



PBC Provider Forum

December 16, 2024



- Status update including adjustments
- Submission Tool Clarifications
- Choosing a tier: Checklist and ODP measures
- Resolution Form Guidance
- Incident Management Review
- Restrictive Procedure Data Review
- Resources
- Next Steps
- Questions



- Completed Resolution Process
 - Some individual measure decisions (i.e., Unmet) were reversed
 - No tier determinations were changed
- Preparing submission tools for Feb-Mar 2025
- Making adjustments to RM-IM measures and scoring tool
- Updating all relevant documents for Feb-Mar 2025 timeframe to reflect adjustments
 - Bulletin Attachment 2
 - Implementation Guide
 - FAQ on MyODP
 - Preparedness Self-Assessment
 - Self-Assessment Workbook



- ODP will publish data for the following measures:
 - CN-C.02.2 Follow-up from Hospitalization
 - RM-IM.01.1-3 Incident Management Fidelity
 - RM-HRS.01.1 HRST Compliance
- ODP excluded Supported Living from the calculation of CN-C.01.2 for the first scoring period. ODP will exclude both Supported Living and LifeSharing from the calculation for the second scoring period.
- For providers that completed the data submission in August 2024
 - ODP will recalculate score to reflect adjustments using 2024 data
 - Providers will not need to resubmit tier determination form.
 - Providers that meet measures will be assigned to the applicable tier July 1, 2025.



- RM-IM.01.1 – Data pull 2024 CYQ1-2 and apply adjustment variable to 1%
- RM-IM.01.2 – No change
- RM-IM.01.3 – Temporarily changing threshold from 90% to 86%. For FY27-28 threshold will return to 90% using CY26 data.
- RM-IM.01.4 – Moved to future measure. FY27-28 using CY26 data
- RM-IM.01.1-3 Scoring as composite requiring 2 out of 3



- **Overall:** Updating timeframes pertaining only to August 2024 submissions - as stated, measures will be based on CY2024 unless otherwise noted
- **General instructions:** Adding request that Providers highlight area(s) of uploaded documents that pertain to the associated measures
- **Clinically Enhanced:** Revision made to questions used to identify providers who provide services in medical and dual diagnosis categories – reusing initial category question instead of "medical-only"
- **ADM.01.2:** Adding guidance that owners may also be considered a governing body
- **CN-C.01.1:**
 - Simplify FTE calculation section
 - Removing section asking for numbers of staff with each certifications – we will rely on the existing uploaded document section of this measure
- **CN-C.02.2:** Tool will be modified to instruct providers who do not meet the published benchmark they may submit documentation related to post hospitalization follow-up with the initial data submission
- **CN-DD/Bx.02.2:** Adding Restrictive Procedures (already listed in Measure description) to Process Details
- **CN-M.01.2:** (medical-only) Adding clarification that if a Provider is not currently serving children, to describe the capacity to access indicated resources



If your agency does not meet the below measures, you should not submit for Select or Clinically Enhanced

- Checklist for key measures for Select and Clinically Enhanced (CE):
 - **DM.02:** Have an EHR tracking at least medication administration ([Select](#) and [CE](#))
 - **RD.01.2:** Serve 10 or more individuals as of 1/1/2025 ([Select](#) and [CE](#))
 - **RM-IM.01.2-3:** IM measures are within tolerance levels ([Select](#) and [CE](#))
 - **QI.02.4:** Have at least one leadership team member that is QM Certified ([Select](#) and [CE](#))
 - **WF.03.3:** Participated in the NCI State of the Workforce survey ([Select](#) and [CE](#))

 - **CN-C.02.2:** Follow-up after hospitalization for mental illness ([Select](#) and [CE](#) tiers have different thresholds)
 - **CoS.01:** Provide 2 out of 3 residential services ([Select](#))

 - **CN-C.01.2:** Population in top quartile of acuity of both NL and HCL ([CE](#))
 - **CN-C.01.4:** 1:15 minimum ratio of FTE behavioral/mental health clinical staff to individuals served ([CE](#))
- 2 other ODP calculated measures – required for all 3 tiers
 - **RC.01:** Maintain regular license status
 - **RM-HRS.01.1:** Current HRS in place for all individuals
- This is NOT an exhaustive list, please see the Scoring Tool in the Implementation Guide



