

# ODP Updates

ISAC

August 27, 2024

## Enacted FY24-25 Budget

\$354.8M (state and federal) increase in appropriation for Community Waiver Program includes:

- \$74.8M (federal and state) for Multi-year Program Growth Strategy
  - 1,250 individuals enrolled in Community Living Waivers
  - 250 individuals enrolled in Consolidated
  - Alteration of capacity management - AE/county flexibility
- \$2M (federal and state) sign language interpretation services

## Enacted FY24-25 Budget (cont.)

- \$280M (federal and state) for rate increases of average 7%
  - Fee schedule rates to be published in *PA Bulletin* August 31<sup>st</sup>
  - Implementation of the new rates will be October 1, 2024 with effective date of July 1, 2024.
    - All non-residential services including participant-directed services will receive an increase of 8%.
    - All residential services will receive an increase of 6%.
  - Implementation of performance-based contracting
    - Rate add-ons Select 3%, Clinically Enhanced 5%
    - Pay-for-Performance

# **Multi-Year Program Growth Strategy**

# Multi-Year Program Growth Strategy Status

- Waiver capacity release in September 2024
- ODP finalizing protocols for implementation
  - AEs will be able to request additional capacity on a quarterly basis
- Readiness reviews with AEs will begin in Q2 2024 and conclude by 12/31/2025
- ODP preparing all reports to support implementation
  - Focus on adults in emergency and overall capacity expansion
  - Internal reports for monitoring access and AE performance

**Finalized PUNS as of January 31, 2024**  
**By Region, County Joinder and Urgency of Needs**

Urgency of need of 'Fully Served' was excluded.  
Source: EDW HCSIS PUNS Monthly Report Fact  
Data Extraction Date: 02/26/2024

		Urgency of Need			
Region	County/Joinder	Emergency	Critical	Planning	Grand Total
<b>Statewide Total</b>		<b>6,036</b>	<b>4,849</b>	<b>2,369</b>	<b>13,254</b>

**Finalized PUNS as of April 30, 2024**  
**By Region, County Joinder and Urgency of Needs**

Urgency of need of 'Fully Served' was excluded.  
Source: EDW HCSIS PUNS Monthly Report Fact  
Data Extraction Date: 05/16/2024

		Urgency of Need			
Region	County/Joinder	Emergency	Critical	Planning	Grand Total
<b>Statewide Total</b>		<b>5,841</b>	<b>4,796</b>	<b>2,362</b>	<b>12,999</b>

**Finalized PUNS as of May 31, 2024**  
**By Region, County Joinder and Urgency of Needs**

Urgency of need of 'Fully Served' was excluded.  
Source: EDW HCSIS PUNS Monthly Report Fact  
Data Extraction Date: 07/02/2024

