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**GENERAL INFORMATION**

**CMS REGULATIONS**

The Centers for Medicare and Medicaid Services recently issued three Final Rules involving new Medicare payment policies beginning calendar year 2007. The following are the links to the regulations.

**2007 Physician Fee Schedule**

Starting next year, the Medicare program will pay physicians more for the time they spend talking with Medicare beneficiaries about their health care and will pay for a broader range of preventive services. The changes, which will become effective January 1, 2007, are included in the Medicare Physician Fee Schedule (MPFS) final rule released today by the Centers for Medicare & Medicaid Services (CMS). CMS projects that it will pay approximately \$61.5 billion to over 900,000 physicians and other health care professionals in 2007 as a result of the payment rates and policies adopted in this rule. This new spending figure reflects current law requirements to reduce payment by 5 percent to account for the combined growth in volume and intensity of physician services.

To view CMS-1321-FC and CMS-1317-F, go to

<http://www.cms.hhs.gov/PhysicianFeeSched/PFSFRN/itemdetail.asp?filterT>

[ype=keyword&filterValue=1321&filterByDID=0&sortByDID=4&sortOrder=ascen](http://www.cms.hhs.gov/PhysicianFeeSched/PFSFRN/itemdetail.asp?filterType=keyword&filterValue=1321&filterByDID=0&sortByDID=4&sortOrder=ascending&itemID=CMS1188377)

[ding&itemID=CMS1188377](http://www.cms.hhs.gov/PhysicianFeeSched/PFSFRN/itemdetail.asp?filterType=keyword&filterValue=1321&filterByDID=0&sortByDID=4&sortOrder=ascending&itemID=CMS1188377).

To view the entire press release, go to

<http://www.cms.hhs.gov/apps/media/press/release.asp?Counter=2044>.

**2007 Hospital Outpatient Prospective Payment System**

The link to CMS-1506-FC is available online in the "Spotlights"

section at: <http://www.cms.hhs.gov/center/hospital.asp>. Or, you can go to

<http://www.cms.hhs.gov/HospitalOutpatientPPS/HORD/itemdetail.asp?filter>

[rType=none&filterByDID=-99&sortByDID=3&sortOrder=descending&itemID=CMS1188344](#) .

To view the press release, go to

<http://www.cms.hhs.gov/apps/media/press/release.asp?Counter=2042> .

### **Payments for Oxygen and Oxygen Equipment**

Today the Centers for Medicare & Medicaid Services (CMS) announced a 3.3 percent increase in Medicare payment rates to home health agencies for calendar year 2007. The home health prospective payment system (HHPPS) annual update will bring an estimated extra \$410 million in wage adjusted payments to home health agencies next year. As part of this final rule, CMS is implementing pay-for-reporting provisions of the Deficit Reduction Act of 2005. In addition, CMS is implementing changes to Medicare payment for oxygen equipment and capped rental durable medical equipment due to the Deficit Reduction Act of 2005.

The final rule changes how Medicare will pay for oxygen and oxygen equipment, as well as capped rental items, such as wheelchairs and hospital beds, and establishes new protections for beneficiaries who require these items. Oxygen and oxygen equipment and capped rental items are paid under the Medicare Part B durable medical equipment (DME) benefit. These changes will save beneficiaries and taxpayers money, while ensuring that beneficiaries get the items and services they need.

To view the regulation (CMS-1304-F), go to

<http://www.cms.hhs.gov/HomeHealthPPS/downloads/CMS1304Fdisplay.pdf> on

the CMS website.

To view the press release, go to

<http://www.cms.hhs.gov/apps/media/press/release.asp?Counter=2040> .

For a one-stop resource on Home Health information, go to

<http://www.cms.hhs.gov/center/hha.asp> .

For a one-stop resource on DME information, go to

## MEDICARE PUBLISHES NEW HOSPITAL REQUIREMENTS

History and Physical Examinations, Authentication of Verbal Orders, Securing Medications, and Postanesthesia Evaluations Addressed

The Centers for Medicare & Medicaid Services (CMS) published a final rule revising requirements in the hospital conditions of participation (CoPs) for completion of history and physical examinations, authentication of verbal orders, securing medications, and completion of post anesthesia evaluations. The new rule addresses concerns of the health care community that the old regulations were outdated and unduly burdensome.