- Focus on measures where you can clarify or refute ODP's data or findings
- ODP will not review the following if they are submitted:
 - Newly created policies and plans
 - State regulations or ODP bulletins
 - Comments about or suggested changes to the measures or process

Reminders and Common Submission Errors



- All residential providers must submit for tier determination, including Primary and Conditional
- All elements of the Attestation for your tier must be selected/checked
 - ODP will contact Providers that do not complete the Attestation
- Providers uploaded Provider Agreement instead of Provider Attestation
 - [Attachment 3 Residential Performance Based Contracting Attestation.pdf](#)

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. 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 the documentation submitted by the provider, will help inform the Office of Developmental Programs of the 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.

Commonwealth of Pennsylvania
Department of Human Services
Office of Developmental Programs

Agreement for Provision of Residential Services

This agreement is effective January 1, 2025, for the purpose of providing residential services to (Provider Name) (hereinafter "Residential Services Waiver Provider") under the Consolidated and Community Living 1915(c) Waivers to provide residential services.

Whereas, the Department of Human Services ("Department"), Office of Developmental Programs ("ODP") administers Pennsylvania's 1915(b)(4) Performance-Based Contracting Waiver and Consolidated and Community Living 1915(c) Waivers; and

Whereas, the Residential Services Waiver Provider seeks to provide residential services to licensed and unlicensed Residential Habilitation, Supported Living, and/or Life Sharing services to persons eligible to receive Consolidated and Community Living Waivers services ("Waiver Participants");

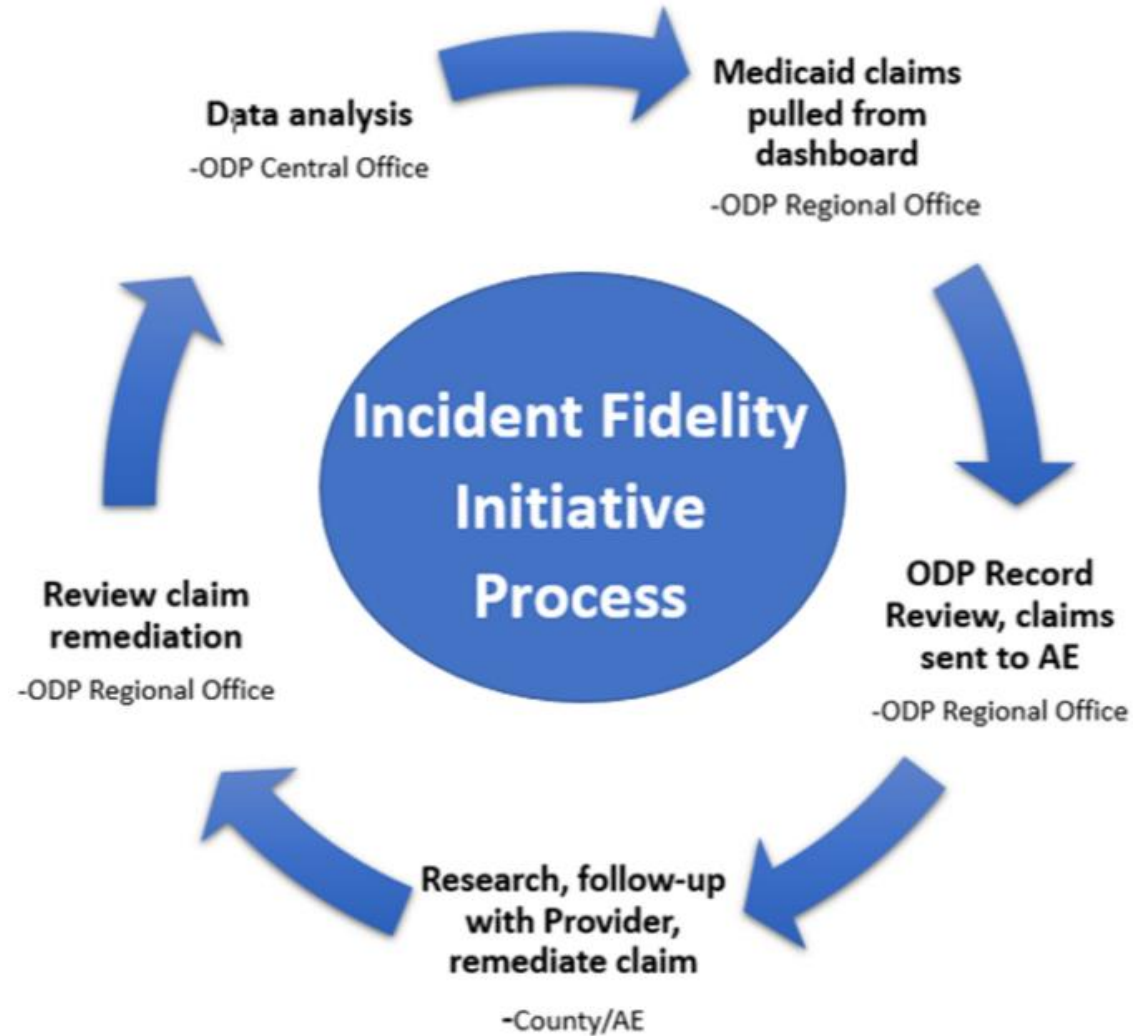
Whereas, Waiver services are supported by the Commonwealth of Pennsylvania and administered by the Performance-Based Contracting Waiver and the Consolidated and Community Living Waivers, consistent with the terms of the waivers approved by the Centers for Medicare and Medicaid Services;

