

Performance Area	Definition of Standard	Measures for <u>All Providers</u>	Measures for <u>Select Residential</u>	Measures for <u>Clinically Enhanced Residential Providers</u> (Clinically Enhanced for Medical and/OR Behavioral Support)
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	N/A
	Evaluate and assess individuals who may be better served in a more independent setting.	Report on the number of individuals with a successful transition to Life Sharing and Supported Living.	Same as All Providers.	

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Workforce	Direct Support Professionals (DSPs): demonstrated percentage of DSPs credentialed in a nationally recognized (and state-approved) credentialing program ★	<ol style="list-style-type: none"> 1. Provide current supervisory management training to support skill application of DSPs. 2. Plan including timeframes and milestones for implementing a DSP credentialing program. 	Percentage of DSPs who are credentialed and/or enrolled in credentialing program and maintain credentials	Percentage of DSPs who are credentialed and/or enrolled in credentialing program and maintain credentials
	Front-Line Supervisors (FLSs): demonstrated percentage of FLSs credentialed in a nationally recognized (and state-approved) credentialing program ★	<ol style="list-style-type: none"> 1. Provide current supervisory management training to support skill application of FLSs. 2. Plan including timeframes and milestones for implementing a FLS credentialing program. 	Percentage of FLSs who are credentialed and/or enrolled in credentialing program and maintain credentials	Percentage of FLSs who are credentialed and/or enrolled in credentialing program and maintain credentials
	Demonstrated workforce stability strategy to reduce and manage turnover and vacancy rates of FLSs and DSPs	<ol style="list-style-type: none"> 1. Reporting of FLS and DSP voluntary and involuntary turnover rate 2. Report percentage of contracted staff in DSP and FLS positions. 	Participate in NCI Staff Stability Survey and allow release of provider NCI data to the Office of Developmental Programs (ODP) <i>to validate turnover and other workforce data.</i>	
	Demonstrated commitment to enhance diversity, equity, and inclusion – examples: line-item budget, dedicated staff, policy/procedures	Submission of policy in place to address diversity, equity, and inclusion for workforce	<p>Same as <i>All Providers AND</i></p> <p>Organization has a strategic plan that includes DEI</p> <p>Organization has a committee of staff focused on DEI</p> <p>Training for staff should be relevant re: culture and language</p> <p>Focusing on recruitment and advancement activities for staff with culturally and linguistically diverse backgrounds</p>	

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<p>Supporting Individuals with Complex Needs</p>	<p>Clinical: residential program has a demonstrated ratio (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</p>	<p>No additional standards from current regulation and 1915(c).</p>	<ol style="list-style-type: none"> 1. Reporting measure: provide current ratio of licensed/credentialed full-time equivalents to number of people served for behavioral and/or medical skilled team (adjusted for acuity) 2. 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 3. Track and use data from HRST measure <i>interruption in daily activity because of illness</i> (“clinical status”) to improve health outcomes 	<p>All Clinically Enhanced Providers Must Meet</p> <ol style="list-style-type: none"> 1. Reporting measure: provide current ratio of licensed/credentialed full-time equivalents to number of people served for behavioral and/or medical skilled team (adjusted for acuity) 2. Meet minimum ratio of clinical staff to people with complex needs reported/acuity adjusted 3. 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 4. Track and use data from HRST measure <i>interruption in daily activity because of illness</i> (“clinical status”) to improve health outcomes 5. Population served in residential is average Needs Level X+ and average HRS X+ of total population served for children’s programs, children in service meet eligibility criteria for medical complexity
	<p>Demonstrated ability to support individuals to access necessary physical health and BH treatments</p>	<p>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</p>	<p>Healthcare Effectiveness Data and Information Set (HEDIS) measures 7-day and 30-day discharge follow-up performance at XX%</p>	

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		training/experience in autism or developmental disabilities).		
<p>Supporting Individuals with Complex Needs (Dual Diagnosis/ Behavioral)</p>	<p>Demonstrate that the agency has integrated behavioral supports through use of employed or contracted licensed clinicians, behavioral support professionals, and demonstrate that training and support are routinely provided in homes to individuals and teams</p>	<p>No additional standards from current regulation and 1915(c).</p>	<ol style="list-style-type: none"> 1. Demonstrate percentage of face-to-face time (in person or virtual) with behavioral support staff across all settings interfacing with family, DSPs, FLSs, and individuals 2. Attestation that DSPs, FLS and program managers have completed training on ASD ((i.e. Spectrum or equivalent basic course on effectively supporting people with ASD) 	<p>Attestation that DSPs, FLS and program managers have completed training on ASD ((i.e. Spectrum or equivalent basic course on effectively supporting people with supporting with ASD)</p> <p>Criteria Specific To Clinically Enhanced Behavioral Supports</p> <ol style="list-style-type: none"> 1. Demonstrate (higher) percentage of face-to-face time (in person or virtual) with behavioral support staff across all settings interfacing with family, DSPs, FLSs, and individuals 2. Documentation of intensive (courses, conferences) specialized training relative to individual diagnosis (Prader Willi, Fetal Alcohol Syndrome, Autism Spectrum Disorder, Borderline Personality Disorder, Pica etc.)

