

Selective Contracting

Residential and Supports Coordination Services in the Intellectual Disabilities/Autism Waivers

TPA

July 28, 2023

Selective Contracting

- Selective Contracting Concept Paper public comment period ended 7/10/2023
- Residential Strategic Thinking Group (RSTG) meetings scheduled through September
- Surveys: ODP will be publishing a survey to assist in developing performance measures and baselines
- Proposed Waiver and Waiver Amendments for Public Comment: ODP will publish the 1915(b)(4) application and any accompanying 1915(c) amendments for public comment prior to submitting to CMS

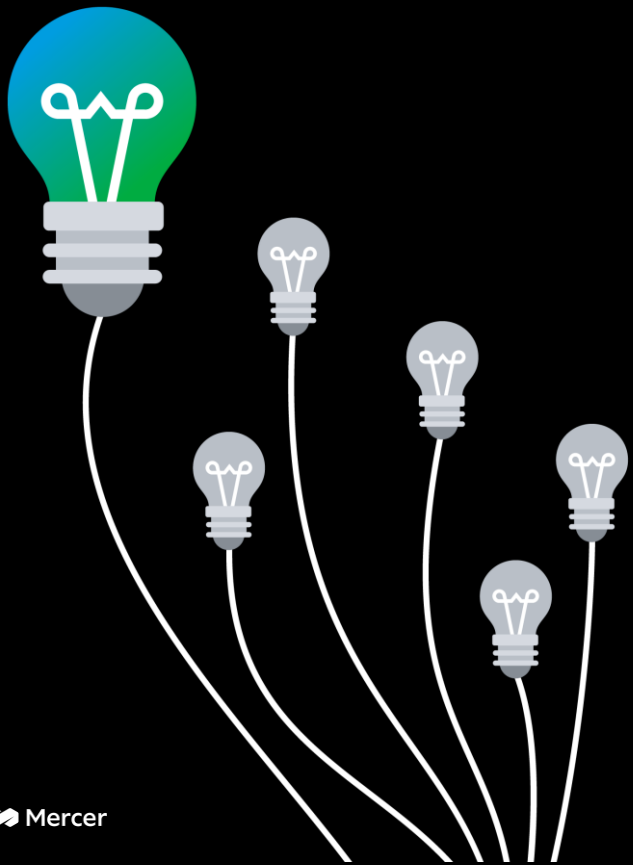
Public Comment: Key Themes

- Finance (48 mentions)
 - Payment design consideration for investments needs for VBP/cash flow
- Workforce (21 mentions)
 - Preferred organizations and benchmarks for credentialing
- Timing of Implementation (20 mentions)
 - Opportunity for public comment
 - Pilot program/slow down
 - SCO before residential

Public Comment: Key Themes (cont.)

- Quality (55 mentions)
 - Agency or recognized credential for SC
 - Turnover of contracted DSPs
 - What is definition of quality
- Impacts on Participants (27 mentions)
 - What if individual's provider is not preferred – individuals need to have a contracted provider, not preferred
- Access (Analysis Underway)
- Residential and SCO Criteria (Analysis Underway)

RSTG Workgroup Objectives

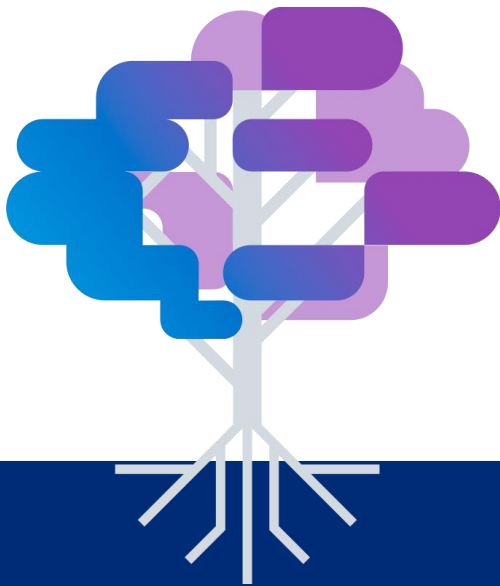


Draft recommendations for:

- **Performance Standards to Inform Residential Provider Tiers**
- **Specific Performance Metrics for Residential Services**
- **Proposed Performance Areas for Application of Pay-for-Performance (P4P) for Residential Services**