Now, therefore, as a condition of provision of residential services, the Residential Services Waiver Provider agrees:

1. To comply with the following (collectively, "Waiver Program Standards"): federal and state statutes and regulations that apply to the Performance-Based Contracting Waiver, the Consolidated and Community Living Waivers, and Residential Services Waiver Providers, including but not limited to those governing participation in the Pennsylvania Medical Assistance Program, confidentiality, and nondiscrimination; and policy bulletins governing the Performance-Based Contracting Waiver and the Consolidated and Community Living Waivers.



- Uses data from the Incident Fidelity Initiative (IFI) process.
- Review process of unreported and misreported incidents ultimately determines status.
- If an unreported incident is discovered through IFI and confirmed through the review process, an incident report must be filed.
- The review process of misreported incidents will result in one of the following:
 - Accepted as is. This means the reviewer determined that the report filed is acceptable. This will not be counted as unreported.
 - Must be reclassified. If reclassified, it will not be counted as unreported.
 - New report must be filed. If a new report must be filed, it WILL count as unreported.
 - OREs = unreported incidents. OREs are not the same report type. They are not subjected to the same requirements and cannot be reclassified.





- Be sure to follow the methodology in the guide. [Guide for Using Incident Management Overview Dashboard to Assess PBC Measure RM-IM .01.2, .01.3, & .01.4 – MyODP](#)
- Finalize means the final section of the report has been submitted.
- Closure means ODP has reviewed and approved the final section, and the incident moves to a closed status.
- Performance is measured on the first finalization of the final section. Dashboard brings in first pass only.
- The Incident Reporting Overview Dashboard does not include Optionally Reportable Events (OREs) and deleted incidents. When requesting reports to replicate the dashboard, be sure to omit these incidents as this will cause discrepancies in calculations between the dashboard and the report.
- Proper extension use.
- Snapshot data vs Real-time data.
- **Completing the quarterly IM Trend Analysis, per the requirements outlined in the IM Bulletin, strengthens monitoring and oversight, allows corrections and improvements to occur throughout the year, and increases overall performance.**
- Consolidate data to ensure an understanding of agency-wide performance.



Restrictive Procedures Data Analysis



Clinical Capacity

The acuity of support needs of individuals who receive HCBS from ODP has been increasing over time and is expected to continue to increase.