“We always want to make sure that Medicare beneficiaries receive the best possible health care, and one important way to do that is to provide rules and guidelines that enable providers to operate smoothly and efficiently,” said CMS Acting Administrator Leslie V. Norwalk, Esq. “We think these changes will better serve the health care industry as a whole.”

To view the entire press release, please click here:

[http://www.cms.hhs.gov/apps/media/press\\_releases.asp](http://www.cms.hhs.gov/apps/media/press_releases.asp)

**2006.08.01: Handling Medicare Part D Prescription Drug Plan Complaints**  
[Click here to view PDF](#)

Medicare Part D Prescription Drug Plan complaints (i.e., grievances) should be directed to the affected member’s Medicare drug plan. If you (i.e., a SHIP counselor or other advocate) are making a complaint on behalf of a beneficiary, first ask the beneficiary if he or she has already contacted the plan or 1-800-MEDICARE. If he or she has, the complaint is being tracked and is under review.

Note: You will not be contacted by the plan or CMS if you are making a complaint on behalf of a beneficiary unless you are the authorized representative. Only the beneficiary or his or her authorized representative will receive information on the complaint.

CMS recommends the following process if the beneficiary has not yet made a complaint, or if he or she has made a complaint and a reasonable amount of time has passed without resolution, or if the beneficiary has a dire or urgent need:

1. Contact the Medicare drug plan directly with the complaint. All specific plan complaints must be referred to the Medicare drug plan. Making initial contact through the 1-800-MEDICARE helpline or by direct contact with CMS does not expedite the complaint. The fastest way to get an issue resolved is to contact the plan.

2. The plan enters the complaint in its tracking system. Complaints are resolved as quickly as the beneficiary's health condition requires, but no later than 30 days after receiving the complaint unless extended by the plan for an additional 14 days. If the complaint relates to a refusal by the plan to grant a beneficiary's request for an expedited coverage determination or expedited redetermination and the beneficiary has not yet purchased or received the drug, the plan must respond to the complaint within 24 hours. The Medicare drug plan should be able to let you know when the beneficiary or his or her authorized representative can expect a response.
3. If follow-up is necessary, it should be conducted with the Medicare drug plan.
4. If the complaint is not resolved in a timely manner, contact 1-800-MEDICARE. The complaint will be logged in by 1-800-MEDICARE and transmitted by a development contractor the next day for upload into CMS's Complaint Tracking Module (CTM).
5. The plan will receive the complaint from CMS through CTM with specific guidelines (including timeframes) for closing the complaint.
6. If the complaint is not resolved after completing steps 1–5, follow-up with your CMS Regional Office (RO) via e-mail to the RO's Part D mailbox (see below for the RO e-mail addresses). Do not follow-up with 1-800-MEDICARE because the CSRs do not have access to the CTM and cannot provide status or resolution. If you follow-up with 1-800-MEDICARE, there will be a duplicate entry in CTM.

This file was captured and edited by MediRegs staff: 10/27/2006

[Information on Prescription Drug Benefit - MMA](#)  
[Prescription Drug Plan Information](#)  
[Tip Sheets](#)  
[2006.10.01: Medicare Part D 2007 Formulary Changes](#)  
[Click here to view PDF](#)

In 2007, Medicare is continuing to ensure that people with Medicare Prescription Drug Coverage can get the prescription drugs they need. Medicare reviews every Part D plan's formulary and any subsequent changes to that formulary. If a person with Medicare is taking a Part D drug that is not on the plan's formulary, a required transition period allows the person to get a temporary supply of the drug, while they arrange for an alternate prescription or ask for an exception.

How will Part D plan formularies change in 2007?

In 2007, people with Medicare will have greater access than ever before to the prescription drugs they need. Medicare compared the Part D plan formularies from 2006 to those being offered in 2007, and found the following results.

#### Stand-alone Prescription Drug Plans (PDPs)

- At least a 13 percent increase, on average, in the number of items (reference NDCs) on formularies (plan level, unweighted analysis)
- A slight decrease, on average, in the percentage of formulary items with quantity limit restrictions
- No change in prior authorization rates
- A small increase in the percentage of items that require step therapy

#### Medicare Advantage Prescription (MA-PD) Plans

- A greater than 10 percent increase on average, in the number of items (reference NDCs) on formularies (plan level, unweighted analysis)
- No change, on average, in the rates of prior authorization and quantity limits
- A slight increase in the rate of step therapy

Continued on back

What do the formularies show about the drugs seniors use most?

