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DEPARTMENT OF HUMAN SERVICES

Performance-Based Contracting for Residential Services Provider Preparedness Summit 3

June 12, 2024

Performance Standards Overview

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Risk Management – Health Risk Screening

- ✓ RM-HRS.01.1, RM-HRS.01.2, RM-HRS.01.3

Quality Improvement

- ✓ QI.01.1, QI.01.2, QI.01.3, QI.01.4
- ✓ QI.02.1, QI.02.2, QI.02.3, QI.02.4
- ✓ QI.03.1, QI.03.2

Supporting People with Complex Needs – Dual Diagnosis/ Behavioral

- ✓ CN-DD/Bx.01.01, CN-DD/Bx.01.02, CN-DD/Bx.01.03
- ✓ CN-DD/Bx.02.01, CN-DD/Bx.02.02
- ✓ CN-DD/Bx.03.01, CN-DD/Bx.03.2, CN-DD/Bx.03.3

Supporting People with Complex Needs – Clinical

- ✓ CN-C.01.1, CN-C.01.2, CN-C.01.3, CN-C.01.4, CN-C.01.5
- ✓ CN-C.02.1, CN-C.02.2

Supporting People with Complex Needs – Medical

- ✓ CN-M.01.1, CN-M.01.2

Covered for each performance area review:

- ✓ Measure
- ✓ Data source(s)
- ✓ Additional measure-related specifics
- ✓ Pay for Performance (P4P)
- ✓ When available, relevant statewide data

Risk Management (RM)

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Definition of Standard: Demonstrated capacity to properly and timely assess individuals.				
PM Code	**Performance Measure (PM)**	**Applies to Primary Providers**	**Applies to Select Providers**	**Applies to Clinically Enhanced Providers**
RM-HRS.01.1	Current HRSs in place for all individuals including applicable assessments as indicated by HRST protocol.	✓	✓	✓
RM-HRS.01.2	Collect data in CY2025 HEDIS measure (AAP — Adults' Access to Preventative/ Ambulatory Care).		✓	✓
RM-HRS.01.3	Demonstrate use of data and recommendations to improve individual health/outcomes.		✓	✓

Risk Management (RM)

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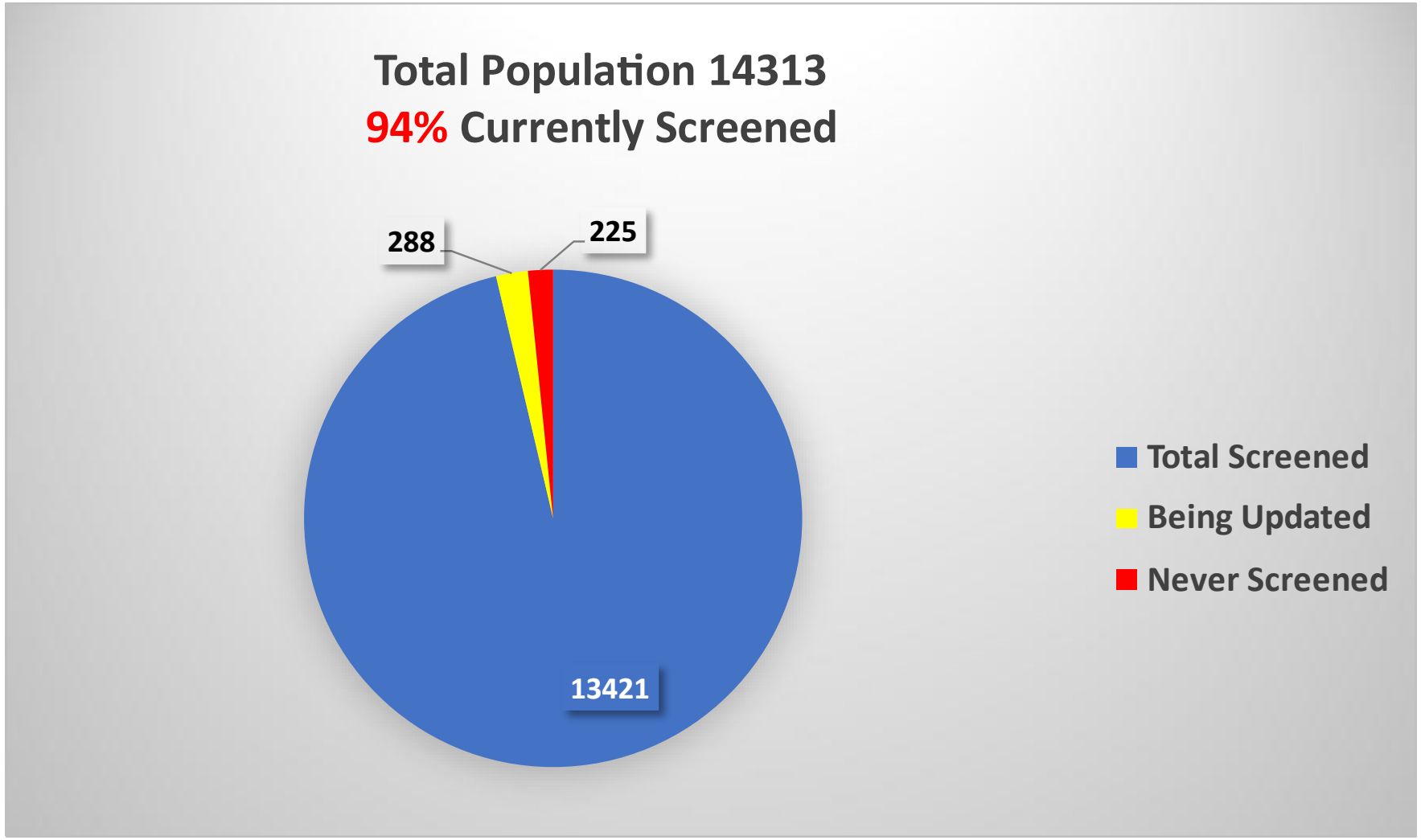
Definition of Standard: Demonstrated capacity to properly and timely assess individuals.				
PM Code	**Performance Measure (PM)**	**Applies to Primary Providers**	**Applies to Select Providers**	**Applies to Clinically Enhanced Providers**
RM-HRS.01.1	**Current HRSs in place for all individuals including applicable assessments as indicated by HRST protocol.**	✓	✓	✓
Process Details (How and What?)	Provider will complete the Health Risk Screening Tool (HRST) for each individual receiving residential service the Provider for at least 3 months. The HRST for each individual being served will remain current, meaning that there has been an initial screening, or an updated screening completed within the past 365 days. If a Clinical Review component of the HRST is required, it must be completed in order for the HRST to be considered current. This data will be obtained via the Standard Report menu of the HRST on the Persons Served List Page. The pathway is Standard Reports > Compliance > Record Activity with Provider. The Record Activity report with return: • First Name• Last Name• MCI #• HCL •Provider Name •SCO •Last HRST Update Date • Last Medication Update Date • Last DX Update Date. A blank value in any of the date fields indicates that individual's record has never been updated.			
Data Source	HRS data (review 6/30/2024 provider data)	**Pay for Performance Measure?**	No	

Health Risk Screening (HRS):
Percentage of Individuals in Residential Screened as of April 2024



