Social Programs
- ▶ Suicide

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. ◀



Federal News

Medicare Physician Fee Schedule and OPPS Final Rule Call Transcripts Now Available

On November 6, 2019, the Centers for Medicare and Medicaid Services (CMS) hosted a Medicare Learning Network (MLN) call that focused on the Calendar Year (CY) 2020 Medicare Physician Fee Schedule (MPFS) and the Medicare Outpatient Prospective Payment System (OPPS) payment systems final rule. To learn more about the provisions in these final rules, the [transcript](#) is available. ◀

State News

HCSIS Service Plan & Rate Updates for OBRA Waiver and Act 150 Announced

The Department of Human Services (DHS) has announced rate increases for Personal Assistance Services (PAS) in the OBRA Waiver and Act 150 program. There is also a rate increase for Residential Habilitation in the OBRA Waiver. These rate increases became effective on January 1, 2020. The new rates for the OBRA Waiver were [published](#) in the August 24, 2019 edition of the *Pennsylvania Bulletin*. The new rates for the Act 150 Program were [published](#) in the November 30, 2019 edition of the *Pennsylvania Bulletin*. These new rates are based on a participant's county of residence.

In addition, Home and Community Services Information System (HCSIS) service plans were updated on November 30, 2019. Service Coordinators (SCs) do not need to make any service plan updates for this rate change, as a HCSIS system-wide update is being initiated to make the necessary service data updates onto the impacted service plans.

Questions about these updates should be directed to the Office of Long-Term Living (OLTL) Provider Inquiry Line at 800-932-0939, Option 2, Monday–Friday from 9:00 am – 12:00 pm and 1:00 pm – 4:00 pm. ◀

JAMA Study Suggests IRF Better for Stroke Recovery Than Skilled Nursing Facilities

An article, “[Comparison of Functional Status Improvements Among Patients with Stroke Receiving Postacute Care in Inpatient Rehabilitation vs Skilled Nursing Facilities](#),” was recently published in the Journal of the American Medical Association (JAMA) Network that highlights the findings from a cohort study of patients who received post-acute care in inpatient rehabilitation facilities (IRFs) or skilled nursing facilities (SNFs) following a stroke. The study examined changes in functional status. Stroke was selected because it is a major cause of disability in the United States and an important public health issue, and often requires a range of treatments and expertise.

The study included patients with stroke who were discharged from acute care hospitals to IRFs or SNFs from January 1, 2013 to November 30, 2014. Medicare claims were used to link to IRF and SNF assessments. The study does include limitations that were encountered, such as

the findings don’t take into account other post-acute settings (home health, long-term care hospitals, etc.) and the inability to examine cognitive function before and after the stroke, stroke severity, or location of the stroke.

The findings of the study suggest that the care in an IRF was associated with greater improvement in mobility and self-care compared with care in an SNF. Their findings indicate the need to carefully manage discharge to post-acute care based on the patient’s needs and potential for recovery. Post-acute reform based on the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act) must avoid a payment system that shifts patients with stroke who could benefit from intensive inpatient rehabilitation to lower cost settings. The IMPACT Act of 2014 is a bill that is intended to change and improve Medicare’s post-acute care services and how they are reported. ◀

CMS Releases IRF Provider Preview Reports

The Centers for Medicare and Medicaid Services (CMS) recently announced the availability of the inpatient rehabilitation facility (IRF) provider preview [reports](#). These reports have been updated and contain information based on quality data submitted by IRFs between Quarter 3 of 2018 and Quarter 2 of 2019. The data will reflect what will be published on [IRF Compare](#) during the March 2020 update of the website.

Providers have 30 days (December 9, 2019 – January 9, 2020) to review their performance data. While corrections to the underlying data will not be permitted during this time, providers can request CMS to review their data during the preview period if they believe the quality measure scores that are displayed are inaccurate.

Additionally, providers are reminded that the data for the quality measure Percent of Residents or Patients that have new or worsened Pressure Ulcers (short stay), will continue to reflect data collected between Quarter 3 2017 – Quarter 2 2018, and will continue to be publicly displayed until the new *Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury*, is publicly displayed in fall 2020, as finalized in the fiscal year (FY) 2018 IRF PPS Final Rule.