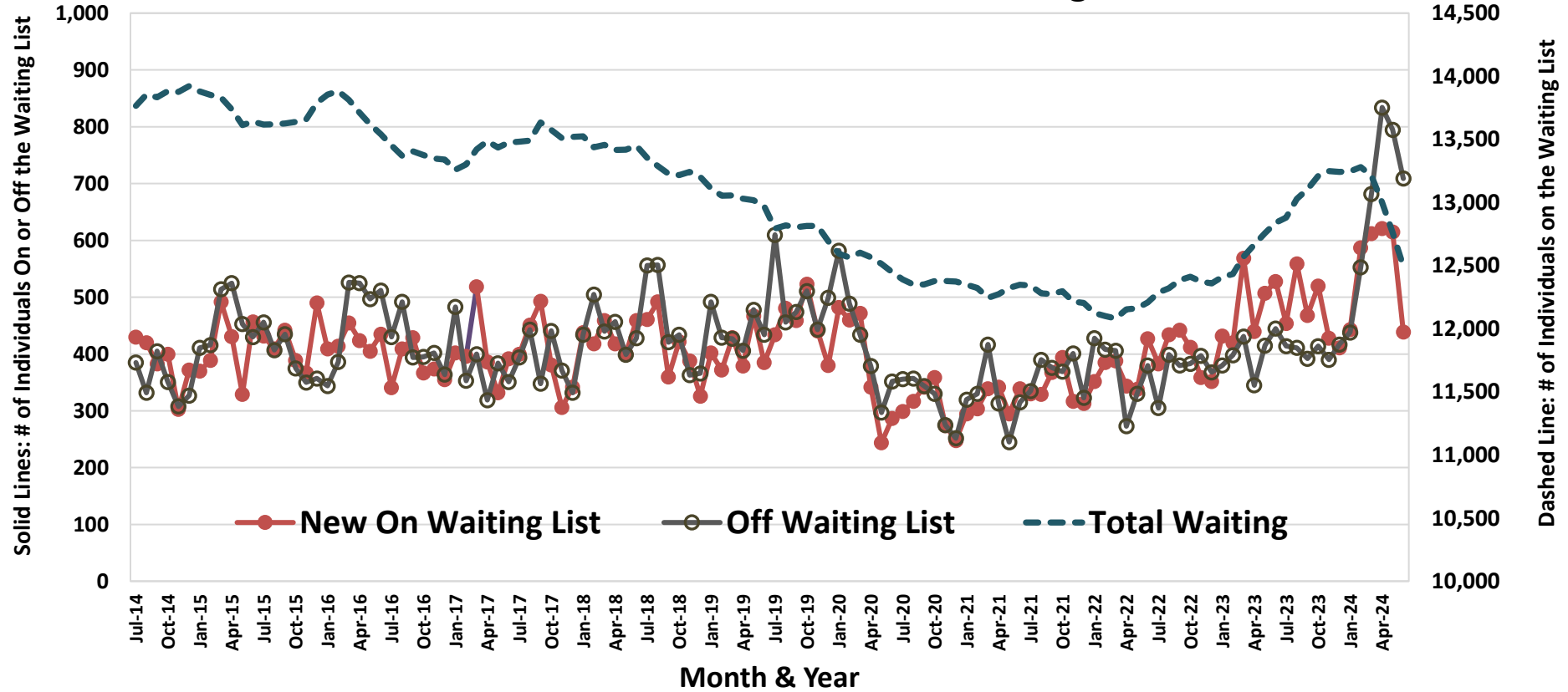
		Urgency of Need			
Region	County/Joinder	Emergency	Critical	Planning	Grand Total
<b>Statewide Total</b>		<b>5,666</b>	<b>4,757</b>	<b>2,339</b>	<b>12,762</b>