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	Demonstrate use of data to impact individual outcomes	Demonstrate 100% of people with restrictive procedures have been evaluated (or are in current treatment) within the past year by licensed psychiatrists, psychologist, CRNP, LSW and/or has received treatment by a professional in a licensed outpatient behavioral health clinic	Demonstrate use of data to impact individual outcomes (review to include all these elements: law enforcement, restrictive procedures, inpatient, restraint, confirmed abuse/neglect, polypharmacy, target behavioral data, individuals' satisfaction with services)	<p>Criteria Specific To Clinically Enhanced Behavioral Supports</p> <p>Demonstrate use of data to impact individual outcomes (review to include all these elements: law enforcement, restrictive procedures, inpatient, restraint, confirmed abuse/neglect, polypharmacy, target behavioral data, individuals' satisfaction with services)</p>
	Demonstrated capacity to anticipate and de-escalate crisis, when possible, and, when not, to respond swiftly and effectively	<p>Description of agency capabilities for de-escalation and how provider anticipates and responds to a crisis for individuals.</p> <ul style="list-style-type: none"> - Description of support/resources for DSPs & FLSs for crisis situations. - Formal crisis response training required for all staff. - Procedure for debriefing with staff and individuals after engagement in physical restraint. 	<p>Same as all providers AND</p> <p>Use and documentation of trauma informed training/activities for individuals and staff/employees</p>	<p>Same as all providers AND</p> <p>Use and documentation of trauma informed training/activities for individuals and staff/employees</p> <p>Criteria Specific To Clinically Enhanced Behavioral Supports</p> <p>Documentation of crisis prevention and de-escalation training programs available and provided for all staff. Examples of such programs: Ukeru, Positive Behavioral Interventions and Supports (PBIS), Non-Violent Crisis Intervention Training, etc.</p>

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Supporting Individuals with Complex Needs (Medical)	Clinical: residential program has a demonstrated ratio (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).	No additional standards from current regulation and 1915(c).	Criteria Specific To Clinically Enhanced Medical Supports <ol style="list-style-type: none"> 1. Attestation that the provider meets medically complex standards in 1915c 2. For Children with Medically Complex Conditions demonstrated use of targeted resources — resources hubs, HCQUs, home care, support systems for families, use of family facilitator
Referral and Discharge Practices	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). May not accept new referrals for individuals NG3+	Report current average days for service initiation in Community Homes Demonstrate timeliness of response to referral: Track and report <ul style="list-style-type: none"> • Referrals received and accepted • Time to service after post-referral acceptance • Circumstances surrounding a 90-day timeline is not met. • Referrals denied, reason (age, gender, clinical needs, location/geography, vacancy status workforce) • Use procedural review/attestation • Report # of provider initiated discharges to other residential providers or ICFs and reason for discharge(s). 	

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Data Management — Collection — use of in quality management (QM) activities, timely reporting of data to ODP, Administrative Entity (AE) and PAS Vendor	Demonstrated production of data reports (including ad hoc) through adopted technology platform	Submit completed test case file in format required/requested by ODP.	Provide one sample of operational reports 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, employment, 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)	Demonstrated data capability with use of a HIPAA compliant EHR	N/A.	Report the EHR in use and what functions of the software are utilized (e.g., that includes medication records, physician notes, ICP, etc.) and demonstrated use of EHR	
Risk Management — incident reporting fidelity	Demonstrated fidelity to incident management procedures as outlined in ODP policy	No additional standards from current regulation and 1915(c).	<ol style="list-style-type: none"> 1. Maximum number of abuse/neglect incidents not reported or not reported timely may not exceed X% of overall abuse/neglect incidents by provider 2. Timely closure of incidents demonstrated by XX% of incidents not requiring extensions 3. XX% of incidents with extensions 	
Risk Management — health risk screening fidelity	Demonstrated capacity to properly and timely assess individuals	Current HRSTs in place for all individuals including applicable assessments as indicated by HRST protocol.	HEDIS measure (AAP – Adults’ Access to Preventative/Ambulatory Care)	Demonstrate use of data and recommendations to improve individual health/outcomes

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Employment — rate of competitive integrated employment (CIE) for working age participants, adjusted for acuity	Demonstrated support of individuals to seek and obtain competitive integrated employment (CIE). ★	<ol style="list-style-type: none"> 1. Demonstrate tracking of CIE and percentage of working age people with CIE. 2. Plan for improvement of CIE. 	Combined XX% of working age individuals that are receiving Career Assessment or Job Finding services through ODP or OVR and	competitively employed in integrated settings (working age participants only and adjusted for acuity)
Use of Remote Support Technology	Demonstrated use of technology to improve health and wellness, stabilize workforce, and create additional opportunities to increase independence for individuals.	Reporting Measure: ★ <ol style="list-style-type: none"> 1. Types of remote support technology in use. 2. Number and Percentage of individuals using remote support technology. 3. Estimated direct care hours that are being redirected with use of technology. 4. How are you using these value-based savings to invest in your organization resulting in improvements to workforce, service delivery, etc.? 5. 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	
Regulatory Compliance	Demonstrating regulatory compliance with requirements outlined in (55 Pa. Code Chapters 6100, 6400 and 6500)	Providers within revocation and/or provisional license are categorized as Tier D and monitored per current licensing requirements.	Same as All Providers	

