Residential Provider Performance-Based Contracting Preparedness SELF-ASSESSMENT

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INTRODUCTION

The Commonwealth of Pennsylvania's Department of Human Services (Department), Office of Developmental Programs (ODP) is pursuing systems change to improve the quality and sustainability of services. ODP is applying for a statewide 1915(b)(4) Performance-Based Contracting (PBC) waiver for residential services, including Residential Habilitation, Supported Living, and Life Sharing, which are currently offered in the Consolidated and Community Living 1915(c) Waiver programs to establish performance standards for residential providers.

The first contract period will be January 1, 2025, through June 30, 2026. Then beginning July 1, 2026, ODP will annually assign each provider a tier based on the provider's performance. ODP will monitor individual and aggregate provider performance to determine if providers are meeting the identified measures. ODP will then make refinements to measures and targets as more data is obtained.

As part of its commitment to support providers up to and during the PBC process, ODP developed this *Residential Provider Performance-Based Contracting Preparedness Self-Assessment* so providers of ODP Residential Services may self-evaluate in preparation for the PBC process. This self-assessment, once completed, indicates:

1) A Baseline for providers to measure whether they meet, exceed, or need to make any necessary revisions, policy clarifications or new policy development for each of the standards and measures within the PBC process.
2) an approximation of the performance relative to the PBC tiers:
   - *Primary* - providers that meet current standards and a few additional standards.
   - *Select* - providers that deliver at least two of the three residential services in the performance-based contracting model and meet the established enhanced measures.
   - *Clinically Enhanced* - providers that offer clinically enhanced medical or behavioral supports and meet the established enhanced measures.
3) The requirements for providers to achieve the desired contracting tier at the time of PBC application.

This self-assessment tool is not intended to be submitted to ODP. It acts as a point-in-time evaluation for residential providers to ascertain the current and desired tier for PBC. The assessment tool is most useful when paired with the companion *Residential Provider Performance-Based Contracting Preparedness Planning Workbook* which is designed to map out an action strategy for meeting the expectations for PBC at initial application.

ODP encourages you to use these tools to understand your organization's readiness for and to develop an implementation strategy for PBC.

In addition to the provider preparedness tools, providers are strongly encouraged to utilize other resources that are available to them to support data collection and analysis such as canned and custom reports in HRS online and Incident Management Dashboards in EIM.

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PERFORMANCE AREA: Continuum of Services

Standard: Provide (two of three) services in residential continuum (Residential Habilitation and either Life sharing or Supported Living; Life sharing and either Residential Habilitation or Supported Living; Supported Living and Life sharing or Residential Habilitation)

	Primary	Select	Clinically Enhanced Select
Measure		**CoS.01** Provide two of the three services on the residential continuum during the review period, which is at the initial contracting or renewal date. **Note:** Providers are required to be rendering two of three residential services as of July 1, 2024. *Data Source: Claims (ODP data pull)*	
Assessment Question		Is your agency providing two of the three services on the residential continuum?	
Preparedness Level		❑ Yes ❑ No ❑ Unknown/Unsure	

Standard: Evaluate and assess individuals who may be better served in a more independent setting

	Primary	Select	Clinically Enhanced Select
Measure	**CoS.02** Report on the number of individuals with a successful transition from Residential Habilitation to Lifesharing and Supportive Living, at initial contracting or renewal looking back at the prior calendar year. **Note:** The review period will be for the prior calendar year (e.g., CY2023). *Data Source: Claims; Provider Survey*		
Assessment Question	Is your agency able to report on the number of individuals with a successful transition from Residential Habilitation to Life Sharing and Supported Living?		
Preparedness Level	❑ Yes ❑ No ❑ Unknown/Unsure		

PERFORMANCE AREA: Workforce

Standard: Direct Support Professionals (DSPs) - Demonstrated percentage of DSPs in residential services are credentialed in a nationally recognized (and Office of Developmental Programs [ODP] approved) credentialing program

	Primary	Select	Clinically Enhanced Select
Measure	WF.01.1 Attest that agency-provided supervisory management training to support skill application of DSPs is conducted for all Front-Line Supervisor (FLS) no later than 12/31/25 and is embedded in agency training plan to ensure continuity. **Note:** The training content is not a specified curriculum and is at the provider's discretion. There must be evidence that the training goes beyond the traditional classroom using modeling, observation, and evaluation methods to ascertain FLSs are applying skills in the field when supervising and managing DSPs. *Data Source: Provider Survey and documentation submission;*		
Assessment Question	Will your organization have agency-provided FLS management training to support skill application of DSPs in place for all FLSs no later than 12/31/25?		
Preparedness Level	❑ Yes ❑ No ❑ Unknown/Unsure		
Assessment Question	Will your agency embed FLS management training to support skill application of DSPs within your agency training plan by 12/31/25?		
Preparedness Level	❑ Yes ❑ No ❑ Unknown/Unsure		

PERFORMANCE AREA: Workforce (continued)

Standard: Direct Support Professionals (DSPs) - Demonstrated percentage of DSPs in residential services are credentialed in a nationally recognized (and Office of Developmental Programs [ODP] approved) credentialing program (continued)

	Primary	Select	Clinically Enhanced Select
Measure	WF.01.2 Submit an agency plan, including timeframes and milestones, for implementing a DSP credentialing program (NADSP or NADD), at the initial contracting or renewal date. **Note:** Provider submitted documentation of evidence or description of use of targeted resources as of July 1, 2024. *Data Source: Provider Survey and Documentation Submission*		
Assessment Question	Does your agency have or will your agency be able to submit a plan, including timeframes and milestones, for implementing a DSP credentialing program that minimally describes the following? • The credentialing program that will be or has been initiated for DSPs • Agency structure to support the DSP credentialing program: implementation, any associated staff positions, supervision and mentoring, IT/technology, human resources. • Agency budget for credentialing • DSP Credentialing program wage structure and/or DSP incentives • Timelines and milestones including number and percent of DSPs credentialed (including credentialing level when appropriate) each quarter beginning Jan 1, 2025 • Establish baseline data on number of DSPs currently credentialed at each credentialing level (E-Badge DSP 1, 2, 3 or NADD DSP Certified) on 7/1/24.		

PERFORMANCE AREA: Workforce (continued)

Standard: Direct Support Professionals (DSPs) - Demonstrated percentage of DSPs in residential services are credentialed in a nationally recognized (and Office of Developmental Programs [ODP] approved) credentialing program (continued)

Measure (continued): WF.01.2 Submit an agency plan, including timeframes and milestones, for implementing a DSP credentialing program (NADSP or NADD), at the initial contracting or renewal date

	Primary	Select	Clinically Enhanced Select
Preparedness Level	❑ My agency does not have a plan and will be challenged to submit one. ❑ My agency does not have a plan but can readily create and submit one. ❑ My agency has a DSP credentialing plan that needs modification and improvement before submission. ❑ My agency has a DSP credentialing plan ready for submission.		

Standard: Direct Support Professionals (DSPs) - Demonstrated percentage of DSPs in residential services are credentialed in a nationally recognized (and Office of Developmental Programs [ODP] approved) credentialing program (continued)

	Primary	Select	Clinically Enhanced Select
Measure	WF.01.3 Report the percentage of DSPs who are credentialed and maintain the credential and/or the percentage of DSPs enrolled in a credentialing program, at the initial contracting or renewal date. **Note:** Provider submitted documentation of evidence or description of use of targeted resources as of July 1, 2024. *Data Source: Provider Survey; NADSP, NADD Validation*		
Assessment Question	Is your agency able to report on the percentage of DSPs who are credentialed and maintain the credential and/or the percentage of DSPs enrolled in a credentialing program?		
Preparedness Level	❑ Yes ❑ No ❑ Unknown/Unsure		

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PERFORMANCE AREA: Workforce (continued)

Standard: Direct Support Professionals (DSPs) - Demonstrated percentage of DSPs in residential services are credentialed in a nationally recognized (and Office of Developmental Programs [ODP] approved) credentialing program (continued)

	Primary	Select	Clinically Enhanced Select
Measure		**WF.01.4** Attest to an increased percentage of DSPs credentialed **through NADSP** by a minimum of 5% by 12/31/25 from baseline on 7/1/2024. [e.g., 7/1/24 Credentialed DSPs = 0 then 12/31/25 = 5% Credentialed DSPs; 7/1/24 Credentialed DSPs = 5% then 12/31/25 = 10% Credentialed DSPs.] **Note:** Providers with 25% or more credentialed DSPs meet the standard without a requirement to increase over the baseline percentage. *Data Source: Provider Survey, NADSP Validation*	**WF.01.4** Attest to an increased percentage of DSPs credentialed **through NADSP and/or NADD** by a minimum of 5% by 12/31/25 from a baseline on 7/1/24. [e.g., 7/1/24 Credentialed DSPs = 0 then 12/31/25 = 5% Credentialed DSPs; 7/1/24 Credentialed DSPs = 5% then 12/31/25 = 10% Credentialed DSPs.] **Note:** Providers with 25% or more credentialed DSPs meet the standard without a requirement to increase over the baseline percentage. *Data Source: Provider Survey, NADSP and NADD Validation*
Assessment Question		To what degree will your agency meet the minimum DSP credentialing through NADSP by 12/31/25?	To what degree will your agency meet the minimum DSP credentialing through NADSP and/or NADD by 12/31/25?
Preparedness Level		❑ No DSPs credentialed ❑ 5% DSPs from 0 baseline ❑ <5% more from 7/1/24 baseline ❑ 5% more or higher from 7/1/24 baseline ❑ 25% or more DSPs already credentialed	❑ No DSPs credentialed ❑ 5% DSPs from 0 baseline ❑ <5% more from 7/1/24 baseline ❑ 5% more or higher from 7/1/24 baseline ❑ 25% or more DSPs already credentialed

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PERFORMANCE AREA: Workforce (continued)

Standard: Front Line Supervisors (FLSs) - Demonstrated percentage of FLSs in residential services are credentialed in a nationally recognized (and ODP-approved) credentialing program