- Clinical teams: Residential providers should have clinical teams in place that ensure individuals have homes that provide therapeutic and restorative environments. Additionally, providers should sustain or develop relationships with health partners to improve clinical outcomes.
- Trauma and crisis intervention training: Residential providers should have organizational approaches and comprehensive staff training on evidence-based trauma informed care and crisis response will be able to meet individual needs and minimize the use of restrictive procedures. If staff must use restrictive procedures, staff must be trained in procedures that use physical intervention or restraint as a last resort.



(CN-DD/Bx.02.1)

- For the CY2024 review period, report on percentage of individuals with **restrictive procedures** that have been evaluated by (or are receiving treatment) within the past year from licensed psychiatrists, psychologist, CRNP, LSW, or has received treatment from a professional in a licensed outpatient BH clinic.
- CY2025 and subsequent years, demonstrate that 100% of individuals with **restrictive procedures** have been evaluated by (or are receiving treatment) within the past year from licensed psychiatrists, psychologist, CRNP, LSW, or has received treatment from 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)



Proposed measures will include:

- Restrictive procedure data in HCSIS/ECM at 99% accuracy
- Attest to 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. starting January 1, 2026



Number and percent of participants with restrictive interventions where proper procedures were followed. ODP staff monitors incidents where proper procedures were not followed related to the use of a restraint or restrictive intervention.

Performance Measure: Number and percent of waiver participants with restrictive procedures where proper procedures were followed.	Central			Northeast			Southeast			Western			Statewide			Total Annual
	CONS	P/FDS	CLW	CONS	P/FDS	CLW	CONS	P/FDS	CLW	CONS	P/FDS	CLW	CONS	P/FDS	CLW	
Numerator = Number of participants with restrictive procedures where proper procedures were followed.	452	<11	<11	352	<11	<11	389	<11	15	631	<11	<11	1,824	19	37	1,880
Denominator = Total number of unduplicated participants with a restrictive procedure plan <u>and</u> those without a plan who had an improper procedure applied.	538	13	16	419	<11	11	434	<11	17	687	<11	<11	2,078	33	52	2,163
Compliance by Waiver and Region	84.0%	60-70%	50-60%	84.0%	0.0%	60-70%	89.6%	44.4%	88.2%	91.8%	60.0%	87.5%	87.8%	57.6%	71.2%	
Compliance by Region and Statewide	82.7%			83.3%			88.7%			91.3%			86.9%			

Data displayed is for the HW4 Annual Report, encompassing data from FY 23-24 (7/1/2023-6/30/24)



Data Source:

Enterprise Incident Management (EIM) System

Discovery Date:

Calendar Year 2023 (1/1/2023-12/31/2023)

Categories:

Physical Restraint (all secondaries)
Rights Violation (Unauthorized Restrictive Procedure),
Abuse (Misapplication/Unauthorized Use of Restraint (Injury), Misapplication/Unauthorized
Use of Restraint (No Injury))

Investigation Determination:

Abuse, Rights Violation = Confirmed
Physical Restraint = Blank

Funding Source:

HCBS Only (Consolidated, Community Living, P/FDS)



- **Physical Restraint**
 - Human Rights Team Approved Restrictive Intervention
 - Provider Emergency Protocol
- **Rights Violation**
 - Unauthorized Restrictive Procedure
- **Abuse**
 - Misapplication/Unauthorized Use of Restraint (with or without injury)