As of the March 2020 refresh, CMS will no longer publicly display the measure *Percent of Residents or Patients who were assessed and appropriately given the seasonal influenza vaccine (short stay)*, as finalized in the FY 2019 IRF PPS Final Rule. This change is reflected in preview reports. Contact RCPA Rehabilitation Services Director [Melissa Dehoff](#) with questions. ◀

MedPAC Draft Recommendations Include Payment Reduction to IRFs

On December 5–6, 2019, the Medicare Payment Advisory Commission (MedPAC) met to consider their draft recommendations for annual payment updates to Medicare providers. During this meeting, MedPAC included an overview and [presentation](#) of the recommendations specific to post-acute care (PAC) providers. MedPAC’s recommendation to Congress for inpatient rehabilitation facilities (IRFs) included a reduction in the Medicare payment rate for fiscal year (FY) 2021 by five percent. A vote will take place in January 2020 and the final recommendations will be submitted to Congress by MedPAC in its March 2020 Report to Congress. ◀

CMS Approves OLTL's OBRA Waiver Amendment

The Centers for Medicare and Medicaid Services (CMS) recently notified the Office of Long-Term Living (OLTL) of the approval of the [OBRA Waiver amendment](#). The amendment became effective on January 1, 2020.

The changes in the approved amendment include:

- ▶ Revise the Residential Habilitation service definition by modifying the number of hours that are defined as a day unit from a minimum of 12 hours to 8 hours.
- ▶ Revise the service definitions of Job Finding, Job Coaching, Employment Skills Development, Career Assessment, and Benefits Counseling to address when employment services can be provided through the OBRA waiver, should the Office of Vocational Rehabilitation (OVR) have a waiting list (closed order of selection) or when OVR has not made an eligibility determination within 120 days.
- ▶ Update the Abuse Registry Screening information to reflect that the Department of Human Services (DHS) utilizes IDEMIA as the data system to process fingerprint-based FBI criminal record checks, as well as other minor changes.
- ▶ Revise cost neutrality estimates to reflect rate changes to the Personal Assistance Services (PAS) and Residential Habilitation waiver services.

If you have any questions, please contact the OLTL Bureau of Policy Development and Communications Management at 717-857-3280. ◀

Webinar Planned on State Systems & Resources for People Living With Traumatic Brain Injury

The National Information and Referral (I&R) Support Center will host a webinar on Wednesday, January 15, 2020 from 3:00 pm – 4:15 pm ET that will focus on State Systems and Resources for People Living with Traumatic Brain Injury (TBI). The content provided during this webinar will strengthen attendees' knowledge of TBI, the role of state TBI systems and programs, and I&R services for the TBI population. In addition to a national overview, the webinar will focus on two state TBI programs that have strong I&R systems for individuals living with TBI and have partnered with other state agencies to broaden their programs. To participate in this webinar, [registration](#) is required. ◀



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

CHC Corner

The Office of Long-Term Living (OLT), in partnership with three Community HealthChoices (CHC) managed care organizations, has implemented the new long-term services and supports (LTSS) program statewide, effective January 1, 2020. The three plans are: UPMC Community HealthChoices, AmeriHealth Caritas Pennsylvania/ Keystone First, and PA Health & Wellness. The Department reached its goal of about 40% of participants making a choice of plans, an accomplishment that far exceeds the national average. At the December 3, 2019 MLTSS Medical Assistance Advisory Committee (MAAC) meeting, Deputy Secretary Kevin Hancock recognized the work of external stakeholders in achieving this benchmark. General information about CHC is available [here](#). ◀

Options Program

Information regarding individuals waiting for services through the PA Department of Aging OPTIONS program was presented at the December 11, 2019 Long-Term Services and Supports (LTSS) Subcommittee of the Medical Assistance Advisory Committee (MAAC). As of December 6, 2019, there were 4,099 individuals on the Wait List. Of these, 1,683 are current OPTIONS consumers waiting for a new or increase in service and 2,416 are consumers waiting for services. All consumers on the Wait List receive Care Management service. Currently, 19 Area Agencies on Aging (AAAs) do not have a Wait List for services. The OPTIONS program serves individuals aged 60 and over who are not eligible for Community HealthChoices (CHC), and is funded by proceeds from the Pennsylvania Lottery. ◀