	Primary	Select	Clinically Enhanced Select
Measure	**WF.02.1** Attest that agency-provided supervisory management training to support skill application of FLSs is conducted for all house managers and program management staff (or equivalent positions) no later than December 31, 2025, and is embedded in agency training plan to ensure continuity. **Note:** The training content is not a specified curriculum and is at the provider's discretion. There must be evidence that the training goes beyond the traditional classroom using modeling, observation, and evaluation components to ascertain FLSs are applying skills in the field when supervising and managing DSPs. *Data Source: Provider Survey*		
Assessment Question	Will your organization have agency-provided supervisory management training to support skill application of FLSs to all house managers and program management staff (or equivalent positions) no later than December 31, 2025, and embed it in your agency training plan to ensure continuity?		
Preparedness Level	❑ Yes ❑ No ❑ Unknown/Unsure		
Assessment Question	Will your agency embed supervisory management training for all house managers and program management staff in your agency training plan by 12/31/25?		
Preparedness Level	❑ Yes ❑ No ❑ Unknown/Unsure		

PERFORMANCE AREA: Workforce (continued)

Standard: Front Line Supervisors (FLSs) - Demonstrated percentage of FLSs in residential services are credentialed in a nationally recognized (and ODP-approved) credentialing program (continued)

	Primary	Select	Clinically Enhanced Select
Measure	**WF.02.2** Submit an agency plan including timeframes and milestones for implementing a FLS credentialing program, at the initial contracting or renewal date. **Note:** Provider submitted documentation of evidence or description of use of targeted resources as of July 1, 2024. *Data Source: Provider Survey and Documentation Submission*		
Assessment Question	Will your agency be able to submit an agency plan including timeframes and milestones for implementing a FLS credentialing program, that minimally describes the following? • Agency structure to support the FLS credentialing program: implementation, any associated staff positions, supervision and mentoring, IT/technology, human resources. • Agency budget for credentialing • FLS credentialing program wage structure and/or incentives • Timelines and milestones including number and percent of FLSs credentialed each quarter beginning Jan 1, 2025 • Plan for supervisory management training to support skill application of DSPs is conducted for all FLS. • Plan for supervisory management training to support skill application of FLSs is provided to all house managers and program management staff (or equivalent positions). • Establish baseline data on number of FLSs currently credentialed on 7/1/24.		

PERFORMANCE AREA: Workforce (continued)

Standard: Front Line Supervisors (FLSs) - Demonstrated percentage of FLSs in residential services are credentialed in a nationally recognized (and ODP-approved) credentialing program (continued)

Measure (continued): WF.02.2 Submit an agency plan including timeframes and milestones for implementing a FLS credentialing program, at the initial contracting or renewal date

	Primary	Select	Clinically Enhanced Select
Preparedness Level	❑ Yes ❑ No ❑ Unknown/Unsure		

Standard: Front Line Supervisors (FLSs) - Demonstrated percentage of FLSs in residential services are credentialed in a nationally recognized (and ODP-approved) credentialing program (continued)

	Primary	Select	Clinically Enhanced Select
Measure	WF.02.3 Report on the percentage of FLSs who are credentialed and/or enrolled in a credentialing program and maintain credentials, at the initial contracting or renewal date. **Note:** Provider submitted documentation of evidence or description of use of targeted resources as of July 1, 2024. *Data Source: Provider Survey; NADSP Validation*		
Assessment Question	Is your agency able to report the percentage of FLSs who are credentialed and/or enrolled in a credentialing program and maintain credentials?		
Preparedness Level	❑ Yes ❑ No ❑ Unknown/Unsure		

PERFORMANCE AREA: Workforce (continued)

Standard: Front Line Supervisors (FLSs) - Demonstrated percentage of FLSs in residential services are credentialed in a nationally recognized (and ODP-approved) credentialing program (continued)

	Primary	Select	Clinically Enhanced Select
Measure		**WF.02.4** Provider attestation to increase percentage of FLSs credentialed through NADSP by a minimum of 10% by December 31, 2025, from baseline on 7/1/2024. (Examples: If no FLSs are credentialed on 7/1/24, then 10% of FLSs must be credentialed on or before 12/31/2025. If 5% of FLSs are credentialed on 7/1/24 then 15% must be credentialled by 12/31/2025. **Note:** Providers having greater than 25% of FLS credentialed are considered to meet the standard without requirement to increase percentage. *Data Source: Provider Survey, NADSP Validation*	
Assessment Question		To what degree will your agency meet the minimum FLS credentialing through NADSP by 12/31/25?	
Preparedness Level		❏ No FLSs credentialed ❏ 10% FLSs from 0 baseline ❏ <10% more from 7/1/24 baseline ❏ 10% more or higher from 7/1/24 baseline ❏ 25% or more FLSs already credentialed	

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PERFORMANCE AREA: Workforce (continued)

Standard: Front Line Supervisors (FLSs) - Demonstrated workforce stability strategy to reduce and manage turnover and vacancy rates of FLSs and DSPs

	Primary	Select	Clinically Enhanced Select
Measure	WF.03.1 Demonstrated ability to report on voluntary and involuntary turnover rates for *employed* DSPs and FLSs. **Note:** Turnover rate data will be collected by the Performance Analysis Service (PAS) vendor beginning in FY2025 for CY2024 data. *Data Source: Provider Survey; Quarterly Census of Employment and Wages (QCEW) data*		
Assessment Question	Does your agency track separation by type enabling the ability to report DSP and FLS voluntary and involuntary turnover rates?		
Preparedness Level	❑ My agency does not track separation by type and will be challenged to do so. ❑ My agency tracks separation by type but will need to create methods for reporting to the ODP PSA vendor. ❑ My agency tracks separation by type and can modify processes to report turnover data. ❑ My agency tracks separation by type and is prepared to report turnover data to the ODP PSA vendor.		
Measure	WF.03.2 Demonstrated ability to report on percentage of *contracted* staff in DSP and FLS positions. **Note:** Contracted staff data will be collected by the Performance Analysis Service (PAS) vendor beginning in FY2025 for CY2024 data. *Data Source: Provider Survey; Quarterly Census of Employment and Wages (QCEW) data*		
Assessment Question	Is your agency able to report the percentage of contracted staff in DSP and FLS positions?		
Preparedness Level	❑ My agency does not track percentages of contracted staff in DSP and FLS positions and will be challenged to do so. ❑ My agency tracks percentages of contracted staff in DSP and FLS positions but will need to create methods for reporting to the ODP PSA vendor. ❑ My agency tracks percentages of contracted staff in DSP and FLS positions and can modify processes to report turnover data. ❑ My agency tracks percentages of contracted staff in DSP and FLS positions and is prepared to report this staffing data to the ODP PSA vendor.		

PERFORMANCE AREA: Workforce (continued)

Standard: Front Line Supervisors (FLSs) - Demonstrated workforce stability strategy to reduce and manage turnover and vacancy rates of FLSs and DSPs (continued)

	Primary	Select	Clinically Enhanced Select
Measure		WF.03.3 Participate in the National Core Indicators® (NCI) State of the Workforce Survey® (SoTW) and release provider NCI data to ODP to validate turnover and other workforce data, in alignment with the NCI SoTW data collection period. *Data Source:* NCI SoTW Survey	
Assessment Question		Does your agency collect and historically record data in accordance with NCI SoTW definitions? (2022 State of the Workforce Survey Report)	
Preparedness Level		❑ My agency does not collect workforce or turnover data and will be challenged to do so. ❑ My agency collects workforce and turnover data, but it does not currently align with NCI SoTW definitions. ❑ My agency collects workforce and turnover data that partially aligned with NCI SoTW definitions. ❑ My agency collects workforce and turnover data that fully aligns with and exceeds NCI SoTW definitions.	
Assessment Question		Is your agency able to submit data in the format necessary for participation in the NCI SoTW survey data collection?	
Preparedness Level		❑ Yes ❑ No ❑ Unknown/Unsure	

PERFORMANCE AREA: Workforce (continued)

Standard: Front Line Supervisors (FLSs): Demonstrated commitment to enhance diversity, equity, and inclusion (DEI) — examples: line-item budget, dedicated staff, policy/procedures

	Primary	Select	Clinically Enhanced Select
Measure	WF.04.1 Submission of policy in place to address DEI for workforce, at the initial contracting or renewal date. **Note:** Provider submitted documentation of evidence or description of use of targeted resources as of July 1, 2024. *Data Source: Provider Survey with Documentation Submission*		
Assessment Question	Does your agency have, or will your agency be able to submit, a policy that addresses DEI for your workforce?		
Preparedness Level	❑ My agency does not have a policy that addresses DEI in our workforce, and we will be challenged to submit one. ❑ My agency does not have a plan that addresses DEI in our workforce but can readily create and submit one. ❑ My agency has a policy that addresses DEI in our workforce that needs modification and improvement before submission. ❑ My agency has a policy that addresses DEI in our workforce ready for submission.		
Measure		WF.04.2 Submit agency strategic plan that includes DEI, at the initial contracting or renewal date. **Note:** Provider submitted documentation of evidence or description of use of targeted resources as of July 1, 2024. *Data Source: Provider Survey with Documentation Submission*	
Assessment Question		Does your agency have, or will your agency be able to submit, a strategic plan that includes DEI?	
Preparedness Level		❑ My agency does not have a strategic plan, and we will be challenged to submit one. ❑ My agency does not have a strategic plan that includes DEI but can readily create and submit one. ❑ My agency has a strategic plan that includes DEI in our workforce that needs modification and improvement before submission. ❑ My agency has a strategic plan that includes DEI in our workforce ready for submission.	

PERFORMANCE AREA: Workforce (continued)

Standard: Front Line Supervisors (FLSs): Demonstrated commitment to enhance diversity, equity, and inclusion (DEI) — examples: line-item budget, dedicated staff, policy/procedures (continued)

	Primary	Select	Clinically Enhanced Select
Measure		**WF.04.3** Demonstrate an organizational committee of staff focused on DEI, at the initial contracting or renewal date. **Note:** Provider submitted documentation of evidence or description of use of targeted resources as of July 1, 2024. *Data Source: Provider Survey with Documentation Submission*	
Assessment Question		Is your agency able to demonstrate an organizational committee of staff focused on DEI?	
Preparedness Level		❏ My agency does not have a staff committee focused on DEI and will be challenged to establish one. ❏ My agency does not have a committee of staff focused on DEI but can readily establish and operationalize one. ❏ My agency has a staff committee focused on DEI that is operational and effective.	

