

Office of Developmental Programs
Residential Performance-Based Contracting Attestation

Instructions:

All providers of Residential Habilitation, Life Sharing, and/or Supported Living services funded through the Consolidated Waiver and/or Community Living Waiver must complete the below attestation. The provider must complete a separate attestation for each Master Provider Index (MPI) number through which the provider renders Residential Habilitation, Life Sharing, and/or Supported Living services through the Consolidated Waiver or Community Living Waiver. The completed attestation must be uploaded using the Performance-Based Contracting Residential Provider Data Submission Tool by the end of the provider documentation submission period for tier determination.

The purpose of the attestation is to confirm that the provider has met performance standards outlined in bulletin 00-24-01. The attestation, in addition to documentation submitted by the provider, will help inform the Office of Developmental Programs' (ODP) assignment of a performance-based contracting tier for the provider. The provider designee completing this form must have knowledge of all information to which the provider attests. The provider designee should check all applicable boxes for the tier for which the provider has documentation of meeting the criteria or will have documentation by the date outlined in the criteria. If the provider is assigned by ODP to a tier that does not match the tier selected in this attestation, the provider will be required to complete a new attestation for the new applicable tier.

Providers that fail to complete and submit this form by the end of the provider documentation submission period for tier determination cannot be assigned to the select or clinically enhanced tiers and will receive a Directed Corrective Action Plan requiring completion of the attestation to remain in the primary tier. Questions regarding this form should be sent to ra-pwodppbc@pa.gov.

Form Completion:

As the provider designee of _____,

Provider Name

MPI

hereafter referred to as "Residential Provider", I attest that the Residential Provider can document that the Residential Provider meets the criteria for all boxes checked below for the tier requested by the Residential Provider:

Provider's designee should complete only one of the below tier standards.

Primary Tier Standards

- Supervisory management training to support skill application of Direct Support Professionals (DSPs) is conducted for all Frontline Supervisors (FLSs) no later than December 31, 2025, and is embedded in the Residential Provider's training plan to ensure continuity. FLSs are the first line of management in human service organizations. These are staff who supervise DSPs working with adults with IDD and often also engage in direct support as part of their duties.
- Supervisory management training to support skill application of FLSs is provided to all house managers and program management staff (or equivalent positions) no later than December 31, 2025, and is embedded in the Residential Provider's training plan to ensure continuity.
- A system will be in place by January 1, 2025, to accurately track and report all of the following:
 - All referrals for residential services by type and determination of acceptance or rejection.
 - Time to service initiation from date of referral acceptance to date of service start by residential service type.
 - Number of referrals denied and reason (age, gender, clinical needs, location/geography, vacancy status, workforce).
 - Number of provider-initiated discharges, setting to which individual was discharged, and reason for discharge(s).
 - Circumstances under which any individual 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.
- The Residential Provider completes the Health Risk Screening tool to fidelity and understands that misrepresentation of individual rating items, diagnoses, health status, condition, or treatment may constitute Medicaid fraud.
- The Residential Provider participates in the Supports Intensity Scale™ (SIS) assessments of individuals served including making available respondents that meet respondent criteria outlined by the American Association on Intellectual and Developmental Disabilities (AAIDD). The Residential Provider understands that misrepresentation of individual needs and supports may constitute Medicaid fraud.
- Beginning January 1, 2025, the Residential Provider will support ODP data collection on family satisfaction with Residential Provider engagement.
- The Residential Provider has accurately and truthfully disclosed to ODP the following:
 - Current financial statements.
 - Violations of conflict-of-interest policy.
 - Any history and status of criminal convictions of officers and owners.
 - Whether any residential setting owned or operated by the Residential Provider and/or corporate affiliates currently operates with a non-regular license (non-renewal, revocation, or provisional) through any office besides ODP, if applicable.

- Any history of license revocation or nonrenewal in other states in which the Residential Provider, and corporate affiliates, renders services to individuals with intellectual and developmental disabilities, if applicable.

