| Performance Area | Definition of Standard | Measures for All Providers | Measures for Preferred Providers | Notes |
|---|---|---|---|---|
| **Continuum of Services** | Provide (two of three) services in residential continuum (residential habilitation and either lifesharing or supported living; lifesharing and either residential habilitation or supported living; supported living and lifesharing or residential habilitation) | N/A. | Provide two of the three services during the review period | Two paths to preferred status, (1) continuum with other performance standards and (2) meeting clinically enhanced standards<br><br>Consider revising naming on tiers to reflect |
| **Workforce**[1] | **Direct Support Professionals (DSPs):** demonstrated percentage of DSPs credentialed in a nationally recognized (and state-approved) credentialing program<br><br>**Front-Line Supervisors (FLSs):** demonstrated percentage of FLSs credentialed in a nationally recognized (and state-approved) credentialing program | 1. Provide current supervisory management training to support skill application of FLSs and DSPs.<br>2. Plan including timeframes and milestones for implementing a FLS credentialing program. | 1. Percentage of DSPs and FLSs who are credentialed and/or enrolled in credentialing program and maintain credentials | Accepted credentials include:<br>**FLS**<br>• National Alliance for Direct Support Professionals (NADSPs) FLS E-Badge<br>**DSP**<br>• NADSP E-Badge<br>• NADD<br>• Certified Nursing Assistant (CNA)<br>• Licensed Practical Nurse/Registered Nurse (LPN/RN) |

[1] This standard does NOT apply to lifesharing

Additional notes:

- Additional credentialed positions have been added
- Turnover applies to FLSs and DSPs and is all turnover, not only voluntary
- Vacant positions will NOT be tracked
- How to operationalize the portability and relief from annual training requirements for credentials will be considered in the future (separate workgroup)
- Consideration if this standard puts undue hardship on small providers — CDS (percentage of cost by employee) does support small providers
- FLS definition will mirror NCI
- Outliers such as complex individuals, geography, etc. will be included after establishing baselines
- Potential for reporting staff retention in the future

| Performance Area | Definition of Standard | Measures for All Providers | Measures for Preferred Providers | Notes |
|---|---|---|---|---|
| | | | | • Registered Behavior Technician/Board-Certified Behavior Analyst/Board-Certified Assistant Behavior Analyst (RBT/BCBA/BCABA)<br>• Certified Therapeutic Recreational Specialist (CTRS) |
| | Demonstrated workforce stability strategy to reduce and manage turnover and vacancy rates of FLSs and DSPs | 1. Reporting of FLS and DSP voluntary and involuntary turnover rate — NCI definitions.<br>2. Percentage of contracted staff in DSP and FLS positions. | 1. Allow release of provider NCI data to the Office of Developmental Programs (ODP) | |
| **Supporting Individuals with Complex Needs**[2] | Clinical: residential program has a demonstrated percentage (employed or contracted) of licensed clinical staff and/or staff credentialed in a nationally recognized (and state-approved) credentialing to meet the needs of individuals served in the program | No additional standards from current regulation and 1915(c). | 1. Reporting measure: provide current ratio of licensed/credentialled full-time equivalents to number of people served for behavioral and/or medical skilled team (adjusted for acuity)<br>2. Meet minimum ratio of clinical staff to people with complex needs reported/acuity adjusted | Accepted Credentials Include:<br>**Mental Health/Behavioral Health (MH/BH)**<br>• Licensed psychiatrists<br>• Licensed psychologists<br>• BCaBAs<br>• BCBAs<br>• Board-Certified Behavior Analysts-Doctoral (BCBAs-D)<br>• Licensed Behavioral Analysts OR Specialists |

[2]
- Percentage is related to number of people providers are supporting on an agency-wide basis and adjusted for acuity
- Person-centered care will be measured by outcomes, not staffing ratios
- ODP will determine a minimum staffing ratio to account for variation of individual need once baseline survey data is obtained
- ODP has included Certified Peer Specialists-tied to community connections/providers
- Dr. Cherpes is leading a work group on Health Risk Screening Tool (HRST) and Life History — underway