PERFORMANCE AREA: Workforce (continued)

Standard: Front Line Supervisors (FLSs): Demonstrated commitment to enhance diversity, equity, and inclusion (DEI) — examples: line-item budget, dedicated staff, policy/procedures (continued)

	Primary	Select	Clinically Enhanced Select
Measure		WF.04.4 Demonstrate staff training is tailored for relevancy to employees' culture and language, at the initial contracting or renewal date. **Note:** Provider submitted documentation of evidence or description of use of targeted resources as of July 1, 2024. *Data Source: Provider Survey with Documentation Submission*	
Assessment Question		Is your training for staff tailored for relevancy to the employees' culture and language?	
Preparedness Level		❑ My agency does not have staff training that is relevant to the culture and language of employees and will be challenged to implement tailored training. ❑ My agency does not have staff training that is relevant to the culture and language of employees but can develop and implement tailored training. ❑ My agency has staff training that includes some considerations of employees' culture and language, but modifications are necessary to improve tailoring and relevancy. ❑ My agency has staff training that is tailored for and relevant to the culture and language of employees.	
Measure		WF.04.5 Demonstrate the agency plan includes recruitment and advancement activities for staff with culturally and linguistically diverse backgrounds, at the initial contracting or renewal date. **Note:** Provider submitted documentation of evidence or description of use of targeted resources as of July 1, 2024. *Data Source: Provider Survey with Documentation Submission*	
Assessment Question		Does your agency have, or will it be able to have, a plan that includes recruitment and advancement activities for staff with culturally and linguistically diverse backgrounds?	
Preparedness Level		❑ My agency does not have a plan that includes recruitment and advancement activities for staff with culturally and linguistically diverse backgrounds and will be challenged to establish one. ❑ My agency does not have a plan that includes recruitment and advancement activities for staff with culturally and linguistically diverse backgrounds but can develop and operationalize one. ❑ My agency has a plan that includes recruitment and advancement activities for staff but need improvement in addressing culturally and linguistically diverse backgrounds. ❑ My agency has a plan that includes recruitment and advancement activities for staff with culturally and linguistically diverse backgrounds.	

PERFORMANCE AREA: Supporting Individuals

Standard: Residential program has a demonstrated ratio (employed or contracted) of licensed clinical staff and/or staff credentialed in a nationally recognized (and ODP approved) credentialling program that meets the needs of individuals served in the program

	Primary	Select	Clinically Enhanced Select
Measure		CN-C.01.1 Report to ODP the current ratio of licensed/credentialed full-time equivalents (FTE) to number of people served to demonstrate adequacy of agency clinical team, at the initial contracting or renewal date. **Note:** Accepted licenses/credentials include 1) Medical – MD, DO, RN, LPN, CNA, CRNP, Physician Assistant, Nutritionist/Dietician; 2) Behavioral Health – Licensed Psychiatrist, Psychologist, Professional Counselor (LPC) and Behavior Specialist; BCBA, BCaBA, NADD Dual Diagnosis Specialist, Certified Peer Specialist, LCSW, Registered Behavioral Technician (RBT); 3) Other Specialties –Physical Therapist, Occupational Therapist, Speech-Language Pathologist, Art Therapist, Music Therapist, Equine Therapist, and Behavior Support Professional that meets ODP waiver qualification requirements. **Note:** Provider submitted documentation of evidence or description of use of targeted resources as of July 1, 2024. *Data Source: Provider Survey; SIS: HRS*	
Assessment Question		Will your agency be able to report the current ratio of licensed/credentialled FTE to demonstrate adequacy of agency clinical team?	
Preparedness Level		❑ My agency does not have mechanisms to track or report the current ratio of licensed/credentialled FTEs to demonstrate adequacy of agency clinical team and will be challenged to report that data. ❑ My agency has basic tracking and the ability to report the current ratio of licensed/credentialled FTEs to demonstrate adequacy of agency clinical team but needs improvement to demonstrate the measure. ❑ My agency has basic FTE tracking but needs improvement to demonstrate the ratio of licensed/credentialled FTEs for an adequate agency clinical team as required. ❑ My agency has sophisticated tracking to report the current ratio of licensed/credentialled FTEs to demonstrate adequacy of agency clinical team as required.	

PERFORMANCE AREA: Supporting Individuals with Complex Needs (continued)

Standard: Residential program has a demonstrated ratio (employed or contracted) of licensed clinical staff and/or staff credentialed in a nationally recognized (and ODP approved) credentialling program that meets the needs of individuals served in the program (continued)

	Primary	Select	Clinically Enhanced Select
Measure		CN-C.01.2a Demonstrate the use of a professionally recognized and ODP approved comprehensive assessment, (e.g., Health Risk Screening Tool; Functional Assessment Screening Tool; ABID; ARMIDILO-S; Online Readiness Checklist), at initial contracting or renewal looking back at the prior calendar year. **Note:** The review period will be for the prior calendar year (e.g., CY2023). *Data Source: Provider Survey; Documentation Review; EIM*	
Assessment Question		Will your agency be able to demonstrate the use of a professionally recognized and ODP approved comprehensive assessment?	
Preparedness Level		❑ My agency does not currently use a comprehensive assessment and would be challenged to do so. ❑ My agency uses a comprehensive assessment, but it is neither professionally recognized nor ODP approved; it will be challenging to adopt a new assessment. ❑ My agency uses a comprehensive assessment, but it is neither professionally recognized nor ODP approved; the agency can take steps to adopt and use a new assessment. ❑ My agency uses a recognized or approved comprehensive assessment.	

PERFORMANCE AREA: Supporting Individuals with Complex Needs (continued)

Standard: Residential program has a demonstrated ratio (employed or contracted) of licensed clinical staff and/or staff credentialed in a nationally recognized (and ODP approved) credentialling program that meets the needs of individuals served in the program (continued)

	Primary	Select	Clinically Enhanced Select
Measure		**CN-C.01.2b** Demonstrate follow through by responsiveness to corrective action reporting and high-risk responses based on the professionally recognized and ODP approved comprehensive assessment (e.g., Health Risk Screening Tool; Functional Assessment Screening Tool; ABID; ARMIDILO-S; Online Readiness Checklist), at initial contracting or renewal looking back at the prior calendar year. **Note:** The review period will be for the prior calendar year (e.g., CY2023). *Data Source: Provider Survey; Documentation Review; EIM*	
Assessment Question		Will your agency be able demonstrate follow through by responsiveness to corrective action reporting and high-risk responses based on the professionally recognized and ODP approved comprehensive assessment?	
Preparedness Level		❑ My agency does not use the ODP-approved comprehensive assessment to show follow-through on corrective action reporting and high-risk responses and will be challenged to do so. ❑ My agency does not use the ODP-approved comprehensive assessment but is able to adopt the assessment to show follow-through on corrective action reporting and high-risk responses and will be challenged to do so. ❑ My agency uses the ODP approved comprehensive assessment to show follow through on corrective action reporting and high-risk responses, but not consistently or with regularity. ❑ My agency uses the ODP approved comprehensive assessment to show follow through on corrective action reporting and high-risk responses.	

PERFORMANCE AREA: Supporting Individuals with Complex Needs (continued)

Standard: Residential program has a demonstrated ratio (employed or contracted) of licensed clinical staff and/or staff credentialed in a nationally recognized (and ODP approved) credentialling program that meets the needs of individuals served in the program (continued)

	Primary	Select	Clinically Enhanced Select
Measure		**CN-C.01.3** Provide plan and attest to agency tracking and use of data from the Health Risk Screening Tool (HRST) measure interruption in daily activity because of illness ("clinical status") to improve health outcomes, at the initial contracting or renewal date. **Note:** Providers are encouraged to use canned and custom reports available through HRS Online. **Note:** Provider submitted documentation of evidence or description of use of targeted resources as of July 1, 2024. *Data Source: Provider Survey; Documentation Review*	
Assessment Question		Does your agency have, or will it be able to have, a plan and attest to agency tracking and use of data from the HRST to measure interruption in daily activity because of illness ("clinical status") to improve health outcomes?	
Preparedness Level		❑ My agency does not have a plan and does not use the HRST to measure interruption in daily activity because of illness ("clinical status") to improve health outcomes and will be challenged to establish one. ❑ My agency does not have a plan that tracks and uses data from the HRST to measure interruption in daily activity because of illness ("clinical status") to improve health outcomes but can readily establish and operationalize one. ❑ My agency has a plan that includes tracking and using data from the HRST but needs improvement to measure interruption in daily activity because of illness ("clinical status") to improve health outcomes. ❑ My agency has a plan that includes tracking and using data from the HRST to measure interruption in daily activity because of illness ("clinical status") to improve health outcomes.	

PERFORMANCE AREA: Supporting Individuals with Complex Needs (continued)

Standard: Residential program has a demonstrated ratio (employed or contracted) of licensed clinical staff and/or staff credentialed in a nationally recognized (and ODP approved) credentialling program that meets the needs of individuals served in the program (continued)

	Primary	Select	Clinically Enhanced Select
Measure			CN-C.01.4 Meet a 1:10 minimum ratio of behavioral/mental health clinical staff to all individuals served, at the initial contracting or renewal date. **Note:** Accepted behavioral/mental health professionals are Licensed Psychiatrist, Psychologist, Professional Counselor (LPC) and Behavior Specialist; BCBA, BCaBA, NADD Dual Diagnosis Specialist, Certified Peer Specialist, LCSW, Registered Behavioral Technician (RBT), and Behavior Support Professional that meets ODP waiver qualification requirements. **Note:** Provider submitted documentation of evidence or description of use of targeted resources as of July 1, 2024. *Data Source: Provider Survey; SIS; HRS*
Assessment Question			Does your agency meet a 1:10 minimum ratio of behavioral/mental health clinical staff to all individuals served?
Preparedness Level			❑ Yes, at the minimum ratio ❑ Yes, above the minimum ratio ❑ No ❑ Unknown/Unsure

PERFORMANCE AREA: Supporting Individuals with Complex Needs (continued)

Standard: Residential program has a demonstrated ratio (employed or contracted) of licensed clinical staff and/or staff credentialed in a nationally recognized (and ODP approved) credentialling program that meets the needs of individuals served in the program (continued)

	Primary	Select	Clinically Enhanced Select
Measure			**CN-C.01.5** Population served in residential is average needs Level 4.5+ and average Healthcare Level (HCL) 3.5+ of total population served, at initial contracting or renewal looking back at the prior calendar year. **Note:** The review period will be point in time July 1, 2024. *Data Source: SIS, HR, (ODP data pull)*
Assessment Question			Does your agency support average needs Level 4.5+ and average Healthcare Level (HCL) 3.5+ of total population served?
Preparedness Level			❑ Yes ❑ No ❑ Unknown/Unsure

PERFORMANCE AREA: Supporting Individuals with Complex Needs (continued)

Standard: Demonstrated ability to support individuals to access necessary physical health and behavioral health (BH) treatments

	Primary	Select	Clinically Enhanced Select
Measure	CN-C.02.1 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), at the initial contracting or renewal date. **Note:** Provider submitted documentation of evidence or description of use of targeted resources as of July 1, 2024. *Data Source: Provider Survey; Documentation Review*		
Assessment Question	Will your agency be able to report a 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)?		
Preparedness Level	❑ My agency does not currently have professional relationships with individuals with training/experience in supporting people with autism or developmental disabilities. ❑ My agency does not currently have professional relationships with individuals with training/experience in supporting people with autism or developmental disabilities, but we are working on it. ❑ My agency has a few professional relationships with individuals with training/experience in supporting people with autism or developmental disabilities and needs to broaden these connections. ❑ My agency has professional relationships with individuals with training/experience in supporting people with autism or developmental disabilities. .		