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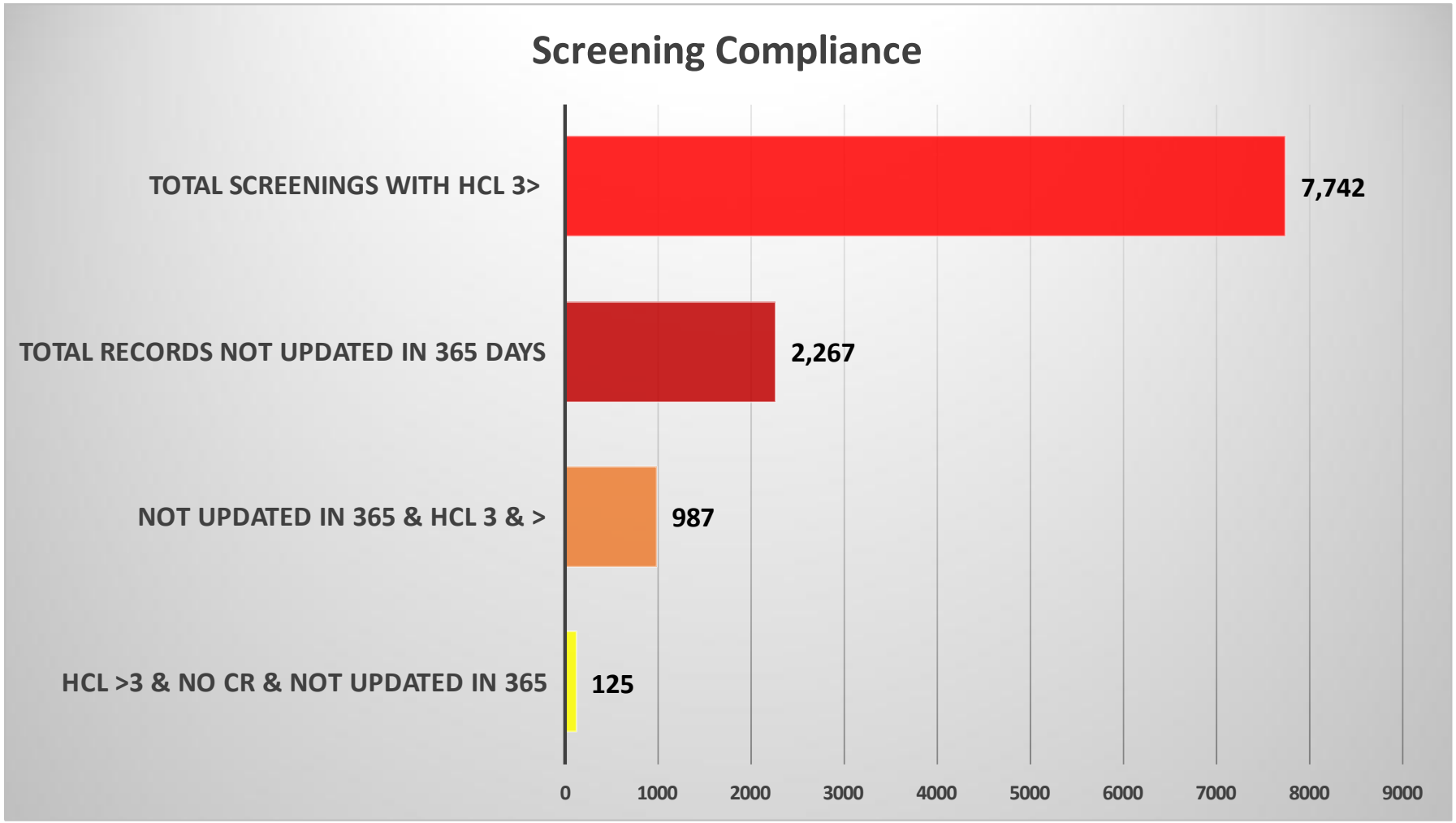
HRS Screening Compliance as of April 2024



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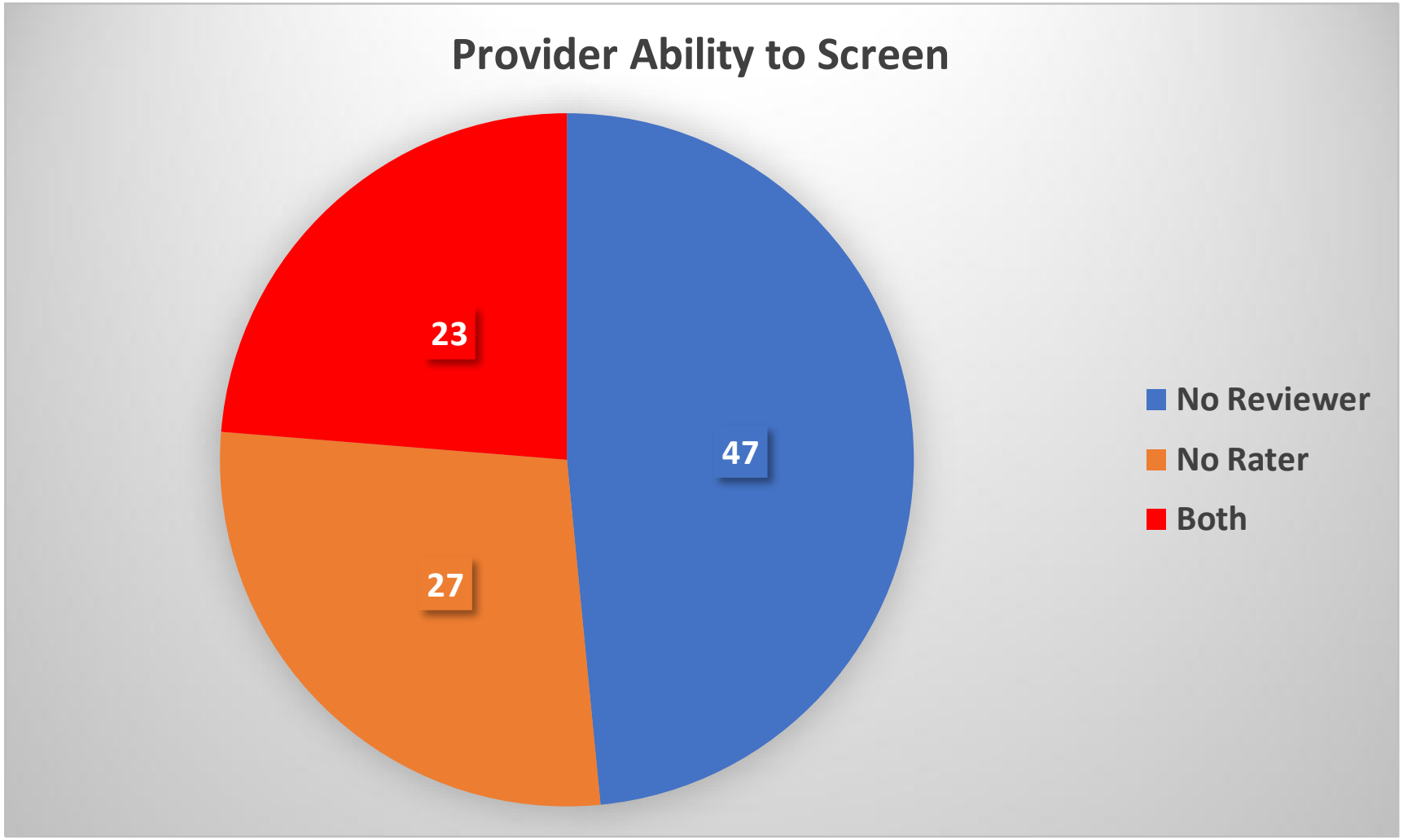
Provider Ability to Screen as of April 2024