Demographics

The Penn State Data Center has released the latest American Community Survey 5-Year estimates, which provide demographic and socio-economic data for all areas regardless of population size. The brief highlights trends in the 2014–2018 estimates for Pennsylvania counties, with a specific focus on the 65 and older population and changes since the 2009–2013 estimates. Some key takeaways include:

- ▶ The percentage of Pennsylvania's population age 65 and older was 17.4%, significantly higher than in 2009–2013 (15.7%).
- ▶ The percentage of residents age 65 and older significantly increased in all Pennsylvania counties.
- ▶ The labor force participation rate for the population age 75 and older increased in 52 counties.
- ▶ Twenty-two counties had median household incomes for the population age 65 and older above the state median.

Read the full brief [here](#) (Note: if link doesn't work, copy and paste into your browser). ◀

A Year in Review...

- ▶ The Mental Health Committee added a steering committee with representation from across the Commonwealth.
- ▶ The goals of the steering committee were:
 - o Save the Behavioral Health (BH) Carve-out
 - o Workforce development
 - o Value-based payment
 - The Mental Health Committee heard from outcomes gurus MTM on the DLA 20 (Daily Living Assessment) and Pat Deegan on Common Ground
 - o Regulatory reform
 - Outpatient regulations were promulgated after several years
- ▶ The Certified Community Behavioral Health Clinics (CCBHC) demonstration grant continued until June 30, when funding was uncertain. CCBHC providers continued to serve people using the model in hopes for extended funding and OMHSAS's acceptance of the same. In December, OMHSAS determined that the continued federal funding would not be accepted but that PA would develop a model that worked best for the state.
- ▶ Person Centered Medical Health Home (PCMH) continued to grow throughout the year
- ▶ Suicide prevention efforts and a statewide listening tour commenced to understand community needs
- ▶ Leadership changes at the Office of Mental Health and Substance Abuse Services (OMHSAS) including Valerie Vicari being named Acting Deputy Secretary

of OMHSAS and the return of Dr. Dale Adair as the Medical Director. Jamey Welty was named Policy Director. Jason de Manincor and Kellie Wayda continue as eastern and western region operations directors.

- ▶ A Call for Change revisited, 15 years after the first version
- ▶ RCPA continued Outpatient Redesign efforts
- ▶ RCPA staff participated in the OMHSAS hosted Value-Based Payment Summit
- ▶ RCPA recommended and supported funding increases:
 - o Outpatient services – November survey
 - o Restoration of the FY 2012/13 county budget cuts

...The Year Ahead

- ▶ 2020 Mental Health Steering Committee welcomes Mike Quinn joining Mark Wendel as Co-Chair and priorities include:
 - o Workforce recruitment and retention
 - o Financial sustainability, regardless of payor
 - o Outpatient Redesign, inclusive of regulatory reform
 - o Supporting the carve-out
- ▶ RCPA staff will be visiting RCPA members to understand concerns and successes
- ▶ Supporting members as the Outpatient Regulations are implemented and monitoring concerns and/or barriers ◀



A Year in Review...

- ▶ RCPA staff participated in a number of task forces to improve the health of Pennsylvanians, including the Statewide Health Improvement Plan (SHIP) Mental Health Substance Use Task Force, DDAP's Substance Use Disorder Tobacco Subcommittee, Coalition for the CommonHealth, DDAP's ASAM Adaptation Work Group, and the Opioid Alliance.
- ▶ The RCPA Drug and Alcohol Committee formed a steering committee at the end of the year and committed to increased oversight and information on legislation that impacts the funding and workload of treatment providers and the rights and needs of people with substance use disorders.
- ▶ Governor Wolf issued an Executive Order to focus services on PA's most vulnerable populations and formed a Council on Reform. The council created recommendations across service groups to ensure access to quality services and programming. RCPA offered comments on areas where services and considerations for care of people with substance use disorders could be strengthened. All recommendations will be vetted and implemented in 2020.

