

Performance-Based Contracting Supports Coordination DRAFT Performance Measures

November 2024

What Problem(s) Needs Solving?



Improve Quality

Challenges

**Inadequate
Management
Tools**

**LifeCourse in
Complex
Systems
Navigation**

**Payment
Structure Not
Outcome
Aligned**

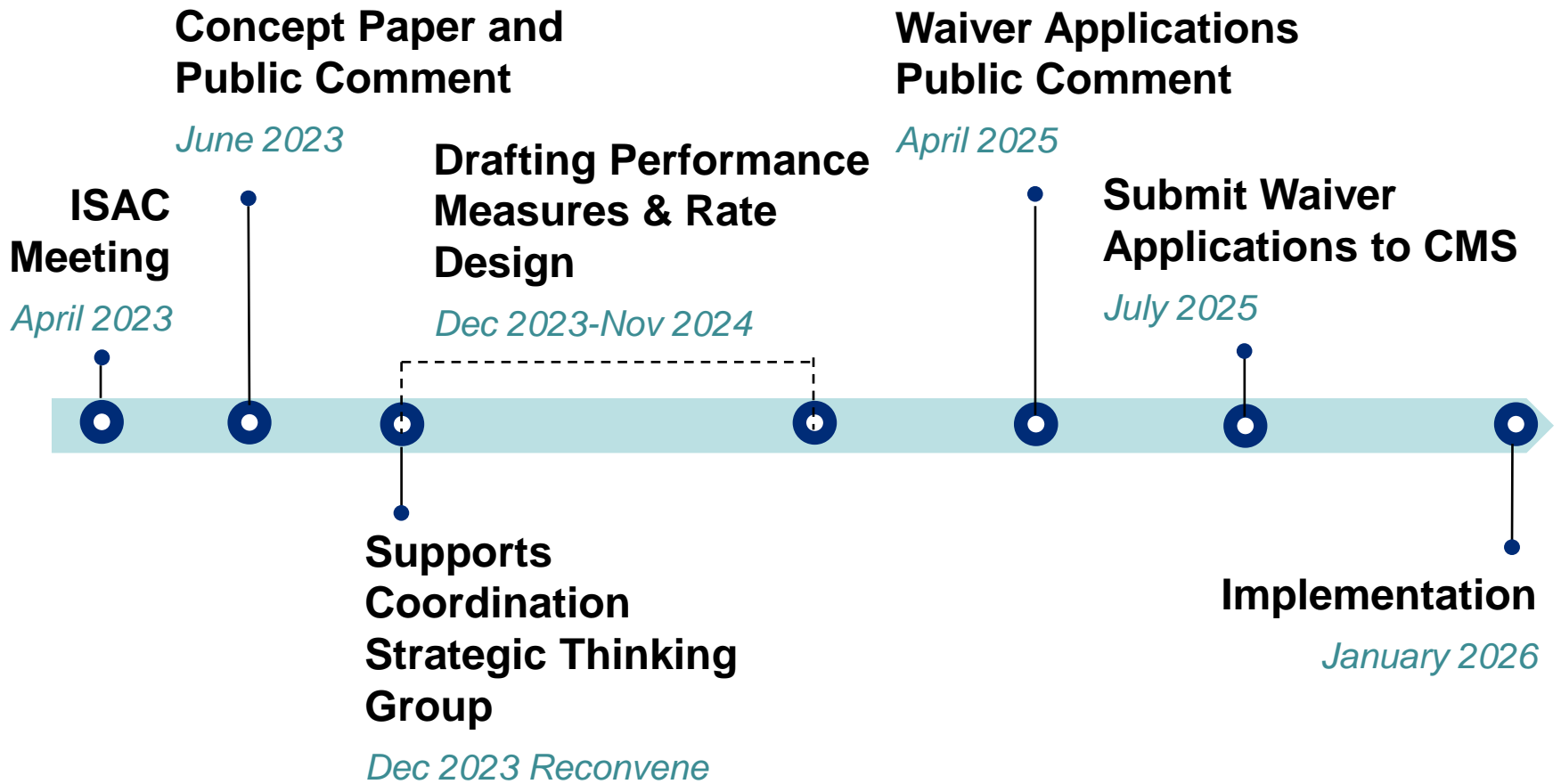
**Poorly
Performing
Providers and
Insufficient
Capacity**

**Increasing
Acuity of
Assessed
Needs**

Performance-Based Contracting Goals



PBC Supports Coordination Timeline



Supports Coordination Organization (SCO) Performance Tiers

Primary SCO

SCOs that meet current and some additional standards aimed at capacity building and quality improvement.

Select SCO

Meet benchmarks for performance for multiple performance areas.