PERFORMANCE AREA: Supporting Individuals with Complex Needs (continued)

Standard: Demonstrated ability to support individuals to access necessary physical health and behavioral health (BH) treatments (continued)

	Primary	Select	Clinically Enhanced Select
Measure		CN-C-02.2 Follow-up after hospitalization for mental illness (e.g., Clinical Social Worker, Marriage and Family Therapist, Mental Health Occupational Therapist, Neuropsychologist, Professional Counselor, Psychiatric/Mental Health Nurse Practitioner/Clinical Nurse Specialist, Psychiatrist, Psychoanalyst, Psychologist) at 30-day a minimum of 75%, at initial contracting or renewal looking back at the prior calendar year. **Note:** The review period will be for the prior calendar year (e.g., CY2023). *Data Source: P3N; Claims*	CN-C-02.2 Follow-up after hospitalization for mental illness (e.g., Clinical Social Worker, Marriage and Family Therapist, Mental Health Occupational Therapist, Neuropsychologist, Professional Counselor, Psychiatric/Mental Health Nurse Practitioner/Clinical Nurse Specialist, Psychiatrist, Psychoanalyst, Psychologist), a minimum of 40% for 7-days and a minimum of 75% for 30-days, at initial contracting or renewal looking back at the prior calendar year. **Note:** The review period will be for the prior calendar year (e.g., CY2023). *Data Source: P3N; Claims*
Assessment Question		Will your agency be able to report at least 75% of the time, that follow up occurred for mental illness within 30 days of hospital discharge?	Will your agency be able to report at least 40% of the time, that follow up occurred for mental illness within 7 days of hospital discharge? At least 75% of the time for 30-day follow-up?
Preparedness Level		❑ My agency will be able to report a minimum of 25% frequency of follow up after a hospitalization for mental illness, but do not meet the 75% standard. ❑ My agency will be able to report a minimum of 25% - 49% frequency of follow up after a hospitalization for mental illness, but do not meet the 75% standard. ❑ My agency will be able to report a minimum of 50% - 74% frequency of follow up after a hospitalization for mental illness, but do not meet the 75% standard. ❑ My agency will be able to report a minimum of 75% or higher frequency of follow up after a hospitalization for mental illness.	❑ My agency will be able to report a minimum frequency of follow up after a hospitalization for mental illness, but do not meet the 40% or 75% standard. ❑ My agency will be able to report a moderate frequency of follow up at after a hospitalization for mental illness, but do not yet closely approach the 40% or 75% standard. ❑ My agency will be able to report a minimum of 40% or higher for 7-day and 75% or higher frequency of follow up after a hospitalization for mental illness.

PERFORMANCE AREA: Supporting Individuals with Complex Needs (Dual Diagnosis/Behavioral)

Standard: 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

	Primary	Select	Clinically Enhanced Select
Measure		**CN-DD/Bx.01.1** Attestation that no later than December 31, 2025, all DSPs, FLSs, and program managers will have completed training on Autism Spectrum Disorder (ASD) (i.e., Spectrum or equivalent basic course on effectively supporting people with ASD) and new staff will complete within 1-year of hire. *Data Source: Provider Survey, Documentation Review and/or Contract Application; Validation occurs in future QA&I/PQ cycle*	
Assessment Question		Will your agency be able to attest that no later than December 31, 2025, all DSPs, FLSs, and program managers will have completed training on ASD (i.e., Spectrum or equivalent basic course on effectively supporting people with ASD) and new staff will complete within 1-year of hire?	
Preparedness Level		❑ Yes ❑ No ❑ Unknown/Unsure	

PERFORMANCE AREA: Supporting Individuals with Complex Needs (Dual Diagnosis/Behavioral) (continued)

Standard: 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 (continued)

	Primary	Select	Clinically Enhanced Select
Measure		CN-DD/Bx.01.2 Demonstrate a minimum of 50% of total behavioral support hours as face-to-face time (in person or virtual) with behavioral support staff across all settings interfacing with family, DSPs, FLSs, and individuals, at initial contracting or renewal looking back at the prior calendar year. **Note:** The review period will be for the prior calendar year (e.g., CY2023). *Data Source: Provider Survey, Documentation Review and/or Contract Application; Validation occurs in future QA&I/PQ cycle*	CN-DD/Bx.01.2 Demonstrate a minimum of 70% of total behavioral support hours as face to-face time (in person or virtual) with behavioral support staff across all settings interfacing with family, DSPs, FLSs, and individuals, at initial contracting or renewal looking back at the prior calendar year. **Note:** The review period will be for the prior calendar year (e.g., CY2023). *Data Source: Provider Survey, Documentation Review and/or Contract Application; Validation occurs in future QA&I/PQ cycle*
Assessment Question		Will your agency be able to demonstrate that a minimum of 50% of total behavioral support hours are face-to-face across all settings interfacing with family, DSPs, FLSs, and individuals?	Will your agency be able to demonstrate that a minimum of 70% of total behavioral support hours are face to-face across all settings interfacing with family, DSPs, FLSs, and individuals?
Preparedness Level		❑ My agency will be able to report no more than 25% of total behavioral support hours are face-to-face with behavioral support staff across all settings. ❑ My agency will be able to report between 25% - 49% of total behavioral support hours are face-to-face with behavioral support staff across all settings. ❑ My agency will be able to report a minimum of 50% of total behavioral support hours are face-to-face with behavioral support staff across all settings. ❑ My agency will be able to report 51% or more of total behavioral support hours are face-to-face with behavioral support staff across all settings.	❑ My agency will be able to report no more than 35% of total behavioral support hours are face-to-face with behavioral support staff across all settings. ❑ My agency will be able to report between 36% - 69% total behavioral support hours are face-to-face with behavioral support staff across all settings. ❑ My agency will be able to report a minimum of 70% of total behavioral support hours are face-to-face with behavioral support staff across all settings. ❑ My agency will be able to report 70% or more of total behavioral support hours are face-to-face with behavioral support staff across all settings.

PERFORMANCE AREA: Supporting Individuals with Complex Needs (Dual Diagnosis/Behavioral) (continued)

Standard (Criteria Specific to Clinically Enhanced Behavioral Supports): 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 (continued)

	Primary	Select	Clinically Enhanced Select
Measure			CN-DD/Bx.01.3 Documentation of intensive (courses, conferences) applicable specialized training relative to individual diagnosis (Prader Willi syndrome, Fetal Alcohol Syndrome, ASD, Borderline Personality Disorder, Pica etc.), at initial contracting or renewal looking back at the prior calendar year. **Note:** The review period will be for the prior calendar year (e.g., CY2023). *Data Source: Provider Survey, Documentation Review and/or Contract Application; Validation occurs during future QA&I/PQ cycle*
Assessment Question			Will your agency be able to demonstrate documentation of intensive (courses, conferences) applicable specialized training relative to individual diagnosis (Prader Willi syndrome, Fetal Alcohol Syndrome, ASD, Borderline Personality Disorder, Pica etc.)?
Preparedness Level			❑ Yes ❑ No ❑ Unknown/Unsure

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PERFORMANCE AREA: Supporting Individuals with Complex Needs (Dual Diagnosis/Behavioral) (continued)

Standard: Demonstrate use of data to impact individual outcomes.

	Primary	Select	Clinically Enhanced Select
Measure	CN-DD/Bx.02.1a For the review period of CY2024, report on percentage of people with restrictive procedures that 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 BH clinic. *Data Source: Provider Survey; Documentation Review; HCSIS/EIM and Claims (ODP data pull)*		
Assessment Question	Will your agency be able to report on the percentage of people with restrictive procedures that 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 BH clinic?		
Preparedness Level	❑ My agency does not currently evaluate individual with restrictive by any professional and will be challenged to do so. ❑ My agency does not currently evaluate individuals with restrictive procedures but can readily develop and implement a protocol. ❑ My agency has a protocol for evaluating individuals with restrictive procedures but needs to improve the process to do it at least annually and with the specified professionals. ❑ My agency has a protocol for at least annually evaluating individuals with restrictive procedures by the specified professionals.		
Measure	CN-DD/Bx.02.1b For the review period of CY2025, 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 BH clinic. *Data Source: Provider Survey; Documentation Review*		
Assessment Question	Will your agency be able to report for the review period of CY2025 on, that 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 BH clinic?		
Preparedness Level	❑ Yes ❑ No ❑ Unknown/Unsure		

PERFORMANCE AREA: Supporting Individuals with Complex Needs (Dual Diagnosis/Behavioral) (continued)

Standard: Demonstrate use of data to impact individual outcomes (continued)

	Primary	Select	Clinically Enhanced Select
Measure		**CN-DD/Bx.02.2** 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), at the initial contracting or renewal date. **Note:** Providers will submit a sample of a currently used or proposed data analysis plan. Providers are encouraged to use EIM dashboards to support Incident Management data collection and analysis. **Note:** Provider submitted documentation of evidence or description of use of targeted resources as of July 1, 2024. *Data Source: Provider Survey; Documentation Review*	
Assessment Question		Will your agency be able to demonstrate the 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)?	
Preparedness Level		❑ My agency does not currently use data to assess individual outcomes regarding any of the specified categories and will be challenged to do so. ❑ My agency minimally uses data to assess individual outcomes regarding any of the specified categories and will be challenged to do more. ❑ My agency currently uses data to assess individual outcomes in most of the specified categories and can make improvements to address all. ❑ My agency currently uses data to assess individual outcomes all the specified categories.	

