ODP RESIDENTIAL PROVIDER SURVEY

Providers rendering residential services (residential habilitation, lifesharing, and/or supported living) funded through ODP are required to complete this survey <u>no later than November 9, 2023</u>.

The survey was designed to support collection of data to inform ODP's implementation of selective contracting. Data collected will be used to inform development of pay for performance models and establishment of baseline data for new residential services performance measures. At this time implementation of selective contracting for ODP residential services is slated for January 1, 2025.

The time to complete the survey will vary considerably depending on your agency size and your agency's data collection and tracking systems. ODP recommends that the person completing the survey thoroughly reviews the PDF version of the survey and then makes a plan for completion. The survey does require information from multiple data sources and may require involving multiple people or departments within your agency. **Note that you can exit an incomplete survey and you will receive a link via email to continue at a later time.** For questions about this Residential Survey, please email ra-pwodp_outreach@pa.gov and include 'Residential Survey Question' in the Subject line.

A separate survey must be completed for each MPI under which an agency renders residential services.

Thank you very much for your time and support. **Please begin the survey now by clicking on the START button below.**

* Provider Name

_____

* To begin, please provide your agency's Master Provider Index (MPI) by selecting one of the following.

For the next question, you will select the MPI from a dropdown list.

○ My agency's MPI starts with 001-102

○ My agency's MPI starts with 103-104

* My agency's MPI begins with 001-102. Please select from this dropdown list.

| Search keyword ⌄ |

* My agency's MPI begins with 103-104. Please select from this dropdown list.

| Search keyword ⌄ |

Contact Information for Person Completing Form

* First Name
_____

* Last Name
_____

* Email Address
_____

* How many individuals are served in your ID/A residential program(s) (licensed and unlicensed residential habilitation, licensed and unlicensed lifesharing, and supported living) as of 6/30/23?

* How many Full-Time Equivalent (FTE, employed and contracted) staff serve individuals in your ID/A residential programs as of 6/30/23? This should include all staff: direct care, admin, etc.

HELPFUL TIPS for CALCULATING FTE:
FTE equals the sum of the total hours worked per week divided by 40.
An employee working 30 hours/week equals 0.75 FTE (=30 hrs/40 FT hrs).
An agency with 35 FT employees and 10 part-time employees should add their total hours worked per week and divide by 45.

Employed & Contracted Staff / Full-Time Equivalents (FTEs)
This section of the survey collects the number of staff, by employment status and category, <u>as of 6/30/23</u>.
Include only staff who work in your agency's PA ID/A residential program(s) and their time associated with those program(s).
ALL FIELDS MUST HAVE DATA ENTERED. ENTER "0" IF THE QUESTION OR CATEGORY DOESN'T APPLY TO ALLOW YOU TO MOVE ON TO THE NEXT QUESTION.

Questions About ID/A Residential Program Staff:
Direct Support Professionals (DSPs) & Frontline Supervisors (FLSs)

* Q1. Provide the total number and percentage of FTE Direct Support Professionals (DSPs) for your ID/A residential programs(s), by their <u>highest level of education</u>.

	# Employed	# Contracted

DSPs with a High School diploma or equivalent		
DSPs with an Associate's degree		
DSPs with a Bachelor's degree		
DSPs with a Master's degree/PHD		
Unknown educational status (our agency doesn't collect this information)		
Total FTE DSPs (add all rows and enter total here)		

* Q2. Provide the total number and percentage of FTE Frontline Supervisor(s) (FLSs) for your ID/A residential programs(s).

(i.e. first line of management in human service organizations who supervise DSPs working with adults with IDD and often engage in direct support as part of their duties)

	# Employed	# Contracted
Frontline Supervisors		

* Q3. Provide the total number of DSPs and FLSs for your ID/A residential program who <u>voluntarily or involuntarily separated</u> during the period of 7/1/22-6/30/23.

	# Separated
Voluntarily separated DSPs	
Involuntarily separated DSPs	
Voluntarily separated FLSs	
Involuntarily separated FLSs	

Questions About ID/A Residential Program Staff:
Other Staff Categories

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QuestionPro

Q4. Provide the total number of FTE non-clinical managers/specialists.

Enter "Employed" in the 1st column and "Contracted" in the 2nd column.

	# Employed	# Contracted
Program Specialists		
Residential Managers, Staff Trainers, Quality Managers and/or other managerial positions		
TOTAL FTE non-clinical managers/specialists		

* Q5. Provide the total number of FTE medical personnel.

Enter "Employed" in the 1st column and "Contracted" in the 2nd column.

	# Employed	# Contracted
Doctors of Medicine (MDs)		
Doctors of Osteopathic Medicine (DOs)		
Registered Nurses (RNs)		
Licensed Practical Nurses (LPNs)		
Certified Nursing Assistants (CNAs)		
Certified Registered Nurse Practitioners		
Physician Assistants		
Nutritionists/Registered Dieticians		
TOTAL FTE medical personnel		

* Q6. Provide the total number of licensed FTE mental/behavioral health personnel.

