

# PERFORMANCE-BASED CONTRACTING RESIDENTIAL SERVICES

## Implementation Guide



Office of Developmental Programs  
Pennsylvania Department of Human Services

Revised: January 7, 2025

Revisions to the Implementation Guide appear in red.

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## Introduction

The Commonwealth of Pennsylvania’s Department of Human Services, Office of Developmental Programs (ODP) is engaging in systems change to improve the quality and sustainability of services. ODP sought broad stakeholder input on the approach to systems change with extensive stakeholder outreach and a public comment period on a [Concept Paper in June 2023](#). ODP then published the proposed [1915\(b\)\(4\) application, 1915\(c\) amendments, rates, and Implementation Plan](#) for a 45-day public comment period April 20, 2024 to June 4, 2024. Appendix A includes a listing of the significant revisions and clarifications made to the plan for systems change as a result of the 45-day public comment period, enacted fiscal year 2024-25 budget, **and feedback from the first round of tier determinations that occurred in August 2024.**

ODP is using a statewide 1915(b)(4) Selective Contracting waiver for residential services, including Residential Habilitation, Supported Living, and Life Sharing, which are currently offered in the Consolidated and Community Living 1915(c) Waiver programs. This change in residential services will be implemented in January 2025. ODP will seek a 1915(b)(4) Selective Contracting waiver for supports coordination in the Medicaid State Plan, Consolidated, Person/Family Directed Support and Community Living Waivers for implementation in January 2026. From here on, this program will be referred to as **performance-based contracting**.

The Centers for Medicare and Medicaid Services (CMS) describes the 1915(b)(4) waiver as follows: “Section 1915(b) of the Social Security Act gives the Secretary of Health and Human Services the discretion to waive a broad range of requirements included in Section 1902 of the Act as may be necessary to enable a State to implement alternative delivery mechanisms for its Medicaid program.” “Subsection (b)(4) permits a State to restrict the provider from whom Medicaid beneficiaries receive services as long as such restrictions do not substantially impair access to services of adequate quality where medically necessary. This statutory authority (as well as implementing regulations at 42 CFR §431.55) can be used in both fee-for-service as well as managed care arrangements.”<sup>1</sup>

ODP is implementing performance-based contracting for multiple reasons. The values set forth in the [Everyday Lives document](#), as well as ODP’s goals around service sustainability, quality improvement, improving clinical capacity to serve individuals with complex needs, and implementing strategies that support workforce stability and growth are all key drivers of this initiative.

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<sup>1</sup> [Preprint Overhaul Instructions – Outline \(medicaid.gov\)](#)

Figure 1



Achieving Everyday Lives values requires innovation in ODP’s **residential** and **supports coordination** services — two key services that link waiver participants to a life of their choosing in the community and at home. Implementing performance-based contracting for these services will provide ODP the tools needed to ensure residential service providers and supports coordination organizations are delivering on the Everyday Lives values by establishing performance standards that support improved individual and systems outcomes. Performance-based contracting allows ODP to outline quality and care coordination standards that are in addition to the requirements for providers outlined in a typical 1915(c) waiver. Performance-based contracting will provide ODP an expanded opportunity to engage in continuous quality improvement of services for individuals. While performance-based contracting will be used for both residential services and supports coordination services, this guide focuses on residential services because it is being implemented first.

## New Provider Performance Standards

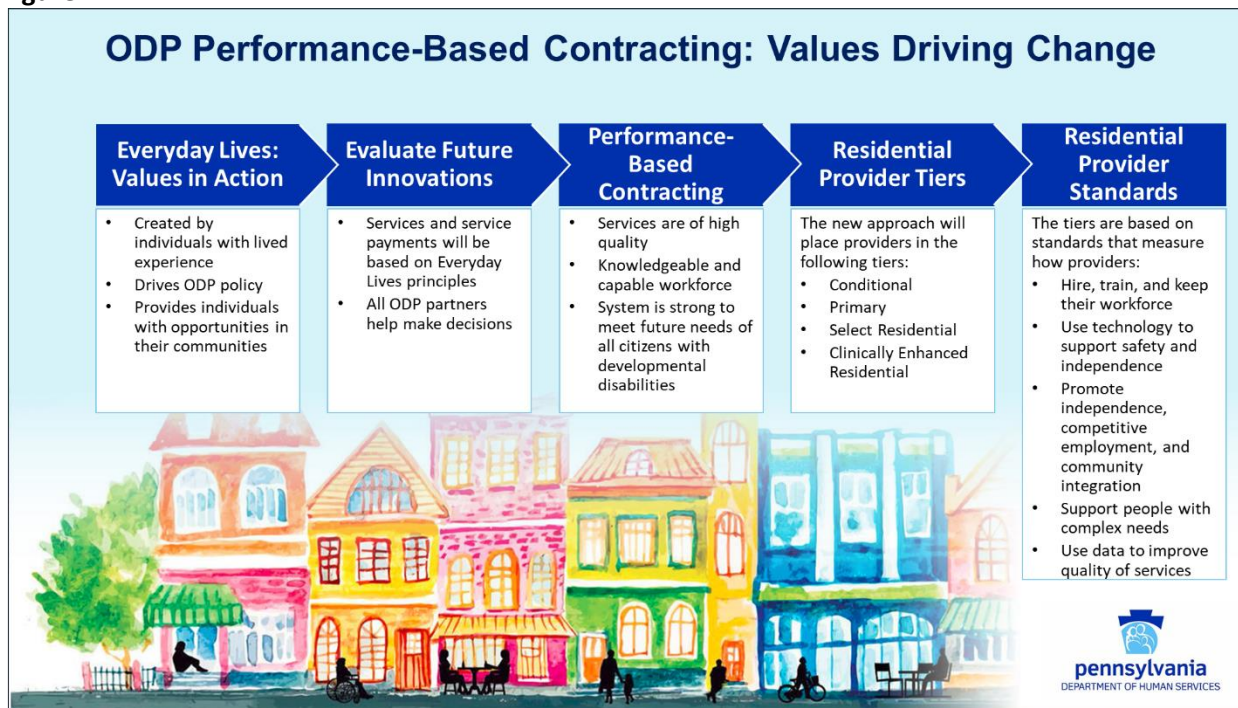
ODP is using performance-based contracting to establish performance standards for residential providers. ODP will monitor, support, and evaluate providers’ progress toward meeting these standards each year of a 3-year cycle. **Over time, the 3-year cycle will allow ODP to streamline the performance standards with other processes such as QA&I, provider qualifications, and licensing.** ODP will annually assign each provider a tier based on the provider’s performance. ODP will monitor individual and aggregate provider performance to determine if providers are meeting the identified measures. ODP will then make refinements to measures and targets as more data is obtained and aggregate performance improves. **Measures may be adjusted annually, not more frequently.**

ODP initially drafted performance standards based on lessons from [Everyday Lives strategies](#) and annual reporting on established performance measures; data analysis and reporting on areas such as

prevalence of autism and developmental disabilities, supports needs acuity of individuals served, incident management, and employment of individuals; a review of the research available; consultation with national experts, including members and staff from the National Association of State Directors for Developmental Disabilities Services; and through a comprehensive environmental scan of states that have used selective-based contracting and other innovations in payment and service delivery models to support individuals with intellectual and developmental disabilities.

These draft performance areas were initially published for public comment as part of the Concept Paper. Once performance areas were defined and adjusted based on public comment, the Residential Strategic Thinking Group, composed of representatives from residential providers and other key stakeholders, further refined the performance standards. ODP published the performance standards for a second public comment period in April 2024. After revisions based on public comment were made, the performance standards used to inform provider tier determinations beginning January 1, 2025 were published in *ODP Bulletin 00-24-01* and are included in Appendix C.

Figure 2



### Continuity of Care

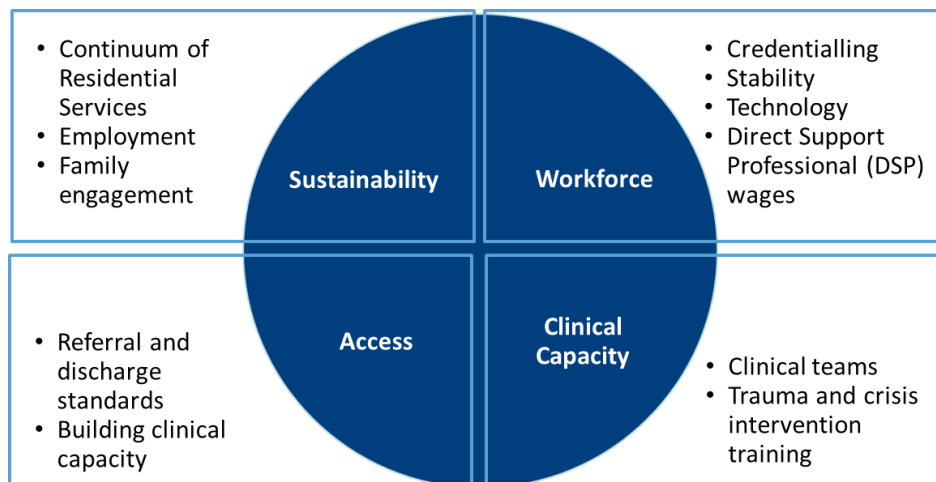
As ODP transitions to performance-based contracting, it is essential that disruptions in residential services and supports coordination are avoided. To support continuity of care, ODP will contract with all providers that are enrolled immediately preceding the 1915(b)(4) waiver effective date. Residential providers must submit an *Agreement for Provision of Residential Services* by December 31, 2024 to continue to be qualified to render residential services funded through the Community Living and Consolidated waivers.

### Continuous Quality Improvement

Continuous quality improvement supports both individual and systems outcomes. Figure 3 depicts how standards are connected to focus areas: sustainability, workforce, access, and clinical capacity. Continuous quality improvement requires tracking, understanding, and using data to identify and act on quality improvement opportunities, as well as to measure progress on quality improvement projects. ODP anticipates adjusting standards in the future as the process of tracking and using the quality improvement data matures.

Performance standards have been selected specifically to address the areas identified in Figure 3.

**Figure 3**



### Sustainability

Currently close to 13,000 individuals are on a waiting list for ODP Home and Community-Based Services (HCBS) and there is a Direct Support Professional (DSP) vacancy rate of 23%<sup>2</sup>. ODP's service delivery model must evolve to meet the needs of individuals served by ODP in more cost-effective ways that also reduce the burden on traditional staffing models while providing greater opportunities for inclusion for individuals receiving services. Focusing on the below areas will promote better sustainability of the system.

- **Continuum of Residential Services:** Ensuring individuals have options to be supported in Life Sharing and Supported Living is essential. These models of service are less restrictive, less costly, receive greater satisfaction ratings from individuals and families, and generally require less traditional staffing than Residential Habilitation in a licensed community home.

<sup>2</sup> Center for Healthcare Solutions *ID/A Benchmark Compensation Survey* June 2023



- **Employment:** Competitive integrated employment is a centerpiece of adulthood and must be available for every person. The benefits of employment for individuals with disabilities are significant and are the same as for individuals without disabilities. Employment contributes to confidence, meaningful community engagement, and higher income. It also may support cost-savings in the system.
- **Family engagement:** Most individuals have family involved throughout their lives. Respecting and supporting familial relationships is a crucial element in a responsive and quality service delivery system.

## Workforce

Addressing workforce issues requires a multifold approach.

- **Credentialling:** Professionalization of the workforce by implementing competency-based credentialling will improve the quality of services. Credentialling creates opportunities for portability of staff training; has been shown to improve job satisfaction; and results in the development of a more direct connection between wages, skills, knowledge, and ethics.
- **Stability:** By tracking and sharing data on staff vacancy and turnover rates, providers and ODP will be able to use data to identify more effective strategies for staff retention.
- **Technology:** For every individual, Individual Support Plan (ISP) teams should explore whether there are technology solutions that support better health, safety, and greater independence.
- **Direct Support Professional (DSP) wages:** Rate add-ons and pay-for-performance (P4P) will support higher DSP wages, better training, and staff retention. Better training will enable DSPs to serve individuals with more complex needs and lead to better outcomes for individuals.

## 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.

## Access

- **Referral and discharge standards:** Reforms to the referral and discharge process and policy will improve access to residential services that can effectively meet the needs of individuals. Reforms include more targeted referrals, expectations related to tracking and using data regarding referral and discharge and established expected timeframes for service delivery.
- **Building clinical capacity:** Building clinical capacity within the residential program will enable individuals with complex needs to have their needs met by clinically capable teams.

## Residential Provider Tiers and Performance Standards

All currently enrolled residential providers will have the opportunity to enter into a performance-based contract with ODP. To support providers with the new requirements and process, ODP held provider forums in June 2024 so that providers have a clear understanding of the process and expectations for performance-based contracting. These provider forums will continue at least quarterly. As part of the process to evaluate performance, providers will submit documentation demonstrating their performance in the areas described below and outlined in *ODP Bulletin 00-24-01* and included in Appendix C. Additionally, ODP will use data from a variety of sources including but not limited to: participant experience surveys, claims, incident management, health risk screening, Administrative Entities, and a new Performance Analysis Services (PAS) vendor. Annually, ODP will evaluate each provider's performance against the established measures and determine the tier in which the provider will be placed.