For the 2007 and 2006 formularies, Medicare compared the top 100 drugs that seniors use, in the top 10 enrollment plans in each PDP region. Medicare found that

- For the stand-alone PDPs, there is an average increase of around 8 percent in the number of these top drugs on the formularies.
- For these top drugs in these top PDP plans, there was a small decrease in the number of drugs requiring prior authorization, and an increase in the drugs requiring step therapy and quantity limits.
- For the top 10 MA-PD enrollment plans in each region (i.e., within the states included in the defined PDP regions), there is an average increase of approximately 6 percent in the number of these top drugs on the formularies.

- For the top drugs in these MA-PD plans, there are slight increases in step therapy, prior authorization, and quantity limit requirements.

### What is Utilization Management?

Utilization management includes special requirements like prior authorization, step therapy or quantity limits to better manage how prescription drugs are provided to people in the plan. Utilization management tools like these were used in 2006 Medicare Part D plan formularies and is common in commercial (private-sector) drug plans. Medicare reviews the utilization management requirements in each plan's formulary to make sure they are appropriate.

### Why is utilization management important?

These tools can protect people with Medicare and keep them safe. In 2007, prior authorization requirements were often added to drugs that may have safety concerns, especially for people with Medicare, such as amphetamine-type central nervous system stimulants. Some plans commonly added step-therapy requirements to drugs to encourage people to try proven, cost-effective drugs first. Some plans added quantity limits to some drugs with safety concerns to make sure they are used in safe, recommended doses. For example, prescription drugs used to treat some mental health conditions commonly have quantity limitations that are consistent with FDA-approved labeling. Others include drugs that could be abused or overused, such as drugs to treat severe pain.

The utilization management tools also are often necessary to bill Medicare correctly. For example, some Part D plans added prior authorization in 2007 to drugs, such as total parenteral nutrition (TPN) products, that could be covered under Medicare Part B depending on the use and/or setting.

### What transition help is available to people who are affected by formulary changes?

People with Medicare who are affected by formulary changes from 2006 to 2007 can make use of their plans' transition processes or request exceptions. Transition processes are in place for the following:

- New plan enrollees starting on January 1, 2007
- Enrollees who are newly-eligible to Medicare joining a plan anytime in 2007
- People who transfer from other Part D plans (e.g., full benefit dual eligibles) joining anytime in 2007.

Plans may also provide transition processes for current enrollees who are affected negatively by formulary changes between 2006 and 2007. In general, these processes apply to non-formulary drugs and those drugs beneficiaries have accessed through the exceptions process in 2006. Transition supplies make sure that a person enrolled in the plan can get a temporary fill of the prescription they need. Plans will also send a transition notice to the enrollee within 3 business days of filling a transition supply. This notice will include directions for finding a therapeutic equivalent drug that is on the formulary and a description of the steps to take to file a formulary exception.

CMS Pub. No. 11224-P  
October 2006

This file was captured and edited by MediRegs staff: 10/20/2006

### **Information on Prescription Drug Benefit - MMA**

#### **Prescription Drug Plan Information**

#### **Fact Sheets**

**2006.10.13: Enhancements to Plan Finder Tools on [www.medicare.gov](http://www.medicare.gov) (PDF)**

[Click here to view PDF](#)

It's now even easier for users to compare Medicare drug and health plan options. This fact sheet highlights some of the web enhancements to the **Medicare Prescription Drug Plan Finder** and **Medicare Options Compare** (formerly known as Medicare Personal Plan Finder) at [www.medicare.gov](http://www.medicare.gov) on the web.

Online enrollment is now available on **Medicare Options Compare** for all Medicare plans except Medicare Cost Plans, Programs of All-inclusive Care for the Elderly (PACE), and employer/union plans. The **Medicare Prescription Drug Plan** and **Medicare Options Compare** both have a new appearance. The data is the same but presented with a cleaner look. There is more streamlined navigation with reduced page scrolling and simplified text. Other enhancements that make these tools even better for people with Medicare and those who help them compare plans include:

#### **View and Compare Plans**

- Compare plans' out-of-pocket costs (available in Medicare Options Compare)
- Compare plans based on price and benefit structure (available in Medicare Prescription Drug Plan Finder)
- Sort plans based on Estimated Annual Cost or narrow the search based on what is important to the user (for example, monthly premium or drug coverage)

