

ODP Updates

TPA

December 1, 2023

Fee Schedule Rates

- Governor's 9/8 announcement
 - data update in process (55 Pa. Code 6100.571)
- Published as final in Pa Bulletin 11/11/23
 - CPS and Transportation
 - Needs Group 5
 - Group therapies

Recovery and Expansion Supplemental Payments

- Community Participation Supports Providers
 - 361 eligible
 - 216 requested
 - \$21M total
- Employment Service Providers
 - 95 eligible
 - 62 requested
 - \$5M total
- Supports Coordination Organizations
 - 41 eligible
 - 31 requested
 - \$6.6M total
- Payments currently being processed

NG5 and Exceptional Rates

- Effective 1/1/24, current NEA rates will transition to NG4 (if no current HRS) or NG5
- NG5 rates available in HCSIS to update plans
- After 1/1/24, NG5 available to NG4 plus HCL \geq 4 upon request to ra-ratesetting@pa.gov
- New NEA cost report form available upon request to ra-ratesetting@pa.gov
 - Must have at least 3 months substantiated expenses serving the individual

ID/A and Adult Autism Waiver Amendments

- Submitted to CMS 7/25/23 and approved for 11/1/23 implementation
 - Remainder of unwinding from Appendix K flexibilities
 - Specialty Telehealth and Assessment Teams (ID/A only) – March 1, 2024 implementation
 - Addition of NG 5 (ID/A only)
 - Group Music, Art, & Equine therapy (ID/A only)

CPS Waiver Amendments

- Separate rates and teleservice procedure codes
 - The effective date for the teleservices codes in the ISP must be no later than 1/1/24.
- Eliminate individual variance requirement. Replace with quality management plan for service locations not meeting integration target.
- Webinar Dec 6, 2023
<https://register.gotowebinar.com/register/396563492761355611>

State Transition Plan (STP) - Home and Community-Based Services (HCBS) Rule

- CMS approved PA's Statewide Transition Plan on 8/24/23
 - The approved plan and letter available:
<https://www.dhs.pa.gov/Services/Assistance/Pages/HCBS-Statewide-Transition-Plan.aspx>
 - ODP has no settings unable to comply
- On-going assessment for compliance with HCBS settings rule
 - Incorporated into 55 Pa Code 6400 and 6500, evaluated through licensing inspections
 - Incorporated into 55 Pa Code 6100, evaluated through ODP's Quality Assessment and Improvement process
 - Individual monitoring by Supports Coordinators

State Transition Plan (STP) - Home and Community-Based Services (HCBS) Rule (cont.)

- CMS conduct on-site week of February 26, 2024
 - Assess implementation of HCBS settings rule with focus on:
 - Person-centered planning and Supports Coordination
 - CAP/milestones
 - Service location visits
 - Stakeholder call
 - Interviews with individuals, DSPs, Supports Coordinators

SIS Updates

- SIS 2nd Edition implementation Begins 1/1/24
- Improve training and resource materials
 - Dedicated MyODP resource page
 - Access to AAIDD's learning center
 - Respondent preparation materials and guidance
 - Updated SIS Manual
- Address timeliness of assessments
- Improve discrepancy review process

Performance-Based Contracting

- Residential Strategic Thinking Group drafted performance measures – 11/1/23 draft
- Residential provider survey published 10/11/23
 - Purpose to gather baseline data and inform pay for performance models
 - 81% completion rate
- Supports Coordination Strategic Thinking Group
 - Meetings to begin December 7th
 - Will draft SCO performance measures

Residential Provider Tiers

Tier	Tier Title	Description	Enhanced Rates	Value Based Payments (VBP)
A	Select Residential	Providers have demonstrated additional quality and capacity metrics	Yes	Yes
A	Clinically Enhanced	Providers have demonstrated additional clinical (medical and/or behavioral), quality, and capacity metrics	Yes	Yes
B	Primary	Providers meet all contractual requirements	No	Yes
C	Conditional	Providers with a provisional or revoked license	No	No