...The Year Ahead

- ▶ Focus on ways to modernize reimbursement rates for drug and alcohol treatment.
- ▶ Examine to what extent providers are spending time negotiating with other providers and payers to be able to exchange information about patients while adhering to PA's 255.5 privacy regulations, and offer insight to ways the regulations might be altered to make the provision of care less administratively cumbersome while protecting the privacy of people in treatment.
- ▶ Increase participation in the legislative process in PA.
- ▶ RCPA has committed to increased communication with members regarding the Drug and Alcohol Committee, including publishing meeting minutes from the task force and the steering committee, sharing a detailed agenda in advance of meetings, inviting guests to speak on timely topics, and sharing positions and talking points on legislation to enable members to talk about legislation with a uniform voice and message.
- ▶ RCPA's Drug and Alcohol Division Director will begin visiting member organizations to introduce herself, learn about their programs, and listen to needs and concerns about providing drug and alcohol treatment in PA.
- ▶ RCPA will continue to participate in statewide committees and task forces to improve the system of care, including a new task force formed by DDAP to focus on services for adolescents with substance use problems. ◀



Addiction and Mental Health vs Physical Health: Widening Disparities in Network Use and Provider Reimbursement

Though the Parity Act was passed by Congress ten years ago, a [study](#) conducted and released in November 2019 by Milliman, Inc. outlines significant disparities of coverage between physical health, and substance use disorders and mental health. Some national organizations have called for congressional hearings to further investigate and bring about the implementation of parity as was intended. ◀

Advocacy for the Closure of State Centers Needs to Continue

Many advocates have taken the time to call and meet with their local legislators expressing opposition to SB 906 that would prevent the closure of Polk and White Haven State Centers, but the controversy regarding the closure remains. Please contact and visit your legislators in their home districts throughout the next few weeks! Continued advocacy and education is needed to counteract the misinformation that is being spread. View this [fact sheet](#) developed by The Arc of PA on Community-based services and state centers. If you need any other materials or information prior to meeting or calling your legislators, please do not hesitate to contact Peri Jude Radecic or Jen Garman at Disability Rights Pennsylvania, 800-692-7443 or 717-236-8110, or Sherri Landis or Katie Yost at The Arc of Pennsylvania, 717-234-2621. ◀

Provider Partnership Continues Collaboration with OVR

The Statewide Provider Partnership currently has 80 members representing 47 organizations across the state. The Partnership formed in mid-2019, based on common goals and concerns as they relate to provision of OVR services for Pre-ETS and Supported Employment. Joe Michener, Director of Employment Services for the Lehigh Valley Center for Independent Living (LVCIL), has facilitated this group along with core members Brandy Burnham (AHEDD), Janet Fiore (The Sierra Group), and Steve Pennington (PaCAP). Any OVR provider or supporting organization that wants to join the Statewide Provider Partnership should email their information to [Joe Michener](#). They will then receive email updates, requests to share and provide input, and invitations to the quarterly meetings.

The partnership members have submitted information to OVR in preparation for the upcoming meeting in January; [see the information submitted](#). The next meeting is scheduled at Goodwill's Harrisburg office on Monday, January 13, 2020. The afternoon will be reserved for meeting with OVR (Ed Austin and team members from Pre-ETS and Supported Employment). ◀

2019 Direct Support Professional Compensation Study

This is the fourth Direct Support Professional (DSP) compensation survey conducted in Pennsylvania by this seven-association collaboration. RCPA members joined with members of The Arc of PA, Moving Agencies toward Excellence, PAR, The Alliance CSP, The Provider Alliance, and UCP of PA. The primary purpose of the survey is to generate information that could be used to further educate legislators about the challenges that providers face in trying to hire DSPs. It offers a secondary benefit to colleagues in the Human Resources area by providing comparative data on wages, turnover, open positions, and benefits. As the fourth in a series of reports on DSP compensation, the report offers a historical perspective and the opportunity to evaluate systematic efforts to increase wages for DSPs.