PERFORMANCE AREA: Supporting Individuals with Complex Needs (Dual Diagnosis/Behavioral) (continued)

Standard: Demonstrated capacity to anticipate and deescalate crisis, when possible and, when not, to respond swiftly and effectively

	Primary	Select	Clinically Enhanced Select
Measure	CN-DD/Bx.03.1a Description of agency capabilities for de-escalation and how provider anticipates and responds to a crisis for individuals, at the initial contracting or renewal date. **Note:** Provider submitted documentation of evidence or description of use of targeted resources as of July 1, 2024. *Data Source: Provider Survey; Documentation Review*		
Assessment Question	Will your agency be able to describe its de-escalation capabilities and how you anticipate and respond to individual crisis situations?		
Preparedness Level	❑ My agency currently does not have specific strategies for anticipating, responding to or de-escalating crisis situations and will be challenged to establish such approaches. ❑ My agency employs minimal strategies for anticipating, responding to or de-escalating crisis situations but can make the requisite improvements. ❑ My agency is able to describe with detail our strategies for anticipating, responding to or de-escalating crisis situations.		
Measure	CN-DD/Bx.03.1b Description of support/resources for DSPs and FLSs for crisis situations, at the initial contracting or renewal date. **Note:** Provider submitted documentation of evidence or description of use of targeted resources as of July 1, 2024. *Data Source: Provider Survey; Documentation Review*		
Assessment Question	Will your agency be able to provide a description of the support/resources provided to DSPs and FLSs for crisis situations?		
Preparedness Level	❑ My agency currently does not have specific supports and resources for DSPs and FLSs to manage crisis situations. ❑ My agency has minimal supports and resources for DSPs and FLSs to manage crisis situations but can make the requisite improvements. ❑ My agency is able to describe with detail supports and resources for DSPs and FLSs to manage crisis situations.		
Measure	CN-DD/Bx.03.1c Description of a curriculum-based crisis response training required for all program staff, at initial contracting or renewal, at the initial contracting or renewal date. **Note:** Provider submitted documentation of evidence or description of use of targeted resources as of July 1, 2024. *Data Source: Provider Survey; Documentation Review*		
Assessment Question	Will your agency be able to describe the required curriculum-based crisis response training for all program staff?		
Preparedness Level	❑ Yes ❑ No ❑ Unknown/Unsure		

PERFORMANCE AREA: Supporting Individuals with Complex Needs (Dual Diagnosis/Behavioral) (continued)

Standard: Demonstrate that when not able to anticipate and deescalate crisis, when possible and, when not, to respond swiftly and effectively (continued)

	Primary	Select	Clinically Enhanced Select
Measure	CN-DD/Bx.03.1d Description of a procedure for debriefing with staff and individuals after engagement in physical restraint, at initial contracting or renewal looking back at the prior calendar year. **Note:** Provider submitted documentation of evidence or description of use of targeted resources as of July 1, 2024. *Data Source: Provider Survey; Documentation Review*		
Assessment Question	Does your agency have a procedure for debriefing with staff and individuals after engagement in physical restrain		
Preparedness Level	❑ My agency currently does not have a procedure for debriefing with staff and individuals after engagement in physical restraint and will be challenged to establish one. ❑ My agency currently does not have a procedure for debriefing with staff and individuals after engagement in physical restraint but is able to readily establish one. ❑ My agency has a procedure for debriefing with staff and individuals after engagement in physical restraint but improvements are needed. ❑ My agency has an effective procedure for debriefing with staff and individuals after engagement in physical restraint.		
Measure			CN-DD/Bx.03.2 Use and documentation of trauma informed training/activities for individuals and staff/employees, at the initial contracting or renewal date. **Note:** Provider submitted documentation of evidence or description of use of targeted resources as of July 1, 2024. *Data Source: Provider Survey; Documentation Review*
Assessment Question			Will your agency be able to use and document trauma informed training/activities for individuals and staff/employees?
Preparedness Level			❑ My agency currently does not incorporate trauma informed principles in training and activities and will be challenged to do so. ❑ My agency currently does not incorporate trauma informed principles in training and activities but can make changes to use and document the principles. ❑ My agency incorporates some basics about trauma informed principles in training, but we can expand the use and documentation in training and daily activities. ❑ My agency effectively incorporates and documents trauma informed principles in all training and activities.

PERFORMANCE AREA: Supporting Individuals with Complex Needs (Dual Diagnosis/Behavioral) (continued)

Standard (Criteria Specific to Clinically Enhanced Behavioral Supports): Demonstrate that when not able to anticipate and deescalate crisis, when possible and, when not, to respond swiftly and effectively (continued)

	Primary	Select	Clinically Enhanced Select
Measure			**CN-DD/Bx.03.3** Documentation of crisis prevention and de-escalation training programs available and provided for all staff. (Examples of such programs include: Ukeru, CPI/CPS/ Mandt System®, NonViolent Crisis Intervention Training, Positive Behavioral Interventions and Supports (PBIS), etc., at the initial contracting or renewal date. **Note:** Provider submitted documentation of evidence or description of use of targeted resources as of July 1, 2024. *Data Source: Provider Survey; Documentation Review*
Assessment Question			Will your agency be able to document crisis prevention and de-escalation training programs available and provided for all staff?
Preparedness Level			❑ Yes ❑ No ❑ Unknown/Unsure

PERFORMANCE AREA: Supporting Individuals with Complex Needs (Medical)

Standard: (Criteria Specific to Clinically Enhanced Medical Supports): 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

	Primary	Select	Clinically Enhanced Select
Measure			**CN-M.01.1** Attestation that the provider meets medically complex standards in 1915(c)- waiver application (pages 111-112), at the initial contracting or renewal date. **Note:** Provider submitted documentation of evidence or description of use of targeted resources as of July 1, 2024. *Data Source: Provider Survey; Documentation Submission; Validation occurs during future PQ cycle*
Assessment Question			Will your agency be able to attest that it meets the medically complex standards reflected in the 1915(c)-waiver application?
Preparedness Level			❑ Yes ❑ No ❑ Unknown/Unsure

PERFORMANCE AREA: Supporting Individuals with Complex Needs (Medical) (continued)

Standard: (Criteria Specific to Clinically Enhanced Medical Supports): 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 (continued)

	Primary	Select	Clinically Enhanced Select
Measure			CN-M.01.2 For Children with Medically Complex Conditions demonstrated use of targeted resources — pediatric complex care resource centers, HCQUs, home care, support systems for families, use of family facilitator, at the initial contracting or renewal date. **Note:** This is only applicable for Clinically Enhanced providers supporting Children with Medically Complex Conditions. **Note:** Provider submitted documentation of evidence or description of use of targeted resources as of July 1, 2024. *Data Source: Provider Survey; Documentation Submission*
Assessment Question			Will your agency be able to demonstrate the use of targeted resources for children with Medically Complex Conditions such as the pediatric complex care resource centers, HCQUs, home care, support systems for families, use of family facilitator?

PERFORMANCE AREA: Supporting Individuals with Complex Needs (Medical) (continued)

Standard: (Criteria Specific to Clinically Enhanced Medical Supports): 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 (continued)

Measure (continued): CN-M.01.2 For Children with Medically Complex Conditions demonstrated use of targeted resources — pediatric complex care resource centers, HCQUs, home care, support systems for families, use of family facilitator, at the initial contracting or renewal date

	Primary	Select	Clinically Enhanced Select
Preparedness Level			❏ My agency currently cannot demonstrate the use of targeted resources for children with Medically Complex Conditions. ❏ My agency demonstrates some use of targeted resources for children with Medically Complex Conditions. ❏ My agency demonstrates use of targeted resources for children with Medically Complex Conditions but have identified areas for improvement. ❏ My agency effectively demonstrates use of targeted resources for children with Medically Complex Conditions.

PERFORMANCE AREA: Referral and Discharge Practices

Standard: Service initiation occurs within an average of 90 days or less post referral acceptance for Community Homes and an Average of 180 days or less post referral acceptance for Supported Living and Life Sharing

	Primary	Select	Clinically Enhanced Select
Measure	**RD.01.1** Attest that a system will be in place January 1, 2025, to track and report time to service after post-referral acceptance and report the circumstances under which an individual(s) was not returned to their home post discharge from an inpatient, skilled nursing or rehabilitation facility or release from incarceration, including a summary of the planning, coordination and accommodation efforts undertaken and the remaining barriers that resulted in the provider's inability to return the individual to their home. **Note:** Primary Providers may not accept NEW referrals for individuals Needs Group 4 or greater. This does not apply to individuals Needs Group 4 or greater receiving residential services prior to January 1, 2025, or individuals where the needs assessment results in an increase. *Data Source: Initially, Provider Survey; Documentation Review; HCSIS/ECM*		
Assessment Question	Will your agency be able to attest that a system will be in place January 1, 2025, to track and report time to service after post-referral acceptance?		
Preparedness Level	❑ Yes ❑ No ❑ Unknown/Unsure		

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PERFORMANCE AREA: Referral and Discharge Practices (continued)

Standard: Service initiation occurs within an average of 90 days or less post referral acceptance for Community Homes and an Average of 180 days or less post referral acceptance for Supported Living and Life Sharing (continued)

	Primary	Select	Clinically Enhanced Select
Measure		**RD.01.2** Residential service providers serving a minimum of 10 individuals for the review period must attest that a system will be in place beginning January 1, 2025, to report current average days for service initiation. **Note:** Providers serving less than 10 individuals January 1, 2025, will not be eligible for Select or Clinically Enhanced tiers **Note:** May accept NEW referrals for individuals Needs Group 4 or greater. *Data Source: Claims (ODP data pull)*	
Assessment Question		Is your agency able to attest that it supports at least 10 individuals for the review period?	
Preparedness Level		❑ Yes ❑ No	
Assessment Question		Is your agency able to attest a system will be in place beginning January 1, 2025, to report current average days for service initiation	
Preparedness Level		❑ Yes ❑ No ❑ Unknown/Unsure	

PERFORMANCE AREA: Referral and Discharge Practices (continued)

Standard: Service initiation occurs within an average of 90 days or less post referral acceptance for Community Homes and an Average of 180 days or less post referral acceptance for Supported Living and Life Sharing (continued)