Providers will be placed in one of the following tiers based on their performance in the areas described below:

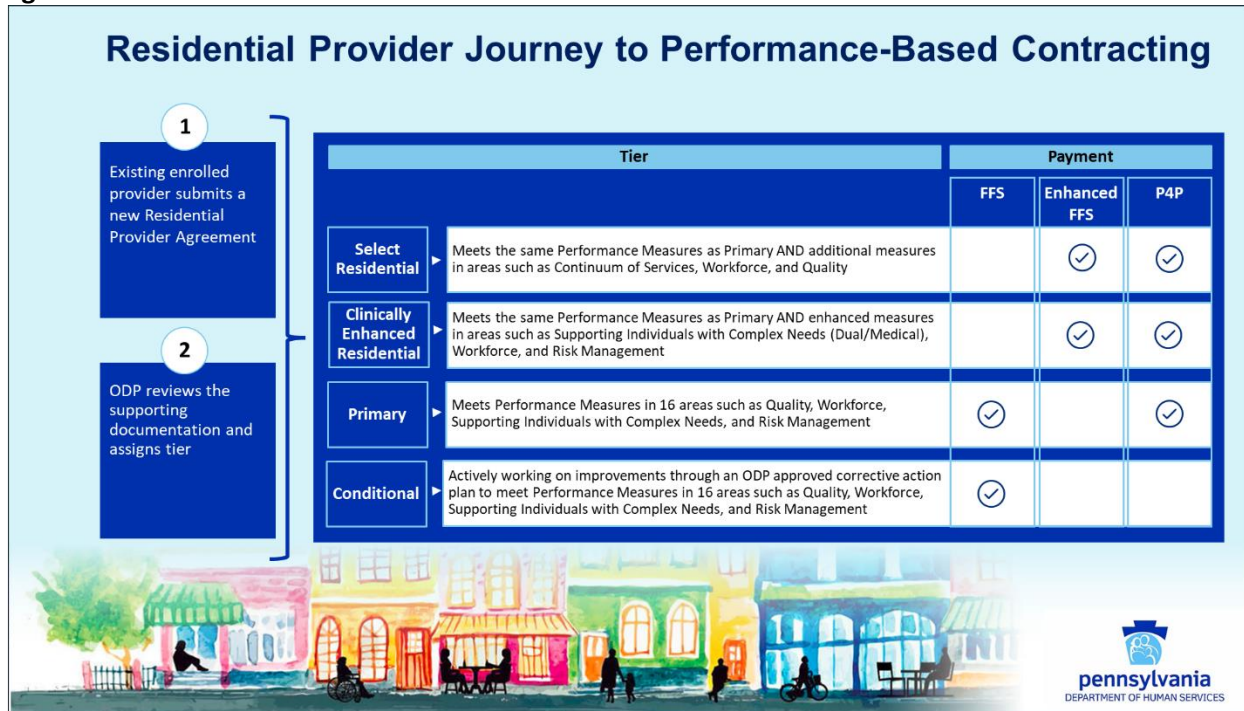
- *Conditional* for providers operating under provisional or revoked licenses.
- *Primary* for providers that meet current standards and a few additional measures.
- *Select* for providers that deliver at least two of the three residential services in the performance-based contracting model and meet the additional measures.
- *Clinically Enhanced* for providers that offer clinically enhanced medical or behavioral supports and meet the enhanced measures.

The above tiers will enable ODP to track provider performance for the purposes of contracting and will link to rate add-ons. Tiers will identify which providers have staff who have greater experience, training and credentials and are staffed to best support individuals with complex needs. As performance standards are achieved over time, quality and capacity to serve individuals is expected to improve.

Providers in all tiers will continue to receive fee-for-service (FFS) unit rates. In addition to the FFS unit rates, providers in the Primary, Select, and Clinically Enhanced tiers will be eligible to receive incentives through Pay-for-Performance (P4P) payments for achieving established performance standards. Some P4P will only be available to providers in the Primary tier. Providers in the Select and Clinically Enhanced tiers will also receive rate add-ons for meeting the enhanced standards for that tier. To be assigned to the Select or Clinically Enhanced tier, providers must meet expectations for the required measures as outlined in the Performance-Based Contracting Residential Scoring Tool (see Appendix F).



Figure 4



Performance-based contracting is launching with quality measures and payment structure that supports the sustainability and long-term vision for the residential system. Providers will be evaluated in the following performance areas:

- Continuum of residential services
- Workforce
- Supporting individuals with complex needs
- Referral and discharge practices
- Data management
- Risk management
- Individual employment
- Use of remote support technology
- Regulatory compliance
- Community integration
- Quality
- Administration

There are specific measures associated with each performance area. See Appendix C or *ODP Bulletin 00-24-01* for the complete list of measures. Some measures are applicable to all providers, some are applicable to only Select and/or Clinically Enhanced providers, and some measures for Select and Clinically Enhanced providers are in-lieu-of a measure for the Primary providers.

ODP will be available to provide technical assistance as needed to assist providers in achieving the necessary standards. The Information Sharing and Advisory Committee (ISAC) will continue to evaluate the elements in performance-based contracting using the principles outlined in Everyday Lives Recommendation 13 (evaluate future innovations based on everyday lives principles) as a guide.

## Contracting

### Provider Agreement

To render residential services funded through the Community Living and Consolidated waivers starting January 1, 2025, residential providers must sign a *Residential Provider Agreement (Appendix A)*. The *Residential Provider Agreement* outlines the additional requirements for participation as an enrolled provider of ODP residential services including the tiers, performance standards for each tier, and corresponding data submission requirements as described in this document and the applications for the 1915(b)(4) and 1915(c) amendments to the Consolidated and Community Living Waivers.

Current residential providers that do not submit a signed *Residential Provider Agreement on or before January 1, 2025*, will not be qualified to provide residential services funded through the Consolidated or Community Living Waivers, will not be considered for Select or Clinically Enhanced tier determinations, and will be subject to corrective action.

### Provider Tier Determination

Residential providers with a signed and submitted new *Residential Provider Agreement* may choose to submit data and documentation to support tier determination between either August 1-31, 2024, or February 15-March 15, 2025. Residential providers that choose to submit data and documentation to support tier determination in August 2024 cannot resubmit data and documentation in February/March 2025 to support a different tier determination.

ODP will annually assign each provider a tier based on the provider's performance, as evaluated using the Performance-Based Contracting Residential Scoring Tool (see Appendix F). Providers will apply for the tier for which they intend to qualify. As part of the process to evaluate which tier a provider will be assigned, the provider will complete the Performance-Based Contracting Residential Provider Data Submission Tool (Appendix E) and submit the supporting documentation required. Additionally, ODP, with the assistance of a new Performance Analysis Services (PAS) vendor, will use provider data from participant experience surveys, claims, incident management, health risk screening, licensing inspections, and data collected by the Administrative Entities, to evaluate each provider's performance against established standards.

After submissions and provider data are scored, providers will receive notification of their tier determination along with notation on performance areas in which the provider did not meet the standard(s). ODP will publish the provider tier classifications to allow individuals and families to have an informed choice of providers. In the event that a provider believes that an error was made in scoring, providers may submit a request for review through the Performance-Based Contracting Data Submission Resolution Process.

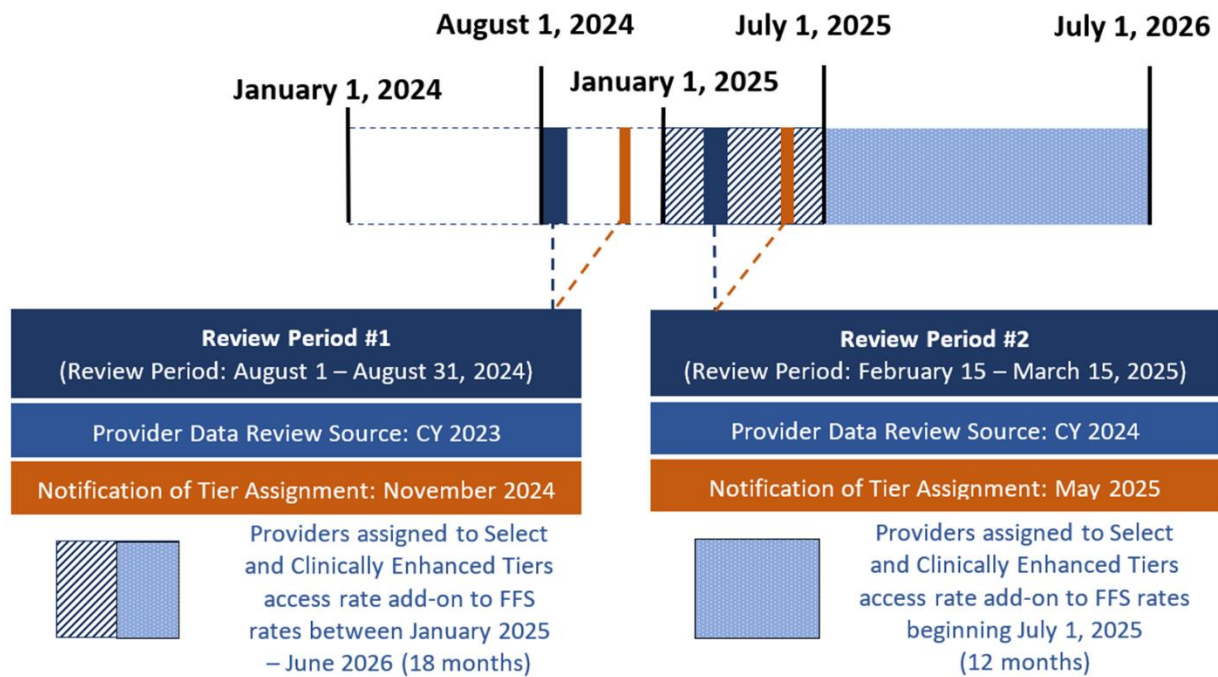


Table 1: Provider Tier Determination Timelines

Tier Determination Period	Tier Notification to Provider	Contract Period
August 1-31, 2024	November 2024	January 1, 2025-June 30, 2026 (18 months)
February 15- March 15, 2025	May 2025	July 1, 2025-June 30, 2026 (12 months)

### New Residential Provider Contracting Starting January 1, 2025

Per the 1915(b)(4) waiver, only current residential providers may participate in Performance-Based Contracting. A “current provider” is a provider that is enrolled with ODP to render Residential Habilitation, Life Sharing, or Supported Living services as of January 1, 2025. Entities who seek to render a residential service on or after January 1, 2025, will only be enrolled through a competitive Request for Application (RFA) process and the RFA process will only commence when ODP determines that there is a need for new or additional Residential Habilitation, Life Sharing, or Supported Living providers.

Providers enrolled and qualified to offer residential services by December 31, 2024, will undergo tier determination in February-March 2025 as part of ODP's 1915(b)(4) waiver initiative.

## Timeframes

### Contract and Rates

**Implementation Year:** Residential providers will have the option to submit documentation for tier determination in either August 24 or February 15-March 15, 2025. The contract period is dependent on the submission timeline as illustrated in Table 1.

The only tier adjustment that will be made during a contract period is an adjustment to Conditional status if a provider's regular license to operate one or more homes is provisional, revoked or not renewed. In these circumstances, the provider will continue to receive the rate associated with the tier from which they were operating prior to being assigned Conditional status through the end of the contract period in which the status changed. If the provider remains in the Conditional tier for the new contract period, the provider will receive the rates associated with the Conditional tier for that contract period. If a provider's licensing status is restored to a regular license prior to the contract year, the provider will be assigned to the appropriate tier based on the performance standards and receive the rate for that tier.

**Year 2:** Beginning July 1, 2026, contracting will occur on a state fiscal year (FY) basis with tier evaluation occurring in April and May of each year. Notification to providers and publication of tier assignment will occur in June. **Rates associated with tier assignment will be in place for the entirety of the FY.**

#### Performance Review Period

Though the contract period is for a FY, the performance review period used to determine the provider's tier will be the prior calendar year (CY). For example, the tier for the contract for FY27–28 (July 1, 2027 to June 30, 2028) will be assigned using data and documentation from CY26 (January 1, 2026 to December 31, 2026).

### Pay-for-Performance (P4P)

Providers will have the opportunity to earn additional compensation through an alternative payment model (APM) called P4P. P4P provides added incentive payments to providers that deliver high-quality and cost-efficient care. P4P payments will be made to eligible residential service providers who meet or exceed performance targets in various areas, including staff credentialing, employment, and reporting on use of technology. ODP is finalizing the parameters, baselines and benchmarks, payment amounts, and payment timelines for the P4P payments. When implemented, these payments will be in addition to the established fee schedule rates and rate add-ons and will be made if performance outcomes are achieved.

P4P measures will be available in the following performance areas:

- Continuum of residential services
- Workforce
- Individual employment
- Use of remote support technology
- Community inclusion

- Rural<sup>3</sup> provider capacity

Primary providers will be eligible for all of these payment incentives as a way to both invest in and reward high quality service delivery. In addition to the rate add-on Select and Clinically Enhanced providers will receive, providers will also have the opportunity to earn additional compensation through P4P for *some* measures. P4P will advance ODP's goal of aligning provider payment with outcomes.