The Executive Summary includes the following data:

- ▶ 170 agencies employing 36,081 DSPs participated in this survey
- ▶ \$12.16 per hour: Mean starting wage for DSPs
- ▶ \$35,772: Mean starting wage for Front Line Supervisors (roughly \$17.20 an hour)
- ▶ \$13.20: Mean hourly wage for all DSPs
 - \$13.27 per hour: Mean hourly wage for Full Time DSPs
 - \$13.04 per hour: Mean hourly wage for Part Time DSPs
- ▶ \$37,033: Mean annual salary for Front Line Supervisors
- ▶ 31.6% Annual Turnover Rate for DSPs
 - 27.7% Annual Turnover for Full Time DSPs
 - 43.2% Annual Turnover for Part Time DSPs
- ▶ 18.0% Annual Turnover Rate for Front Line Supervisors
- ▶ 19.4% Percentage of open (vacant) positions
 - 17.0% Open Position Rate for Full Time DSPs
 - 26.8% Open Position Rate for Part Time DSPs
- ▶ 8.9% Percentage of open Front-Line Supervisor positions
- ▶ 85.8% Percentage of DSPs who received a raise within Fiscal Year 2018/19
- ▶ \$19.80 Cost of each overtime hour required in response to turnover and open positions
- ▶ \$35,539,140 Estimated cost of filling vacancies with staff on overtime for this sample

The results of this study show that the workforce crisis continues, despite legitimate efforts on the part of the Pennsylvania legislature to address the problem. A long-term strategy for a sustainable solution to the workforce crisis needs to be implemented soon. Such a strategy must address the gap between DSP average wages and a living wage. The full report is expected to be released in early January 2020. ◀

Technology First Coalition Formed

The Arc of PA has been instrumental in initiating a group dedicated to supporting Pennsylvania becoming a “Technology First” state. The coalition consists of advocacy groups in PA (including RCPA, PATF, PaSCIL, Temple University, DRN, and Vision for Equality, among others) and has developed a position paper based upon the belief that technology is a vital source of support. People with disabilities, people with mental health concerns, veterans, and seniors can use mainstream and specialized technology. Technology can support independence and inclusion in communities. It can enhance choice and autonomy. It can help people stay safe and healthy. Technology can assist people to be more independent.

The Technology First Coalition’s position includes:

1. The Technology First Coalition seeks an Executive Order or Legislative Action – to establish Pennsylvania as a Technology First State. A Technology First state embraces technology as a primary support for people with disabilities and mental health concerns, veterans, and seniors to promote independence, autonomy, safety, and control.
2. People with disabilities, people with mental health concerns, veterans, and seniors should have access to learn about, access, and acquire technology to enhance their lives. They should discover, explore, try, and obtain the technology they desire. The inclusion of their families, friends, and support people is vital. All Pennsylvanians should have access to information about public and private funding sources.
3. Pennsylvania should establish a Technology First Council. This Council should advise departments under the Governor’s jurisdiction. Guidance should include all activities from the discovery to the acquisition of technology solutions. ◀



ODP Announcements Since Last RCPA News

- ▶ ODP Bulletin 00-19-04 Individual Eligibility for the Consolidated, P/FDS and Community Living Waivers
- ▶ ODP Announcement 19-152 Final Public Notice for Fee Schedule Rates and Department-Established Fees
- ▶ ODP Announcement 19-153 Revisions to SC Individual Monitoring Tool for AAW Supports Coordinators
- ▶ ODP Announcement 19-155 ODP and OMHSAS Publishes Positive Approaches Journal Volume 8, Issue 3: “Rights, Risks, and Restrictions”
- ▶ ODP Announcement 19-156 New ODP Regulation Update: Revised Effective Dates for Incident Management, Medication Administration Training, and Annual Training
- ▶ ODP Announcement 19-157 Open for Public Comment: Proposed Transportation Trip Fee Schedule Rates in the Adult Autism Waiver
- ▶ ODP Announcement 19-158 MyODP News Online Replaces ODP Newsletter
- ▶ ODP Announcement 19-159 Updated Variance Form DP 1086 and Instructions
- ▶ ODP Announcement 19-160 Enrolling as an Adult Autism Waiver Transportation Provider
- ▶ ODP Announcement 19-161 Office of Developmental Programs’ Virtual Training Offerings January 2020
- ▶ EDL Registration Information
 - 2020 Everyday Lives Conference Overnight Rooming Information for Staff
 - ODP Out-Service Training (OST) Request Form
 - Tax Exempt Form
- ▶ Community HealthChoices (CHC) Fact Sheet: Eligibility Verification
- ▶ Announcing CDS Webinar: Becoming ME College of Direct Support Webinar on Self Determination
- ▶ ODP Announcement 19-162 Now Available: Amendment to the Adult Autism Waiver Approved by CMS
- ▶ ODP Announcement 19-164 Delay in Implementation of the Transportation – Trip Service in the Adult Autism Waiver ◀

A Year in Review...