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PM Code	**Performance Measure (PM)**	**Applies to Primary Providers**	**Applies to Select Providers**	**Applies to Clinically Enhanced Providers**
RM-HRS.01.2	**Collect data in CY2025 HEDIS measure (AAP — Adults' Access to Preventative/ Ambulatory Care).**		✓	✓
Process Details (How and What?)	This measure will demonstrate that individuals 20 year of age and older will have had access to an ambulatory or preventive care visit during the measurement year. Denominator is number of individuals 20 years of age and older who are served by the Provider. Numerator if the number of individuals 20 years of age and older who are served by the Provider who had an ambulatory or preventive care visit within the previous calendar year plus 30 days. Acceptable visit codes include: **Ambulatory Visits CPT:** 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99483 **HCPCS:** G0402, G0438, G0439, G0463, T1015 UB Rev: 0510-0517, 0519-0523, 0526-0529, 0982,0983 ICD-10: Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9, Z76.1, Z76.2**Other Ambulatory Visits CPT:** 92002, 92004, 92012, 92014, 99304-99310, 99315, 99316, 99318, 99324- 99328, 99334-99337 **HCPCS:** S0620, S0621 UB Rev: 0524, 0525**Online Assessments CPT:** 98969, 99444**Telephone Modifier CPT:** 95, GT **Telephone Visits CPT:** 98966 - 98968, 99441 – 99443.			
Data Source	HEDIS data. Medicaid and Medicare claims and encounter data.	**Pay for Performance Measure?**	No	

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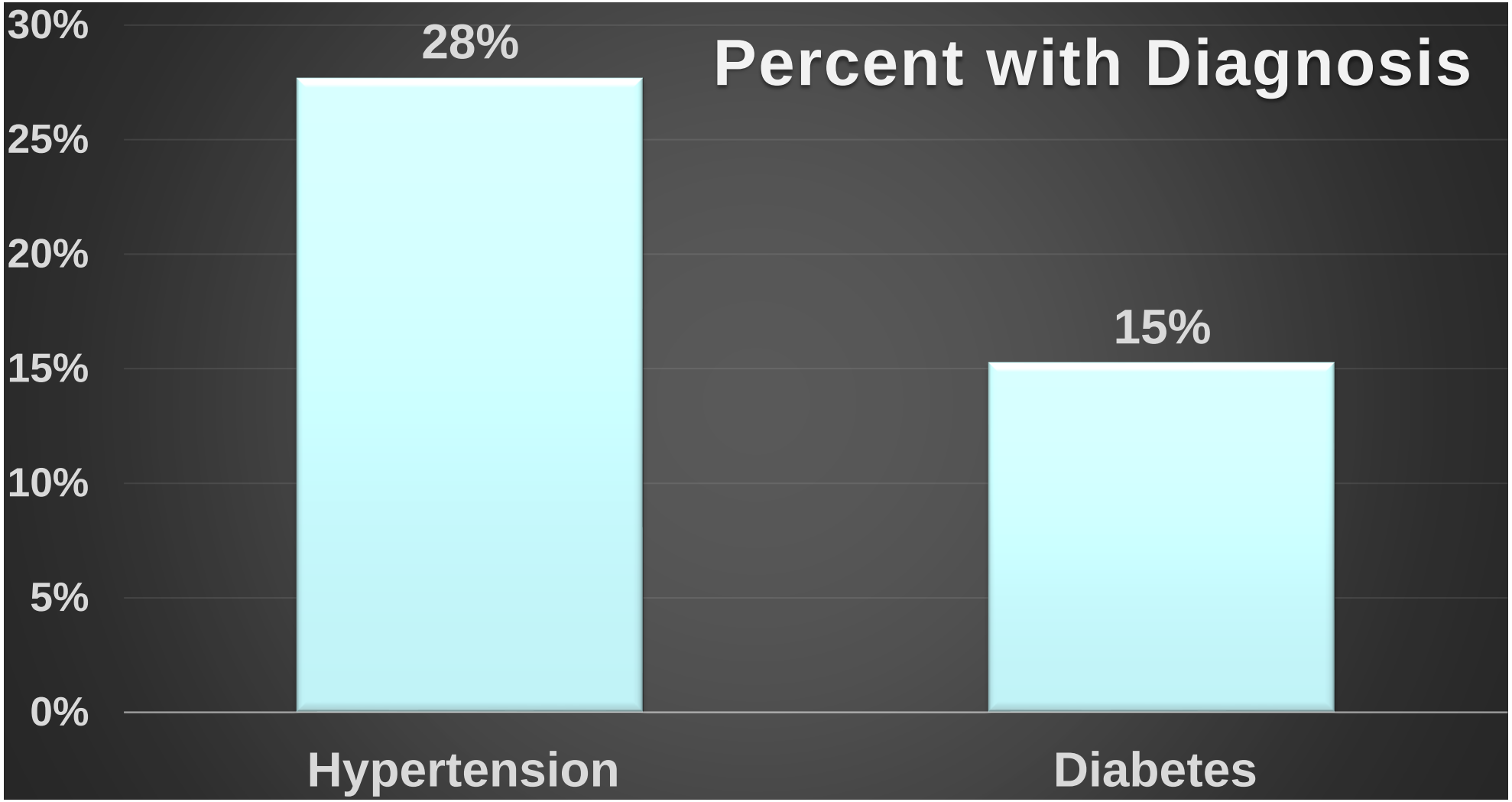
Percent of Individuals in HSRT with Hypertension or Diabetes



Risk Management (RM)

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Definition of Standard: Demonstrated capacity to properly and timely assess individuals.				
PM Code	**Performance Measure (PM)**	**Applies to Primary Providers**	**Applies to Select Providers**	**Applies to Clinically Enhanced Providers**
RM-HRS.01.3	**Demonstrate use of data and recommendations to improve individual health/outcomes.**		✓	✓
Process Details (How and What?)	Provider Survey will detail the use of data and recommendations from available sources to improve individual health outcomes. Provider Survey information will detail the types of data used as well as the manner in which the data has been applied in pursuit of improved health outcomes.			
Data Source	Provider Survey.	**Pay for Performance Measure?**		No

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Questions and Answers

Quality Improvement (QI)

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Definition of Standard: Demonstrated commitment to wellness of individuals through targeted activities.				
PM Code	**Performance Measure (PM)**	**Applies to Primary Providers**	**Applies to Select Providers**	**Applies to Clinically Enhanced Providers**
QI.01.1	Description of how the provider coordinates wellness activities and including use of HRS data for residential program participants.	✓		
QI.01.2	Provider is utilizing the individuals' collective HRST data to create and conduct wellness programs/activities AND QI.01.3 AND QI.01.4.		✓	✓
QI.01.3	Implementing directed wellness programs for nutrition, hypertension, mental health, diabetes, and/or heart disease, etc. as indicated by HRS data AND QI.01.2 AND QI.01.4.		✓	✓
QI.01.4	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 AND QI.01.2 AND QI.01.3.		✓	✓

Quality Improvement (QI)