**Information about P4P for Fiscal Years 2024-2025 through 2025-2026 is available in ODP Communication 24-103 which is available at:**

- [Communication](#)
- [Attachment - Residential Performance-Based Contracting – Pay-for-Performance \(P4P\)](#)

## Provider Preparedness

### Residential Provider Preparedness Toolkit

The residential [Provider Preparedness Toolkit](#) includes a self-assessment to be used as a resource to ensure a smooth transition and successful engagement with Performance-Based Contracting. The toolkit includes:

- Self-assessment tool
- Detailed performance standards and metrics
- Information on available data, data dashboards, and queries
- Methodologies for measuring each standard

### ISAC Provider Performance Review Subcommittee

The ISAC Provider Performance Review Subcommittee was established to provide structured meetings to enable ISAC members to engage in in-depth review, evaluation, and discussion of provider performance metrics, and provide recommendations to ODP related to performance and quality improvement for providers of services.

The subcommittee provides an opportunity for ISAC members to:

- ❖ Review data and evaluate findings on key measures related to provider performance.
- ❖ Recommend strategies for improvement based on the analysis of provider performance data.
- ❖ Determine quality improvement priorities related to provider performance, identify and adopt improvement strategies, and choose performance measures to evaluate whether the lives of individuals have improved as a result of changes that have been implemented.
- ❖ Make provider quality improvement recommendations to the ISAC for adoption into the Everyday Lives strategies.

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<sup>3</sup> Rural-Urban Commuting Codes, <https://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes/>

Data reviewed by the subcommittee will be shared at provider forums.

An example of data for subcommittee review:

- **Health** (focus on individuals receiving residential services and residential provider performance)
  - Health Risk Screening Fidelity
  - Fatal 5 (Choking, Seizure, Sepsis, Dehydration, Constipation)
  - Chronic disease rates (hypertension, diabetes, obesity)
  - Polypharmacy
  - Inpatient hospitalizations
  - Wellness activities
  - Use of technology to improve health and wellness and create additional opportunities to increase independence
  - Repeat hospitalizations within 30 days

### Provider Forums

Forums are available to support provider preparedness. Forums will include but will not be limited to:

- Review of the Provider Preparedness Toolkit
- Quarterly forums to review and discuss data presented to the ISAC Provider Performance Review Subcommittee
- Emerging themes or trends with implementation of performance-based contracting
- Virtual Office Hours – topic specific technical assistance



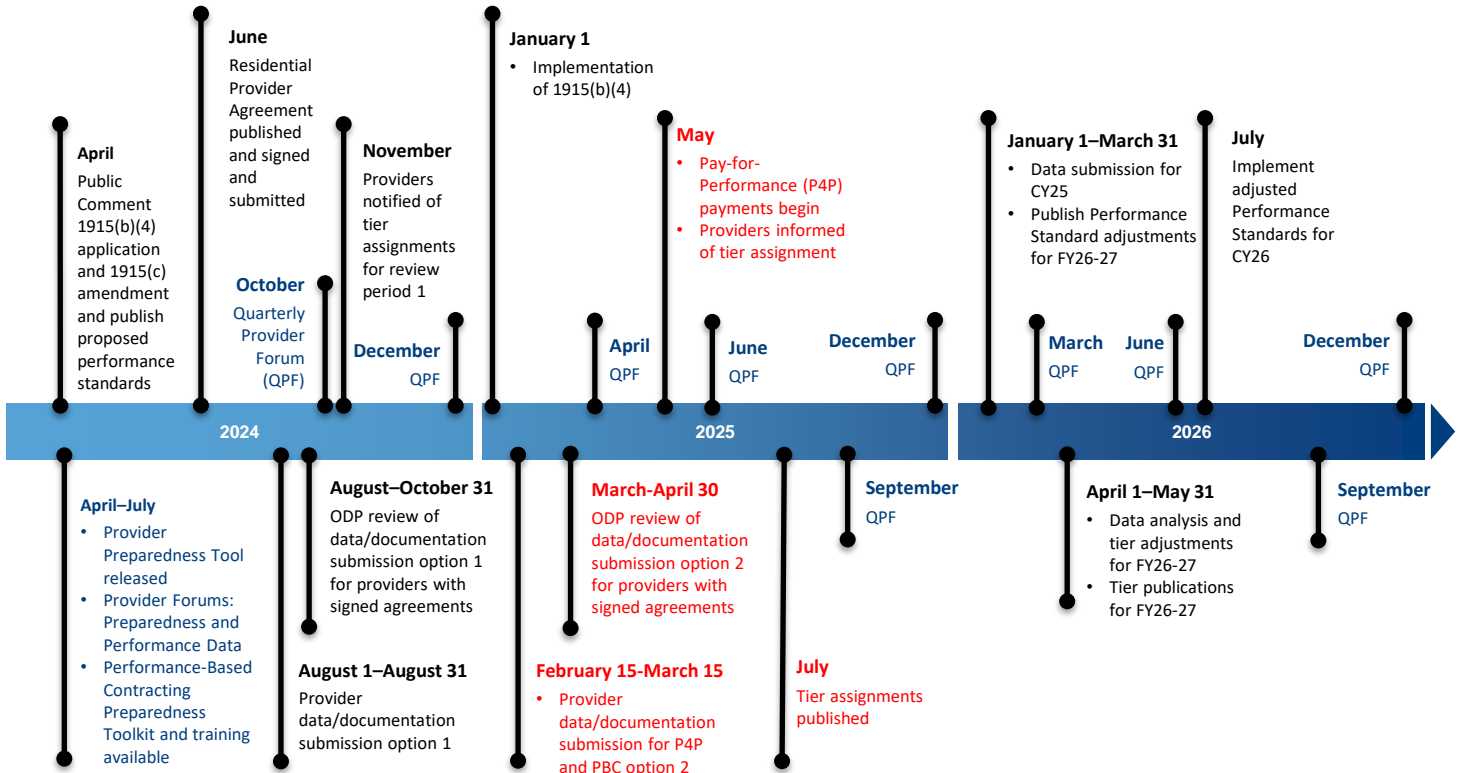
# Timeline

Figure 5.



Pennsylvania Department of Human Services

## Timeline



Appendix A: Significant Changes to Performance-Based Contracting Proposal as a Result of Public Comment and Feedback From First Round of Tier Determinations.

Document	Proposed	Revision	Additional Clarification
Implementation Plan	The <i>Residential Provider Agreement</i> will be published on or before June 1, 2024. Residential providers must sign and submit a new <i>Residential Provider Agreement</i> to ODP no later than June 30, 2024.	Currently enrolled residential providers must sign and submit a new <i>Residential Provider Agreement</i> to ODP no later than July 31, 2024.	
Implementation Plan	Residential providers with a signed and submitted new Residential Provider Agreement may submit data and documentation to support tier determination between July 1, 2024 and July 31, 2024.	Residential providers with a signed and submitted new Residential Provider Agreement may submit data and documentation to support tier determination between either August 1-31, 2024 or February 15- March 15, 2025.  Providers submitting for tier determination in August 2024 will have measures evaluated using CY23 data, unless otherwise noted; providers submitting in February-March 2025 will be evaluated using CY24 data, unless otherwise noted.	

Performance-Based Contracting Residential Services Implementation Plan

<p>Performance Standards</p>	<p><b>Direct Support Professionals (DSPs):</b> Demonstrated percentage of DSPs in residential services are credentialed in a nationally recognized (and Office of Developmental Programs [ODP] approved) credentialing program</p>	<p><b>Direct Support Professionals (DSPs):</b> Demonstrated percentage of DSPs who provide residential services are credentialed by either the National Alliance for Direct Support Professionals (NADSP) or the National Association for the Dually Diagnosed (NADD)<sup>4</sup></p>	<p>Revisions to text of standards and clarification that life sharers are exempt from this standard</p>
<p>Performance Standards</p>	<p><b>Front-Line Supervisors (FLSs):</b> Demonstrated percentage of FLSs in residential services are credentialed in a nationally recognized (and ODP approved) credentialing program</p>	<p><b>Front-Line Supervisors (FLSs):</b> Demonstrated percentage of FLSs who provide residential services are credentialed by NADSP which is approved by ODP.</p>	
<p>Performance Standards</p>	<p>Primary providers may not accept NEW referrals for individuals NG4 or greater. This does not apply to individuals NG4 or greater receiving residential services prior to January 1, 2025 or individuals where the needs assessment results in an increase.</p>	<p>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, 2026 or individuals where the needs assessment results in an increase.</p>	<p>Clarifications - referral and discharge measures:</p> <ul style="list-style-type: none"> <li>• Select and Clinically Enhanced providers may accept NEW referrals for individuals of <i>any</i> Needs Group</li> <li>• AE/SCO referrals for residential services may cross county lines</li> <li>• Providers in any tier that are qualified to render Respite may provide Respite to any individual in any Needs Group.</li> </ul>

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<sup>4</sup> Life sharers are exempt from this standard.

Performance-Based Contracting Residential Services Implementation Plan

<p>Performance Standards</p>	<p><b>(CN-C.01.1)</b> Reporting measure: provide current ratio of licensed/credentialed full-time equivalents to number of people served to demonstrate adequacy of agency clinical team.</p>	<p><b>(CN-C.01.1)</b> 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.</p>	
<p>Performance Standards</p>	<p><b>(CN-C.01.2)</b> 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</p>	<p>This measure is removed from the Performance Measures.  The measure will be considered for future inclusion.</p>	
<p>Performance Standards</p>	<p><b>(CN-C.01.4)</b> Meet a 1:10 minimum ratio of full-time equivalent behavioral/mental health clinical staff to all individuals receiving residential services from the agency</p>	<p><b>(CN-C.01.4)</b> Meet a 1:15 minimum ratio of full-time equivalent behavioral/mental health clinical staff to all individuals receiving residential services from the agency</p>	

Performance-Based Contracting Residential Services Implementation Plan

<p>Performance Standards</p>	<p><b>(CN-C.01.5)</b> Population served by the agency in residential services is average Needs Level 4.5+ and average Healthcare Level (HCL) 3.5+</p>	<p><b>(CN-C.01.2)</b> Population served by the agency in residential services is in the top quartile<sup>5</sup> of acuity of both Needs Level and Health Care Level of the statewide population in residential.</p>	<p>[CN-C.01.5 is now CN-C.01.2 - new assigned measure number]</p> <p>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.</p>
<p>Performance Standards</p>	<p><b>(CN-DD/Bx.01.3)</b> Documentation of intensive (courses, conferences) specialized training relative to individual diagnosis (Prader-Willi syndrome, Fetal Alcohol Syndrome, ASD, Borderline Personality Disorder, Pica etc.)</p>	<p>This measure is removed from the Performance Measures.</p> <p>The measure will be considered for future inclusion.</p>	
<p>Performance Standards</p>	<p><b>(RM-IM.01.3)</b> Timely finalization of incidents demonstrated by at least 90% of incidents finalized within 30 days of discovery</p>	<p><b>(RM-IM.01.3)</b> Timely finalization of incidents demonstrated by at least 86% of incidents finalized within 30 days of discovery</p>	<p>The threshold for this measure is changing temporarily from 90% to 86%. For FY27-28 threshold will return to 90% using CY26 data.</p>

<sup>5</sup> Top quartile for contract period through June 30, 2026 is NL 4.5 or greater and HCL 3.5 or greater

Performance-Based Contracting Residential Services Implementation Plan

<p>Performance Standards</p>	<p><b>(RM-IM.01.4)</b> Timely finalization of incidents is demonstrated by: At least 95% of all incidents must be finalized by the due date, and the due date may only exceed 30 days in no more than 5% of those incidents (due dates may exceed 30 days when the provider has notified the Department in writing that an extension is necessary and the reason for the extension)</p>	<p>This measure is temporarily removed from the Performance Measures.  The measure will be included in FY27-28 using CY26 data.</p>	
<p>Performance Standards</p>	<p>Service initiation occurs:</p> <ul style="list-style-type: none"> <li>• Within an average of 90 days or less post- referral acceptance for Community Homes.</li> <li>• Within an average of 180 days or less post-referral acceptance for Supported Living and Life Sharing.</li> <li>• To reintegrate individuals back into the residential setting post inpatient, skilled nursing or rehabilitation facility discharge or release from incarceration.</li> </ul>		<p>Clarification: ODP’s assurance to CMS related to access to service is that the average statewide timeframe to service delivery is within <i>an average</i> of 90 days or less post- referral acceptance for Community Homes.  And statewide within <i>an average</i> of 180 days or less post-referral acceptance for Supported Living and Life Sharing.</p> <p>Provider requirements are to track and report timeframes.</p> <p>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.</p>



Performance-Based Contracting Residential Services Implementation Plan

<p>Performance Standards</p>	<p><b>(DM.02)</b> 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.</p>	<p><b>(DM.02)</b> 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.</p> <p>Future measure: Beginning July 1, 2026 EHR capability must include external third party communication (e.g. pharmacy, physician)</p>	<p>A key feature of an Electronic Health Record (EHR) is the ability to share information among authorized users, including healthcare providers. A full description of an EHR can be found here: <a href="https://www.healthit.gov/faq/what-electronic-health-record-ehr">https://www.healthit.gov/faq/what-electronic-health-record-ehr</a>.</p> <p>For the first contract cycle, ODP considers the use of an electronic medication administration record sufficient to meet DM.02 regardless of functionality to communicate with third parties (pharmacy or physician).</p>
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Performance-Based Contracting Residential Services Implementation Plan

	<p><b>(EMP.01.3)</b> Combined percentage of working age individuals that are receiving Career Assessment or Job Finding services through ODP or Office of Vocational Rehabilitation (OVR) <b>AND</b> Competitively employed in integrated settings (working age participants only) must meet or exceed 19% for NG1-2 and 4% for NG3 or greater.</p>	<p><b>(EMP.01.3) is removed from the measures</b></p> <p>The measure will be considered for future inclusion.</p> <p><b>For Select and Clinically Enhanced, measure is replaced with:</b></p> <p><b>(EMP.01.1)</b> Demonstrate tracking of CIE and percentage of working age people with CIE  <b>(EMP.01.2)</b> Plan for improvement of CIE</p> <p>CIE performance data by residential provider will be published annually (acuity data will be included).</p>	
Scoring Tool	ODP indicated the scoring tool would not be made available publicly	Performance-Based Contracting Residential Scoring Tool is included as Appendix F	
Scoring Tool	ODP had indicated that 100% compliance with all measures was required for tier assignment	Revisions were made to the scoring tool. Some measures will be variables scored using composite scoring with less than 100% compliance required	
Scoring Tool	ODP originally indicated that each Risk Management – Incident Reporting measure must be met for Select and Clinically Enhanced tiers.	Measures RM-IM.01.1, RM-IM.01.2 and RM-IM.01.3 will be scored as a composite requiring at least two of the three measures to be met for Select and Clinically Enhanced tiers.	