Decision Making Principles

- **EDL #13 — Evaluate Future Innovations Based On Everyday Lives Principles**
- **Healthy Service Delivery Means Continuum of Small-Large Providers**
- **Embed Workforce Support Strategies**

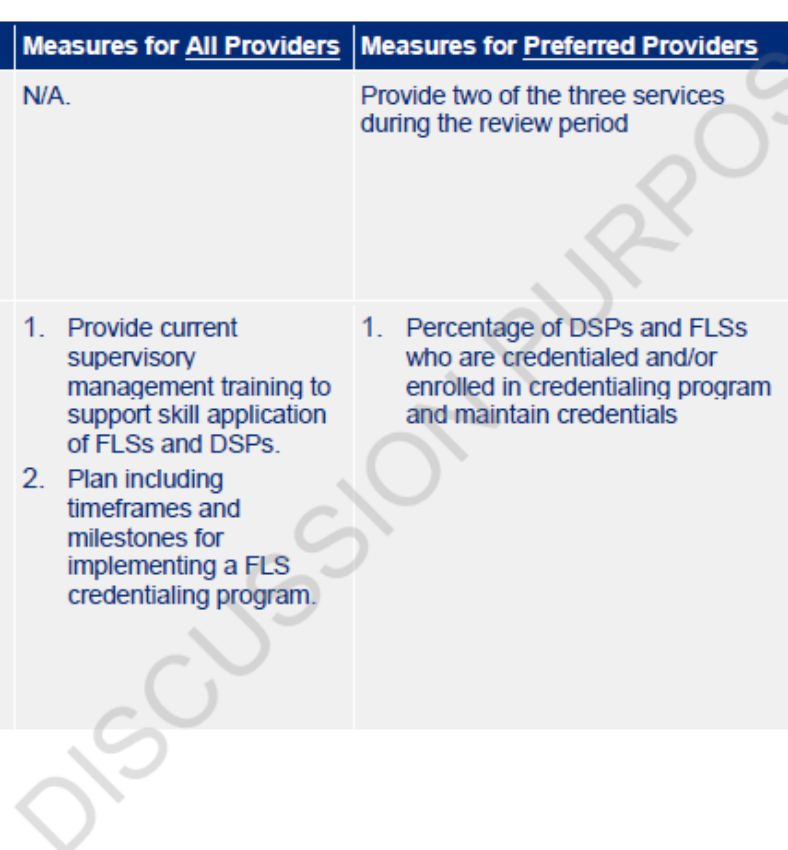


Long-term objectives:

- System sustainability (professional skilled workforce, LifeCourse, eliminate waiting list)
- Value Based Payment structure, aligning payment to outcomes, integrated/coordinated services, laying foundation now
- Lift quality of all providers — develop a structure to do that through clear QI metrics and financial tools to support (clear understanding of starting place post pandemic)



Performance Area	Definition of Standard	Measures for <u>All Providers</u>	Measures for <u>Preferred Providers</u>	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 Consider revising naming on tiers to reflect
Workforce¹	<p>Direct Support Professionals (DSPs): demonstrated percentage of DSPs credentialed in a nationally recognized (and state-approved) credentialing program</p> <p>Front-Line Supervisors (FLSs): demonstrated percentage of FLSs credentialed in a nationally recognized (and state-approved) credentialing program</p>	<ol style="list-style-type: none"> 1. Provide current supervisory management training to support skill application of FLSs and DSPs. 2. Plan including timeframes and milestones for implementing a FLS credentialing program. 	<ol style="list-style-type: none"> 1. Percentage of DSPs and FLSs who are credentialed and/or enrolled in credentialing program and maintain credentials 	<p>Accepted credentials include:</p> <p>FLS</p> <ul style="list-style-type: none"> • National Alliance for Direct Support Professionals (NADSPs) FLS E-Badge <p>DSP</p> <ul style="list-style-type: none"> • NADSP E-Badge • NADD • Certified Nursing Assistant (CNA) • Licensed Practical Nurse/Registered Nurse (LPN/RN)



¹ This standard does NOT apply to lifesharing



Performance Area	Definition of Standard	Measures for <u>All Providers</u>	Measures for <u>Preferred Providers</u>	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 Need to collect baseline data of provider ownership and use of EHR