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Community Integration	Demonstrate that individuals are engaged in meaningful activities, as defined by the individual, outside of their home based on their strengths, interests, and preferences	<u>Quality Measure Set NCI</u> NCI-IDD CI-1: Social Connectedness (The proportion of people who report that they do not feel lonely). 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	

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Quality	Demonstrated commitment to wellness of individuals through targeted activities.	General attestation to support coordination of wellness activities and including use of HRS data for residential program participants.	<ol style="list-style-type: none"> 1. Provider is utilizing the individuals' collective Health Risk Screening Tool (HRST) data to create and conduct wellness programs/activities. 2. Implementing directed wellness programs for nutrition, hypertension, mental health, diabetes, and/or heart disease, etc. as indicated by HRS data <p style="text-align: center;">AND</p> <ol style="list-style-type: none"> 3. Provider is monitoring progress on wellness related quality management initiatives to demonstrate improvement over time (e.g. A1C, medication reduction) OR demonstrated uptake/engagement in provider wellness programs. 	
	Demonstrated commitment to continuous quality improvement and demonstrated embracing of building a culture of quality (continuous learning and best use of data to assess progress toward QMP goals and action plan target objectives).	Reporting of number of staff: <ol style="list-style-type: none"> 1. Are there staff that have ODP quality management (QM) certification/number of leadership with QM training 2. Description of how data is utilized to monitor towards goals and action plans 3. Specifically, how is person-centered performance data utilized to develop the QMP and action plan? 	QM certification requirement of at least one member of leadership team who has the authority to adopt recommendations and direct QM activities.	
	Demonstrated engagement of and support to families* which includes providing adequate and appropriate communication options and maintaining/building relationships. *Families defined within 6100 regulatory guidance	<ol style="list-style-type: none"> 1. Reporting on policies, procedures and activities supporting family engagement. 2. ODP collected data on family satisfaction with provider engagement. 	Same as All Providers	

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Administration	Demonstrate transparent and sound corporate governance structure.	<p>Attestation and required documentation supporting attestation questions regarding the required elements to meet the standards</p> <ol style="list-style-type: none"> 1. Successful passage of a fiscal readiness review 2. Submission of current annual audit 3. Disclosure of the following: <ul style="list-style-type: none"> • Conflict of Interest Policy and associated documentation • Criminal convictions • Licensing status in Pennsylvania for non-ODP licensed settings • History of licensing /revocations/enforcement actions in other states in which provider renders services to individuals with intellectual and developmental disabilities if applicable • New providers in PA with licenses revoked in other states will not be eligible for contracting. 	<p>Same as all providers</p> <p>and</p> <p>Documentation that governance by the Board of Directors is informed by voices of people with lived experiences by:</p> <ul style="list-style-type: none"> - Including at least one individual with IDD/Autism (inclusive of family members) on the Board or - Operating an advisory committee or subcommittee that is comprised of people with lived experience. - Evidence that board deliberations are informed by input of people with lived experience 	

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Pay for Performance (P4P)

Standard	Reporting or Outcome Based Measure	Eligible Providers
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)	Report on the number of individuals with a successful transition to Life Sharing and Supported Living.	ALL*
Direct Support Professionals (DSPs): demonstrated percentage of DSPs credentialed in a nationally recognized (and state-approved) credentialing program	Percentage of DSPs who are credentialed and/or enrolled in credentialing program and maintain credentials	ALL*
Front-Line Supervisors (FLSs): demonstrated percentage of FLSs credentialed in a nationally recognized (and state-approved) credentialing program	Percentage of FLSs who are credentialed and/or enrolled in credentialing program and maintain credentials	ALL*
Demonstrated support of individuals to seek and obtain competitive integrated employment (CIE).	Combined XX% of working age individuals that are receiving Career Assessment or Job Finding services through ODP or OVR AND competitively employed in integrated settings (working age participants only and adjusted for acuity)	ALL*
Demonstrated use of technology to improve health and wellness, stabilize workforce, and create additional opportunities to increase independence for individuals	Reporting Measure: 1. Types of remote support technology in use. 2. Number and Percentage of individuals using remote support technology. 3. Estimated direct care hours that are being redirected with use of technology. 4. How are you using these value-based savings to invest in your organization resulting in improvements to workforce, service delivery, etc.? 5. How many Assistive Technology Professional certificates from Rehabilitation Engineering and Assistive Technology Society of North America or Enabling Technology Integration Specialist (SHIFT) certifications.	ALL*

*Providers with provisional license status do not qualify