Appendix B: Residential Provider Agreement

**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 purposes of \_\_\_\_\_  
(Provider Name)

(hereinafter “Residential Services Waiver Provider”) participation in Pennsylvania’s 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 the Consolidated and Community Living 1915(c) Waivers; and

Whereas, the Residential Services Waiver Provider seeks to provide residential services (licensed and unlicensed Residential Habilitation, Supported Living or licensed and unlicensed Life Sharing) as outlined in the residential performance standards established by ODP to persons eligible to receive Consolidated and Community Living Waivers services (“Waiver Participants”); and

Whereas, Waiver services are supported by federal and state funds, and ODP must administer 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 (“CMS”).

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 issued by ODP. This includes but is not limited to the monitoring of the Residential Services Waiver Provider’s service delivery and of claims submitted for services delivered, provided that the Residential Services Waiver Provider does not thereby waive any rights it has under state and federal law related to the Waiver Program Standards, including but not limited to ODP’s interpretation and application of the Waiver Program Standards to the Residential Services Waiver Provider.
2. To comply with the approved Performance-Based Contracting Waiver and Consolidated and Community Living Waivers, including all standards enumerated in the residential service definition(s) for the services which the Residential Services Waiver Provider will be rendering, provider qualification requirements and other requirements established by the Department as outlined in the approved Performance-Based Contracting Waiver and Consolidated and Community Living Waivers.
3. To deliver residential waiver services in accordance with the terms of the Individual Support Plan of each individual served by the Residential Services Waiver Provider in a manner that meets professionally recognized standards of care. For this paragraph, the Individual Support Plan is the most current Individual Support Plan authorized by the Administrative Entity.

4. To deliver residential waiver services in a manner that is consistent with the residential performance standards established by ODP.
5. To provide information or data, as requested, to the Department, or the Department’s designee, related to the Residential Services Waiver Provider’s qualifications and delivery of residential waiver services to permit ODP to determine the appropriate tier assignment in accordance with the residential performance standards established by ODP.
6. To receive each year a tier assignment based on the residential performance standards established by ODP, which will remain in place until the subsequent annual tier assignment unless reassigned because the Residential Services Waiver Provider’s license to operate one or more homes is provisional, revoked or not renewed and to comply with any corrective action plans or directed corrective actions plans issued by ODP because the provider does not meet the standards for the primary tier.
7. To provide records, as requested, to the Department, the United States Department of Health and Human Services, the Pennsylvania Office of Attorney General (Medicaid Fraud Control Unit), and other authorized federal and state agencies, or their designees, regarding residential waiver services delivered and payments received by the Residential Services Waiver Provider.

This Agreement shall continue in effect until it is terminated by either the Residential Services Waiver Provider or the Department upon thirty (30) days prior written notice to the other party or until it is superseded by a new agreement. The notice of termination must state the date of termination.

\_\_\_\_\_  
 (Residential Services Waiver Provider Signature)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Printed Name of signatory)

\_\_\_\_\_  
 (Title of signatory)

\_\_\_\_\_  
 (Printed Name of Residential Services Waiver Provider)

\_\_\_\_\_  
 (Master Provider Index (MPI) number)

\_\_\_\_\_  
 (Federal Employer Identification Number – Federal EIN)

\_\_\_\_\_  
 (Residential Services Waiver Provider Full Business Address)

\_\_\_\_\_  
 (Telephone number)

\_\_\_\_\_  
 (Email Address)

Performance-Based Contracting Residential Services Implementation Plan

## Appendix C: Residential Performance Standards

Effective through June 30, 2026



# Office of Developmental Programs

December 23, 2024

## Appendix C: Residential Performance Standards

Performance Area	PM Code	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers (Clinically Enhanced for Medical and/or Behavioral Support)</u>
Continuum of Services	CoS.01	Provide at least two residential services (Residential Habilitation and either Lifesharing or Supported Living; Lifesharing and either Residential Habilitation or Supported Living; Supported Living and Lifesharing or Residential Habilitation)	N/A	Provide at least two of the three services during the review period	N/A
Continuum of Services	CoS.02	Evaluate and assess individuals who may be better served in a more independent setting ★	Report on the number of individuals with a successful transition from Residential Habilitation to Lifesharing and Supported Living provided by the provider.	Same as Primary	Same as Primary

Performance Area	PM Code	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers (Clinically Enhanced for Medical and/or Behavioral Support)</u>
Workforce	WF.01.1	Direct Support Professionals (DSPs): Demonstrated percentage of DSPs who provide residential services are credentialed by either the National Alliance for Direct Support Professionals (NADSP) or the National Association for the Dually Diagnosed (NADD) <sup>2</sup> ★	Attest that 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 agency training plan to ensure continuity.	N/A	N/A
Workforce	WF.01.2	Direct Support Professionals (DSPs): Demonstrated percentage of DSPs who provide residential services are credentialed by either the National Alliance for Direct Support Professionals (NADSP) or the National Association for the Dually Diagnosed (NADD) <sup>2</sup> ★	Submit an agency plan which includes timeframes and milestones, for implementing a National Alliance for Direct Support Professionals (NADSP) credentialing program for DSPs	N/A	N/A
Workforce	WF.01.3	Direct Support Professionals (DSPs): Demonstrated percentage of DSPs who provide residential services are credentialed by either the National Alliance for Direct Support Professionals (NADSP) or the National Association for the Dually Diagnosed (NADD) <sup>2</sup> ★	Report the percentage of DSPs who are credentialed and/or enrolled in the NADSP eBadge program	Same as Primary	Report the percentage of DSPs who are credentialed and/or enrolled in the NADSP eBadge and/or NADD program
Workforce	WF.01.4	Direct Support Professionals (DSPs): Demonstrated percentage of DSPs who provide	N/A	Attest to increase percentage of DSPs credentialed through NADSP by a minimum of 5% by December 31, 2025 from	Attest to increase percentage of DSPs credentialed through NADSP and/or NADD by a minimum of 5% by December 31, 2025 from baseline on

Performance Area	PM Code	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers (Clinically Enhanced for Medical and/or Behavioral Support)</u>
		residential services are credentialed by either the National Alliance for Direct Support Professionals (NADSP) or the National Association for the Dually Diagnosed (NADD) <sup>2</sup> ★		baseline on 7/1/2024. (Examples: If no DSPs are credentialed on baseline date, then 5% of DSPs must be credentialed on or before 12/31/2025. If 5% of DSPs are credentialed on baseline date, then 10% must be credentialed by 12/31/2025.) Providers having greater than 25% of DSPs credentialed are considered to meet the standard without requirement to increase percentage	7/1/2024. (Examples: If no DSPs are credentialed on baseline date, then 5% of DSPs must be credentialed on or before 12/31/2025. If 5% of DSPs are credentialed on baseline date, then 10% must be credentialed by 12/31/2025.) Providers having greater than 25% of DSPs credentialed are considered to meet the standard without requirement to increase percentage
Workforce	WF.02.1	Front-Line Supervisors (FLSs): Demonstrated percentage of FLSs who provide residential services are credentialed by <u>NADSP</u> which is approved by ODP ★	Attest that 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 agency training plan to ensure continuity.	N/A	N/A
Workforce	WF.02.2	Front-Line Supervisors (FLSs): Demonstrated percentage of FLSs who provide residential services are credentialed by <u>NADSP</u> which is approved by ODP ★	Submit an agency plan including timeframes and milestones for implementing a NADSP credentialing program for FLSs	N/A	N/A
Workforce	WF.02.3	Front-Line Supervisors (FLSs): Demonstrated percentage of FLSs who provide residential services are credentialed by <u>NADSP</u> which is approved by ODP ★	Report the percentage of FLSs who are credentialed and/or enrolled in the NADSP eBadge program for FLS	Same as Primary	Same as Primary

Performance Area	PM Code	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers (Clinically Enhanced for Medical and/or Behavioral Support)</u>
Workforce	WF.02.4	Front-Line Supervisors (FLSs): Demonstrated percentage of FLSs who provide residential services are credentialed by <u>NADSP</u> which is approved by ODP ★	N/A	Attest to increase percentage of FLSs credentialed through NADSP by a minimum of 10% by December 31, 2025, from baseline on 7/1/2024. If no FLSs are credentialed on baseline date, then 10% of FLSs must be credentialed on or before 12/31/2025. If 5% of FLSs are credentialed on baseline date, then 15% must be credentialed by 12/31/2025. Providers having greater than 25% of staff credentialed are considered to meet the standard without requirement to increase percentage.	Attest to increase percentage of FLSs credentialed through NADSP by a minimum of 10% by December 31, 2025, from baseline on 7/1/2024. If no FLSs are credentialed on baseline date, then 10% of FLSs must be credentialed on or before 12/31/2025. If 5% of FLSs are credentialed on baseline date, then 15% must be credentialed by 12/31/2025. Providers having greater than 25% of staff credentialed are considered to meet the standard without requirement to increase percentage.
Workforce	WF.03.1	Demonstrated workforce stability strategy to reduce and manage turnover and vacancy rates of FLSs and DSPs	Report FLS and DSP voluntary and involuntary turnover rate	Same as Primary <b>AND</b> WF.03.3	Same as Primary <b>AND</b> WF.03.3
Workforce	WF.03.2	Demonstrated workforce stability strategy to reduce and manage turnover and vacancy rates of FLSs and DSPs	Report percentage of contracted staff in DSP and FLS positions	Same as Primary <b>AND</b> WF.03.3	Same as Primary <b>AND</b> WF.03.3
Workforce	WF.03.3	Demonstrated workforce stability strategy to reduce and manage turnover and vacancy rates of FLSs and DSPs	N/A	Participate in National Core Indicators® (NCI) State of the Workforce Survey and release provider NCI data to ODP to validate turnover and other workforce data	Participate in National Core Indicators® (NCI) State of the Workforce Survey and release provider NCI data to ODP to validate turnover and other workforce data

Performance Area	PM Code	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers (Clinically Enhanced for Medical and/or Behavioral Support)</u>
Workforce	WF.04.1	Demonstrated commitment to enhance diversity, equity, and inclusion (DEI) — examples: line-item budget, dedicated staff, policy/procedures	Submission of current policy that addresses DEI in provider's workforce	Same as Primary AND WF.04.2-WF.04.5	Same as Primary AND WF.04.2-WF.04.5
Workforce	WF.04.2	Demonstrated commitment to enhance diversity, equity, and inclusion (DEI) — examples: line-item budget, dedicated staff, policy/procedures	N/A	Attest that the agency has a strategic plan that includes DEI	Attest that the agency has a strategic plan that includes DEI
Workforce	WF.04.3	Demonstrated commitment to enhance diversity, equity, and inclusion (DEI) — examples: line-item budget, dedicated staff, policy/procedures	N/A	Submit documentation that agency has a committee of staff focused on DEI	Submit documentation that agency has a committee of staff focused on DEI
Workforce	WF.04.4	Demonstrated commitment to enhance diversity, equity, and inclusion (DEI) — examples: line-item budget, dedicated staff, policy/procedures	N/A	Submit documentation that training for staff is relevant to the employee's own culture and language	Submit documentation that training for staff is relevant to the employee's own culture and language
Workforce	WF.04.5	Demonstrated commitment to enhance diversity, equity, and inclusion (DEI) — examples: line-item budget, dedicated staff, policy/procedures	N/A	Attest that the agency plan includes recruitment and advancement activities for staff with culturally and linguistically diverse backgrounds	Attest that the agency plan includes recruitment and advancement activities for staff with culturally and linguistically diverse backgrounds
Supporting Individuals with Complex Needs - Clinical	CN-C.01.1	Clinical: residential program has a demonstrated ratio (employed or contracted) of licensed clinical staff and/or staff credentialed in a nationally recognized (and	No additional standards from current regulation and 1915(c) home and community-based waivers	Report current ratio of licensed/credentialed full-time equivalents to number of individuals served to demonstrate size of agency multidisciplinary clinical team. Provide description of agency allocation of clinical	Report current ratio of licensed/credentialed full-time equivalents to number of individuals served to demonstrate size of agency multidisciplinary clinical team. Provide description of agency allocation of clinical resources across resident