- ▶ PA implementation of Family First Prevention Services Law planning goes into place for October 2020 start up. RCPA participates on Task Force as Office of Children, Youth, and Families (OCYF) develops programming for specialized prevention and congregate care programming.
- ▶ OMHSAS promulgates new Chapter 1155 and 5240 regulations for move from BHRS to IBHS services. RCPA IBHS Work Group leads commentary discussions for Independent Regulatory Review Commission (IRRC) hearing and systems implementation development.
- ▶ Governor Wolf Executive Order to focus services on PA's most vulnerable populations through his Council on Reform. The task force created recommendations across service groups to ensure access to quality services and programming. Recommendations to be vetted and implemented in 2020 and after.
- ▶ RCPA Children's Division reenergized the School-Based Behavioral Health and Early Intervention/Early Learning/Infant Mental Health work groups.
- ▶ The Residential Services Ad Hoc group was also established to create a strategic platform to highlight members' services, address systems, operational and contracting.
- ▶ RCPA Children's Steering Committee thanks TrueNorth Wellness CEO Garrett Trout for his service and leadership as Co-Chair for the Committee.

...The Year Ahead

- ▶ IBHS programmatic implementation and rate code development for year-long transition from BHRS
- ▶ Family First Program development for October 2020 and RCPA members program enhancement process
- ▶ New PA Juvenile Justice Task Force will create recommendations to build on platform of the Juvenile Justice Systems Enhancements, including the use of congregate care and evidence-based programming
- ▶ RCPA Youth in Congregate Care Work Group aims to implement pilot based on a Standard of Care platform for children with complex medical needs in both residential and community-based settings
- ▶ Target goal to establish rates that reflect cost of care and service delivery in children's programs funded through State, County, and MCO budgets
- ▶ RCPA Children's Steering Committee welcomes CenClear CEO Mark Wendel as new Committee Co-Chair ◀





JANUARY

Thursday, January 9	12:00 pm – 1:00 pm	IPRC Special Webcast – Advancing Children’s Healthcare 2020: A Legislative Update
Tuesday, January 14	10:00 am – 2:00 pm	Children’s Steering Committee <i>Penn Grant Centre</i>
Tuesday, January 14	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee <i>Conference Call</i>
Wednesday, January 15	10:00 am – 12:30 pm	Human Resources Committee <i>Penn Grant Centre</i>
Thursday, January 16	9:00 am – 10:00 am	Government Affairs Committee <i>Conference Call</i>
Tuesday, January 21	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee <i>Conference Call</i>
Thursday, January 30	10:00 am – 12:00 pm	Employment Committee <i>Penn Grant Centre</i>
Thursday, January 30	12:15 pm – 3:00 pm	IDD Committee <i>Penn Grant Centre</i>

FEBRUARY

Thursday, February 6	12:00 pm – 1:00 pm	IPRC Webinar – Understanding Pelvic Floor Interventions for Children, Adolescents, and Young Adults
Thursday, February 6	12:00 pm – 1:00 pm	Outpatient Rehab Committee – <i>Webcast Only</i>
Tuesday, February 11	9:30 am – 12:30 pm	Drug & Alcohol Committee <i>RCPA Conference Room</i>
Tuesday, February 11	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee <i>Conference Call</i>
Tuesday, February 11	1:00 pm – 4:00 pm	Criminal Justice Committee <i>RCPA Conference Room</i>
Wednesday, February 12	9:30 am – 12:30 pm	Mental Health Committee <i>RCPA Conference Room</i>
Wednesday, February 12	1:00 pm – 4:00 pm	Children’s Committee <i>RCPA Conference Room</i>
Tuesday, February 18	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee <i>Conference Call</i>
Thursday, February 20	9:00 am – 10:00 am	Government Affairs Committee <i>Conference Call</i>
Wednesday, February 26	10:00 am – 2:00 pm	Brain Injury Committee <i>RCPA Conference Room</i>