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Definition of Standard: Demonstrated commitment to wellness of individuals through targeted activities.				
PM Code	**Performance Measure (PM)**	**Applies to Primary Providers**	**Applies to Select Providers**	**Applies to Clinically Enhanced Providers**
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.**	✓		
Process Details (How and What?)	Description of how the process by which wellness activities are coordinated. This description will include the use of HRST data in determining and executing wellness activities for residential program participants.			
Data Source	Provider survey and/or documentation review.	**Pay for Performance Measure?**		No

Quality Improvement (QI)

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Definition of Standard: Demonstrated commitment to wellness of individuals through targeted activities.				
PM Code	**Performance Measure (PM)**	**Applies to Primary Providers**	**Applies to Select Providers**	**Applies to Clinically Enhanced Providers**
QI.01.2	**Provider is utilizing the individuals' collective HRST data to create and conduct wellness programs/activities AND QI.01.3 AND QI.01.4.**		✓	✓
Process Details (How and What?)	Provider survey will detail the use of aggregate data to identify trends and concerns which may limit wellness of the individuals served by the Provider. This information may be identified using the HRST via Standard Reports for Persons Served including but not limited to the sections on Diagnoses, Distribution, Health Tracker, Medications, and Special Conditions. The Provider may also generate Custom Reports via the HRST to identify other data to assess.			
Data Source	Provider survey and/or documentation review.	**Pay for Performance Measure?**		No

Quality Improvement (QI)

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Definition of Standard: Demonstrated commitment to wellness of individuals through targeted activities.				
PM Code	**Performance Measure (PM)**	**Applies to Primary Providers**	**Applies to Select Providers**	**Applies to Clinically Enhanced Providers**
QI.01.3	**Implementing directed wellness programs for nutrition, hypertension, mental health, diabetes, and/or heart disease, etc. as indicated by HRS data AND QI.01.2 AND QI.01.4.**		✓	✓
Process Details (How and What?)	Provider Survey will detail the process by which concerns or trends identified in QI.01.2 are being addressed through wellness related QM initiatives. Alternatively, the Provider may detail the participation and engagement of individuals in wellness programs including but not limited to healthy food choices, physical activity such as the Move Your Way campaign, tobacco/nicotine cessation, health literacy.			
Data Source	Provider survey and/or documentation review.	**Pay for Performance Measure?**		No

Quality Improvement (QI)

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Definition of Standard: Demonstrated commitment to wellness of individuals through targeted activities.				
PM Code	**Performance Measure (PM)**	**Applies to Primary Providers**	**Applies to Select Providers**	**Applies to Clinically Enhanced Providers**
QI.01.4	**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 AND QI.01.2 AND QI.01.3.**		✓	✓
Process Details (How and What?)	Provider Survey will detail the process by which concerns or trends being addressed in QI.01.3 are being monitored for change over time based on measurable factors including but not limited to Hemoglobin A1C, Body Mass Index, Reduction in Polypharmacy, Tobacco Use. Alternatively, the Provider may detail the extent of engagement of individuals in wellness programs including but not limited to healthy food choices, physical activity such as the Move Your Way campaign, tobacco/nicotine cessation, health literacy.			
Data Source	Provider survey and/or documentation review.	**Pay for Performance Measure?**	No	

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Questions and Answers

Quality Improvement (QI)

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Definition of 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 Quality Management (QM) plan goals and action plan target objectives].				
PM Code	**Performance Measure (PM)**	**Applies to Primary Providers**	**Applies to Select Providers**	**Applies to Clinically Enhanced Providers**
QI.02.1	Report number of staff that have ODP QM certification/number of leadership.	✓	✓	✓
QI.02.2	Description of how data is utilized to monitor progress towards QM plan goals.	✓	✓	✓
QI.02.3	Description of how person-centered performance data is utilized to develop the QM Plan and its action plan.	✓	✓	✓
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.		✓	✓

Quality Improvement (QI)

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DEPARTMENT OF HUMAN SERVICES

Definition of 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 Quality Management Plan goals and action plan target objectives).				
PM Code	**Performance Measure (PM)**	**Applies to Primary Providers**	**Applies to Select Providers**	**Applies to Clinically Enhanced Providers**
QI.02.1	**Report number of staff that have ODP QM certification/number of leadership.**	✓	✓	✓
Process Details (How and What?)	By way of a provider survey, residential providers will annually report the total number of their staff, including names and titles, that have current ODP QM certification and, of those, the number of staff who are in a leadership role. Provider reported information will be confirmed using the ODP QM Certified Tracking Spreadsheet maintained by ODP's QM Division and updated after each new QM certification class and at the beginning of each calendar year to capture successful QM recertifications. If there is a discrepancy between provider reported information and ODP's QM Certified Tracking Spreadsheet, the residential provider will be engaged to reconcile the discrepancy. Collaboration with the Columbus Organization may be necessary to reconcile discrepancies in some situations.			
Data Source	Provider Survey w/confirmation from ODP QM Certified Tracking.	**Pay for Performance Measure?**		No

Quality Improvement (QI)

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DEPARTMENT OF HUMAN SERVICES

Definition of 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 Quality Management Plan goals and action plan target objectives).				
PM Code	**Performance Measure (PM)**	**Applies to Primary Providers**	**Applies to Select Providers**	**Applies to Clinically Enhanced Providers**
QI.02.2	**Description of how data is utilized to monitor progress towards QM plan goals.**	✓	✓	✓
Process Details (How and What?)	By way of a provider survey, residential providers will annually provide a written detailed description of how data is utilized to monitor progress towards QM plan goals in their organization. Ideally, this should be a written policy that outlines how the organization uses data to improve quality, by way of ongoing data monitoring and analysis and QM planning practices. This policy should include, at a minimum, what data is used from which data sources, frequency of data monitoring, review and analysis, how opportunities for quality improvement are selected, how person-centered performance data is utilized to develop the QM Plan and its action plan and to measure progress, how performance measures are established, and the title of the person who is generally responsible for the organization's QM plan.			
Data Source	Provider Survey	**Pay for Performance Measure?**		No

Quality Improvement (QI)

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Definition of 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 Quality Management Plan goals and action plan target objectives).				
PM Code	**Performance Measure (PM)**	**Applies to Primary Providers**	**Applies to Select Providers**	**Applies to Clinically Enhanced Providers**
QI.02.3	**Description of how person-centered performance data is utilized to develop the QM Plan and its action plan.**	✓	✓	✓
Process Details (How and What?)	By way of a provider survey, residential providers will annually provide a detailed written description of how person-centered performance data is utilized to develop the QM Plan and its action plan in their organization. Ideally, this should be a written policy that outlines how the organization uses data to improve quality, by way of ongoing data monitoring and analysis and QM planning practices. This policy should include, at a minimum, what data is used from which data sources, frequency of data monitoring, review and analysis, how opportunities for quality improvement are selected, how person-centered performance data is utilized to develop the QM Plan and its action plan and to measure progress, how performance measures are established, and the title of the person who is generally responsible for the organization's QM plan.			
Data Source	Provider Survey	**Pay for Performance Measure?**		No

Quality Improvement (QI)