Performance Area	PM Code	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers (Clinically Enhanced for Medical and/or Behavioral Support)</u>
		ODP-approved) credentialing program that meets the needs of individuals served in the program		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 (HCL) and Needs Levels (NL)/Needs Groups (NG).	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 (HCL) and Needs Levels (NL)/Needs Groups (NG).
<b>Supporting Individuals with Complex Needs - Clinical</b>	<b>CN-C.01.2</b>	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) credentialing program that meets the needs of individuals served in the program	No additional standards from current regulation and 1915(c) home and community-based waivers	N/A	Population served by the agency in residential services is in the top quartile <sup>3</sup> of acuity of both Needs Level and Health Care Level of the statewide population in residential <sup>4</sup> .
<b>Supporting Individuals with Complex Needs - Clinical</b>	<b>CN-C.01.3</b>	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) credentialing program that meets the needs of individuals served in the program	No additional standards from current regulation and 1915(c) home and community-based waivers	Provide a plan for and attest to agency tracking and use of data from the Health Risk Screening Tool (HRST); Measure <i>interruption in daily activity because of illness</i> ("clinical issues") to improve health outcomes	Provide a plan for and attest to agency tracking and use of data from the Health Risk Screening Tool (HRST); Measure <i>interruption in daily activity because of illness</i> ("clinical issues") to improve health outcomes

Performance Area	PM Code	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers (Clinically Enhanced for Medical and/or Behavioral Support)</u>
Supporting Individuals with Complex Needs - Clinical	CN-C.01.4	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) credentialing program that meets the needs of individuals served in the program	No additional standards from current regulation and 1915(c) home and community-based waivers	N/A	Meet a 1:15 minimum ratio of full-time equivalent behavioral/mental health clinical staff to all individuals receiving residential services from the agency
Supporting Individuals with Complex Needs - Clinical	CN-C.02.1	Demonstrated ability to support individuals to access necessary physical health and behavioral health (BH) treatments	Provide current description of established professional relationships to support individuals served (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)	Same as Primary AND CN-C.02.2s	Same as Primary AND CN-C.02.2ce
Supporting Individuals with Complex Needs - Clinical	CN-C.02.2	Demonstrated ability to support individuals to access necessary physical health and behavioral health (BH) treatments	N/A	<b>CN-C.02.2s</b> - Follow-up after hospitalization for mental illness at 30-day a minimum of 75%	<b>CN-C.02.2ce</b> - Follow-up after hospitalization for mental illness at 7-day minimum of 40% and 30-day a minimum of 75%
Supporting Individuals with Complex Needs - Dual Diagnosis/ Behavioral	CN-DD/Bx.01.1	Demonstrate that the agency has integrated behavioral supports through use of employed or contracted licensed clinicians and/or behavioral support professionals, and demonstrate that training and support are routinely provided in homes to individuals and teams	No additional standards from current regulation and 1915(c) home and community based waivers	<b>CN-DD/Bx.01.1s</b> : Attest that 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 individuals with ASD) within 1-year of hire <i>beginning January 1, 2025.</i> <sup>5</sup>	<b>CN-DD/Bx.01.1ce</b> : Attest 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 individuals with ASD) and new staff will complete within 1-year of hire beginning January 1, 2025. <sup>5</sup>

Performance Area	PM Code	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers (Clinically Enhanced for Medical and/or Behavioral Support)</u>
<b>Supporting Individuals with Complex Needs - Dual Diagnosis/ Behavioral</b>	<b>CN-DD/Bx.01.2</b>	Demonstrate that the agency has integrated behavioral supports through use of employed or contracted licensed clinicians and/or, behavioral support professionals, and demonstrate that training and support are routinely provided in homes to individuals and teams	N/A	<b>CN-DD/Bx.01.2s:</b> 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	<b>CN-DD/Bx.01.2ce:</b> 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
<b>Supporting Individuals with Complex Needs - Dual Diagnosis/ Behavioral</b>	<b>CN-DD/Bx.02.1</b>	Demonstrate use of data to impact individual outcomes	<p>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</p> <p>For the review period of 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</p>	Same as Primary <b>AND</b> CN-DD/Bx.02.2	Same as Primary <b>AND</b> CN-DD/Bx.02.2



Performance Area	PM Code	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers (Clinically Enhanced for Medical and/or Behavioral Support)</u>
Supporting Individuals with Complex Needs - Dual Diagnosis/ Behavioral	CN-DD/Bx.02.2	Demonstrate use of data to impact individual outcomes	N/A	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)	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)
Supporting Individuals with Complex Needs - Dual Diagnosis/ Behavioral	CN-DD/Bx.03.1	Demonstrated capacity to anticipate and de-escalate crisis, when possible, and, when not, to respond swiftly and effectively	Provide description of agency capabilities for de-escalation and how provider anticipates and responds to a crisis for individuals Include the following: - Description of support/resources for DSPs and FLSs for crisis situations - Curriculum-based crisis response training used by the agency - Procedure for debriefing with staff and individuals after engagement in physical restraint	Same as Primary AND CN-DD/Bx.03.2	Same as Primary AND CN-DD/Bx.03.2
Supporting Individuals with Complex Needs - Dual Diagnosis/ Behavioral	CN-DD/Bx.03.2	Demonstrated capacity to anticipate and de-escalate crisis, when possible, and, when not, to respond swiftly and effectively	N/A	Documentation of specialized trauma-informed training/activities for individuals and staff	Documentation of specialized trauma-informed training/activities for individuals and staff
Supporting Individuals with Complex Needs - Dual Diagnosis/ Behavioral	CN-DD/Bx.03.3	Demonstrated capacity to anticipate and de-escalate crisis, when possible, and, when not, to respond swiftly and effectively	N/A	N/A	Documentation of crisis prevention and de-escalation training programs provided to all staff — Examples of such programs: Ukeru, Positive Behavioral Interventions and Supports (PBIS), CPI/CPS/ Mandt System®, Non-Violent Crisis

Performance Area	PM Code	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers (Clinically Enhanced for Medical and/or Behavioral Support)</u>
					Intervention Training, Safe and Positive Practices/Approaches, etc.
<b>Supporting Individuals with Complex Needs - Medical</b>	<b>CN-M.01.1</b>	Medical: residential program has a demonstrated sufficient ratio (employed or contracted) of licensed clinical staff and/or staff credentialed by <del>in</del> a nationally recognized credentialing program, which is approved by ODP, to meet the medical needs of individuals served in the program	No additional standards from current regulation and 1915(c) home and community based waivers	No additional standards from current regulation and 1915(c) home and community based waivers	Attest that the provider meets the 1915(c) waiver requirements for serving individuals with a medically complex condition
<b>Supporting Individuals with Complex Needs - Medical</b>	<b>CN-M.01.2</b>	Medical: residential program has a demonstrated sufficient ratio (employed or contracted) of licensed clinical staff and/or staff credentialed by a nationally recognized credentialing program, which is approved by ODP, to meet the medical needs of individuals served in the program	No additional standards from current regulation and 1915(c) home and community based waivers	No additional standards from current regulation and 1915(c) home and community based waivers	For Children with Medically Complex Conditions demonstrated use of targeted resources including pediatric complex care resource centers (PCCRC), Health Care Quality Unit (HCQU <del>s</del> ), home care services, support systems for families, use of family facilitator, and/or Special Needs Unit
<b>Referral and Discharge Practices</b>	<b>RD.01.1</b>	Service initiation occurs within an: - Within an average of 90 days or less post-referral acceptance for Community Homes. - Within an average of 180 days or less post-referral acceptance for Supported Living and Life Sharing.	Attest that by January 1, 2025, a system is in place 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	N/A	N/A

Performance Area	PM Code	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers (Clinically Enhanced for Medical and/or Behavioral Support)</u>
		<p>- To reintegrate individuals back into the residential setting post inpatient, skilled nursing or rehabilitation facility discharge or release from incarceration.</p>	<p>service type.</p> <ul style="list-style-type: none"> <li>- Number of referrals denied and reason (age, gender, clinical needs, location/geography, vacancy status workforce).</li> <li>- Number of provider-initiated discharges, setting to which individual was discharged, and reason for discharge(s).</li> <li>- Circumstances under which an individual(s) 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.</li> </ul> <p>Primary providers <u>may not accept NEW</u> referrals for individuals NG5 or greater. This does not apply to individuals NG5 or greater receiving residential services prior to January 1, 2026 or individuals where the needs assessment results in an increase.</p>		
<b>Referral and Discharge Practices</b>	<b>RD.01.2</b>	<p>Service initiation occurs within an:</p> <ul style="list-style-type: none"> <li>- Within an average of 90 days or less post-referral acceptance for Community Homes.</li> <li>- Within an average of 180 days or less post-referral</li> </ul>	N/A	<p><u>Serve a minimum of 10 individuals in residential services during the review period.</u> Residential service providers serving a minimum of 10 individuals for the review period must attest that a system will be in place beginning January 1,</p>	<p><u>Serve a minimum of 10 individuals in residential services during the review period.</u> Residential service providers serving a minimum of 10 individuals for the review period must attest that a system will be in place beginning January 1, 2025 to report current average days for service initiation.</p>

Performance Area	PM Code	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers (Clinically Enhanced for Medical and/or Behavioral Support)</u>
		acceptance for Supported Living and Life Sharing. - To reintegrate individuals back into the residential setting post inpatient, skilled nursing or rehabilitation facility discharge or release from incarceration.		2025 to report current average days for service initiation. Providers serving less than 10 individuals January 1, 2025 will not be eligible for Select or Clinically Enhanced tiers.	Providers serving less than 10 individuals January 1, 2025 will not be eligible for Select or Clinically Enhanced tiers.
<b>Referral and Discharge Practices</b>	<b>RD.01.3</b>	Service initiation occurs within an: - Within an average of 90 days or less post-referral acceptance for Community Homes. - Within an average of 180 days or less post-referral acceptance for Supported Living and Life Sharing. - To reintegrate individuals back into the residential setting post inpatient, skilled nursing or rehabilitation facility discharge or release from incarceration.	N/A	Demonstrate timeliness of response to referrals and service initiation: – Attest that a system is in place beginning January 1, 2025 to accurately track and report: • 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 90-day timeline is not met for Residential Habilitation and 180-day timeline is not met for Life Sharing and Supported Living • Number of referrals denied and document 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 an	Demonstrate timeliness of response to referrals and service initiation: – Attest that a system is in place beginning January 1, 2025 to accurately track and report: • 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 90-day timeline is not met for Residential Habilitation and 180-day timeline is not met for Life Sharing and Supported Living • Number of referrals denied and document 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 an individual(s) 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,

Performance Area	PM Code	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers (Clinically Enhanced for Medical and/or Behavioral Support)</u>
				<p>individual(s) 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.</p> <p>— Attestation to confirm the above requested data provided is accurate, a procedure is in place to review referrals, and the procedure is in practice</p>	<p>coordination and accommodation efforts undertaken and the remaining barriers that resulted in the provider's inability to return the individual to their home.</p> <p>— Attestation to confirm the above requested data provided is accurate, a procedure is in place to review referrals, and the procedure is in practice</p>
<b>Data Management</b>	<b>DM.01.1</b>	Demonstrated production of data reports (including ad hoc) through adopted technology platform	Submit completed test case file in format required by ODP	N/A	N/A
<b>Data Management</b>	<b>DM.01.2</b>	Demonstrated production of data reports (including ad hoc) through adopted technology platform	N/A	Provide a sample of operational report or quality report used for internal monitoring and implementation of QM initiatives that includes a written description of use and analysis of data from at least one of the following categories: incidents, medication errors, health risks, restrictive procedures, staff retention, effectiveness of behavioral support, employment, Information Sharing and Advisory Committee recommendation strategies, billing accuracy	Provide a sample of operational report or quality report used for internal monitoring and implementation of QM initiatives that includes a written description of use and analysis of data from at least one of the following categories: incidents, medication errors, health risks, restrictive procedures, staff retention, effectiveness of behavioral support, employment, Information Sharing and Advisory Committee recommendation strategies, billing accuracy