Enter "Employed" in the 1st column and "Contracted" in the 2nd column.

	# Employed	# Contracted
Licensed Psychiatrists		

	# Employed	# Contracted
Licensed Psychologists		
Licensed Behavioral Specialists		
Licensed Social Workers (LCSWs)		
Licensed Professional Counselors		
TOTAL FTE licensed mental/behavioral health personnel		

* Q6a. Provide the total number of <u>other</u> FTE mental/behavioral health personnel.

Enter "Employed" in the 1st column and "Contracted" in the 2nd column.

	# Employed	# Contracted
Board-Certified Behavior Analysts (BCBAs) / Board-Certified Assistant Behavior Analysts (BCaBAs)		
Behavioral Specialists		
NADD Dual Diagnosis Specialists (NADD-DDSs)		
Nationally Certified Counselors		
Registered Behavioral Technicians		
Certified Peer Specialists		
TOTAL FTE other mental/behavioral health personnel		

* Q7. Provide the total number of FTE other specialists.

Enter "Employed" in the 1st column and "Contracted" in the 2nd column.

	# Employed	# Contracted
Physical Therapists (PTs)		
Occupational Therapists (OTs)		
Speech Language Pathologists (SLPs)		

Recreational Therapists		
Art Therapists		
Music Therapists		
Equine Therapists		
TOTAL FTE other specialists		

Questions About ID/A Residential Program Services:
Mental/Behavioral Health

* Q8. Did any of the individuals served in your residential program have restrictive procedures in place as of 6/30/23?

○ Yes

○ No

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* Q8a. How many individuals served in your residential program had restrictive procedures in place as of 6/30/23?

A restrictive procedure is a practice that limits an individual's movement, activity or function; interferes with an individual's ability to acquire positive reinforcement; results in loss of objects or activities that an individual values; or requires an individual to engage in behavior the individual would not engage in given freedom of choice.

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* Q8b. How many individuals served in your residential program who had restrictive procedures in place have been evaluated (or are actively in treatment) within the past year by a licensed mental/behavioral health professional?

*Q9. Please name the formal assessments you use to support people with behavioral support needs in your ID/A residential program and the owner/developer of the instrument.

	Instrument/Assessment Name	Owner/Developer
Assessment 1		
Assessment 2		
Assessment 3		

Q9a. Does your agency use more formal assessments than listed above in Q9?

○ Yes (if selected, another box will appear to list the additional assessments)

○ No

*Q9b. Please name the formal assessments you use to support people with behavioral support needs in your ID/A residential program and the owner/developer of the instrument.

	Instrument/Assessment Name	Owner/Developer
Assessment 4		
Assessment 5		
Assessment 6		
Assessment 7		
Assessment 8		

*Q10. Does your agency provide mental/behavioral health services under contract with a BH-MCO(s)?

○ Yes

QuestionPro

○ No

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*Q11. Does your agency render mental/behavioral health services to individuals in your ID/A residential program under your BH-MCO contract?

○ Yes

○ No

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*Q11a. Which mental/behavioral health services do you provide to individuals in your ID/A residential program under your BH-MCO contract?
Select all that apply.

☐ Psychiatric Evaluation

☐ Psychological Testing or Evaluation

☐ Therapy

☐ Medication Management

☐ Other

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*Q12. Select all applicable services below for which you provide mental/behavioral health services to individuals in your ID/A residential program, without billing that discrete service to another party.
(Examples of other parties: BH-MCO, private insurance, Medicaid Fee For Service, County Base Funds, Medicare)
Select all applicable services below that you provide without billing another party.

☐ Psychiatric Evaluation

☐ Psychological Testing or Evaluation

☐ Therapy

☐ Medication Management

☐ Other

☐ NA

* Q13. How many hours of behavioral supports face-to-face time (i.e., virtual or in-person with the participant or members of their team) were rendered by behavioral specialists that meet the qualifications outlined in the ID/A waivers (contracted or employed) as part of your ID/A residential program between 7/1/22 and 6/30/23?

* Q13a. Please indicate whether this number of hours is an actual count or approximation.
Select one.

○ Actual count from time sheets, invoices or other service documentation

○ Approximation

○ N/A

* Q13b. Please describe how you arrived at the approximate number of hours.

Questions About DSP & FLS Credentialing

* Q14. What is the status of your agency with DSP and/or FLS credentialing?
Select one.

○ No credentialing program in place, no plan for adopting a credentialing program

○ In assessment and planning phase for selecting and adopting a credentialing program

○ Selected a credentialing program and in planning phase for implementing

○ Agency currently implementing a credentialing program

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*Q14a. Please select the DSP and FLS Credentialing program(s) now in planning phase or implemented.

NADSP = National Alliance for Direct Support Professionals

NADD = National Association for the Dually Diagnosed

☐ NADSP DSP E-Badge

☐ NADSP Front Line Supervisor E-Badge

☐ NADD DSP Certification

☐ Other

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*Q14b. By type of credential, how many DSPs and FLSs <u>were credentialed</u> (as of 6/30/23) and <u>are expected to be credentialed</u> (by 6/30/24)?