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Definition of 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 Quality Management Plan goals and action plan target objectives).				
PM Code	**Performance Measure (PM)**	**Applies to Primary Providers**	**Applies to Select Providers**	**Applies to Clinically Enhanced Providers**
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.**		✓	✓
Process Details (How and What?)	By way of a provider survey, residential providers will annually report the total number of members of their executive leadership team, including the name(s) and title(s), that have current ODP QM certification and who have the authority to adopt recommendations and direct QM activities. Executive leadership roles include Executive Directors, Chief Executive Officers, Chief Operations Officers, Chief Nursing Officers/Directors of Nursing, Chief Clinical Officers/Directors of Clinical Services, and Quality Management and other directors who have the authority to adopt recommendations and direct QM activities. Provider reported information will be confirmed using the ODP QM Certified Tracking Spreadsheet maintained by ODP's QM Division and updated after each new QM certification class and at the beginning of each calendar year to capture successful QM recertifications. If there is a discrepancy between provider reported information and ODP's QM Certified Tracking Spreadsheet, the residential provider will be engaged to reconcile the discrepancy. Collaboration with the Columbus Organization may be necessary to reconcile discrepancies in some situations.			
Data Source	Provider Survey w/confirmation from ODP QM Certified Tracking.	**Pay for Performance Measure?**		No

Quality Improvement (QI) - Poll

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If you are a residential provider that plans to apply for Select or Clinically Enhanced status, do you currently have at least one member of your executive leadership team who is ODP QM Certified and has the authority to adopt recommendations and direct QM activities?
(Executive leadership roles include Executive Directors, Chief Executive Officers, Chief Operations Officers, Chief Nursing Officers/Directors of Nursing, Chief Clinical Officers/Directors of Clinical Services, and Quality Management and other directors who have the authority to adopt recommendations and direct QM activities.)

a. Yes, we have at least 1 ODP QM certified member in an executive leadership role.
b. No, we do not have any members of executive leadership who are ODP QM Certified but we will need one.
c. Unknown
d. N/A

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Questions and Answers

Quality Improvement (QI)

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Definition of 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.				
PM Code	**Performance Measure (PM)**	**Applies to Primary Providers**	**Applies to Select Providers**	**Applies to Clinically Enhanced Providers**
QI.03.1	Reporting on policies, procedures, and activities supporting family engagement.	✓	✓	✓
QI.03.2	Beginning January 1, 2025, ODP collected data on family satisfaction with provider engagement.	✓	✓	✓

Quality Improvement (QI)

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Definition of 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.				
PM Code	**Performance Measure (PM)**	**Applies to Primary Providers**	**Applies to Select Providers**	**Applies to Clinically Enhanced Providers**
QI.03.1	**Reporting on policies, procedures, and activities supporting family engagement.**	✓	✓	✓
Process Details (How and What?)	By way of provider survey, provider will report on and submit policies, procedures and activities supporting family engagement.			
Data Source	Provider survey	**Pay for Performance Measure?**		No

Quality Improvement (QI)

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DEPARTMENT OF HUMAN SERVICES

Definition of 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.				
PM Code	**Performance Measure (PM)**	**Applies to Primary Providers**	**Applies to Select Providers**	**Applies to Clinically Enhanced Providers**
QI.03.2	**Beginning January 1, 2025, ODP collected data on family satisfaction with provider engagement.**	✓	✓	✓
Process Details (How and What?)	Via the ECM system, ODP will survey individuals and families to measure their satisfaction with family engagement. Measure will not be implemented until January 2026.			
Data Source	ECM Survey Questions or TBD	**Pay for Performance Measure?**		No

Questions and Answers

Complex Needs/Dual Diagnosis (CN/DD)

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Definition of 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.				
PM Code	**Performance Measure (PM)**	**Applies to Primary Providers**	**Applies to Select Providers**	**Applies to Clinically Enhanced Providers**
CN-DD/Bx.01.1	Attestation that starting July 1, 2025, all newly hired DSPs, FLSs, and program managers will complete training on ASD (i.e., Spectrum or equivalent basic course on effectively supporting people with ASD) within 1-year of hire.		✓	
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.			✓

Complex Needs/Dual Diagnosis (CN/DD)

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Definition of 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.				
PM Code	**Performance Measure (PM)**	**Applies to Primary Providers**	**Applies to Select Providers**	**Applies to Clinically Enhanced Providers**
CN-DD/Bx.01.2	Demonstrate a minimum of 50% of total behavioral supports hours as face-to-face time (in person or virtual) with behavioral support staff across all settings interfacing with family, DSPs, FLSs, and individuals		✓	
CN-DD/Bx.01.2	Demonstrate a minimum of 70% of total behavioral supports hours as face-to-face time (in person or virtual) with behavioral support staff across all settings interfacing with family, DSPs, FLSs, and individuals			✓
CN-DD/Bx.01.3	Documentation of intensive (courses, conferences) specialized training relative to individual diagnosis (Prader-Willi syndrome, Fetal Alcohol Syndrome, ASD, Borderline Personality Disorder, Pica etc.)			✓

Complex Needs/Dual Diagnosis (CN/DD)

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Definition of 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.				
PM Code	**Performance Measure (PM)**	**Applies to Primary Providers**	**Applies to Select Providers**	**Applies to Clinically Enhanced Providers**
CN-DD/Bx.01.1	**Attestation that starting July 1, 2025, all newly hired DSPs, FLSs, and program managers will complete training on ASD (i.e., Spectrum or equivalent basic course on effectively supporting people with ASD) within 1-year of hire.**		✓	
Process Details (How and What?)	Providers will submit attestation indicating that as of the specified date, all newly hired DSPs, FLSs, and program managers will complete training on autism spectrum disorder (ASD) (i.e., Spectrum or equivalent basic course on effectively supporting people with ASD) within 1- year of hire.			
Data Source	Provider attestation	**Pay for Performance Measure?**		No

Complex Needs/Dual Diagnosis (CN/DD)

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Definition of 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.				
PM Code	**Performance Measure (PM)**	**Applies to Primary Providers**	**Applies to Select Providers**	**Applies to Clinically Enhanced Providers**
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**			✓
Process Details (How and What?)	Providers will submit attestation indicating 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 Attestation	**Pay for Performance Measure?**		No

Complex Needs/Dual Diagnosis (CN/DD)

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DEPARTMENT OF HUMAN SERVICES

Definition of 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.				
PM Code	**Performance Measure (PM)**	**Applies to Primary Providers**	**Applies to Select Providers**	**Applies to Clinically Enhanced Providers**
CN-DD/Bx.01.2	**Demonstrate a minimum of 50% of total behavioral supports hours as face-to-face time (in person or virtual) with behavioral support staff across all settings interfacing with family, DSPs, FLSs, and individuals**		✓	
Process Details (How and What?)	By way of the Provider Survey, providers will report on total behavior supports hours delivered on an annual basis (within a given timeframe), with delineations for face-to-face time versus non-face-to-face time. ODP Staff will review this data to ensure that at least 50% of total behavior support hours were delivered as face-to-face time during the requested time period (Select Residential Providers) or at least 70% of total behavior support hours were delivered as face-to-face time during the requested time period (Clinically Enhanced Residential Providers). Face-to-face behavioral support time may be in person or virtual and includes time in which the person delivering the behavioral support services is interfacing with individuals, family, DSPs, FLSs, and any other member of an individual's support team. This time can include time spent training, modeling interactions, coaching, collecting data through direct observation, and any other behavioral support activity which involves being present with the individual supported or any member of their support team. Non-face-to-face time includes time spent completing and reviewing assessment tool data, plan creation and review, and/or completion of documentation - where these activities do not already meet the definition of face-to-face time.			
Data Source	Provider survey; documentation review and/or contract application.	**Pay for Performance Measure?**	No	