Draft Performance Measures

Access (SC-AC.01)

Remains open for new referrals, and individual/family selection of SCO, regardless of case complexity.

Primary	Select
<p>SCO attests that they remain open for new referrals and individual/family selection of SCO in county(ies) of the SCO's defined territory and/or the location of the base contract, regardless of case complexity.</p>	<p><i>Same as Primary AND</i></p> <p>Minimum referral acceptance is 90% for CY 2025.</p> <p>If SCO's served population is less than 250 individuals, minimum referral acceptance is 75% for CY 2025.</p>

Access (SC-AC.02)

SCO service initiation with initial outreach occurs in an average of 14 calendar days or less post-referral acceptance.

Primary	Select
<p>Attest that by January 1, 2026, a system will be in place to accurately track and report all of the following data elements:</p> <ul style="list-style-type: none">• Referrals received and accepted.• Time to service after post referral acceptance.• Report current average days for service initiation for service coordination.• Circumstances surrounding a 14 day timeline is not met.• Referrals denied, reason (location/geography, vacancy status workforce, conflict of interest per policy, etc.).	<p><i>Same as Primary AND</i></p> <p>Demonstrate the ability to initiate supports coordination services (including on-call) within 48 hours of referral for AE defined high need individuals/crisis situations (High need defined as death or loss of primary caregiver OR loss of housing OR inpatient stay OR incarceration OR unanticipated discharge).</p>

Administration (SC-ADM.01)

Demonstrate transparent and sound corporate governance structure.

Primary	Select
<p>Attestation regarding the accuracy of the required elements contained in SC-ADM.01.2- 1.5 to meet the standards.</p> <ul style="list-style-type: none">• Submission of current financial statements (audited if available).• Disclosure of Conflict of Interest Policy and associated documentation, including Governing Body.• Disclosure of Criminal convictions, including Governing Body members.• Disclosure of History of enforcement actions in other Pennsylvania DHS programs and/or in other states in which the SCO applicant renders any services to individuals with intellectual and developmental disabilities if applicable.	<p><i>Same as Primary AND</i></p> <p>Documentation that governance by the Governing Body is engaged with and informed by voices of people with lived experiences supported by the SCO by:</p> <ul style="list-style-type: none">• Including at least one individual with lived experience with IDD/Autism (inclusive of family members) on the Governing Body OR• Operating/participating with an advisory committee or subcommittee that is comprised of people with lived experience AND• Evidence that Governing Body deliberations are informed by input of people with lived experience - Evidence that support is offered/made available for people with lived experience to meaningfully participate

Community Inclusion (SC-CI.01)



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

Primary	Select
<p>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). Attest to assist in efforts, beginning January 1, 2026, to support ODP data collection and align with statewide average minimally or have a plan to achieve</p>	

Continuum of Services (SC-CoS.01)

Demonstrate that individuals requiring or preferring 24/7 support outside of the family home are provided information and encouraged to consider Supported Living and Life Sharing.

Primary	Select
<p>SCO has an identified lead for Lifesharing/Supported Living who serves as a resource for education for families and SCO staff about residential alternatives.</p> <p>Demonstrate education that SCO is providing SCs regarding residential options</p>	<p>Demonstrate residential options lead is using data to improve outreach to individuals/families and stakeholders about housing options</p> <p>Attest that the percentage of individuals using Supported Living and Life Sharing services relative to use of Residential Habilitation will be increased from the SCO's baseline as of January 1, 2026 by December 31, 2026 if below statewide baseline percentage of X%.</p> <p>Percentage of individuals supported by SCO may not exceed X% of residential habilitation using CY 2025 data for initial review.</p>

Employment (SC-EMP.01)

Demonstrated support of individuals to seek and obtain Competitive Integrated Employment (CIE).

Primary	Select
<p>Demonstrate tracking of CIE and percentage of working age people with CIE.</p> <p>QM Plan for increasing CIE.</p>	<p>Demonstrate a combined XX% of working age individuals that are receiving Career Assessment or Job Finding services and/or benefits counseling through ODP or OVR and individuals competitively employed in integrated settings (working age participants only and adjusted for acuity).</p>

Person-Centered Practices (SC-PCP.01)



Demonstrate effective practices to support people to realize their personal goals

Primary	Select
<p>NCI-IDD PCP-2: Person centered goals (The proportion of people who report their service plan includes things that are important to them). Attest to assist in efforts, beginning January 1, 2026, to support ODP collected data collection and align with statewide average minimally or have a plan to achieve</p>	

Quality (SC-QU.01)

Demonstrated responsiveness to individuals, families and system partners

Primary	Select
<p>Meet minimum benchmark for ODP collected data on satisfaction with SCO engagement via survey regarding responsiveness (timeliness, thoroughness, proactivity, etc.).</p> <p>NCI-IDD Question 47 (Service Coordination Table 3): “Able to contact Case Manager/Service Coordinator when wants to”</p> <p>Report number of individuals who chose another SCO due to dissatisfaction with SC services</p>	

Quality (SC-QU.02)

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 (QMP) goals and action plan target objectives).