	Primary	Select	Clinically Enhanced Select
Measure		RD.01.3a Demonstrate timeliness of response to referrals: Attest that a system will be in place beginning January 1, 2025, to track and report: • Referrals received and accepted. • Time to service after post-referral acceptance. • Conditions surrounding each circumstance in which 90-day timeline is not met for Residential Habilitation and 180-day timeline is not met for Life Sharing and Supported Living. • Referrals denied, reason (age, gender, clinical needs, location/geography, vacancy status workforce. • Report number of provider-initiated discharges to other residential providers or ICFs and reason for discharge(s) • Report the circumstances under which an individual(s) was not returned to their home post discharge from an inpatient, skilled nursing or rehabilitation facility or release from incarceration, including a summary of the planning, coordination and accommodation efforts undertaken and the remaining barriers that resulted in the provider's inability to return the individual to their home. *Data Source: Initially, Provider Survey; Documentation Review; HCSIS/ECM*	
Assessment Question		Will your agency be able to attest that a system will be in place beginning January 1, 2025, to track and report referrals received and accepted?	
Preparedness Level		❑ Yes ❑ No ❑ Unknown/Unsure	
Measure		RD.01.3b Attestation to confirm the referral and discharge data provided is accurate, a procedure is in place to review referrals, and the procedure is in practice, at the initial contracting or renewal date. **Note:** Provider submitted documentation of evidence or description of use of targeted resources as of July 1, 2024. *Data Source: Initially, Provider Survey; Documentation Review; HCSIS/ECM*	
Assessment Question		Will your agency be able to attest that the referral and discharge data provided is accurate, a procedure is in place to review referrals, and the procedure is in practice?	
Preparedness Level		❑ Yes ❑ No ❑ Unknown/Unsure	

PERFORMANCE AREA: Data Management — Collection and use of data in Quality Management (QM) activities, and timely reporting of data to ODP, Administrative Entity (AE), and PAS Vendor

Standard: Demonstrated production of data reports (including ad hoc) through adopted technology platform

	Primary	Select	Clinically Enhanced Select
Measure	**DM.01.1** Submit completed test case file in format required/requested by ODP, at the initial contracting or renewal date. **Note:** The review period will be as of July 1, 2024. *Data Source: Provider Survey and/or Documentation Submission*	**DM.01.2** Provide one sample of operational report 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), at the initial contracting or renewal date. **Note:** Provider submitted documentation of evidence or description of use of targeted resources as of July 1, 2024. *Data Source: Documentation Review*	
Assessment Question	Will your agency be able to submit a completed test case file in the format required by ODP?	Will your agency be able to provide one sample of an operational report or quality report used for internal monitoring and implementation of QM initiatives?	
Preparedness Level	❑ My agency cannot submit a completed test case file in the format required by ODP and will be challenged to establish one. ❑ My agency does not have a completed test case file in the format required by ODP but can readily establish and operationalize one. ❑ My agency can submit a completed test case file in the format required by ODP.	❑ My agency does not have an operational or quality report used for internal monitoring and implementation of QM initiatives and will be challenged to establish one. ❑ My agency does not have an operational or quality report used for internal monitoring and implementation of QM initiatives but can readily establish and operationalize one. ❑ My agency has at least one operational or quality report used for internal monitoring and implementation of QM initiatives.	

PERFORMANCE AREA: Data Management — use of electronic health records (EHRs)

Standard: Demonstrated data capability with use of a HIPAA compliant EHR

	Primary	Select	Clinically Enhanced Select
Measure		**DM.02** Report the EHR in use and what functions of the software are utilized (e.g., that includes medication records, physician notes, Individual Care Plan (ICP), etc.) and demonstrated use of EHR, at the initial contracting or renewal date. **Note:** Provider submitted documentation of evidence or description of use of targeted resources as of July 1, 2024. *Data Source: Provider Survey or documentation review*	
Assessment Question		Will your agency be able to report the EHR in use and what functions of the software are utilized (e.g., that includes medication records, physician notes, Individual Care Plan (ICP), etc.) and demonstrated use of EHR?	
Preparedness Level		❑ My agency does not use an EHR and would be challenged to establish one. ❑ My agency does not have an EHR but can readily procure and operationalize one. ❑ My agency has an EHR but does not fully use the platform functionality. ❑ My agency has an EHR and is able to report on its use a	

PERFORMANCE AREA: Risk Management — Incident Reporting Fidelity

Standard: Demonstrated fidelity to incident management procedures as outlined in ODP policy

	Primary	Select	Clinically Enhanced Select
Measure		RM-IM.01.1 The provider demonstrates reporting fidelity: The maximum number of critical incidents (potentially indicative of abuse or neglect) not reported may not exceed 1% of overall reported incidents by provider, at initial contracting or renewal looking back at the prior calendar year. **Note:** Providers are encouraged to use EIM dashboards to support Incident Management data collection and analysis. **Note:** The review period will be for the prior calendar year (e.g., CY2023). *Data Source: Claims; EIM;*	
Assessment Question		Is your agency operating and reporting such that the maximum number of unreported critical incidents does not exceed 1% of overall reported incidents by provider?	
Preparedness Level		❑ Yes ❑ No ❑ Unknown/Unsure	
Measure		RM-IM.01.2 Provider demonstrates reporting fidelity: Maximum number of critical incidents (potentially indicative of abuse or neglect) not reported timely may not exceed 10% of overall reported critical incidents by provider, at initial contracting or renewal looking back at the prior calendar year. **Note:** The review period will be for the prior calendar year (e.g., CY2023). *Data Source: Claims; EIM*	
Assessment Question		Is your agency operating and reporting such that the maximum number of untimely reported critical incidents does not exceed 10% of the overall reported critical incidents?	
Preparedness Level		❑ Yes ❑ No ❑ Unknown/Unsure	

PERFORMANCE AREA: Risk Management — Incident Reporting Fidelity (continued)

Standard: Demonstrated fidelity to incident management procedures as outlined in ODP policy (continued)

	Primary	Select	Clinically Enhanced Select
Measure		**RM-IM.01.3** Timely finalization of incidents is demonstrated by: At least 90% of incidents are finalized within 30 days of discovery, at initial contracting or renewal looking back at the prior calendar year. **Note:** Providers are encouraged to use EIM dashboards to support Incident Management data collection and analysis. **Note:** The review period will be for the prior calendar year (e.g., CY2023). *Data Source: EIM*	
Assessment Question		Is your agency operating and reporting such that at least 90% of incidents are finalized within 30 days of discovery?	
Preparedness Level		❑ Yes ❑ No ❑ Unknown/Unsure	
Measure		**RM-IM.01.4** At least 95% of all incidents must be finalized by the due date, and the due date may only exceed 30 days in no more than 5% of those incidents, at initial contracting or renewal looking back at the prior calendar year. **Note:** Due dates may exceed 30 days when the provider has notified the Department in writing that an extension is necessary and the reason for the extension. **Note:** Providers are encouraged to use EIM dashboards to support Incident Management data collection and analysis. **Note:** The review period will be for the prior calendar year (e.g., CY2023). *Data Source: ODP Incident Management System*	
Assessment Question		Is your agency operating and reporting such that at least 95% of all incidents are finalized by the due date, which exceeds 30-days in no more than 5% of those incidents?	
Preparedness Level		❑ Yes ❑ No ❑ Unknown/Unsure	

pennsylvania
DEPARTMENT OF HUMAN SERVICES
OFFICE OF DEVELOPMENTAL PROGRAMS

PERFORMANCE AREA: Risk Management — health risk screening tool (HRST) fidelity

Standard: Demonstrated capacity to properly and timely assess individuals

	Primary	Select	Clinically Enhanced Select
Measure	RM-HRS.01.1 Current HRSTs are in place for all individuals including applicable assessments indicated by HRST protocol, at the initial contracting or renewal date. **Note:** Providers are encouraged to use canned and custom reports available through HRS Online. **Note:** Provider submitted documentation of evidence or description of use of targeted resources as of July 1, 2024. *Data Source: HRS Online*		
Assessment Question	Will your agency be able to demonstrate that current HRSTs are in place for all individuals, including applicable assessments, indicated by HRST protocol?		
Preparedness Level	❑ My agency is not using the HRST, including applicable assessments, for all individuals supported and will be challenged to do so. ❑ My agency is using the HRST, including applicable assessments, for some individuals supported and will be able to modify our processes to do so. ❑ My agency is using the HRST, including applicable assessments, for most individuals supported and will improve to 100%. ❑ My agency is effectively using the HRST, including applicable assessments, for all individuals supported.		
Measure		RM-HRS.01.2 ODP will review CY25 HEDIS measure AAP — Adults' Access to Preventive/Ambulatory Care data to assure that providers are supporting individuals to have health care visits to receive preventive services, such as tests and screenings, and counseling on topics such as diet and exercise. *Data Source: HEDIS Data (ODP data pull)*	
Assessment Question		Will your agency be able to support individuals to receive health care visits so that HEDIS data demonstrates access to preventive and ambulatory care?	
Preparedness Level		❑ My agency is not supporting individuals to receive preventive and ambulatory health care visits and will be challenged to do so. ❑ My agency is not currently supporting individuals to receive preventive and ambulatory health care visits but will be able modify our practices. ❑ My agency is supporting individuals to receive preventive and ambulatory health care visits and are confident the HEDIS data will demonstrate access to care.	