| Performance Area | Definition of Standard | Measures for All Providers | Measures for Preferred Providers | Notes |
|---|---|---|---|---|
| | | | 3. Attestation that the provider meets medically complex standards in 1915c (not required for providers but a source of evidence for clinical capacity)<br>4. Demonstrate the use of a professionally recognized ODP approved comprehensive assessment and implement follow through — demonstrate responsiveness for corrective action reporting and high-risk responses<br>5. Healthcare Effectiveness Data and Information Set (HEDIS) measures 7-day and 30-day discharge follow-up<br>6. Track and use data from HRST — interruption in daily activity because of illness — "clinical status" to improve health outcomes<br>7. For Children with Medically Complex Conditions — use of targeted resources — resources hubs, HCQUs, home care, support systems for families, use of family facilitator | • Licensed Behavioral Specialists<br>• Behavior Consultant (current 1915c requirements)<br>• NADD-DDS<br>• Nationally Certified Counselor<br>• Certified Peer Specialists<br>• Licensed Social Workers<br>• RBT<br>• Licensed Clinical Social Worker<br>• Licensed Professional Counselor<br>**Medical**<br>• M.D., D.O<br>• PT, OT, SLP, Recreational Therapist, Art, Music, Equine therapy<br>• RN, LPN<br>• CNA<br>• Respiratory Therapist<br>• Any other type of licensed therapist (for specialty needs)<br>• Certified Registered Nurse Practitioner<br>• Physician Assistant<br>• Nutritionist/Registered Dietician<br><br>#1–2: will need to get baseline data prior to implementation and set achievable benchmarks in timeframe |

| Performance Area | Definition of Standard | Measures for All Providers | Measures for Preferred Providers | Notes |
|---|---|---|---|---|
| | | | | #4: will need to establish measurement and sampling procedure |
| | Demonstrated ability to support individuals to access necessary physical health and BH treatments | Report current description of professional relationships to support individuals (i.e., relationship with a local BH provider, certified peer specialists, and/or primary care health/medical provider that has training/experience in autism or developmental disabilities). | | Reporting measure to help build baseline data/expectations and improve targeting of capacity building efforts |
| **Referral and Discharge Practices**[3] | Service initiation occurs in an average of 90 days or less post-referral acceptance (Community Homes only) for Needs Groups 3, 4, or 5 | No additional standards from current regulation and 1915(c).<br><br>Discharge practices are covered by Chapter 6100 as a baseline. | Report current average days for service initiation in Community Homes<br><br>Demonstrate timeliness of response to referral<br><br>Track and report<br>• Referrals received and accepted<br>• Time to service after post-referral acceptance | |

3

- The 90 days *average* is intended to cover both tiers
  - This is currently proposed largely as a reporting measure
  - Consider using attestation language for Department review of outliers/exceptions
- These are conceptualized as standards for the tiers that would receive enhanced rates
- Tracking, reporting, and attestation
  - ECM will be a significant assist on referral tracking

| Performance Area | Definition of Standard | Measures for All Providers | Measures for Preferred Providers | Notes |
|---|---|---|---|---|
| | | | • Referrals denied, reason (age, gender, clinical needs, location/geography, vacancy status workforce)<br>• Use procedural review/attestation | |
| **Integration of Behavioral Support**[4] | Demonstrate employed or contracted licensed clinicians, behavioral support professionals, and training and support routinely provided in homes to individuals and teams | No additional standards from current regulation and 1915(c). | 1. Demonstrate percentage of time with behavioral support staff across all settings interfacing with family, DSPs, FLSs, and individuals | Will need to get baseline data prior to implementation and set achievable benchmarks in timeframe |
| | Demonstrate use of data to improve individual outcomes | No additional standards from current regulation and 1915(c). | Demonstrate use of data to improve individual outcomes (review to include: law enforcement, restrictive procedures, inpatient, restraint, abuse/neglect, polypharmacy, data from DSPs, data from individuals)<br><br>Demonstrate XX% of people with restrictive procedures have been evaluated (or are in current treatment) within the past year by MH professional | Majority of individuals who require the use of restrictive procedures have the potential for MH involvement. Another factor is the consideration of what the potential impact of the restrictive procedure is on an individual. That is to say, could there be a traumatizing or anxiety producing component of having a restrictive procedure implemented? |



4

- Percentage of time is an average across the residential population
  - This can also be adjusted for acuity of the provider's residential population
- Baseline data will need to be adjusted for acuity
- Individual's need for interaction with team in person-centered way will be measured with outcome-based performance measures
- Consider a best practice guide parallel to behavioral supports consultation document for de-escalation approaches