Performance Area	PM Code	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers (Clinically Enhanced for Medical and/or Behavioral Support)</u>
<b>Data Management</b>	<b>DM.02</b>	Demonstrated data capability with use of a HIPAA compliant EHR	N/A	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. <sup>7</sup>	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. <sup>7</sup>
<b>Risk Management</b>	<b>RM-HRS.01.1</b>	Demonstrated capacity to properly and timely assess individuals	Current health risk screenings (HRS) in place for all individuals including applicable assessments as indicated by HRST protocol	Same as Primary <b>AND</b> RM-HRS.01.2	Same as Primary <b>AND</b> RM-HRS.01.2
<b>Risk Management</b>	<b>RM-HRS.01.2</b>	Demonstrated capacity to properly and timely assess individuals	N/A	Demonstrate use of HRS data and considerations to improve individual health/outcomes as of July 1, 2024, or for providers submitting in February–March 2025, as of January 1, 2025.	Demonstrate use of HRS data and considerations to improve individual health/outcomes as of July 1, 2024, or for providers submitting in February–March 2025, as of January 1, 2025.
<b>Risk Management</b>	<b>RM-IM.01.1</b>	Demonstrated fidelity to incident management procedures as required by current regulations, 1915(c) waivers and ODP policy	No additional standards from current regulation, 1915(c) home and community based waivers, <u>and ODP policy.</u>	Provider demonstrates reporting fidelity: Maximum number of incidents (potentially indicative of abuse or neglect) not reported may not exceed 1% of overall reported incidents by provider	Provider demonstrates reporting fidelity: Maximum number of incidents (potentially indicative of abuse or neglect) not reported may not exceed 1% of overall reported incidents by provider
<b>Risk Management</b>	<b>RM-IM.01.2</b>	Demonstrated fidelity to incident management procedures as required by current regulations, 1915(c) waivers and ODP policy	No additional standards from current regulation, 1915(c) home and community based waivers, <u>and ODP policy.</u>	Provider demonstrates reporting fidelity: Maximum number of incidents not reported <i>timely</i> may not exceed 10% of overall reported incidents by provider.	Provider demonstrates reporting fidelity: Maximum number of incidents not reported <i>timely</i> may not exceed 10% of overall reported incidents by provider.
<b>Risk Management</b>	<b>RM-IM.01.3</b>	Demonstrated fidelity to incident management procedures as required by current regulations, 1915(c) waivers and ODP policy	No additional standards from current regulation, 1915(c) home and community based waivers, <u>and ODP policy.</u>	Timely finalization of incidents is demonstrated by: Timely finalization of incidents demonstrated by at least 86% of incidents finalized within 30 days of discovery	Timely finalization of incidents is demonstrated by: Timely finalization of incidents demonstrated by at least 86% of incidents finalized within 30 days of discovery

Performance Area	PM Code	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers (Clinically Enhanced for Medical and/or Behavioral Support)</u>
Employment	EMP.01.1	Demonstrated support of individuals to seek and obtain CIE ★	Demonstrate tracking of CIE and percentage of working age individuals (18-64) with CIE	Same as Primary	Same as Primary
Employment	EMP.01.2	Demonstrated support of individuals to seek and obtain CIE ★	Plan for improvement of CIE <sup>8</sup>	Same as Primary	Same as Primary
Use of Remote Support Technology	RST.01.1	Demonstrated use of technology to improve health and wellness, address workforce issues, and create additional opportunities to increase independence for individuals ★	Report type(s) of remote support technology in use	Same as Primary	Same as Primary
Use of Remote Support Technology	RST.01.2	Demonstrated use of technology to improve health and wellness, address workforce issues, and create additional opportunities to increase independence for individuals ★	Report number and percentage of individuals using remote support technology	Same as Primary	Same as Primary
Use of Remote Support Technology	RST.01.3	Demonstrated use of technology to improve health and wellness, address workforce issues, and create additional opportunities to increase independence for individuals ★	Report estimated direct care hours that are being redirected with use of technology	Same as Primary	Same as Primary
Use of Remote Support Technology	RST.01.4	Demonstrated use of technology to improve health and wellness, address workforce issues, and create additional	Report if the provider has savings as a result of the use of remote supports and include how the agency is using these value-based savings to invest in the	Same as Primary	Same as Primary

Performance Area	PM Code	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers (Clinically Enhanced for Medical and/or Behavioral Support)</u>
		opportunities to increase independence for individuals ★	organization including improvements to workforce, service delivery, etc.		
<b>Use of Remote Support Technology</b>	<b>RST.01.5</b>	Demonstrated use of technology to improve health and wellness, address workforce issues, and create additional opportunities to increase independence for individuals ★	Report number of employees and/or contracted entities that have Assistive Technology Professional certificates from Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) or Enabling Technology Integration Specialist (SHIFT) certifications	Same as Primary	Same as Primary
<b>Regulatory Compliance</b>	<b>RC.01</b>	Demonstrated regulatory compliance with 55 Pa. Code Chapters 6100, 6400 and 6500, as applicable	Maintain regular license status (i.e., a license that is not on provisional status or operating pending appeal of a license revocation) for all residential homes that require licensure.	Same as Primary	Same as Primary
<b>Quality Improvement</b>	<b>QI.01.1</b>	Demonstrated commitment to wellness of individuals through targeted activities	Description of how the provider coordinates wellness activities including use of HRS data for residential program participants	N/A	N/A
<b>Quality Improvement</b>	<b>QI.01.2</b>	Demonstrated commitment to wellness of individuals through targeted activities	N/A	Provider is utilizing the individuals' collective HRST data to create and conduct wellness programs/activities <b>AND</b> QI.01.3 <b>AND</b> QI.01.4	Provider is utilizing the individuals' collective HRST data to create and conduct wellness programs/activities <b>AND</b> QI.01.3 <b>AND</b> QI.01.4
<b>Quality Improvement</b>	<b>QI.01.3</b>	Demonstrated commitment to wellness of individuals through targeted activities	N/A	Provider is implementing directed wellness programs for nutrition, hypertension, mental health, diabetes, and/or heart disease, etc. as indicated by HRS data <b>AND</b> QI.01.2 <b>AND</b> QI.01.4	Provider is implementing directed wellness programs for nutrition, hypertension, mental health, diabetes, and/or heart disease, etc. as indicated by HRS data <b>AND</b> QI.01.2 <b>AND</b> QI.01.4
<b>Quality Improvement</b>	<b>QI.01.4</b>	Demonstrated commitment to wellness of individuals through targeted activities	N/A	Provider is monitoring progress on wellness related QM initiatives to demonstrate improvement over time (e.g., A1C, medication	Provider is monitoring progress on wellness related QM initiatives to demonstrate improvement over time (e.g., A1C, medication reduction) OR



Performance Area	PM Code	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers (Clinically Enhanced for Medical and/or Behavioral Support)</u>
				reduction) OR demonstrated uptake/engagement in provider wellness programs <b>AND</b> QI.01.2 <b>AND</b> QI.01.3	demonstrated uptake/engagement in provider wellness programs <b>AND</b> QI.01.2 <b>AND</b> QI.01.3
<b>Quality Improvement</b>	<b>QI.02.1</b>	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)	Report number of staff that have ODP QM certification; include number in leadership	Same as Primary <b>AND</b> QI.02.2 <b>AND</b> QI.02.3 <b>AND</b> QI.02.4	Same as Primary <b>AND</b> QI.02.2 <b>AND</b> QI.02.3 <b>AND</b> QI.02.4
<b>Quality Improvement</b>	<b>QI.02.2</b>	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)	Provide a description of how data is utilized to monitor progress towards QM plan goals.	Same as Primary <b>AND</b> QI.02.1 <b>AND</b> QI.02.3 <b>AND</b> QI.02.4	Same as Primary <b>AND</b> QI.02.1 <b>AND</b> QI.02.3 <b>AND</b> QI.02.4
<b>Quality Improvement</b>	<b>QI.02.3</b>	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)	Provide a description of how person-centered performance data is utilized to develop the QM Plan and its action plan	Same as Primary <b>AND</b> QI.02.1 <b>AND</b> QI.02.2 <b>AND</b> QI.02.4	Same as Primary <b>AND</b> QI.02.1 <b>AND</b> QI.02.2 <b>AND</b> QI.02.4

Performance Area	PM Code	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers (Clinically Enhanced for Medical and/or Behavioral Support)</u>
Quality Improvement	QI.02.4	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)	N/A	At least one member of executive leadership team who has the authority to adopt recommendations and direct QM activities has ODP QM Certification <b>AND</b> QI.02.1 <b>AND</b> QI.02.2 <b>AND</b> QI.02.3	At least one member of executive leadership team who has the authority to adopt recommendations and direct QM activities has ODP QM Certification <b>AND</b> QI.02.1 <b>AND</b> QI.02.2 <b>AND</b> QI.02.3
Quality Improvement	QI.03.1	Demonstrated engagement of and support to families which includes providing adequate and appropriate communication options and maintaining/building relationships	Submission of policies, procedures, and activities supporting family engagement	Same as Primary	Same as Primary
Quality Improvement	QI.03.2	Demonstrated engagement of and support to families which includes providing adequate and appropriate communication options and maintaining/building relationships	Attest to assist in efforts, beginning January 1, 2025, to support ODP data collection on family satisfaction with provider engagement	Same as Primary	Same as Primary
Administration	ADM.01.1	Demonstrate transparent and sound corporate governance structure	Attest to and submit documentation supporting attestation regarding the required elements to meet the standards:  <ol style="list-style-type: none"> <li>1. Successful passage of a fiscal readiness review</li> <li>2. Submission of current financial statements (audited if available)</li> <li>3. Disclosure of the following: <ul style="list-style-type: none"> <li><u>A.</u> Conflict of interest policy and associated documentation</li> <li><u>B.</u> Any history and status of</li> </ul> </li> </ol>	Same as Primary <b>AND</b> ADM.01.2	Same as Primary <b>AND</b> ADM.01.2

Performance Area	PM Code	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers (Clinically Enhanced for Medical and/or Behavioral Support)</u>
			<p>criminal convictions of officers and owners</p> <p><u>C.</u> Licensing status in Pennsylvania for non-ODP licensed residential settings</p> <p><u>D.</u> Any history of license revocation or nonrenewal in other states in which provider, and corporate affiliates, render services to individuals with intellectual and developmental disabilities, if applicable. This applies to any MPI operated by the provider or the provider's corporate affiliates.</p> <p>Legal entities and their corporate affiliates with a continued or repeated history of license revocations or nonrenewals in one or more states that are not enrolled to provide ODP residential services by December 31, 2024 will not be eligible for rendering ODP residential services.</p>		
<b>Administration</b>	<b>ADM.01.2</b>	Demonstrate transparent and sound corporate governance structure	N/A	<p>Documentation that governance by the Board of Directors is informed by voices of individuals with lived experiences by:</p> <ul style="list-style-type: none"> <li>— Including at least one individual with intellectual/developmental disabilities/autism or a family member of an individual with intellectual/ developmental disabilities/autism on the Board</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>— Operating an advisory committee or subcommittee that is comprised of individuals with</li> </ul>	<p>Documentation that governance by the Board of Directors is informed by voices of people with lived experiences by:</p> <ul style="list-style-type: none"> <li>— Including at least one individual with intellectual and developmental disabilities/ autism (inclusive of family members) on the Board or</li> <li>— Operating an advisory committee or subcommittee that is comprised of people with lived experience</li> <li>— Evidence that Board deliberations are informed by input of people with lived experience AND ADM.01.1</li> </ul>

Performance Area	PM Code	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers (Clinically Enhanced for Medical and/or Behavioral Support)</u>
				lived experience <b>AND</b> – Evidence that Board deliberations are informed by input of individuals with lived experience <b>AND</b> ADM.01.1	

★ Indicates a measure that includes pay for performance

<sup>2</sup> Life sharers are exempt from this standard

<sup>3</sup> Top quartile for contract period through June 30, 2026 is NL 4.5 or greater and HCL 3.5 or greater

<sup>4</sup> 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 NC scores may submit supporting documentation with QI.01.4 to maintain status in Clinically Enhanced tier.

<sup>5</sup> Life sharers are exempt from this standard unless supporting an individual with ASD. Lifesharers are not included in this measure but providers are required to ensure staff receive training specific to the support needs of individuals receiving any residential service.

<sup>7</sup> Beginning July 1, 2026 EHR capability must include external third party communication (e.g. pharmacy, physician)

<sup>8</sup> CIE performance data by residential provider will be published annually (acuity data will be included).

# Future Performance Measures & Measure Adjustments

Performance Area	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers (Clinically Enhanced for Medical and/or Behavioral Support)</u>
<b>Supporting Individuals with Complex Needs - Clinical</b>	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) credentialing program that meets the needs of individuals served in the program	No additional standards from current regulation and 1915(c)	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	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
<b>Risk Management</b>	Demonstrated capacity to properly and timely assess individuals	N/A	ODP will review CY25 HEDIS measure AAP — Adults' Access to Preventive/Ambulatory Care data to assure that providers are supporting individuals to have health care visits to receive preventive services, such as tests and screenings, and counseling on topics such as diet and exercise.	ODP will review CY25 HEDIS measure AAP — Adults' Access to Preventive/Ambulatory Care data to assure that providers are supporting individuals to have health care visits to receive preventive services, such as tests and screenings, and counseling on topics such as diet and exercise.
<b>Risk Management</b>	Demonstrated fidelity to incident management procedures as required by current regulations, 1915(c) waivers and ODP policy	No additional standards from current regulation, 1915(c) home and community based waivers, <u>and ODP policy.</u>	Timely finalization of incidents is demonstrated by: At least 95% of all incidents must be finalized by the due date, and the due date may only exceed 30 days in no more than 5% of those incidents (due dates may exceed 30 days when the provider has notified the Department in writing that an extension is necessary and the reason for the extension)	Timely finalization of incidents is demonstrated by: At least 95% of all incidents must be finalized by the due date, and the due date may only exceed 30 days in no more than 5% of those incidents (due dates may exceed 30 days when the provider has notified the Department in writing that an extension is necessary and the reason for the extension)

<b>Employment</b>	Demonstrated support of individuals to seek and obtain CIE ★	N/A	Combined percentage of working age individuals that are receiving Career Assessment or Job Finding services through ODP or Office of Vocational Rehabilitation (OVR) <b>AND</b> Competitively employed in integrated settings (working age participants only) must meet or exceed XX% for NG1-2 and X% for NG3 or greater.	Combined percentage of working age individuals that are receiving Career Assessment or Job Finding services through ODP or Office of Vocational Rehabilitation (OVR) <b>AND</b> Competitively employed in integrated settings (working age participants only) must meet or exceed XX% for NG1-2 and X% for NG3 or greater.
<b>Community Integration</b>	Demonstrate that individuals are engaged in meaningful activities, as defined by the individual, outside of their home based on their strengths, interests, and preferences ★	NCI-IDD CI-1: Social Connectedness (The proportion of people who report that they do not feel lonely)	Same as Primary	Same as Primary
<b>Community Integration</b>	Demonstrate that individuals are engaged in meaningful activities, as defined by the individual, outside of their home based on their strengths, interests, and preferences ★	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)	Same as Primary	Same as Primary

Performance-Based Contracting Residential Services Implementation Plan

## Appendix D: Residential Performance-Based Contracting Attestation

**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](mailto: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 is 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. Residential Providers having greater than 25% of DSPs credentialed are considered to meet the standard without requirement to increase percentage.<sup>1</sup>
- 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. 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.<sup>2</sup>
- A system is 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.