Complex Needs/Dual Diagnosis (CN/DD)

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Definition of 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.				
PM Code	**Performance Measure (PM)**	**Applies to Primary Providers**	**Applies to Select Providers**	**Applies to Clinically Enhanced Providers**
CN-DD/Bx.01.2	**Demonstrate a minimum of 70% of total behavioral supports hours as face-to-face time (in person or virtual) with behavioral support staff across all settings interfacing with family, DSPs, FLSs, and individuals**			✓
Process Details (How and What?)	By way of the Provider Survey, providers will report on total behavior supports hours delivered on an annual basis (within a given timeframe), with delineations for face-to-face time versus non-face-to-face time. ODP Staff will review this data to ensure that at least 50% of total behavior support hours were delivered as face-to-face time during the requested time period (Select Residential Providers) or at least 70% of total behavior support hours were delivered as face-to-face time during the requested time period (Clinically Enhanced Residential Providers). Face-to-face behavioral support time may be in person or virtual and includes time in which the person delivering the behavioral support services is interfacing with individuals, family, DSPs, FLSs, and any other member of an individual's support team. This time can include time spent training, modeling interactions, coaching, collecting data through direct observation, and any other behavioral support activity which involves being present with the individual supported or any member of their support team. Non-face-to-face time includes time spent completing and reviewing assessment tool data, plan creation and review, and/or completion of documentation - where these activities do not already meet the definition of face-to-face time.			
Data Source	Provider survey; documentation review and/or contract application.	**Pay for Performance Measure?**		No

Complex Needs/Dual Diagnosis (CN/DD)

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Definition of 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.				
PM Code	**Performance Measure (PM)**	**Applies to Primary Providers**	**Applies to Select Providers**	**Applies to Clinically Enhanced Providers**
CN-DD/Bx.01.3	**Documentation of intensive (courses, conferences) specialized training relative to individual diagnosis (Prader-Willi syndrome, Fetal Alcohol Syndrome, ASD, Borderline Personality Disorder, Pica etc.)**			✓
Process Details (How and What?)	Via the provider survey, agencies will submit documentation of specialized training relative to individual diagnoses which has been provided to teams working with individuals affected by these diagnoses. Survey responses will include specific trainings provided, and number of staff trained.			
Data Source	Provider survey; documentation review and/or contract application.	**Pay for Performance Measure?**		No

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Questions and Answers

Complex Needs/Dual Diagnosis (CN/DD)

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Definition of Standard: Demonstrate use of data to impact individual outcomes				
PM Code	**Performance Measure (PM)**	**Applies to Primary Providers**	**Applies to Select Providers**	**Applies to Clinically Enhanced Providers**
CN-DD/Bx.02.1	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. For the review period of CY2025 on, 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	✓	✓	✓
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)		✓	✓

Complex Needs/Dual Diagnosis (CN/DD)

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Definition of Standard: Demonstrate use of data to impact individual outcomes				
PM Code	**Performance Measure (PM)**	**Applies to Primary Providers**	**Applies to Select Providers**	**Applies to Clinically Enhanced Providers**
CN-DD/Bx.02.1	**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.** **For the review period of CY2025 on, 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.**	✓	✓	✓
Process Details (How and What?)	For calendar year 2024 this is a reporting measure only. Via provider survey providers will report the number of individuals served who have had a restrictive procedure plan written and in use at any time in calendar year 2024. Additionally, providers will report the subgroup of these individuals that have been evaluated within the past calendar year by a professional as delineated in the measure. For CY 2025, the minimum threshold for this measure will be 100%. Providers will report in the same way as noted above for CY 2024. The numerator for this calculation will be number of individuals served by the provider during the specified time period who had a restrictive procedure plan approved and enacted and who have also seen a professional as delineated in the measure. The denominator will be the number of individuals served by the provider during the specified time period who had a restrictive procedure plan approved an enacted.			
Data Source	Provider survey and documentation review.	**Pay for Performance Measure?**		No

Complex Needs/Dual Diagnosis (CN/DD)

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Definition of Standard: Demonstrate use of data to impact individual outcomes				
PM Code	**Performance Measure (PM)**	**Applies to Primary Providers**	**Applies to Select Providers**	**Applies to Clinically Enhanced Providers**
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)**		✓	✓
Process Details (How and What?)	Via the provider survey agencies will submit information on their use of data to impact of individual outcomes. Provider survey information will include detailed information regarding how data was gathered and how it was used to impact the outcome areas delineated in the measure such as: 1. reduction in frequency of law enforcement involvement 2. reduction in both frequency and duration of inpatient stays 3. reduction in both frequency and duration of physical restraints 4. reduction in incidents of confirmed abuse/neglect 5. reduction in polypharmacy 6. reduction in overall incidence of identified target behaviors 7. increase in individual's overall satisfaction with services			
Data Source	Provider survey and documentation review.	**Pay for Performance Measure?**		No

Questions and Answers

Complex Needs/Dual Diagnosis (CN/DD)

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Definition of Standard: Demonstrated capacity to anticipate and de-escalate crisis, when possible, and, when not, to respond swiftly and effectively.				
PM Code	**Performance Measure (PM)**	**Applies to Primary Providers**	**Applies to Select Providers**	**Applies to Clinically Enhanced Providers**
CN-DD/Bx.03.1	Report current description of agency capabilities for crisis de-escalation, response, and debriefing. Include descriptions of support/resources available to DSPs and FLSs for successfully de-escalating crisis situations, curriculum-based crisis response training, and procedure for debriefing with staff and individuals after engagement in physical restraint.	✓	✓	✓
CN-DD/Bx.03.2	Documentation of specialized trauma-informed training/activities for individuals and staff		✓	✓
CN-DD/Bx.03.3	Documentation of crisis prevention and de-escalation training programs available and provided for all staff — Examples of such programs: Ukeru, Positive Behavioral Interventions and Supports (PBIS), CPI/CPS/ Mandt System®, Non-Violent Crisis Intervention Training, etc.			✓

Complex Needs/Dual Diagnosis (CN/DD)

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Definition of Standard: Demonstrated capacity to anticipate and de-escalate crisis, when possible, and, when not, to respond swiftly and effectively.				
PM Code	**Performance Measure (PM)**	**Applies to Primary Providers**	**Applies to Select Providers**	**Applies to Clinically Enhanced Providers**
CN-DD/Bx.03.1	**Description of agency capabilities for de-escalation and how provider anticipates and responds to a crisis for individuals – Description of support/ resources for DSPs and FLSs for crisis situations – Curriculum-based crisis response training required for all program staff – Procedure for debriefing with staff and individuals after engagement in physical restraint.**	✓	✓	✓
Process Details (How and What?)	Via provider survey agencies will report the following items: 1. Detail overall capability for de-escalating situations already at crisis-level, as well as methods for identifying warning signs and anticipating crisis situations and ensuring that adequate resources are available in a timely manner to teams supporting people currently in crisis. 2. Agency-provided support/resources for DSPs and FLSs for crisis situations - this should include the types of support and resources that are available and how they are able to be accessed before, during, and/or after a crisis event 3. The name of what (if any) curriculum-based crisis response program is utilized by the agency - if such a program is in use by the agency 4. The agency procedure for debriefing with staff and individuals following any use of physical restraint For the purposes of this measure 'crisis situations' from a mental health perspective are defined as situations involving one or more of the following elements: suicidal ideation/acts, self-injurious behavior, physical aggression, elopement, and other situations involving imminent risk to health and safety.			
Data Source	Provider survey and documentation review.	**Pay for Performance Measure?**	No	