- Narrow plans by state and preference, such as drug plans with no coverage gap or with low premiums (available in the Medicare Prescription Drug Plan Finder, select “Plans in Your Area” section on the website)
- “Plans in Your Area” (available in Medicare Prescription Drug Plan Finder) enhances the landscape pages by streamlining the information and providing a cleaner display
- Start Medigap comparisons from the Home Page of Medicare Options Compare
- In the Medigap section of Medicare Options Compare, view Medigap policies that are offered to people under age 65
- Find plans in your state that match your required drug list by using the streamlined “Formulary Finder”

### **Monthly Cost Estimator**

- Available in the Medicare Prescription Drug Plan Finder
- Displays a personalized chart showing the person’s estimated costs month-by-month for the year
- Provides users with information on how to save money on their prescription drugs (select “Lower My Cost Share” section on the website)

### **Personal Information**

- Enter personal information (such as Medicare number, date of birth) to get plan results more tailored to the person’s current enrollment and the options available
- Enter current drugs and get a personalized comparison of plans and benefits
- Save prescription drug information, pharmacy information, and up to 10 plans without having to re-enter that data (available only in the Medicare Prescription Drug Plan Finder)

### **For More Information**

- Visit [www.medicare.gov](http://www.medicare.gov), and select “Frequently Asked Questions”
- Call 1-800-MEDICARE (1-800-633-4227)

- TTY users should call 1-877-486-2048

CMS Pub. No. 11216-P October 2006

This file was captured and edited by MediRegs staff: 10/13/2006

**Announcement for Substance Abuse Treatment Advisory, The Role of Biomarkers in the Treatment of Alcohol Use Disorders, Volume 5, Issue 4, September 2006.**

The Substance Abuse and Mental Health Services Administration (SAMHSA) announces the availability of Substance Abuse Treatment Advisory, The Role of Biomarkers in the Treatment of Alcohol Use Disorders, Volume 5, Issue 4, September 2006.

This Advisory presents current information on biomarkers, which are physiological measurements that can indicate alcohol exposure or consumption. The Advisory discusses the use and role of biomarkers in treatment, their limitations, and the pros and cons of each biomarker. It presents information on well-known markers, including the liver enzymes and mean corpuscular volume. Newer markers, such as carbohydrate-deficient transferrin (CDT) and phosphatidyl ethanol (PEth), are also discussed. Information on controversial markers such as ethyl glucuronide (EtG) and ethyl sulfate (EtS) is presented. When used in conjunction with patient interviews and screening tools, these measures can provide valuable information about a patient's alcohol use. NCADI Publication No. MS996

To order your FREE copy of the product, contact SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI). Ask for publication order number listed above.

Phone: 800-729-6686 or 240-221-4017  
800-487-4889 (TDD hearing impaired)  
877-767-8432 (toll free) Hablamos Español

Web: [www.ncadi.samhsa.gov](http://www.ncadi.samhsa.gov)

The Advisory is also available online at [www.kap.samhsa.gov](http://www.kap.samhsa.gov).

**OPEN DOOR FORUMS**

Physicians, Nurses and Allied Health Professionals Open Door Forum, December 12, 2006 at : 2:00 PM Eastern Standard Time (EST)

Conference Leader(s): Herb Kuhn/Tom Gustafson/George Mills/Natalie Highsmith

Open Door Participation Instructions:

Dial: 1-800-837-1935 & Reference Conference ID 7361658

Note: TTY Communications Relay Services are available for the Hearing Impaired. For TTY services dial 7-1-1 or 1-800-855-2880 and for Internet Relay services click here <http://www.consumer.att.com/relay/which/index.html> .

A Relay Communications Assistant will help.

ENCORE: 1-800-642-1687; Conf. ID# 7361658

"Encore" is a recording of this call that can be accessed by dialing 1-800-642-1687 and entering the Conf. ID., beginning 2 HOURS after the call had ended. The recording will be available for 3 business days.

For Forum Schedule updates, Listserv registration and Frequently Asked Questions please visit our website at [www.cms.hhs.gov/opendoorforums](http://www.cms.hhs.gov/opendoorforums).

**Special Open Door Forum, Preparing Pharmacist for Part D 2007**  
**Monday, December 4, 2006**  
**2:00 - 3:30PM EST**

The Centers for Medicare & Medicaid Services will be hosting a Special Pharmacy Open Door Forum on "Preparing Pharmacists for Part D in 2007" on December 4, 2006 at 2:00 PM EST. We will use this Open Door Forum to discuss questions associated with people who have changed prescription drug plans, pharmacy coordination of benefits issues, Part D references and more. Slides will be available on December 1, 2006 at <http://www.cms.hhs.gov/pharmacy> .