PERFORMANCE AREA: Risk Management — health risk screening tool (HRST) fidelity (continued)

Standard: Demonstrated capacity to properly and timely assess individuals (continued)

	Primary	Select	Clinically Enhanced Select
Measure		RM-HRS.01.3 Demonstrate use of data and recommendations to improve individual health/outcomes, at the initial contracting or renewal date. **Note:** Providers are encouraged to use canned and custom reports available through HRS Online. **Note:** Provider submitted documentation of evidence or description of use of targeted resources as of July 1, 2024. *Data Source: Clinical Reviews; HEDIS data*	
Assessment Question		Will your agency be able to demonstrate that data is used to make recommendations about and improve health/outcomes for individuals supported?	
Preparedness Level		❑ My agency is not collecting or using data to inform individual health/outcomes and will be challenged to do so. ❑ My agency collects some data regarding individual health and does not use data to inform recommendations or outcomes but can modify our data collection to do so. ❑ My agency is collecting a moderate amount of data and can make improvements to demonstrate its use to inform individual health/outcomes. ❑ My agency is effectively collecting, using, and reporting data regarding recommendations for and improvements to individual health/outcomes	

Residential Provider Performance-Based Contracting Preparedness SELF-ASSESSMENT

PERFORMANCE AREA: Employment — rate of competitive integrated employment (CIE) for working age participants, adjusted for acuity

Standard: Demonstrated support of individuals to seek and obtain CIE

	Primary	Select	Clinically Enhanced Select
Measure	**EMP.01.1** Demonstrate tracking of CIE and the percentage of working age people (18-64) with CIE, at initial contracting or renewal looking back at the prior calendar year. **Note:** The review period will be for the prior calendar year (e.g., CY2023). *Data Source: HCSIS; Claims; SC Monitoring Tool for CIE, CWDS (OVR data)*		
Assessment Question	Will your agency be able to demonstrate tracking of CIE, including the percentage of people supported who are working age (18-64) and competitively employed?		
Preparedness Level	❑ Yes ❑ No ❑ Unknown/Unsure		
Measure	**EMP.01.2** Plan for improvement of CIE, at the initial contracting or renewal date. **Note:** Provider submitted documentation of evidence or description of use of targeted resources as of July 1, 2024. *Data Source: Provider survey and documentation submission*		
Assessment Question	Will your agency be able to develop a Plan for the improvement of CIE among people supported?		
Preparedness Level	❑ Yes ❑ No ❑ Unknown/Unsure		

PERFORMANCE AREA: Employment — rate of competitive integrated employment (CIE) for working age participants, adjusted for acuity (continued)

Standard: Demonstrated support of individuals to seek and obtain CIE (continued)

	Primary	Select	Clinically Enhanced Select
Measure		**EMP.01.3** Combined percentage of working age (18-64) individuals receiving Career Assessment or Job Finding services through ODP or Office of Vocational Rehabilitation (OVR) AND competitively employed in integrated settings. Must meet or exceed 19% for Needs Group 1-2 and 4% for Needs Group 3 or greater, at initial contracting or renewal looking back at the prior calendar year. **Note:** The review period will be for the prior calendar year (e.g., CY2023). *Data Source: HCSIS; Claims; SC Monitoring Tool for CIE, CWDS (OVR data)*	
Assessment Question		Will your agency be able to demonstrate among individuals supported who are working age (18-64) that there is a combined percentage of individuals that are receiving Career Assessment or Job Finding services through ODP or OVR and individuals who are competitively employed?	
Preparedness Level		❑ My agency currently cannot demonstrate a combined percentage of individuals who are competitively employed or are receiving supports to obtain a job and will be challenged to do so. ❑ My agency is supporting CIE for individuals at a percentage well below the needs group targets but can make modifications to achieve the required percentages. ❑ My agency is effectively supporting CIE for individuals at or above the needs group target percentages.	

PERFORMANCE AREA: Use of Remote Support Technology

Standard: Demonstrated use of technology to improve health and wellness, stabilize workforce, and create additional opportunities to increase independence for individuals

	Primary	Select	Clinically Enhanced Select
Measure	RST.01.1 Types of remote support technology in use, at the initial contracting or renewal date. **Note:** Provider submitted documentation of evidence or description of use of targeted resources as of July 1, 2024. *Data Source: Provider Survey*		
Assessment Question	Will your agency be able to report on the types of remote technology in use?		
Preparedness Level	❑ Yes ❑ No ❑ Unknown/Unsure		
Measure	RST.01.2 Number and percentage of individuals using remote support technology, at the initial contracting or renewal date. **Note:** Provider submitted documentation of evidence or description of use of targeted resources as of July 1, 2024. *Data Source: Provider Survey*		
Assessment Question	Will your agency be able to report on the number and percentage of individuals using remote support technology?		
Preparedness Level	❑ Yes ❑ No ❑ Unknown/Unsure		
Measure	RST.01.3 Estimated direct care hours that are being redirected with use of technology, at the initial contracting or renewal date. **Note:** Provider submitted documentation of evidence or description of use of targeted resources as of July 1, 2024. *Data Source: Provider Survey*		
Assessment Question	Will your agency be able to estimate direct care hours that are being redirected with the use of technology?		
Preparedness Level	❑ My agency does not track the number of direct care hours redirected with the use of technology and will be challenged to do so. ❑ My agency has basic information on the amount of direct care hours redirected through the use of technology supports but can make improvements for more accurate estimates. ❑ My agency collects and uses detailed data on the number of direct care hours redirected with the use of technology and can readily provide this information to ODP.		

PERFORMANCE AREA: Use of Remote Support Technology (continued)

Standard: Demonstrated use of technology to improve health and wellness, stabilize workforce, and create additional opportunities to increase independence for individuals (continued)

	Primary	Select	Clinically Enhanced Select
Measure	RST.01.4 If there are savings, how are you using these value-based savings to invest in your organization resulting in improvements to workforce, service delivery, etc., at initial contracting or renewal looking back at the prior calendar year. **Note:** Provider submitted documentation of evidence or description of use of targeted resources as of July 1, 2024. *Data Source: Provider Survey*		
Assessment Question	Will your agency be able to report on how you invested in your organization and made improvements in the workforce, service delivery, etc. due to value-based savings?		
Preparedness Level	❑ Yes ❑ No ❑ Unknown/Unsure		
Measure	RST.01.5 How many employees and/or contracted entities have Assistive Technology Professional certificates from Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) or Enabling Technology Integration Specialist (SHIFT) certification, at the initial contracting or renewal date. **Note:** Provider submitted documentation of evidence or description of use of targeted resources as of July 1, 2024. *Data Source: Provider Survey*		
Assessment Question	Will your agency be able to report on how many employees and/or contracted entities have Assistive Technology Professional certificates from Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) or Enabling Technology Integration Specialist (SHIFT) certifications?		
Preparedness Level	❑ Yes ❑ No ❑ Unknown/Unsure		

PERFORMANCE AREA: Regulatory Compliance

Standard: Demonstrating regulatory compliance with requirements outlined in (55 Pa. Code Chapters 6100, 6400, and 6500)

	Primary	Select	Clinically Enhanced Select
Measure	**RC.01** Maintain regular license status (i.e., a license that is not on provisional or revoked status) for all residential homes that require licensure, at the initial contracting or renewal date. **Note:** Providers with one or more licenses that are on provisional or revoked status are categorized as Tier Conditional and monitored per current licensing requirements. **Note:** The review period will be point in time July 1, 2024. *Data Source: Licensing Database/ELS*		
Assessment Question	My agency acknowledges the expectation that it must maintain a regular license on all residential homes, as required, and that provisional or revoked licensure status places that as Tiered Conditional with monitoring per the current ODP licensing requirements.		
Preparedness Level	❑ My agency acknowledges requisite licensing requirements for all residential homes.		

PERFORMANCE AREA: Community Integration

Standard: Demonstrate that individuals are engaged in meaningful activities, as defined by the individual, outside of their home based on their strengths, interests, and preferences

	Primary	Select	Clinically Enhanced Select
Measure	CI.01.1 NCI-IDD CI-1: Social Connectedness - The proportion of people who report that they do not feel lonely, based on the most recently publicly reported data from NCI-IDD. **Note:** Beginning January 1, 2026 *Data Source: NCI Survey Questions Delivered via ECM Tool (ODP data pull)*		
Assessment Question	Do your agency's NCI-IDD results indicate that people do not feel lonely?		
Preparedness Level	❑ My agency's NCI-IDD results are below thresholds regarding the social connectedness indicator, and it is challenged to make changes to improve individuals' sense of loneliness. ❑ My agency's NCI-IDD results are average regarding the social connectedness indicator and can make improvements in supports and services so that individuals do not feel lonely. ❑ My agency's NCI-IDD results are above average indicating that people supported do not feel lonely and have a good sense of social connectedness.		
Measure	CI.01.2 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, based on the most recently publicly reported data from NCI-IDD. **Note:** Beginning January 1, 2026 *Data Source: NCI Survey Questions Delivered via ECM Tool (ODP data pull)*		
Assessment Question	Do your agency's NCI-IDD results indicate that people report satisfaction with the level of participation in community inclusion activities?		
Preparedness Level	❑ My agency's NCI-IDD results are below thresholds regarding the satisfaction with community inclusion activities and it is challenged to make changes to improve individuals' level of participation. ❑ My agency's NCI-IDD results are average regarding the level of participation indicator and can make improvements in community inclusion activities. ❑ My agency's NCI-IDD results are above average indicating that people supported are satisfied with their level of participation in community inclusion activities.		

PERFORMANCE AREA: Quality

Standard: Demonstrated commitment to wellness of individuals through targeted activities

	Primary	Select	Clinically Enhanced Select
Measure	QI.01.1 General attestation and a description of how the provider coordinates wellness activities and including use of HRS data for residential program participants, at the initial contracting or renewal date. Note: Providers are encouraged to use canned and custom reports available through HRS Online. Note: Provider submitted documentation of evidence or description of use of targeted resources as of July 1, 2024. *Data Source: Provider Survey and/or Documentation Review*		
Assessment Question	Will your agency be able to attest and describe how it coordinates wellness activities for individuals supported?		
Preparedness Level	❑ Yes ❑ No ❑ Unknown/Unsure		
Assessment Question	Will your agency be able to attest and describe how it uses HRS data to inform wellness activities for residential program participants'?		
Preparedness Level	❑ My agency is not collecting or using HRS data to inform wellness activities of individuals supported and will be challenged to do so. ❑ My agency collects and uses some HRS data to inform wellness activities of individuals supported but can modify our practices to do so. ❑ My agency is moderately using HRS data to inform wellness activities of individuals supported and can improve in this area. ❑ My agency is effectively using HRS data to inform wellness activities of individuals supported.		