**Finalized PUNS as of June 30, 2024**  
**By Region, County Joinder and Urgency of Needs**

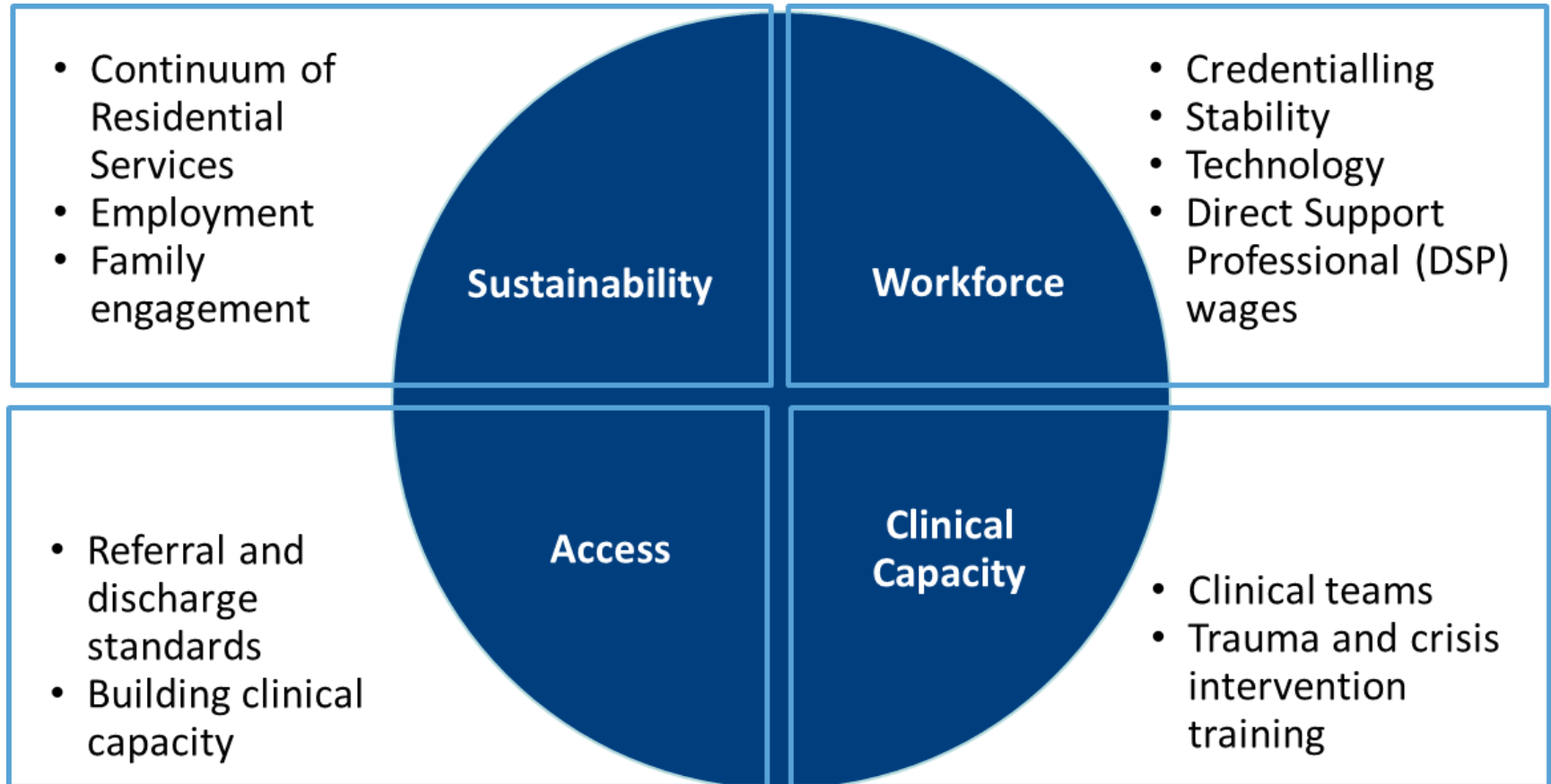
Urgency of need of 'Fully Served' was excluded.  
Source: EDW HCSIS PUNS Monthly Report Fact  
Data Extraction Date: 07/29/2024

		Urgency of Need			
Region	County/Joinder	Emergency	Critical	Planning	Grand Total
<b>Statewide Total</b>		<b>5,434</b>	<b>4,761</b>	<b>2,301</b>	<b>12,496</b>

## Number of Individuals On and Off the Waiting List Compared to Number of Individuals on the Waiting List



# Performance-Based Contracting





# Performance-Based Contracting Status

- Tier determination submission period open 8/1-8/31/2024. Providers that do not submit during option 1 must submit documentation 2/15-3/15/25.
- 95% of residential providers have submitted Residential Provider Agreement
- 1915(b)(4) application and 1915(c) amendments submitted to CMS 7/26/24.
  - 15 day meeting occurred; iRAI questions received
- PAS vendor procurement still underway
- ODP PBC Measure Coordinator hired and began in July
- SC Strategic Thinking Group reconvene 9/11/24