1,848

Restrictive Procedures

574

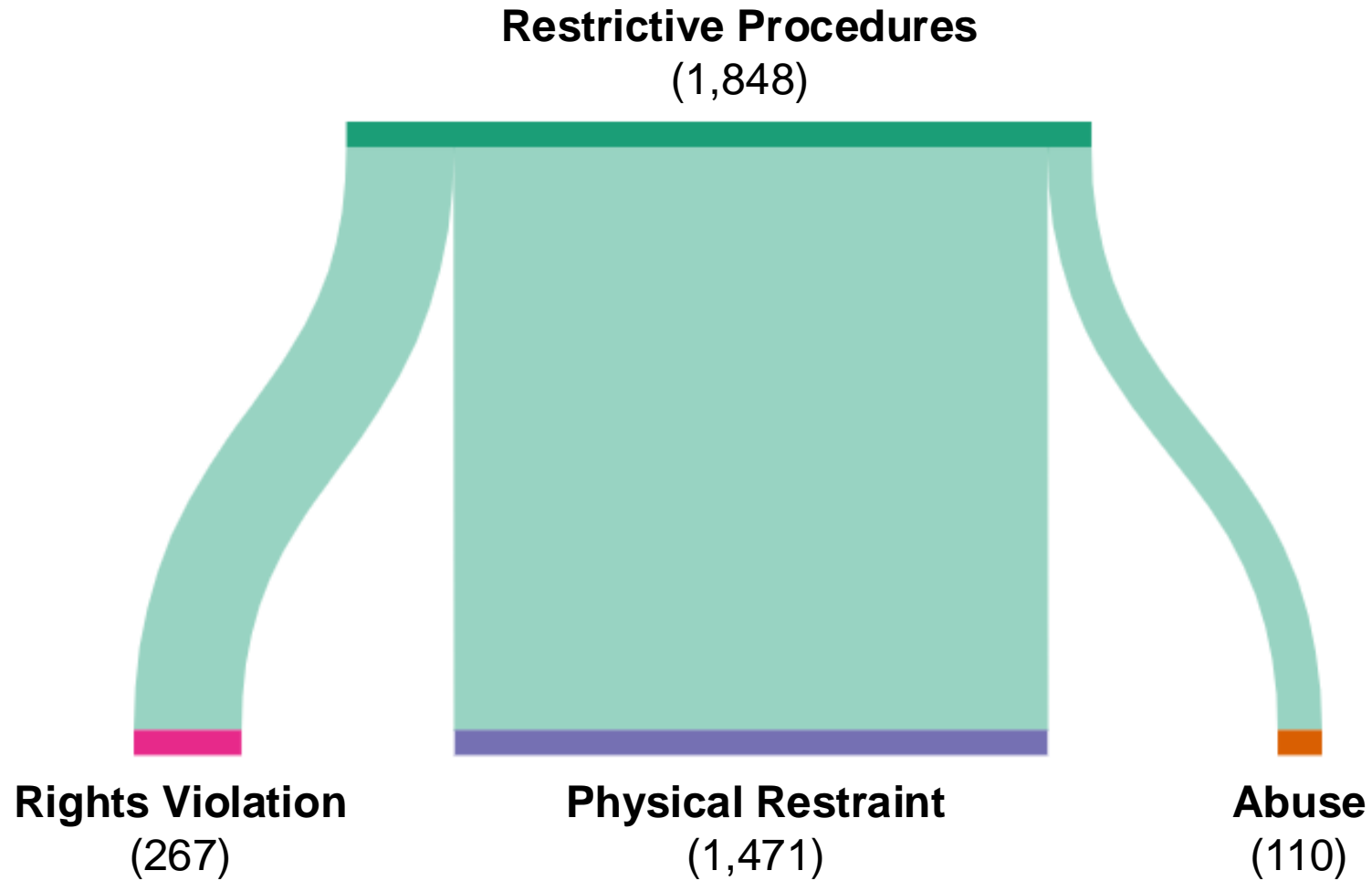
Individuals Restricted

1,950

Individuals with RPPs

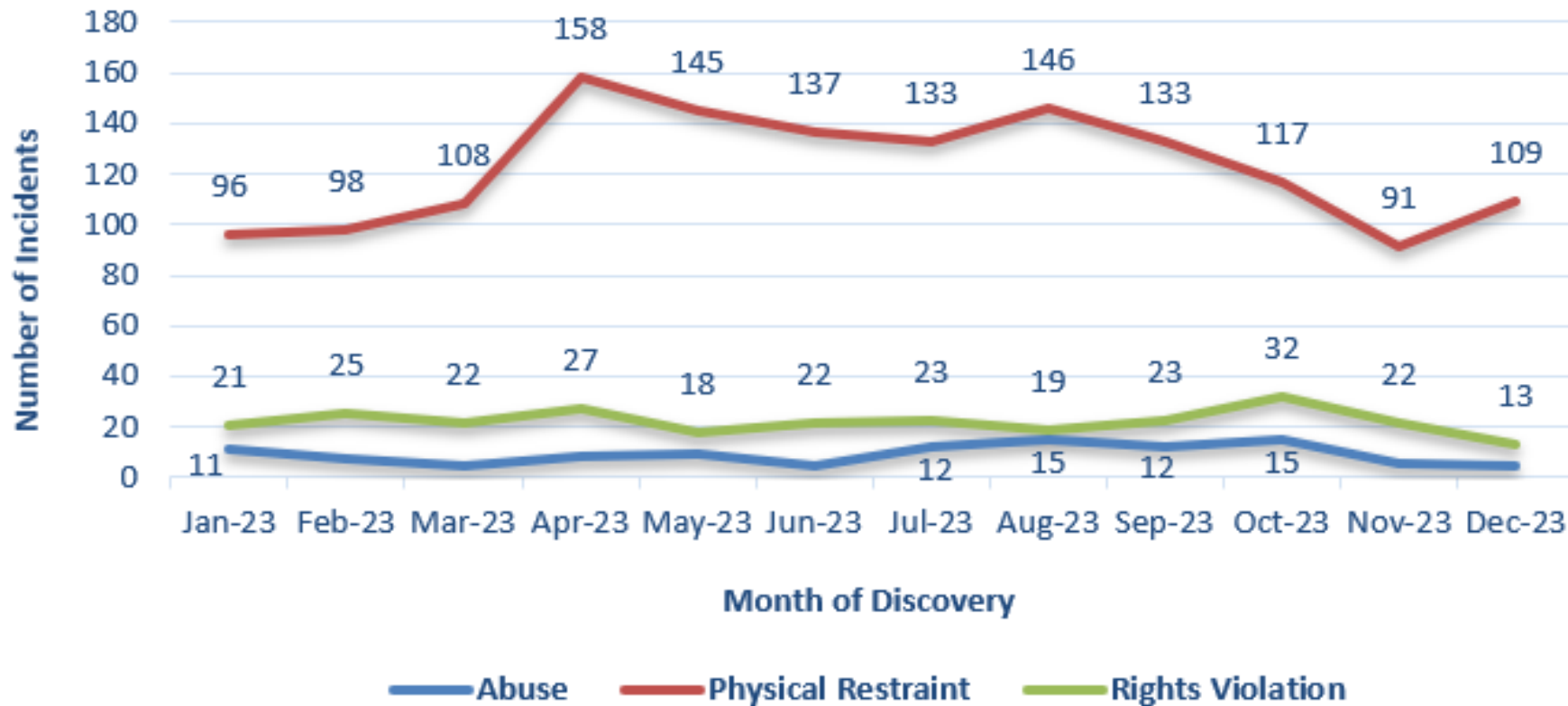
258

**Individuals Restricted
with an RPP**



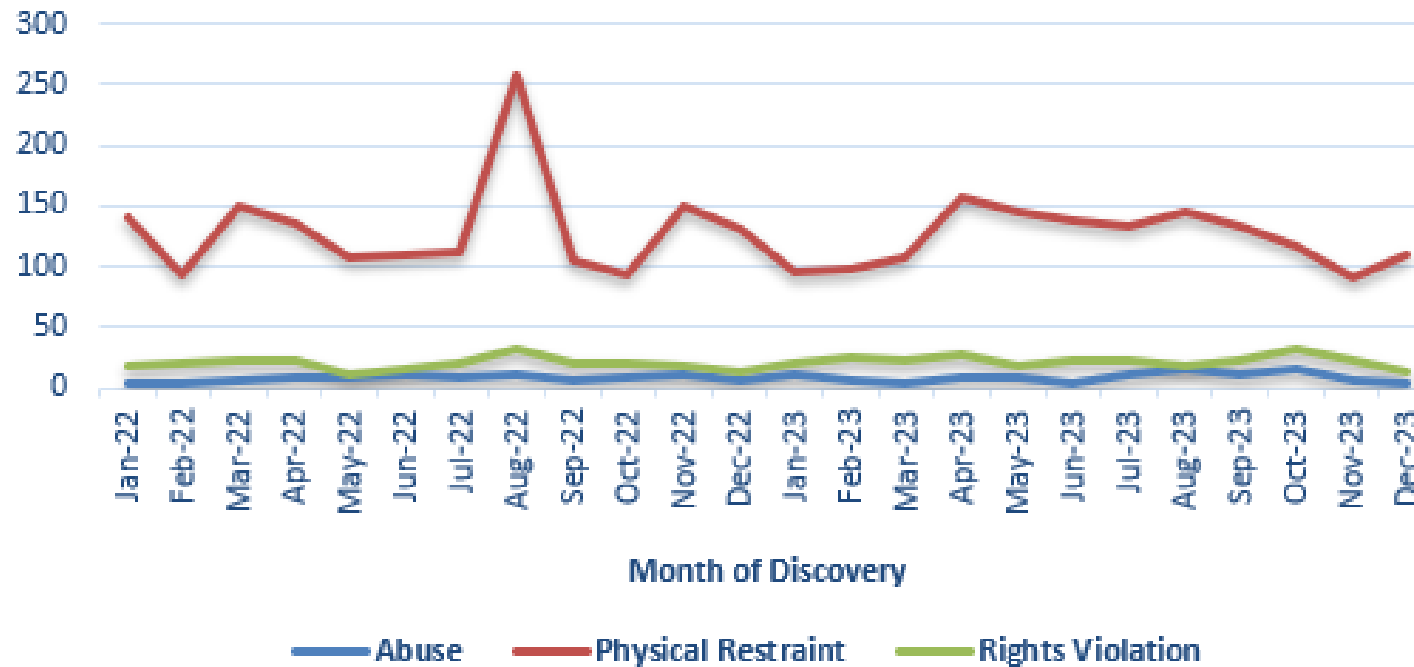


Restrictive Procedures Over Time 2023





Restrictive Procedures Over Time 2022-2023



Restrictive Procedures
2022: 1922 2023: 1848
3.8% decrease

Physical Restraint
2022: 1589 2023: 1471
7.4% decrease

Rights Violation
2022: 237 2023: 267
12.6% increase

Abuse
2022: 96 2023: 110
14.5% increase

Restrictive Procedure Analysis