PERFORMANCE AREA: Quality (continued)

Standard: Demonstrated commitment to wellness of individuals through targeted activities (continued)

	Primary	Select	Clinically Enhanced Select
Measure		QI.01.2 Provider is utilizing the individuals' collective HRS data to create and conduct wellness programs/activities, at initial contracting or renewal looking back at the prior calendar year. **Note:** Providers are encouraged to use canned and custom reports available through HRS Online. **Note:** The review period will be for the prior calendar year (e.g., CY2023). *Data Source: Provider Survey and/or Documentation Review*	
Assessment Question		Is your agency using collective HRST data to create and conduct wellness programs/activities?	
Preparedness Level		❑ Yes ❑ No ❑ Unknown/Unsure	
Measure		QI.01.3 Implementing directed wellness programs for nutrition, hypertension, mental health, diabetes, and/or heart disease, etc. as indicated by HRS data, at initial contracting or renewal looking back at the prior calendar year. **Note:** The review period will be for the prior calendar year (e.g., CY2023). *Data Source: Provider Survey and/or Documentation Review*	
Assessment Question		Is your agency implementing directed wellness programs for nutrition, hypertension, mental health, diabetes, and/or heart disease, etc. as indicated by HRS data.	
Preparedness Level		❑ My agency does not use HRST data to inform directed wellness programs and will be challenged to do so. ❑ My agency minimally uses HRST data to inform directed wellness programs and can make improvements to address the specific areas of nutrition, hypertension, mental health, diabetes, and/or heart condition. ❑ My agency can demonstrate effective use of HRST data to inform directed wellness programs in all specified health areas.	

PERFORMANCE AREA: Quality (continued)

Standard: Demonstrated commitment to wellness of individuals through targeted activities (continued)

	Primary	Select	Clinically Enhanced Select
Measure		QI.01.4 The provider is monitoring progress on wellness related QM initiatives to demonstrate improvement over time (e.g., A1C, medication reduction) OR demonstrated uptake/engagement in provider wellness programs, at initial contracting or renewal looking back at the prior calendar year. **Note:** The review period will be for the prior calendar year (e.g., CY2023). *Data Source: Provider Survey and/or Documentation Review*	
Assessment Question		Is your agency monitoring progress on wellness related QM initiatives to demonstrate improvement over time (e.g., A1C, medication reduction) OR demonstrated uptake/engagement in provider wellness programs?	
Preparedness Level		❑ Yes ❑ No ❑ Unknown/Unsure	

PERFORMANCE AREA: Quality (continued)

Standard: 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

	Primary	Select	Clinically Enhanced Select
Measure	**QI.02.1** Report number of staff that have ODP QM certification/number of leadership, as of July 1, 2024. *Data Source: Provider Survey with Confirmation from ODP QM Certified Tracking Spreadsheet (maintained by QMD)*		
Assessment Question	Will your agency be able to report the number of staff and leadership that have ODP QM Certification?		
Preparedness Level	❑ Yes ❑ No ❑ Unknown/Unsure		
Measure	**QI.02.2** Description of how data is utilized to monitor progress towards QM plan goals, at the initial contracting or renewal date. **Note:** Provider submitted documentation of evidence or description of use of targeted resources as of July 1, 2024. *Data Source: Provider Survey, documentation submission*		
Assessment Question	Will your agency be able to describe how data is used to monitor progress towards QM plan goals?		
Preparedness Level	❑ Yes ❑ No ❑ Unknown/Unsure		
Measure	**QI.02.3** Description of how person-centered performance data is utilized to develop the QM Plan and its action plan, at the initial contracting or renewal date. **Note:** Provider submitted documentation of evidence or description of use of targeted resources as of July 1, 2024. *Data Source: Provider Survey; documentation submission*		
Assessment Question	Will your agency be able to describe how person-centered performance data is utilized to develop the QM Plan and its action plan?		
Preparedness Level	❑ Yes ❑ No ❑ Unknown/Unsure		

PERFORMANCE AREA: Quality (continued)

Standard: 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 (continued)

	Primary	Select	Clinically Enhanced Select
Measure		QI.02.4 QM certification requirement of at least one member of executive leadership team who has the authority to adopt recommendations and direct QM activities, as of July 1, 2024. *Data Source: Provider Survey with Confirmation from ODP QM Certified Tracking Spreadsheet (maintained by QMD)*	
Assessment Question		Will your agency be able to demonstrate QM certification for at least one member of the executive leadership team who has the authority to adopt recommendations and direct QM activities?	
Preparedness Level		❑ Yes ❑ No ❑ Unknown/Unsure	

PERFORMANCE AREA: Quality (continued)

Standard: 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).

	Primary	Select	Clinically Enhanced Select
Measure	QI.03.1 Reporting on policies, procedures, and activities supporting family engagement, at the initial contracting or renewal date. **Note:** Provider submitted documentation of evidence or description of use of targeted resources as of July 1, 2024. *Data Source: Provider survey, documentation submission*		
Assessment Question	Will your agency be able to report on policies, procedures, and activities supporting family engagement?		
Preparedness Level	❑ My agency does not have policies nor regular engagement activities for supporting family engagement and will be challenged to do so. ❑ My agency has basic policies and intermittent activities to support family engagement but can make improvements in this area and report such to ODP. ❑ My agency has effective policies, procedures, and activities supporting family engagement and can readily report this information to ODP.		
Measure	QI.03.2 Beginning January 1, 2026, ODP collected data on family satisfaction with provider engagement. *Data Source: ECM Survey Questions; Other – TBD (ODP data pull)*		
Assessment Question	Will your agency be able to participate in ODP's collection of data on family satisfaction with provider engagement effective 1/1/2026?		
Preparedness Level	❑ Yes ❑ No ❑ Unknown/Unsure		

PERFORMANCE AREA: Administration

Standard: Demonstrate transparent and sound corporate governance structure

	Primary	Select	Clinically Enhanced Select
Measure	**ADM.01.1a** Attestation and required documentation supporting attestation questions regarding the required elements to meet the standards: *Successful passage of a fiscal readiness review,* at the initial contracting or renewal date. **Note:** Provider submitted documentation of evidence or description of use of targeted resources as of July 1, 2024. *Data Source: Documentation Review*		
Assessment Question	My agency acknowledges the expectation of the successful passage of a fiscal readiness review.		
Preparedness Level	❑ My agency acknowledges the expectation of the successful passage of a fiscal readiness review.		
Measure	**ADM.01.1b** Attestation and required documentation supporting attestation questions regarding the required elements to meet the standards: *Submission of current financial statements (audited if available),* at the initial contracting or renewal date. **Note:** Provider submitted documentation of evidence or description of use of targeted resources as of July 1, 2024. *Data Source: Documentation Review*		
Assessment Question	My agency will submit current financial statements.		
Preparedness Level	❑ My agency acknowledges the expectation of submitting current financial statements.		
Measure	**ADM.01.1c** Attestation and required documentation supporting attestation questions regarding the required elements to meet the standards: *Disclosure of Conflict-of-Interest Policy and associated documentation,* at the initial contracting or renewal date. **Note:** Provider submitted documentation of evidence or description of use of targeted resources as of July 1, 2024. *Data Source: Documentation Review*		
Assessment Question	My agency will provide its Conflict-of-Interest Policy and associated documentation		
Preparedness Level	❑ My agency acknowledges the expectation of providing its Conflict of Interest Policy and associated documents.		

PERFORMANCE AREA: Administration (continued)

Standard: Demonstrate transparent and sound corporate governance structure (continued)

	Primary	Select	Clinically Enhanced Select
Measure	**ADM.01.1d** Attestation and required documentation supporting attestation questions regarding the required elements to meet the standards: *Criminal convictions of officers and/or owners,* at the initial contracting or renewal date. **Note:** Provider submitted documentation of evidence or description of use of targeted resources as of July 1, 2024. *Data Source: Documentation Review*		
Assessment Question	My agency will disclose any criminal convictions of officers and/or owners.		
Preparedness Level	❑ My agency acknowledges the expectation of disclosure of any criminal convictions of officers and/or owners.		
Measure	**ADM.01.1e** Attestation and required documentation supporting attestation questions regarding the required elements to meet the standards: *Licensing status in Pennsylvania for non-ODP licensed settings,* at the initial contracting or renewal date. **Note:** Provider submitted documentation of evidence or description of use of targeted resources as of July 1, 2024. *Data Source: Documentation Review*		
Assessment Question	My agency will disclose the licensing status in Pennsylvania for non-ODP licensed settings.		
Preparedness Level	❑ My agency acknowledges the expectation of disclosure of licensure status in Pennsylvania of any non-ODP licensed settings.		
Measure	**ADM.01.1f** Attestation and required documentation supporting attestation questions regarding the required elements to meet the standards: *History of licensing/revocations/enforcement actions in other states in which provider renders services to individuals with intellectual and developmental disabilities if applicable,* at the initial contracting or renewal date. **Note:** Provider submitted documentation of evidence or description of use of targeted resources as of July 1, 2024. *Data Source: Documentation Review*		
Assessment Question	My agency will submit any history of licensing/revocations/enforcements in other states applicable to the services rendered in PA.		
Preparedness Level	❑ My agency acknowledges the expectation of disclosing any history of licensing/revocation/enforcement in other states.		

PERFORMANCE AREA: Administration (continued)

Standard: Demonstrate transparent and sound corporate governance structure (continued)

	Primary	Select	Clinically Enhanced Select
Measure		ADM.01.2a Documentation that governance by the Board of Directors is informed by voices of people with lived experiences by: Including at least one individual with intellectual and developmental disabilities/autism (inclusive of family members) on the Board or operating an advisory committee or subcommittee that is comprised of people with lived experience, at the initial contracting or renewal date. **Note:** Provider submitted documentation of evidence or description of use of targeted resources as of July 1, 2024. *Data Source: Documentation Review*	
Assessment Question		Will your agency be able to document that governance by the Board of Directors is informed by voices of people with lived experiences by: Including at least one individual with intellectual and developmental disabilities/autism (inclusive of family members) on the Board or operating an advisory committee or subcommittee that is comprised of people with lived experience?	
Preparedness Level		❑ Yes ❑ No ❑ Unknown/Unsure	

PERFORMANCE AREA: Administration (continued)

Standard: Demonstrate transparent and sound corporate governance structure (continued)

	Primary	Select	Clinically Enhanced Select
Measure		ADM.01.2b Documentation that governance by the Board of Directors is informed by voices of people with lived experiences by: Evidence that Board deliberations are informed by input of people with lived experience, at the initial contracting or renewal date. **Note:** Provider submitted documentation of evidence or description of use of targeted resources as of July 1, 2024. *Data Source: Documentation Review*	
Assessment Question		Will your agency be able to document that governance by the Board of Directors is informed by voices of people with lived experiences by: Evidence that Board deliberations are informed by input of people with lived experience?	
Preparedness Level		❑ Yes ❑ No ❑ Unknown/Unsure	