## Public Comment Themes

- Generally, strong support from all stakeholder groups recognizing the need to elevate the quality of residential services.
- Areas with high volume of comments:
  - Select/Clinically Enhanced Tiers reserved for agencies serving 10 or more individuals
  - Competitive Integrated Employment standards
  - Population served average Needs Level 4.5+ and average Health Care Level 3.5+ (HCL is established using the Health Risk Screening Tool)
  - Primary providers limited to Needs Groups 1-3
  - Number of measures
  - Timeline for implementation

## **Performance Based Contracting: Public Comments (cont.)**

- Performance Standards: 1046
- Implementation: 358
- Workforce: 201
- Access: 153
- Financial: 153
- Participant Impact: 145
- Quality: 123
- Pay for Performance: 79
- Miscellaneous: 75
- Contracting Criteria: 40

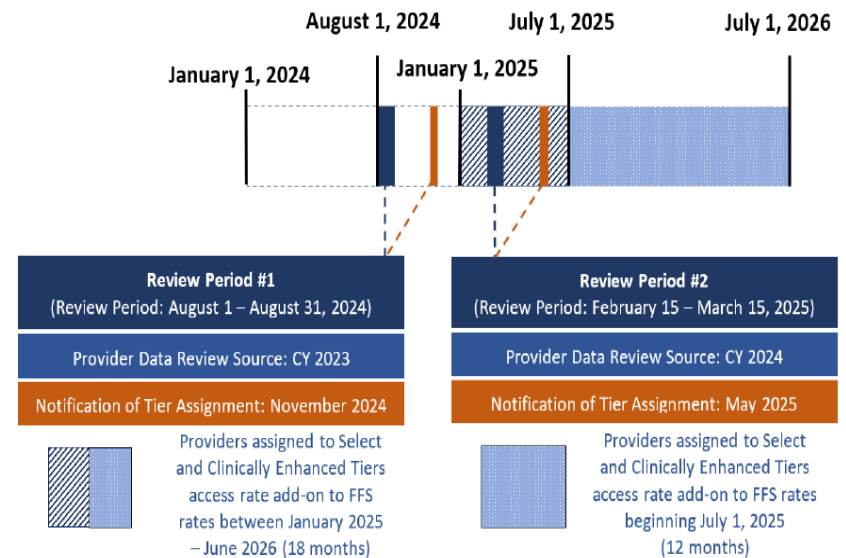
Note: A number of the 1,580 comments recorded were captured in multiple themes

## **Performance-Based Contracting: Public Comment Themes**

- Generally, strong support from all stakeholder groups recognizing the need to elevate the quality of residential services.
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  - Number of measures
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## Impact of Comments – Adjusted Timeline

- Residential providers with a signed and submitted Agreement for Provision of Residential Services may choose when to submit data and documentation to determine the PBC tier. Providers may submit information: Between August 1-31, 2024 or Between February 15 – March 15, 2025
- ODPANN 24-074 Performance-Based Contracting Residential Provider Data Submission Tool Link is Live for August 2024 Submissions.*



# Impact of Comments/Enacted Budget - Credentialing

## Staff Credentialing Performance Standards

- Clarified that the credentialing standard for Direct Support Professionals is:
  - The National Alliance for Direct Support Professionals (NADSP) for Primary and Select tiers
  - NADSP and/or the National Association for the Dually Diagnosed (NADD) for the Clinically Enhanced tier.
  - Life Sharers are exempt from this standard.
- Clarified that the credentialing standard for Front-Line Supervisors is NADSP for all tiers.
- All tiers may receive Pay for Performance payments for meeting or exceeding performance targets for staff credentialing.