Select Tier Standards

- By December 31, 2025, the percentage of DSPs employed or contracted by the Residential Provider who are credentialed through the National Alliance for Direct Support Professionals (NADSP) will increase by a minimum of 5% from baseline on July 1, 2024 or January 1, 2025 (Residential Provider determines date for baseline). Residential Providers having greater than 25% of DSPs credentialed are considered to meet the standard without requirement to increase percentage.¹
- By December 31, 2025, the percentage of FLSs employed or contracted by the Residential Provider who are credentialed through NADSP will increase by a minimum of 10% from baseline on July 1, 2024 or January 1, 2025 (Residential Provider determines date for baseline). Residential Providers having greater than 25% of FLSs credentialed are considered to meet the standard without requirement to increase percentage. FLSs are the first line of management in human service organizations. These are staff who supervise DSPs working with adults with IDD and often also engage in direct support as part of their duties.
- The Residential Provider has a strategic plan that includes considerations for Diversity, Equity and Inclusion in relation to workforce. The Residential Provider's plan addresses recruitment and advancement activities for staff with culturally and linguistically diverse backgrounds.
- The Residential Provider tracks and uses data from the Health Risk Screening Tool to measure interruption in daily activity because of illness ("clinical issues") to improve health outcomes as outlined in the Residential Provider's plan.
- The Residential Provider completes the Health Risk Screening tool to fidelity and understands that misrepresentation of individual rating items, diagnoses, health status, condition, or treatment may constitute Medicaid fraud.
- The Residential Provider participates in the Supports Intensity Scale™ (SIS) assessments of individuals served including making available respondents that meet respondent criteria outlined by AAIDD. The Residential Provider understands that misrepresentation of individual needs and supports may constitute Medicaid fraud.
- Starting January 1, 2025, all newly hired DSPs, FLSs, and program managers will complete training on Autism Spectrum Disorder (i.e. SPeCTRUM or equivalent basic course on effectively supporting people with Autism Spectrum Disorder) within 1-year of hire.²
- A system will be in place by January 1, 2025, to accurately track and report all of the following:
 - All referrals for residential services by type and determination of acceptance or rejection.

¹ Life sharers are exempt from the credentialing requirement.

² Life sharers are exempt from this standard unless supporting an individual with ASD. Life sharers are not included in this measure but Residential Providers are required to ensure staff receive training specific to the support needs of individuals receiving any residential service.

- Time to service initiation from date of referral acceptance to date of service start by residential service type.
 - Description of each circumstance in which the 90-day timeline is not met for Residential Habilitation and the 180-day timeline is not met for Life Sharing and Supported Living.
 - Number of referrals denied and reason (age, gender, clinical needs, location/geography, vacancy status, workforce).
 - Number of provider-initiated discharges, setting to which individual was discharged, and reason for discharge(s).
 - Circumstances under which any individual 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 Residential Provider's inability to return the individual to their home.
- A procedure is in place to review all referrals and the Residential Provider is implementing the procedure at the time of the initial contract and maintained.
- Beginning January 1, 2025, the Residential Provider will support ODP data collection on family satisfaction with Residential Provider engagement.
- The Residential Provider has accurately and truthfully disclosed to ODP the following:
- Current financial statements.
 - Violations of conflict-of-interest policy.
 - Any history and status of criminal convictions of officers and owners.
 - Whether any residential setting owned or operated by the Residential Provider and/or corporate affiliates currently operates with a non-regular license (non-renewal, revocation, or provisional) through any office besides ODP, if applicable.
 - Any history of license revocation or nonrenewal in other states in which the Residential Provider, and corporate affiliates, renders services to individuals with intellectual and developmental disabilities, if applicable.