Enter "0" as applicable.

	# of DSPs and/or FLSs Credentialed <u>as of 6/30/23</u>	# of DSPs and/or FLSs Expected to be Credentialed <u>by 6/30/24</u>
DSP: NADSP DSP E-Badge		
DSP: NADD DSP Certification		
FLS: NADSP FLS E-Badge		

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*Q14c. <u>On average, how much did your agency spend</u> and <u>how many hours were reimbursed</u> for DSP and FLS credentialing, <u>PER STAFF MEMBER</u>, between 7/1/22 and 6/30/23?

Enter "0" as applicable.

	Training Costs (avg $ amt)	Bonuses (avg $ amt)	Wage Increases (avg $ amt)	Reimbursed Hours (avg # amt)
DSP: NADSP DSP E-Badge				

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DSP: NADD DSP Certification				
FLS: NADSP FLS E-Badge				

Question About Required Training

* 15. According to Chapter 6100.143, agencies are required to complete 24 hours of training related to job skills and knowledge each year. ODP is including DSP and FLS credentialing in the proposed selective contracting plan. To better account for the time agencies reimburse for training and credentialing, please answer the following question.

On average, how many hours were reimbursed for training that was NOT related to credentialing, PER STAFF MEMBER, between 7/1/22 and 6/30/23?

Questions About Staffing

* Q16. Please provide the number of currently employed staff in the indicated roles, who have completed the course related to staffing in residential programs entitled, "Residential ISP Staffing: It's About the Person, Not the Numbers."

URL for this training: https://www.myodp.org/course/view.php?id=2029

	# Employed
Executive Leadership	
Training Managers	
Quality/Compliance Managers	
Program Managers	
Frontline Supervisors	
DSPs	

QuestionPro

Program Specialists	
Other (enter titles in the next question)	
Total number of staff who have completed "Residential ISP Staffing" course	

* 16a. If you entered a number other than 0 in the "Other" category for Q16, please describe the other role(s). Otherwise, enter NA.

* 17. What is your status of implementing ODP's approach to staffing in your agency's residential homes?

○ No change in agency practice based on guidance published in 2018 ODP Communication Memo 026-19 Clarifications on Residential Service Staffing Ratios and Supplemental Habilitation in Residential Habilitation Services

○ Planning for implementation but not currently using

○ Have begun implementing systematic approach for changing practice across the residential program(s). Implementing could include revised scheduling process and practices for deploying staff, changed expectations/process for team meeting preparation and participation

* 17a. You answered "No change in agency practice..." for question 12. Please select one of the answers below.

○ The agency does not intend to adopt these new practices

○ We have not made a determination at this point

* 17b. You answered "Have begun implementing..." for question 12. Please select one of the answers below.

○ 100 % completion

○ Approximately 75% completion

○ Approximately 50% completion

○ <25% completion

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* 18. Does your agency use any crisis prevention and de-escalation training program(s)?

○ Yes

○ No

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* 18a. If "Yes" to Q18, what crisis prevention and de-escalation training program(s) do you use?

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* Q18b. What percentage of your residential DSPs and FLSs have been trained using the crisis prevention and de-escalation training program(s)?
Enter "0" if not applicable.

	% of DSPs	% of FLSs
Trained using crisis prevention and de-escalation training program		

Questions About Electronic Health Records (EHR) Systems

* 19. Does your agency have a HIPAA-compliant EHR system?
If you have more than one system in use, you will be prompted to answer the same set of questions for that additional system.

○ Yes

○ No

QuestionPro

* 19a. Which HIPAA-compliant EHR system is in use?

If your agency uses more than one HIPAA-compliant EHR system, you will be prompted to answer another set of questions.

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* 19b. Are your records in-house or does the EHR system speak to other systems?

◯ The records are in-house

◯ The EHR system speaks to other systems (e.g., extract files to physicians, import files from physicians)

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* 19c. What other EHR systems does your EHR system speak to?

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* 19d. Which functions of the EHR are utilized?

Select all that apply.

☐ Medication Administration

☐ Physician Notes

☐ Individual Care Plan

☐ Other

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* 20. Does your agency have an <u>ADDITIONAL</u> HIPAA-compliant EHR system?

◯ Yes

◯ No

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* 20a. Which <u>ADDITIONAL</u> HIPAA-compliant EHR system is in use?

* 20b. Are your records in-house or does the <u>ADDITIONAL</u> EHR system speak to other systems?

○ The records are in-house

○ The EHR system speaks to other systems (e.g., extract files to physicians, import files from physicians)

* 20c. What other EHR systems does your <u>ADDITIONAL</u> EHR system speak to?

* 20d. Which functions of the EHR are utilized (select all that apply):

☐ Medication Administration

☐ Physician Notes

☐ Individual Care Plan

☐ Other