Primary	Select
<p>Report number of staff that have ODP QM certification;</p> <ul style="list-style-type: none">• include number on executive leadership team who have the authority to adopt recommendations and direct QM activities.• Description of how data is utilized to monitor towards goals and action plans.• Description of how person-centered performance data is utilized to develop the QMP and action plan.	<p>Same as Primary</p>

Quality (SC-QU.02 cont.)

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 (QMP) goals and action plan target objectives).

Primary	Select
<p>Report if the SCO is accredited by:</p> <ul style="list-style-type: none"> a. Council for Quality and Leadership (CQL) b. Commission on Accreditation of Rehabilitation Facilities (CARF) c. Council on Accreditation (COA) d. National Association for the Dually Diagnosed (NADD) e. Other 	<p>Same as Primary AND</p> <p>At least one member of executive leadership team who has the authority to adopt recommendations and direct QM activities has ODP QM Certification.</p>

Quality (SC-QU.03 cont.)

Demonstrated capacity to enhance diversity, equity, and inclusion (DEI) through provision of Culturally and Linguistically Appropriate Services (CLAS)

Primary	Select
<p>Attest to adoption of the federal CLAS Standards – Think Cultural Health (hhs.gov) and use of the HHS’s Implementation Checklist (equivalent standards and implementation plans will be accepted)</p>	<p>Submit documentation to demonstrate agency commitment to CLAS through dedicated staff resources, budget line items for interpretation services, outreach materials, etc.</p>

Quality (Data Integrity) (SC-QDI.01 cont.)

Data collection and entry by SCO is accurate and timely.

Primary	Select
<ul style="list-style-type: none">• 86% demographic information is complete and accurate, including living situation and individual and primary contact email address.• Employment information is complete, including all employment fields in the individual monitoring tool, updated at every required monitoring (based on waiver enrollment), and accurate• 86% timely service note entry• 86% timely annual plans• 86% compliance with monitoring frequency by waiver type• 86% PUNS is accurate and timely, including removal of individuals who have been enrolled in waivers from the emergency waiting list within 30 calendar days• Restrictive procedure data at 86% accurate	<ul style="list-style-type: none">• 93% demographic information is complete and accurate, including living situation and individual and primary contact email address.• Employment information is complete, including all employment fields in the individual monitoring tool, updated at every required monitoring (based on waiver enrollment), and accurate• 93% timely service note entry• 93% timely annual plans• 93% compliance with monitoring frequency by waiver type• 93% PUNS is accurate and timely, including removal of individuals who have been enrolled in waivers from the emergency waiting list within 30 calendar days• Restrictive procedure data at 86%¹⁸ accurate

Quality (Wellness SC-QW.01)

Capacity to identify and address individual wellness for those served by the SCO

Primary	Select
<p>Description of how the SCO identify and promote wellness activities based on individual needs</p> <p>NCQA HEDIS - Adults' Access to Preventive/Ambulatory Health Services (AAP): xx% percentage of members 20 years and older who had an ambulatory or preventive care visit</p> <p>Attest that SCs receive training on well child visit schedules, have age appropriate resources available to provide to families' of children</p>	

Resource Navigation (SC-RN.01)

Supports access to community resources to meet needs related to Health Related Social Needs

Primary	Select
<p>Register and participate in PA Navigate Resource Platform as Community-Based Organization (CBO).</p>	<p>Same as Primary AND</p> <p>SCO is responsive to 90% of referrals generated in PA Navigate.</p> <p>Demonstrate use of PA Navigate to respond to individual and family health related social needs (i.e. food, housing)</p>

Risk Management (SC-RM.01)

Demonstrate understanding risk for individuals at the population level and the ability to utilize data to mitigate individual risk

Primary	Select
<p>Attest to having a system and corresponding procedures to track and use all available assessment data (SIS, HRS, etc.), restrictive procedure data, and incident management data to engage in improving individual outcomes, i.e., Fatal Five training, etc. (Need to explain 'individual outcomes' vs desired outcomes in ISP) starting January 1, 2026</p>	

Technology (SC-TEC.01)

Demonstrate use of technology to improve health and wellness, and create additional opportunities to increase independence for individuals

Primary	Select
<p>Report on types of remote support technology in use:</p> <ul style="list-style-type: none">• Report on the number of individuals using remote support technology in residential and non-residential settings• Report on types of assistive technology in use• Report on the number of individuals using assistive technology support in residential and non-residential settings	