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<sup>1</sup> Life sharers are exempt from the credentialing requirement.

<sup>2</sup> 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. Residential Providers having greater than 25% of DSPs credentialed are considered to meet the standard without requirement to increase percentage<sup>1</sup>.
- 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. 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<sup>2</sup>.

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<sup>1</sup> Life Sharers are exempt from the credentialing requirement.

<sup>2</sup> 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.

- 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)<sup>3</sup>
- 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 is 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.

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<sup>3</sup> 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.

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:	

Performance-Based Contracting Residential Services Implementation Plan

## Appendix E: Performance-Based Contracting Residential Data Submission Tool





Pennsylvania

# Department of Human Services

Office of Developmental Programs

## Residential Provider Performance-Based Contracting Data Submission Tool: Primary - January 2025

### **Introduction**

As part of the Office of Developmental Programs (ODP) Performance-Based Contracting for Residential services, this Residential Provider Data Submission Tool was created as a mechanism for providers of Residential Habilitation, Supported Living and Life Sharing services to respond and submit documentation related to their organization's performance.

For each contract period, ODP will assign each provider to a tier based on the provider's performance. There are four tier assignments:

- Conditional - Providers operating under provisional or revoked licenses.
- Primary - Providers that meet current standards and a few additional standards.
- Select - Providers that deliver at least two of the three residential services in the performance-based contracting model and meet the established enhanced measures.
- Clinically Enhanced - Providers that offer clinically enhanced medical or behavioral supports and meet the established enhanced measures

### **Tool Completion Instructions:**

1. Providers will submit one Residential Provider Data Submission Tool for their entire organization. There shall be only one submission per Master Provider Index (MPI) number.

2. Providers must provide information and data for their organization based on the calendar year 2024 review period, unless otherwise noted.
3. After completing the two demographic information questions, the provider must select the tier level for which they wish to apply for the contract period. Based on this response, the applicable questions for the selected tier level will be shown. At the time of application, providers operating under provisional or revoked licenses will enter the contract period in the Conditional tier. Conditional providers that anticipate returning to regular licensing status during the contract period should apply for the tier for which they intend to qualify upon return to regular licensing status.
4. All responses for the Residential Provider Data Submission Tool will be captured electronically in QuestionPro.
5. All questions are mandatory and must be answered to move to the next page. Providers should review all responses entered on the screen before moving forward. If a question is missed, QuestionPro will identify the unanswered questions and a validation error will occur.
6. All questions that are applicable to the tier selected are included and shown in the PDF document of the Residential Provider Data Submission Tool. In QuestionPro, logic has been built in and depending on responses to a question, some questions may not show on the screen.
7. When navigating through the tool, it is advised to use only the tab button on your keyboard or your mouse to click new areas. Attempting to navigate from section to section using the up/down/left/right arrows either does not work or if you have entered a numerical response, it may increase or decrease the number entered.
8. Providers cannot move around or answer questions out of order. All questions must be answered in the order prescribed.
9. Providers should set aside time for completing the Residential Provider Data Submission Tool. Given the number of responses being captured, it is strongly recommended that at least **two (2)** hours are dedicated to complete the Residential Provider Data Submission Tool in its entirety.
10. After 15 minutes of inactivity, the Residential Provider Data Submission Tool will close. If this happens, information may not save and providers will have to re-enter their responses.
11. A back button is enabled and can be used to review previous responses.

- If used one time, it will go back 1 page and all the information on previous page will be shown; however, any uploaded documents will be deleted, and the provider will have to upload the document again to respond to the question. Questions on the current page, when selecting back, will NOT be saved.
  - If the back button is selected more than once, it will result in the deletion of data and uploaded documents on any page the back button is used on.
12. The internet browser “back” button should not be used, if changes need to be made to the previous page of questions, the QuestionPro back button should be used. The internet “back” button will result in QuestionPro skipping pages when selecting “Next” if it is used more than once.
  13. The “Save & Continue Later” option will save all entered data on the current page. When selected, a warning pop-up box will appear. There is no opportunity to return to any missed/unanswered questions if this option is used. There will be a validation error message if required questions are not answered.
  14. After a response is given to the warning pop-up box, an email address will be requested and is required. This email address is unique to the provider’s response and will be directly sent to the email address entered.
  15. For open-ended text questions, the character limit is 65k characters or 9.6k words.
  16. If a provider is uploading any documentation for their organization, it must be in the formats (extensions) listed below. Please note that the maximum file size limit per individual file is 50 MB. Only one file should be uploaded per documentation upload question. A listing that meets the criteria is sufficient, do not load individual files. When submitting an uploaded document, please highlight or identify the area of the document that pertains to the measure.
  17. File names must include the provider's MPI number and the measure to which the documentation relates, e.g., 123456789-WF02.2.
    - .txt
    - .doc
    - .docx
    - .xls

- .xlsx
- .ppt
- .pptx
- .pdf

18. ODP strongly encourages providers to utilize the applicable Residential Data Submission tool PDF to prepare responses and to have the documents that they plan to upload readily available as they are working to submit the tool. This will save time.
19. A response to the Residential Provider Data Submission Tool is not complete until the "Submit" button is pressed at the end. When the entry is submitted, a printable copy of the response will show on the screen. ODP highly recommends that providers print a copy of their agency submission for their records
20. ODP will utilize the last version submitted by an agency to make a determination on tier assignment.
21. For measures that require information about individuals served, the provider must report and submit information for individuals receiving Residential Habilitation, Life Sharing, or Supported Living through the Consolidated and Community Living Waivers.
22. Any inquiries regarding the Residential Provider Data Submission Tool content or questions must be sent to the ODP Performance-Based Contracting resource account at RA-PWODPPBC@pa.gov.

Please start the Residential Provider Data Submission Tool now by clicking on the "**Next**" button below.

## Demographic Information

\* **Provider Legal Entity Name.**



Begin to enter in your agency's legal entity name and select the correct agency from the drop-down list.

Search keyword



\* Enter your agency's nine digit Master Provider Index (MPI) Number. 

Nine digit number

**Contact information for person completing and submitting the Data Submission Tool.** 

\* Contact First Name

\* Contact Last Name


\* Contact Telephone Number

\* Contact Email Address

\* Upload a copy of your agency's completed **ODP Residential Performance-Based Contracting Attestation Form.** 

File 0 of 1

Max file size: 50.0 MB

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\* Which Performance-Based Contracting (PBC) tier is your agency applying for? 

Primary

**Performance Area: Continuum of Services**

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**Measure:** CoS.02

**Measure Description:** Report on the number of individuals with a successful transition from Residential Habilitation to Life Sharing and Supported Living provided by the provider.

**Applicable Tier(s):** Primary, Select and Clinically Enhanced

**Process Details for Measure:** Via Provider Data Submission Tool, provider will respond to questions related to number of individuals transitioned. The provider must report on the number of individuals who received Residential Habilitation through the Consolidated or Community Living Waiver in a licensed home serving 4 or fewer people and transitioned to a Life Sharing or Supported Living service rendered by the same provider.

ODP will validate through use of authorization data, claim data and provider submitted Transition to Independent Living Request Forms to determine if the residential provider has supported individuals to transition from residential habilitation to life sharing or supported living during the review period which at initial contracting or renewal will be looking back at the prior calendar year.

\* **Question 1P.**



**CoS.02 Enter the number of individuals that were successfully transitioned from Residential Habilitation to Life Sharing within your agency during the review period (calendar year 2024).**

\* **Question 2P.**



**CoS.02 Enter the number of individuals that were successfully transitioned from Residential Habilitation to Supported Living within your agency during the review period (calendar year 2024).**

**Performance Area: Workforce**

**Measure:** WF.01.2

**Measure Description:** Submit an agency plan that includes timeframes and milestones for implementing a National Alliance for Direct Support Professionals (NADSP) credentialing program for DSPs.

**Applicable Tier(s):** Primary

**Process Details to Measure:** Primary providers will submit agency plan to implement tiered credentialing plan for DSPs (to include timelines for completion and process details.)

\* **Question 3P.**



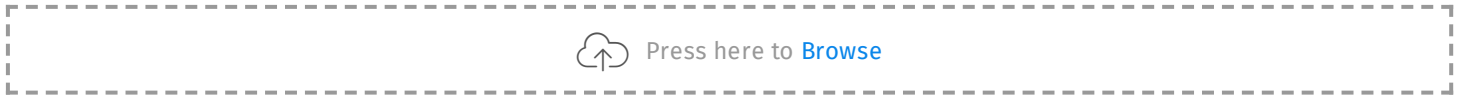
**WF.01.2 Submit your agency's plan, that includes timeframes and milestones for implementing a National Alliance for Direct Support Professionals (NADSP) credentialing program for DSPs.**

**Minimum Plan Submission Requirements:**

**DSP Plan must describe:**

- The credentialing program that will be or has been initiated for DSPs.
- Agency structure to support the DSP credentialing program: implementation, any associated staff positions, supervision and mentoring, IT/technology, human resources.
- Agency budget for credentialing.
- DSP Credentialing program wage structure and/or DSP incentives.
- Timelines and milestones including number and percent of DSPs credentialed (including credentialing level when appropriate) each quarter beginning Jan. 1, 2025.
- Establish baseline data on number of DSPs currently credentialed at each credentialing level (E-Badge DSP 1, 2, 3 or NADD DSP Certified) on July 1, 2024.

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**



**Measure:** WF.01.3

**Measure Description:** For **Primary** and Select - Report the percentage of DSPs who are credentialed and/or enrolled in the NADSP eBadge program. For Clinically Enhanced only - Report the percentage of DSPs who are credentialed and/or enrolled in the NADSP eBadge or NADD program.

**Applicable Tiers(s):** Primary, Select, and Clinically Enhanced

**Process Details to Measure:** Primary, Select, and Clinically Enhanced Providers to complete Department developed Provider Data Submission Tool to include total number of DSPs employed/DSPs who are credentialed and enrolled in credentialing program.

Data will be compared with reports from NADSP and NADD.

\* **Question 4P.**



**WF.01.3 Report the number of DSPs who are credentialed and/or enrolled in the NADSP eBadge program as of July 1, 2024.**

Enter total employed in the first column and total contracted in the second column.

Enter "0" where applicable.

**Total # of DSPs Employed**

**Total # of DSPs Contracted**

Enter in the total number of **DSPs** in the residential program:

Enter in the total number of **DSPs** in the residential program who are *enrolled* in the *NADSP* eBadge credentialing program:



Enter the total number of **DSPs** in the residential program who are *credentialed* in the NADSP eBadge credentialing program:

**Measure:** WF.02.2

**Measure Description:** Submit an agency plan including timeframes and milestones for implementing a NADSP credentialing program for FLSs.

**Applicable Tier(s):** Primary

**Process Details for Measure:** Primary Providers will submit agency plan to implement tiered credentialing plan for FLSs. (to include timelines for completion and process details).


\* **Question 5P.**



**WF.02.2 Submit your agency's plan, including timeframes and milestones for implementing a National Alliance for Direct Support Professionals (NADSP) credentialing program for FLSs. FLS Plan must describe:**

- **Agency structure to support the FLS credentialing program: implementation, any associated staff positions, supervision and mentoring, IT/technology, human resources.**
- **Agency budget for credentialing.**
- **FLS credentialing program wage structure and/or incentives.**
- **Timelines and milestones including number and percent of FLSs credentialed each quarter beginning Jan. 1, 2025.**
- **Plan for supervisory management training to support skill application of DSPs is conducted for all FLSs.**
- **Plan for supervisory management training to support skill application of FLSs is provided to all house managers and program management staff (or equivalent positions).**
- **Establish baseline data on number of FLSs currently credentialed on July 1, 2024.**

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**

 Press here to [Browse](#)

**Measure:** WF.02.3

**Measure Description:** Report the percentages of FLSs who are credentialed and/or enrolled in the NADSP eBadge program for FLS.