There are 2 ways to participate, by phone or in-person:

1. To participate by phone:

Dial: 1-800-837-1935 & Reference Conference ID: 2228370

TTY Communications Relay Services are available for the Hearing Impaired. For TTY services dial 7-1-1 or 1-800-855-2880 and for Internet Relay services click here <http://www.consumer.att.com/relay/which/index.html> . A Relay Communications Assistant will help.

2. In-person participation:

To participate in-person at the Hubert H. Humphrey Building: Your RSVP for Building Security Clearance is required. The RSVP deadline is December 1, 2006 by 2:00 PM EST. To RSVP, send your name, organization or association to

[PHARMACYODF-L@cms.hhs.gov](mailto:PHARMACYODF-L@cms.hhs.gov) .

Upon entry into the building, you will be required to show Government issued photo identification, preferably a valid driver's license, and are subject to baggage or vehicular search before entering the complex.

Please arrive no later than 1:30 PM. Persons participating by phone are not required to RSVP.

ADDRESS: Hubert H. Humphrey Bldg., 200 Independence Avenue S.W., Washington, D.C. 20201

Map & Directions: <http://www.hhs.gov/about/hhhmap.html>

ENCORE: 1-800-642-1687; Conf. ID: 2228370

Encore is a recording of this call that can be accessed by dialing 1-800-642-1687 and entering the Conference ID, beginning 2 hours after the call has ended. The recording expires after 4 business days.

For Forum schedule updates, E-Mailing List registration and Frequently Asked Questions please visit our website at <http://www.cms.hhs.gov/OpenDoorForums/> .

The CMS Skilled Nursing Facility (SNF)/Long-Term Care (LTC) Open Door Forum was held November 29, 2006.

You can list to the recast via ENCORE: 1-800-642-1687; Conf. ID# 7361530

Encore is a recording of this call that can be accessed by dialing 1-800-642-1687 and entering the Conf. ID., beginning 2 hours after the call has ended. The recording expires after 3 business days.

For Forum Schedule updates, Listserv registration and Frequently Asked Questions please visit the CMS website at [www.cms.hhs.gov/opendoorforums/](http://www.cms.hhs.gov/opendoorforums/)

### **CONTINUING EDUCATION**

Notice to Readers: Self-Study Course: Principles of Epidemiology in Public Health Practice, Third Edition

The introductory self-study course, Principles of Epidemiology in Public Health Practice, Third Edition, is now available online. The course is designed for public health professionals at the state and local level who have, or expect to have, responsibility for

outbreak investigations or public health surveillance.

The course provides an introduction to applied epidemiology and biostatistics; it consists of six lessons: Introduction to Epidemiology, Summarizing Data, Measures of Risk, Displaying Public Health Data, Public Health Surveillance, and Investigating an Outbreak. Continuing education credits are offered to physicians, nurses, veterinarians, pharmacists, certified public health educators, and other professionals.

The self-study course (SS1000) is available at no charge at <http://www2a.cdc.gov/phtnonline>. A printed copy of the course can be ordered from the Public Health Foundation at <http://bookstore.phf.org>, or at telephone, 877-252-1200 (United States) or 301-645-7773 (international).

Morbidity and Mortality Weekly Report  
Centers for Disease Control and Prevention  
1600 Clifton Rd, MailStop K-95,

Atlanta, GA 30333, U.S.A

### **INK TO FREE CME**

[http://jhasim.com/monograph\\_optin.cfm?CFID=806793&CFTOKEN=48319064](http://jhasim.com/monograph_optin.cfm?CFID=806793&CFTOKEN=48319064)

There are several sources which print CE Certificates immediately upon completion, and track your hours for you. It should be possible to make up many required (including pharmacology hours) this way. These sites include:

<http://www.cecentral.com/>

[www.medscape.com](http://www.medscape.com)

Also, Prescriber's Letter and NEJM online. Both offer scads of CE that you can complete as soon as you read an article, and both track and print out certificates. Medscape has ANCC certified hours specific to advanced nursing.