Complex Needs/Dual Diagnosis (CN/DD)

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Definition of Standard: Demonstrated capacity to anticipate and de-escalate crisis, when possible, and, when not, to respond swiftly and effectively.				
PM Code	**Performance Measure (PM)**	**Applies to Primary Providers**	**Applies to Select Providers**	**Applies to Clinically Enhanced Providers**
CN-DD/Bx.03.2	**Documentation of specialized trauma-informed training/activities for individuals and staff**		✓	✓
Process Details (How and What?)	Via provider survey agencies will submit documentation indicating that specialized training on the topic of trauma-informed care has been made available to and provided for both individuals supported by the agency and staff employed by the agency.			
Data Source	Provider survey and documentation review.	**Pay for Performance Measure?**		No

Complex Needs/Dual Diagnosis (CN/DD)

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Definition of Standard: Demonstrated capacity to anticipate and de-escalate crisis, when possible, and, when not, to respond swiftly and effectively.				
PM Code	**Performance Measure (PM)**	**Applies to Primary Providers**	**Applies to Select Providers**	**Applies to Clinically Enhanced Providers**
CN-DD/Bx.03.3	**Documentation of crisis prevention and de-escalation training programs available and provided for all staff – Examples of such programs: Ukeru, Positive Behavioral Interventions and Supports (PBIS), CPI/CPS/ Mandt System®, Non-Violent Crisis Intervention Training, etc.**			✓
Process Details (How and What?)	Via provider survey providers will submit documentation of crisis prevention and de-escalation training programs that have been made available to all agency staff. Examples of typically accepted programs are indicated in the measure. Documentation must include: 1. The name of the program 2. Overview of topics/skills covered by the program 3. The number of staff fully trained in the program as of July 1, 2024 4. Agency plan to ensure new staff are trained after hire, and existing staff are recertified per program requirements			
Data Source	Provider survey and documentation review.	**Pay for Performance Measure?**		No

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Questions and Answers

Complex Needs/Clinical (CN/C)

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Definition of Standard: Clinical: 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.				
PM Code	**Performance Measure (PM)**	**Applies to Primary Providers**	**Applies to Select Providers**	**Applies to Clinically Enhanced Providers**
CN-C.01.1	Provide current ratio of licensed/credentialled full-time equivalents to number of people served to demonstrate adequacy of agency clinical team.		✓	✓
CN-C.01.2	Report names and authors of clinical assessments currently in use, the methodology for determining in what circumstances specific assessments are to be implemented, and the means by which adequate follow-up from completed assessments is assured.		✓	✓
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.		✓	✓
CN-C.01.4	Meet a 1:10 minimum ratio of behavioral/mental health clinical staff to all individuals in residential services served.			✓
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.			✓

Complex Needs/Clinical (CN/C)

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Definition of Standard: Clinical: 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.				
PM Code	**Performance Measure (PM)**	**Applies to Primary Providers**	**Applies to Select Providers**	**Applies to Clinically Enhanced Providers**
CN-C.01.1	**Provide current ratio of licensed/credentialled full-time equivalents to number of people served to demonstrate adequacy of agency clinical team.**		✓	✓
Process Details (How and What?)	By way of the provider survey agencies will report names and license/credential information of all licensed/credentialed clinical staff employed by the provider agency as of a specified date. This information will be tabulated and compared to provider census data to determine the ratio of licensed/credentialed FTEs to number of people served.			
Data Source	Provider Survey; SIS; HRS, HCSIS authorization and utilization data.	**Pay for Performance Measure?**	No	

Complex Needs/Clinical (CN/C)

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Definition of Standard: Clinical: 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.				
PM Code	**Performance Measure (PM)**	**Applies to Primary Providers**	**Applies to Select Providers**	**Applies to Clinically Enhanced Providers**
CN-C.01.2	**Report names and authors of clinical assessments currently in use, the methodology for determining in what circumstances specific assessments are to be implemented, and the means by which adequate follow-up from completed assessments is assured.**		✓	✓
Process Details (How and What?)	By way of the provider survey, providers will report information on assessments used, methodology for assessment use, and process for follow-up after assessments have been completed.			
Data Source	Select and Clinically Enhanced- Provider survey/ Documentation review; EIM, QA&I Data	**Pay for Performance Measure?**	No	

Complex Needs/Clinical (CN/C)

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Definition of Standard: Clinical: 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.				
PM Code	**Performance Measure (PM)**	**Applies to Primary Providers**	**Applies to Select Providers**	**Applies to Clinically Enhanced Providers**
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 issues") to improve health outcomes.**		✓	✓
Process Details (How and What?)	1. By way of attestation form, providers will submit attestation of agency tracking and use of HRST data as indicated in the measure 2. By way of provider survey, agencies will submit a detailed plan indicating how the agency currently tracks and uses HRST data and how this data is used to improve health outcomes.			
Data Source	Provider survey/ Documentation review - HRS	**Pay for Performance Measure?**	No	

Complex Needs/Clinical (CN/C)

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Definition of Standard: Clinical: 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.				
PM Code	**Performance Measure (PM)**	**Applies to Primary Providers**	**Applies to Select Providers**	**Applies to Clinically Enhanced Providers**
CN-C.01.4	**Meet a 1:10 minimum ratio of behavioral/mental health clinical staff to all individuals in residential services served.**			✓
Process Details (How and What?)	Via provider survey agencies will report number FTE behavioral/mental health clinical staff as of a specific date. Numerator: Provider reported number FTE behavioral/mental health clinical staff as of a specific date. Denominator: provider census as of the same date Outcome must be a minimum of 1:10 to qualify for Clinically Enhanced status.			
Data Source	Clinically Enhanced - Provider Survey; SIS; HRS.	**Pay for Performance Measure?**		No

Complex Needs/Clinical (CN/C)

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Definition of Standard: Clinical: 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.				
PM Code	**Performance Measure (PM)**	**Applies to Primary Providers**	**Applies to Select Providers**	**Applies to Clinically Enhanced Providers**
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.**			✓
Process Details (How and What?)	ODP will review SIS NL and HRST HCL data to as of July 1, 2024. First portion (SIS NL) – Numerator: Total needs level of all persons supported by the provider as of specified date. Denominator: Total number of people supported by provider in residential services as of the same date. Second portion: (HRST HCL) – Note: For this to be measured, all HRST screenings must be up to date (as per HRS protocol) as of the specified date. Numerator: Total HCL of all persons supported by the provider as of a specific date Denominator: Total number of people supported by provider in residential services as of the same specific date.			
Data Source	Clinically Enhanced - SIS; HRS; Pulselight; HCSIS authorization and utilization data	**Pay for Performance Measure?**		No

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Questions and Answers

Complex Needs/Clinical (CN/C)