| Performance Area | Definition of Standard | Measures for All Providers | Measures for Preferred Providers | Notes |
|---|---|---|---|---|
| | Demonstrated capacity to anticipate and de-escalate crisis, when possible, and, when not, to respond swiftly and effectively | Description of type of staff training for de-escalation and how provider anticipates a crisis for each resident. | 1. Use and documentation of trauma informed training/activities | |
| **Data Management — Collection** — use of in quality management (QM) activities, timely reporting of data to ODP and Administrative Entity (AE)/Administrative Vendor | Demonstrated production of data reports (including ad hoc) through adopted technology platform | Submit test case file in format required/requested by ODP. | Provide sample of operations and/or quality report used for internal monitoring and implementation of QM initiatives (written description of use and analysis of data such as, incidents, medication errors, health risks, restrictive procedures, staff retention, effectiveness of behavioral support, Information Sharing and Advisory Committee recommendation strategies, billing accuracy — must be from one or more of these categories | |
| **Data Management** — use of electronic health records (EHRs)[5] | Demonstrated data capability and/or contract or provider agreement | N/A. | Report the EHR in use and what functions of the software are utilized (i.e., medication records, physician notes, ICP, etc.) and demonstrated use of EHR | Prefer to avoid state mandated EHR<br><br>Need to collect baseline data of provider ownership and use of EHR |

[5] Data collection for EHR requested for preferred providers to get baseline information

| Performance Area | Definition of Standard | Measures for All Providers | Measures for Preferred Providers | Notes |
|---|---|---|---|---|
| **Risk Management** — incident reporting fidelity[6] | Demonstrated fidelity to incident management procedures as outlined in ODP policy | No additional standards from current regulation and 1915(c). | Maximum number of abuse/neglect incidents not reported may not exceed X% of overall abuse/neglect incidents by provider<br><br>Timely closure of incidents demonstrated by XX% of incidents not requiring extensions<br><br>XX% of incidents with extensions<br><br>XX% approval rate (AE or ODP) at final section | Will need to get baseline data prior to implementation and set achievable benchmarks in timeframe<br><br>Data source is incident reporting fidelity claims which is Medicaid claims and incident management |
| **Risk Management** — health risk screening fidelity | Demonstrated capacity to properly and timely assess members | Current HRSTs in place for all members. Timely re-assessments. | 1. HEDIS measure fidelity such as medical appointments<br>2. Demonstrate use of data and recommendations to improve individual health/outcomes | AAP – Adults' Access to Preventative/Ambulatory Care |
| **Employment** — rate of competitive integrated employment (CIE)[7] for working age participants, adjusted for acuity | Demonstrated person-centered CIE achievement as defined in the participant's Individual Service Plan | Demonstrate tracking of CIE and percentage of working age people with CIE.<br><br>Plan for improvement of CIE. | XX% of individuals receiving supported employment services and XX% CIE for working age participants adjusted for acuity | Will need to get baseline data prior to implementation and set achievable benchmarks in timeframe<br><br>Data Source — SC monitoring tool |

[6] Data source is incident reporting fidelity claims which is Medicaid claims and incident management

[7] Data Source is the SC monitoring tool

| Performance Area | Definition of Standard | Measures for All Providers | Measures for Preferred Providers | Notes |
|---|---|---|---|---|
| **Use of Remote Support Technology** | Demonstrated use of remote support technology to improve health and create additional opportunities for individuals | Reporting Measure:<br>1. Types of remote support technology in use.<br>2. Percentage of members using support technology.<br>3. Estimated direct care hours that are being redirected with use of technology.<br>4. How are you using these savings to invest in your organization resulting in improvements to workforce, service delivery, etc.?<br>5. How are you managing remote support and assistance for the technology?<br>6. How many Assistive Technology Professional certificates from Rehabilitation Engineering and Assistive Technology Society of North America or Enabling Technology Integration Specialist (SHIFT) certifications. | Same as *All Providers* | Foundational data collection |
| **Regulatory Compliance** | Revocation and provisional licensure (Chapter 55 Pa. Code 6400 and 6500); program rule enforcement activity and sanctions (Chapter 55 Pa. Code 6100) | Providers within revocation and/or provisional license are categorized as Tier D and monitored per current licensing requirements. | | |

| Performance Area | Definition of Standard | Measures for All Providers | Measures for Preferred Providers | Notes |
|---|---|---|---|---|
| **Community Integration**[8] | Demonstrate that individuals are engaged in meaningful activities outside of their home based on their strengths, interests, and preferences | Quality Measure Set NCI<br><br>NCI-IDD CI-1: Social Connectedness (The proportion of people who report that they do not feel lonely).<br><br>NCI-IDD PCP-5: Satisfaction with Community Inclusion Scale (The proportion of people who report satisfaction with the level of participation in community inclusion activities). | Same as *All Providers* | . |

[8] Please review this NEW Performance Area — in addition, the proposed Standard and Measures associated