### **VOLUNTEERS NEEDED**

National Registry of Certified Medical Examiners  
Federal Motor Carrier Safety Administration

Participants are needed for the National Registry of Certified Medical Examiners (NRCME) survey. We have received approval from the Office of Management and Budget to distribute the survey. We will be mailing the survey to volunteers in December, 2006. If you currently perform DOT physical examinations as part of your practice and are interested in participating, please go out on the website at : [http://www.nrcme.fmcsa.dot.gov/survey\\_request.aspx](http://www.nrcme.fmcsa.dot.gov/survey_request.aspx?URL=http://www.nrcme.fmcsa.dot.gov/survey_request.aspx)<about:blank/exchweb/bin/redir.asp?URL=http://www.nrcme.fmcsa.dot.gov/survey\_request.aspx>.

The deadline for volunteering is December 5, 2006.

For more information on the NRCME program and the survey, visit the NRCME Web site:

[www.nrcme.fmcsa.dot.gov](http://www.nrcme.fmcsa.dot.gov)<about:blank/exchweb/bin/redir.asp?URL=http://www.nrcme.fmcsa.dot.gov/>

or send an email to [contactnrcme@dot.gov](mailto:contactnrcme@dot.gov)<mailto:contactnrcme@dot.gov>.

### **JOB ANNOUNCEMENTS**

To: PHSNURSING-L@LIST.NIH.GOV

Sent: Sat, 4 Nov 2006 10:50 AM

Subject: Recruiting for Preventive Medicine Branch RDF 3

Nurses:

Greetings! I am the Preventive Medicine Branch Director for RDF 3 (Tier 1), based in Atlanta, GA. Our branch is quite diverse and contains epidemiologists, disaster engineers, environmental health officers, food safety officers and vets. We are currently recruiting for a nurse who has INFECTION CONTROL and epidemiology experience. We need someone who would assume the primary role of monitoring infection control in the Federal Medical Station (approximately 250 mobile bed hospital) that RDF 3 will use when we are deployed.

Please do not hesitate to contact me if you have questions. We do not have any geographical limitations for team members but we ask that you live within a close radius of a major airport (probably one-two hours driving distance maximum). As a Tier 1 member, you will be expected to deploy within 12 hours of notification. Our months of deployment for 2007 will be Jan, June and November.

Please send me your contact details and a recent CV if you are interested. My contacts are listed below.

Thank you for your attention to this.

CAPT Holly Williams

**Dr. Holly Ann Williams**

**CAPT, US Public Health Service**

**International Emergency and Refugee Health Branch**

**Centers for Disease Control and Prevention**

**Mail Stop E 97**

**1825 Century Blvd**

**Atlanta, GA 30345**

**tele: 001-404-498-0467**

**fax: 001-404-498-0064**

**email: [HAWilliams@cdc.gov](mailto:HAWilliams@cdc.gov) or [hbw2@cdc.gov](mailto:hbw2@cdc.gov)**

SAMHSA seeks a Commissioned Officer for detail to the State of Pennsylvania to address the critical problem of youth and substance abuse. The Officer will serve as the Pennsylvania Adolescent Services Coordinator charged with establishing a coordinating mechanism to integrate the State Agency's efforts surrounding the delivery of services to adolescents. The Adolescent Services Coordinator will have direct influence on the development of the State Plan for the control, prevention, intervention, treatment, rehabilitation, research, education, and training aspects of substance abuse and dependence problems for adolescents in the Commonwealth. Moreover, the Adolescent Services Coordinator would facilitate linkages between the State Plan and the planning and policy development actions of state agencies that impact on adolescent services through their policies, regulations and funding. For example, crossing agency lines to promote uniform access to care standards for treatment services supported under Medicaid, the CHIP program, and private insurance plans regulated through the Insurance Department. Likewise, the Adolescent Services Coordinator would be able to direct adolescent credentialing standards for certified substance abuse counselors, while influencing comparable standards for mental health counselors through the Department of Public Welfare and juvenile probation officers through the influence of the Juvenile Court Judges' Commission.

The Officer who will be assigned the position of Adolescent Services Coordinator must demonstrate broad professional experience with behavior health treatment systems, as well as education and professional experience with child and adolescent development. In addition, the individual must demonstrate a proven record of success in Federal, State or local government operations at a senior management level. Applicant can be current ACDU Officer or applicant to the Commissioned Corps.

Send resumes to [Carol.Rest-Mincberg@samhsa.hhs.gov](mailto:Carol.Rest-Mincberg@samhsa.hhs.gov)