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Definition of Standard: Demonstrated ability to support individuals to access necessary physical health and behavioral health (BH) treatments.				
PM Code	**Performance Measure (PM)**	**Applies to Primary Providers**	**Applies to Select Providers**	**Applies to Clinically Enhanced Providers**
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).	✓	✓	✓
CN-C.02.2	Follow up after hospitalization for mental illness occurs within 30 days a minimum of 75% of the time.		✓	✓
CN-C.02.2	Follow up after hospitalization for mental illness occurs within 7 days a minimum of 40% of the time.			✓

Complex Needs/Clinical (CN/C)

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Definition of Standard: Demonstrated ability to support individuals to access necessary physical health and behavioral health (BH) treatments.				
PM Code	**Performance Measure (PM)**	**Applies to Primary Providers**	**Applies to Select Providers**	**Applies to Clinically Enhanced Providers**
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).**	✓	✓	✓
Process Details (How and What?)	By way of provider survey, providers will report information relating to any professional relationships the provider agency maintains in order to support individuals with medical and behavioral health needs.			
Data Source	Provider survey	**Pay for Performance Measure?**		No

Complex Needs/Clinical (CN/C)

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Definition of Standard: Demonstrated ability to support individuals to access necessary physical health and behavioral health (BH) treatments.				
PM Code	**Performance Measure (PM)**	**Applies to Primary Providers**	**Applies to Select Providers**	**Applies to Clinically Enhanced Providers**
CN-C.02.2	**Follow up after hospitalization for mental illness occurs within 30 days a minimum of 75% of the time**		✓	✓
Process Details (How and What?)	This measure will apply to individuals 6 years of age and older who have been discharged from an acute inpatient setting with a primary diagnosis at discharge of a mental illness or intentional self-harm. This measure will assess rates of follow up with a mental health provider within 30 days of discharge by way of a review of claims for the previous calendar year plus 30 days. **The following providers can perform the follow up visit (listed alphabetically):** 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. Denominator is individuals served by a provider who are ages 6 years and older discharged from an acute inpatient stay within the previous calendar year plus 30 days. The principal diagnosis at discharge must be mental illness or intentional self-harm. Numerator is individuals aged 6 years and older discharged from an acute inpatient stay where the principal diagnosis at discharge was a mental illness or intentional self-harm and who had follow-up with an appropriate professional within 30 days. Service provided on the day of discharge is not counted. **Mental Illness Diagnosis Codes ICD-10:** F03.9x, F20-F25.xx, F28-F34.xx, F39-F45.xx, F48.xx, F50-F53.xx, F59-F60.xx, F63-F66.xx, F68-F69.xx, F80-F82.xx, F84.xx, F88-F93.xx, F95.xx, F98-F99.xx. **Codes for follow up visits include:** 90791-2, 90832-40, 90845, 90847, 90849, 90853, 90875-6, 98960-2, 98966-8, 99078, 99201-5, 99211-5, 99217-23, 99231-3, 99238-9, 99241-5, 99251-5, 99341-5, 99347-50, 99381-7, 99391-7, 99401-4, 99411-2, 99441-3, 99483, 99495-6, 99510 HCPCS: G0155, G0176-7, G0409, G0463, H0002, H0004, H0031, H0034, H0036-7, H0039-40, H2000, H2010-1, H2013-20, M0064, T1015. Codes used may be subject to change.			
Data Source	Select and Clinically Enhanced - P3N; Medicaid and Medicare claims and encounter data..	**Pay for Performance Measure?**		No

Complex Needs/Clinical (CN/C)

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Definition of Standard: Demonstrated ability to support individuals to access necessary physical health and behavioral health (BH) treatments.				
PM Code	**Performance Measure (PM)**	**Applies to Primary Providers**	**Applies to Select Providers**	**Applies to Clinically Enhanced Providers**
CN-C.02.2	**Follow up after hospitalization for mental illness occurs within 7 days a minimum of 40% of the time, and within 30 days a minimum of 75% of the time.**			✓
Process Details (How and What?)	This measure will apply to individuals 6 years of age and older who have been discharged from an acute inpatient setting with a primary diagnosis at discharge of a mental illness or intentional self-harm. This measure will assess rates of follow up with a mental health provider within 7 days of discharge by way of a review of claims for the previous calendar year plus 30 days. If the first follow up visit is within 7 days after discharge, then this will be counted as being within 30 days also. **The following providers can perform the follow up visit (listed alphabetically):** 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. Denominator is individuals served by a provider who are ages 6 years and older discharged from an acute inpatient stay within the previous calendar year plus 30 days. The principal diagnosis at discharge must be mental illness or intentional self-harm. Numerator is individuals aged 6 years and older discharged from an acute inpatient stay where the principal diagnosis at discharge was a mental illness or intentional self-harm and who had follow-up with an appropriate professional within 7 days. Service provided on the day of discharge is not counted. **Mental Illness Diagnosis Codes ICD-10:** F03.9x, F20-F25.xx, F28-F34.xx, F39-F45.xx, F48.xx, F50-F53.xx, F59-F60.xx, F63-F66.xx, F68-F69.xx, F80-F82.xx, F84.xx, F88-F93.xx, F95.xx, F98-F99.xx **Codes for follow up visits include:** 90791-2, 90832-40, 90845, 90847, 90849, 90853, 90875-6, 98960-2, 98966-8, 99078, 99201-5, 99211-5, 99217-23, 99231-3, 99238-9, 99241-5, 99251-5, 99341-5, 99347-50, 99381-7, 99391-7, 99401-4, 99411-2, 99441-3, 99483, 99495-6, 99510 HCPCS: G0155, G0176-7, G0409, G0463, H0002, H0004, H0031, H0034, H0036-7, H0039-40, H2000, H2010-1, H2013-20, M0064, T1015. Codes used may be subject to change.			
Data Source	Select and Clinically Enhanced - P3N; Medicaid and Medicare claims and encounter data..		**Pay for Performance Measure?**	No

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Questions and Answers

Complex Needs/Medical (CN/M)

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Definition of Standard: Medical: 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.				
PM Code	**Performance Measure (PM)**	**Applies to Primary Providers**	**Applies to Select Providers**	**Applies to Clinically Enhanced Providers**
CN-M.01.1	Attestation that the provider meets medically complex standards in 1915(c).			✓
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.			✓

Complex Needs/Medical (CN/M)

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Definition of Standard: Medical: 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.

PM Code	Performance Measure (PM)	Applies to Primary Providers	Applies to Select Providers	Applies to Clinically Enhanced Providers
CN-M.01.1	**Attestation that the provider meets medically complex standards in 1915(c).**			✓
Process Details (How and What?)	Provider will attest to compliance with qualifications for serving individuals with a medically complex condition as defined in 1915(c) and submit appropriate documentation supporting the attestation of licensed and credentialed staff ratios.			
Data Source	Provider attestation	**Pay for Performance Measure?**		No

Complex Needs/Medical (CN/M)

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Definition of Standard: Medical: 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.				
PM Code	**Performance Measure (PM)**	**Applies to Primary Providers**	**Applies to Select Providers**	**Applies to Clinically Enhanced Providers**
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.**			
Process Details (How and What?)	Provider Survey will detail use of targeted resources for supporting Children with Medically Complex Conditions, including but not limited to Pediatric Complex Care Resource Centers, Health Care Quality Units, home care, support systems for families, use of family facilitator.			
Data Source	Provider survey and documentation submission.	**Pay for Performance Measure?**		No

Questions and Answers