	2022 Number of Incidents	2022 HCBS Enrollment	2022 Rate	2023 Number of Incidents	2023 HCBS Enrollment	2023 Rate
Total Restrictive Procedures	1922	36315	52.9	1848	35503	52.1
Physical Restraint	1589		43.8	1471		41.4
Rights Violation	237		6.5	267		7.5
Abuse	96		2.6	110		3.1

Restrictive Procedures

2022: 52.9 per 1,000 enrolled
2023: 52.1 per 1,000 enrolled

Physical Restraint

2022: 43.8 per 1,000 enrolled
2023: 41.4 per 1,000 enrolled

Rights Violation

2022: 6.5 per 1,000 enrolled
2023: 7.5 per 1,000 enrolled

Abuse

2022: 2.6 per 1,000 enrolled
2023: 3.1 per 1,000 enrolled



410

Total Residential Providers

102

**Residential Providers with
Restrictive Procedures**



- PBC Mailbox ra-pwodppbc@pa.gov
- [MyODP PBC resource page](#)
- Incident Management measures resources
 - [Using the IM Dashboard](#)
 - [ODP Announcement 22-115](#)
 - [ODP Announcement 24-082](#)
- FAQs published on MyODP [PBC FAQs](#)
- There will be multiple Webinars and Virtual Office Hour sessions provided between mid-January and mid-March



- Additional communications and reminders will be sent closer to February
- FAQ on MyODP will be updated as needed
- Providers can be reviewing their 2024 data and gathering documentation of policies and procedures, etc.



Questions?