Clinically Enhanced Tier Standards

- By December 31, 2025, the percentage of DSPs employed or contracted with the Residential Provider who are credentialed through NADSP and/or NADD will increase by a minimum of 5% from baseline on July 1, 2024 or January 1, 2025 (Residential Provider determines date for baseline). Residential Providers having greater than 25% of DSPs credentialed are considered to meet the standard without requirement to increase percentage.¹
- By December 31, 2025, the percentage of FLSs employed or contracted by the Residential Provider who are credentialed through NADSP will increase by a minimum of 10% from baseline on July 1, 2024 or January 1, 2025 (Residential Provider determines date for baseline). Providers having greater than 25% of FLSs credentialed are considered to meet the standard without requirement to increase percentage. FLSs are the first line of management in human service organizations. These are staff who supervise DSPs working with adults with IDD and often also engage in direct support as part of their duties.
- The Residential Provider has a strategic plan that includes considerations for Diversity, Equity and Inclusion in relation to workforce. The Residential Provider’s plan addresses recruitment and advancement activities for staff with culturally and linguistically diverse backgrounds.
- The Residential Provider tracks and uses data from the Health Risk Screening Tool to measure interruption in daily activity because of illness (“clinical issues”) to improve health outcomes as outlined in the Residential Provider’s plan.
- The Residential Provider completes the Health Risk Screening Tool to fidelity and understands that misrepresentation of individual rating items, diagnoses, health status, condition, or treatment may constitute Medicaid fraud.
- The Residential Provider participates in the Supports Intensity Scale™ (SIS) assessments of individuals served including making available respondents that meet respondent criteria outlined by AAIDD. The Residential Provider understands that misrepresentation of individual needs and supports may constitute Medicaid fraud.
- Starting January 1, 2025, all newly hired DSPs, FLSs, and program managers will complete training on Autism Spectrum Disorder (i.e. SPeCTRUM or equivalent basic course on effectively supporting people with Autism Spectrum Disorder) within 1-year of hire.²
- By December 31, 2025, all DSPs, FLSs, and program managers that are employed or contracted by the Residential Provider will have completed training on Autism Spectrum Disorder (i.e. SPeCTRUM or equivalent basic course on effectively supporting people with Autism Spectrum Disorder)³

¹ Life sharers are exempt from the credentialing requirement.

² Life sharers are exempt from this standard unless supporting an individual with Autism Spectrum Disorder. Life sharers are not included in this measure but Residential Providers are required to ensure staff receive training specific to the support needs of individuals receiving any residential service.

³ Life sharers are exempt from this standard unless supporting an individual with Autism Spectrum Disorder. Life sharers are not included in this measure but Residential Providers are required to ensure staff receive training specific to the support needs of individuals receiving any residential service.

- The Residential Provider meets provider qualification standards for medically complex Residential Habilitation and/or Life Sharing in the Consolidated Waiver. [This should only be checked when the Residential Provider will render clinically enhanced medical support.]
- A system will be in place by January 1, 2025, to accurately track and report all of the following:
 - All referrals for residential services by type and determination of acceptance or rejection.
 - Time to service initiation from date of referral acceptance to date of service start by residential service type.
 - Description of each circumstance in which the 90-day timeline is not met for Residential Habilitation and the 180-day timeline is not met for Life Sharing and Supported Living.
 - Number of referrals denied and reason (age, gender, clinical needs, location/geography, vacancy status, workforce).
 - Number of provider-initiated discharges, setting to which individual was discharged, and reason for discharge(s).
 - Circumstances under which any individual 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 Residential Provider's inability to return the individual to their home.
- A procedure is in place to review all referrals and the Residential Provider is implementing the procedure at the time of the initial contract and maintained.
- Beginning January 1, 2025, the Residential Provider will support ODP data collection on family satisfaction with Residential Provider engagement.
- The Residential Provider has accurately and truthfully disclosed to ODP the following:
 - Current financial statements.
 - Violations of conflict-of-interest policy.
 - Any history and status of criminal convictions of officers and owners.
 - Whether any residential setting owned or operated by the Residential Provider and/or corporate affiliates currently operates with a non-regular license (non-renewal, revocation, or provisional) through any office besides ODP, if applicable.
 - Any history of license revocation or nonrenewal in other states in which the Residential Provider, and corporate affiliates, renders services to individuals with intellectual and developmental disabilities, if applicable.

By signing this document, I attest that I have knowledge of all the information checked on this form and all information checked is accurate and that the Residential Provider will be able to produce documentation demonstrating the Residential Provider meets the requirements for all items checked upon request by ODP. Failure to produce requested documentation may result in a change of performance-based contracting tier or other sanction outlined in 55 Pa. Code §6100.742.

Complete the following for the provider designee completing this form:	
Printed/Typed Name:	
Signature (electronic signature is acceptable):	
Role/title with Residential Provider:	
Email:	
Phone Number:	
Date Attestation Completed:	