## Impact of Comments – New Referrals

- Primary providers may not accept NEW referrals for individuals **NG5 or greater**. This does not apply to individuals NG5 or greater receiving residential services prior to January 1, 2025 or individuals where the needs assessment results in an increase.
- Clarifications:
  - Select and Clinically Enhanced providers may accept NEW referrals for individuals of *any* Needs Group.
  - AE/SCO referrals for residential services may cross county lines.
  - Providers in any tier qualified to render Respite may provide Respite to any individual in any Needs Group.
  - ODP's assurance to CMS related to access to service is that the average statewide timeframe to service delivery is within an average of 90 days or less post-referral acceptance for Community Homes and statewide within an average of 180 days or less post-referral acceptance for Supported Living and Life Sharing.
    - Provider requirements are to track and report timeframes. At this stage of implementation of PBC, Select and Clinically Enhanced tier providers must include in their tracking an explanation for referrals that take greater than the 90/180 days. There is no penalty for exceeding those timeframes at the provider level. The penalty would be for failure to track and report.

## Impact of Comments – Reduction of Measures

The following performance measures have been removed for the first contract period of tier determinations and will be evaluated for future consideration:

- Demonstrate the use of a professionally recognized and ODP approved comprehensive assessment and implement follow through — demonstrate responsiveness for corrective action reporting and high-risk responses.
- Documentation of intensive (courses, conferences) specialized training relative to individual diagnosis (Prader Willi syndrome, Fetal Alcohol Syndrome, ASD, Borderline Personality Disorder, Pica etc.)
- Combined percentage of working age individuals that are receiving Career Assessment or Job Finding services through ODP or Office of Vocational Rehabilitation (OVR) AND Competitively employed in integrated settings (working age participants only) must meet or exceed 19% for NG1-2 and 4% for NG3 or greater.



## Impact of Comments - Measures

**(CN-C.01.1)** Report current ratio of licensed/credentialed full-time equivalents to number of individuals served to demonstrate size of agency multi-disciplinary clinical team. **Provide description of agency allocation of clinical resources across resident population to meet individual needs, mitigate individual risk and support individuals' teams. Description should include provider's process for allocating clinical resources across health care levels and Needs Levels/Needs Groups.**

**(CN-C.01.4)** Meet a **1:15** minimum ratio of full-time equivalent behavioral/mental health clinical staff to all individuals receiving residential services from the Agency

**(CN-C.01.2)** Population served by the agency in residential services is in the **top quartile of acuity** of both Needs Level and Health Care Level of the statewide population in residential. **[CN-C.01.5 is now CN-C.01.2 - new assigned measure number]**

**In future contract cycles, Clinically Enhanced providers that effectively support individuals with improvements in health and reduction in supports needs that result in lower individual and, subsequently, aggregate HCL and NL scores may submit supporting documentation with QI.01.4 to maintain status in Clinically Enhanced tier.**

## Impact of Comments - Measures (cont.)

**(DM.02)** Report the EHR in use and what functions of the software are utilized (e.g., that includes medication records, physician notes, integrated care pathways, etc.) and demonstrated use of EHR. **Through June 30, 2026 minimum requirement is electronic medication administration records.**

Future measure: Beginning July 1, 2026 EHR capability must include external third-party communication (e.g. pharmacy, physician)

## Impact of Comments – Waiver Submissions

### Pay-for-Performance

- Supplemental payments that will be made to residential service providers that meet or exceed performance targets for:
  - Staff credentialing
  - Employment of individuals served
  - Transitions to Life Sharing or Supported Living
  - Rural provider capacity
  - Reporting on use of technology
- ARPA funding for P4P

**PERFORMANCE-BASED CONTRACTING  
RESIDENTIAL SERVICES**

Implementation Guide



Office of Developmental Programs  
Pennsylvania Department of Human Services

July 26, 2024

**Implementation Guide designed to be single source reference for providers:**

- Background on performance-based contracting
- Contracting and timeline information
- Performance measures
- Attestation
- Data submission tool
- Scoring tool

[PBC Resource Page](#)

# On-Going Provider Support

- PBC Mailbox
- MyODP PBC resource page
- FAQs published on MyODP [PBC FAQs](#)
- Virtual Office Hours for 8/2024 applicants
- Quarterly Provider Forums