VBP - Pay for Performance

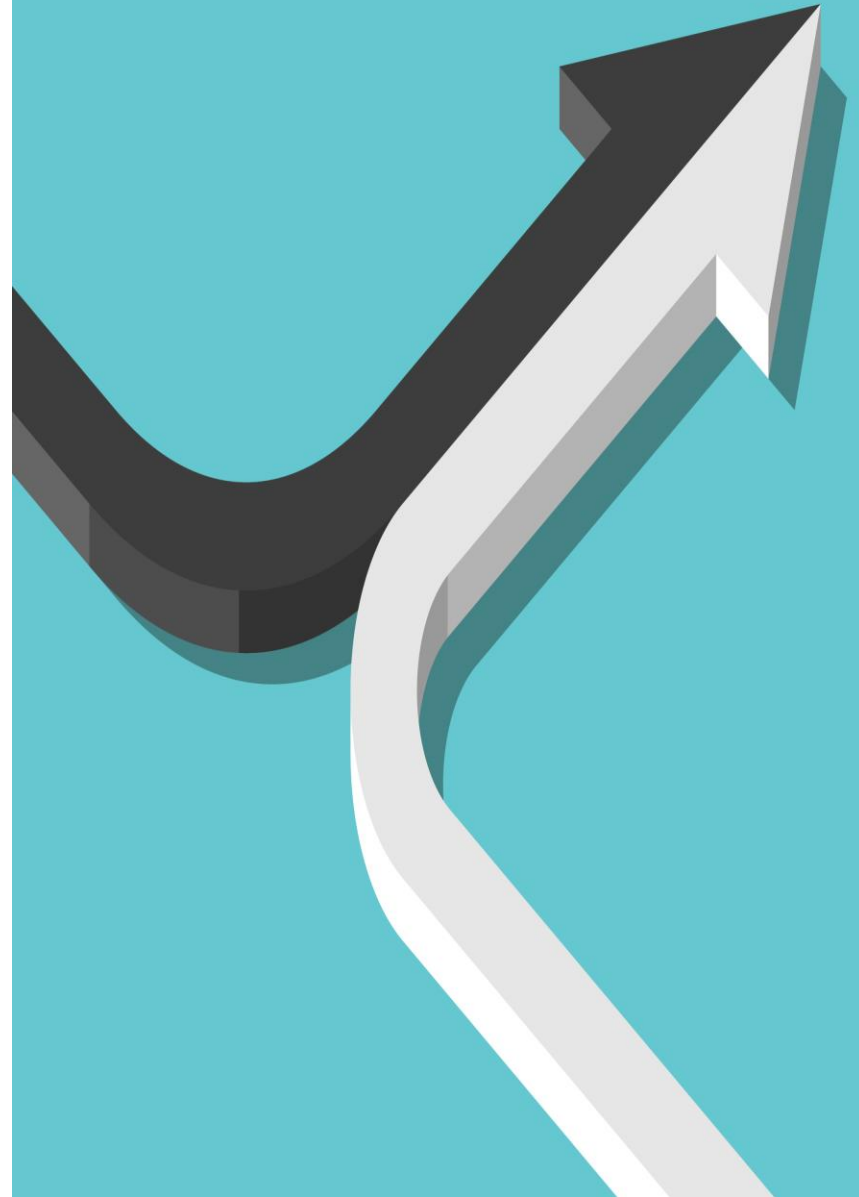
Performance Area	Standard	Eligible Providers
Continuum of Services	Provide (two of three) services in residential continuum (Residential Habilitation and either Lifesharing or Supported Living; Lifesharing and either Residential Habilitation or Supported Living;...)	ALL*
Workforce – Staff Credentialling	DSPs: demonstrated percentage of DSPs credentialed in a nationally recognized (and state-approved) credentialing program	ALL*
	FLSs: demonstrated percentage of FLSs credentialed in a nationally recognized (and state-approved) credentialing program	ALL*
Employment	Demonstrated support of individuals to seek and obtain CIE	ALL*
Technology	Demonstrated use of technology to improve health and wellness, stabilize workforce, and create additional opportunities to increase independence for individuals	ALL*
Community Inclusion	Demonstrate that individuals are engaged in meaningful activities, as defined by the individual, outside of their home based on their strengths, interests, and preferences	ALL*

**Conditional providers ineligible for P4P*

OUTCOMES

Shifting focus in home and community-based services systems

- Quality measure set
- Performance-based contracting



HCBS Quality Measure Set

- July 2022, CMS issued State Medicaid Director Letter [#22-003](#) to releasing the first official version of the HCBS Quality Measure Set.
- April 2023 CMS proposed new regulations that would require use of a quality measure set
 - *Ensuring Access to Medicaid Services (CMS 2442-P) Notice of Proposed Rulemaking*

Purpose of HCBS Quality Measure Set

- Promote more common and consistent use, within and across states, of nationally standardized quality measures in HCBS programs
- Create opportunities for CMS and states to have comparative quality data on HCBS programs.
- Expected to support states with improving the quality and outcomes of HCBS
- Promote health equity and reduce disparities in health outcomes among this population.

Identify Performance Areas

Individual Outcomes

Systems Outcomes



Collect, Analyze and Use Data

Establish Measures

Data Informs Policy & Practice



Develop Common Understanding of Performance Standards

Provider Level Data

Population & Systems Level Data



Establish Benchmarks and Performance Targets



Evaluate and Adjust Performance Targets (CQI)

Performance Area	Developing Outcome Area
Supporting Individuals with Complex Needs	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)
Supporting Individuals with Complex Needs	Track and use data from the Health Risk Screening Tool (HRST) measure <i>interruption in daily activity because of illness</i> (“clinical status”) to improve health outcomes
Family engagement	Family satisfaction with provider engagement
Referral and Discharge	Timeliness of service initiation in Community Homes Referral review process Discharge practices

ISAC Provider Performance Review Subcommittee

Objectives:

- Review data and findings on key measures of provider performance
- Recommend improvement strategies based on performance data analysis
- Determine quality improvement priorities; identify and adopt improvement strategies and choose performance measures to evaluate the results of implemented changes on improving the lives of individuals with disabilities.
- Make quality improvement recommendations to the ISAC for EDL strategies.

ISAC Provider Perf. Review Subcomm (cont.)

Examples of performance areas for review:

- **Health (Focus on Residential)**
 - Health Risk Screening Fidelity
 - Chronic disease rates (hypertension, diabetes, obesity)
 - Polypharmacy
 - Inpatient hospitalizations
 - Wellness activities
- **Referral and discharge - (Residential and SCO only)**
 - Rates of acceptance/discharge
 - Reasons for acceptance/discharge
- **Service utilization by residential service**
 - Percentages of individuals receiving Residential Habilitation, Lifesharing, Supported Living
- **Staff Credentialing – (Focus on residential)**
 - Direct Support Professional and Front-line Supervisor credentialing