**Applicable Tier(s):** Primary, Select, and Clinically Enhanced

**Process Details to Measure:** Primary, Select, and Clinically Enhanced Providers to complete Department developed Provider Data Submission Tool to include total number of FLSs employed/FLSs who are credentialed and/or enrolled in credentialing program. Data will be compared with reports from NADSP.

\* **Question 6P.**



**WF.02.3 Report the number of FLSs who are credentialed and/or enrolled in the NADSP eBadge program for FLSs as of July 1, 2024.**

Enter total employed in the first column and total contracted in the second column.

Enter "0" where applicable.

	<u>Total # of FLSs Employed</u>	<u>Total # of FLSs Contracted</u>
Enter in the total number of <b>FLSs</b> in the residential program:	<input type="text"/>	<input type="text"/>
Enter in the total number of <b>FLSs</b> in the residential program who are <u>enrolled</u> in the NADSP eBadge for FLSs credentialing program:	<input type="text"/>	<input type="text"/>
Enter the total number of <b>FLSs</b> in the residential program who are <u>credentialed</u> in the NADSP eBadge for FLSs credentialing program:	<input type="text"/>	<input type="text"/>

**Measure:** WF.03.1

**Measure Description:** Report FLS and DSP voluntary and involuntary turnover rate.

**Applicable Tier(s):** Primary, Select and Clinically Enhanced

**Process Details for Measure:** Primary, Select, and Clinically Enhanced providers to complete Department developed annual Provider Data Submission Tool to include total number of FLSs and DSPs who have ceased employment with that provider agency within the last 12 months.

**Note:** ODP uses the same operational definition of "turnover" as included in the NCI State of the Workforce Survey (i.e. - [Total separated DSPs/FLSs in past year] divided by [Total DSPs/FLSs on payroll] as of December 31, 20XX.)

\* **Question 7P.**



**WF.03.1 Report the total number of DSPs and FLSs who voluntarily or involuntarily left employment with your agency in calendar year 2024 (CY2024).**

Enter "0" where applicable.

**Total # Left Employment**

Report the total number of **DSPs** who *voluntarily* left employment with your agency in CY2024:

Report the total number of **FLSs** who *voluntarily* left employment with your agency in CY2024:

Report the total number of **DSPs** who *involuntarily* left employment with your agency in CY2024:

Report the total number of **FLSs** who *involuntarily* left employment with your agency in CY2024:

Report the total number of **DSPs and FLSs** who were on your agency's payroll as of December 31, 2024:

**Measure:** WF.03.2

**Measure Description:** Report percentage of contracted staff in DSP and FLS positions

**Applicable Tier(s):** Primary, Select, and Clinically Enhanced

**Process Details for Measure:** Primary, Select, and Clinically Enhanced Providers to complete Department developed annual Provider Data

Submission Tool to include total number of contracted staff filling FLS and DSP positions.

**\* Question 8P.**



**WF.03.2 Provide the total number of contracted staff filling FLS and DSP positions.**

Enter "0" where applicable.

Note on calculating Full-Time Equivalent (FTE): Full-Time Equivalent (FTE) equals the sum of the total hours worked per week divided by 40. An employee working 30 hours/week equals 0.75 FTE (=30 hrs/40 full-time hours). An agency with 35 full-time employees and 10 part-time employees should add their total hours worked per week and divide by 40.

	Total # <u>Employed</u>	Total # <u>Contracted</u>
Report the total number of contracted staff filling <b>DSP positions</b> at your agency as of December 31, 2024:	<input type="text"/>	<input type="text"/>
Report the total number of contracted staff filling <b>FLS positions</b> at your agency as of December 31, 2024:	<input type="text"/>	<input type="text"/>

**Measure:** WF.04.1

**Measure Description:** Submission of current policy that addresses DEI in provider's workforce

**Applicable Tier(s):** Primary, Select and Clinically Enhanced

**Process Details for Measure:** Primary, Select and Clinically Enhanced Providers will submit agency policy to demonstrate commitment to enhance diversity, equity, and inclusion (DEI).

**\* Question 9P.**



**WF.04.1 Submit your agency's current policy that addresses diversity, equity, and inclusion (DEI) in your workforce.**

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**

Press here to [Browse](#)

## Performance Area: Supporting Individuals with Complex Needs (Clinical)

**Measure:** CN-C.02.1

**Measure Description:** Provide current description of established professional relationships to support individuals served (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)

**Applicable Tier(s):** Primary, Select, and Clinically Enhanced

**Process Details for Measure:** Via Provider Data Submission Tool, providers will report information relating to any professional relationships the provider agency maintains in order to support individuals with medical and behavioral health needs.

\* **Question 10P.**



**CN-C.02.1 Please describe the professional relationships your agency maintains in order to support individuals with medical and behavioral needs.**

## Performance Area: Supporting Individuals with Complex Needs (Dual Diagnosis/Behavioral)

**Measure:** CN-DD/Bx.02.1

**Measure Description:** Primary, Select and Clinically Enhanced: 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.

For the review period of 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

**Applicable Tier(s):** Primary, Select and Clinically Enhanced

**Process Details for Measure:** For calendar year 2024 this is a reporting measure only. Via Provider Data Submission Tool 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.

\* Question 11P.



CN-DD/Bx.02.1 Submit the number of individuals served by your agency who have had a restrictive procedure plan written and in use at any time in calendar year 2024.

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\* Question 12P.



CN-DD/Bx.02.1 Submit the number of individuals who have had a restrictive procedure plan written and in use that have been evaluated in calendar year 2024 by a professional as delineated in the measure.

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**Measure:** CN-DD/Bx.03.1

**Measure Description:** Primary, Select and Clinically Enhanced: Provide description of agency capabilities for de-escalation and how provider anticipates and responds to a crisis for individuals. Include the following:

- Description of support/resources for DSPs and FLSs for crisis situations.
- Curriculum-based crisis response training used by the agency.
- Procedure for debriefing with staff and individuals after engagement in physical restraint.

**Applicable Tier(s):** Primary, Select and Clinically Enhanced

**Process Details for Measure:** Via Provider Data Submission Tool 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.

**\* Question 13P.**




**CN-DD/Bx.03.1 Submit the following for your agency:**

- 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.**

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**

File 0 of 1

Max file size: 50.0 MB

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**Performance Area: Employment - rate of competitive integrated employment (CIE) for working age individuals**

**Measure:** EMP.01.1

**Measure Description:** Demonstrate tracking of CIE and percentage of working age individuals (18-64) with CIE

**Applicable Tier(s):** Primary, Select, and Clinically Enhanced

**Process Details for Measure:** Via Provider Data Submission Tool, residential providers will demonstrate tracking of CIE and individuals with CIE by reporting the number of working age individuals (18-64) with CIE being supported through waiver funded residential services for each calendar year.

Providers must also annually submit a written description of the process for tracking employment outcomes through the year, and a written description of the process for communicating with Supports Coordinators about any changes in the employment status of any individual receiving residential services.

**\* Question 14P.**



**EMP.01.1 For your organization, enter the number of working age individuals (18-64) in your residential program for CY2024.**

**\* Question 15P.**



**EMP.01.1 For your organization, enter the number of working age individuals (18-64) with CIE being supported through waiver funded residential services for CY2024.**

**\* Question 16P.**




**EMP.01.1 Submit a written description of your organization's process for tracking employment outcomes throughout the year.**

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**

File 0 of 1

Max file size: 50.0 MB

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**\* Question 17P.**




**EMP.01.1 Submit a written description of your organization's process for communicating with Supports Coordinators about any changes in the employment status of any individual receiving residential services.**

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**

File 0 of 1

Max file size: 50.0 MB

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**Measure:** EMP.01.2

**Measure Description:** Plan for Improvement of CIE

**Applicable Tier(s):** Primary, Select, and Clinically Enhanced

**Process Details for Measure:** Via Provider Data Submission Tool, residential providers will annually report on their plan for improving CIE. Plans must include the following elements at a minimum:

- Action items and/or measurable targets for improving CIE,
- Responsible person(s),
- Goal date for achieving each target/action item,
- Progress made toward achieving each target/action item when applicable,
- Describe the structure/communication plan with the individual's Supports Coordinator to ensure employment information is up to date and accurate, and
- Completion date when applicable.

**\* Question 18P.**



**EMP.01.2 Submit your organization's plan for improving competitive integrated employment (CIE). The plan must include at minimum:**

- **Action items and/or measurable targets for improving CIE**
- **Responsible person(s)**
- **Goal data for achieving each target/action item**
- **Progress made toward achieving each target/action item when applicable**
- **Description of structure/communication plan with the individual's SC to ensure employment information is up to date and accurate**
- **Completion date if applicable**
- **Additional information regarding your organization's plan for improving CIE.**

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**

File 0 of 1

Max file size: 50.0 MB



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## Performance Area: Use of Remote Technology

**Measure:** RST.01.1

**Measure Description:** Report types of remote support technology in use

**Applicable Tier(s):** Primary, Select, and Clinically Enhanced

**Process Details for Measure:** Report the type(s) of remote supports technology used by the residential agency in the previous calendar year by selecting from the following list. Include only technology that alerts off-site staff as part of a remote support system

\* **Question 19P.**



**RST.01.1 Does your agency provide remote support technology?**

Yes

No

\* **Question 20P.**



**RST.01.1 If YES, report the type(s) of remote supports technology used by the residential agency during CY2024 by selecting from the following list. Include only technology that alerts off-site staff as part of a remote support system.**

**Providers should select all that apply.**

- Two-way real-time audio video communication devices
- Audio only, no video communication devices
- Sensors (ex. doorways and windows, kitchen devices, pressure, motion)
- Wearable technology (ex. Smart watch, glucose monitor)
- Medication dispensers
- A main hub connecting remote supports technology
- The use of software designed to provide remote support services

- Audio-video devices that record service delivery
- Devices for controlling the residential environment (ex. lights, temperature, window blinds, door locks)
- Contract with an outside vendor to provide remote supports services for both technology and monitoring
- Contract with an outside vendor to provide remote supports services for technology only, agency staff used for monitoring
- Contract with an outside vendor to provide remote supports services for monitoring only, agency installs and maintains technology

**Measure:** RST.01.2

**Measure Description:** Report number and percentage of individuals using remote support technology

**Applicable Tier(s):** Primary, Select, and Clinically Enhanced

**Process Details for Measure:** To establish baseline data, report the total number of individuals that used remote supports within the previous calendar year.

\* **Question 21P.**



**RST.01.2 Submit the total number of individuals that used remote supports within CY2024.**

**Measure:** RST.01.3

**Measure Description:** Report estimated direct care hours that are being redirected with use of technology

**Applicable Tier(s):** Primary, Select, and Clinically Enhanced

**Process Details to Measure:** Report estimated direct care hours that would have been provided if remote supports were not used as part of residential services. To calculate, providers should review all individuals receiving Remote Supports in residential services and determine the number of hours of RS they received in the previous calendar year. From the total hours of remote supports

rendered, subtract the total number of direct care hours that would have been delivered by a DSP. (Example: An agency implemented remote supports services for three people beginning in July. After assessment, team planning, device selection, and trialing between February through June, remote supports were developed as an outcome in the persons ISP to provide support during 11pm to 6am each night. Prior to July, a DSP was present during that time. To estimate the time, calculate 7 hours [11pm-6am] x 7 days [1 week] x 26 weeks [July 1 – December 31] = 1,274 hours redirected.)

\* **Question 22P.**



**RST.01.3 Submit estimated total direct care hours at your agency that are being redirected with use of technology during CY2024.**

**Measure:** RST.01.4

**Measure Description:** Report if the provider has savings as a result of the use of remote supports and include how the agency is using these value-based savings to invest in the organization including improvements to workforce, service delivery, etc.

**Applicable Tier(s):** Primary, Select, and Clinically Enhanced

**Process Details for Measure:** Direct Support Professionals and Frontline Supervisors are a primary cost driver of residential rates. When remote supports are utilized in residential services, ODP allows providers to bill at the established residential rate. Please report if there are cost savings, how are you using these value-based savings to invest in your organization resulting in improvements to workforce, service delivery, etc.

\* Question 23P.



**RST.01.4** If there are financial savings, how is your agency using these value-based savings to invest in your organization resulting in improvements to workforce, service deliver, etc.?

**Measure:** RST.01.5

**Measure Description:** Report number of employees and/or contracted entities that have Assistive Technology Professional certificates from Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) or Enabling Technology Integration Specialist (SHIFT) certifications

**Applicable Tier(s):** Primary, Select, and Clinically Enhanced

**Process Details for Measure:** Report number of employees and/or contracted entities that have Assistive Technology Professional certificates from Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) or Enabling Technology Integration Specialist (SHIFT) certifications:  
Assistive Technology Professional (ATP) / RESNA:  
Enabling Technology Integration Specialist (ETIS) / SHIFT:

\* Question 24P.



**RST.01.5** Submit number of employees and/or contracted entities that have Assistive Technology Professional certificates from Rehabilitation Engineering and Assistive Technology Society of North America or Enabling Technology Integration Specialist (SHIFT) certifications.

Enter "0" where applicable.

Total # of Employees

Total # of Contracted Entities

Assistive Technology Professional (ATP)/RESNA:

--	--

Enabling Technology Integration Specialist (ETIS)/SHIFT:

--	--

## Performance Area: Quality

**Measure:** QI.01.1

**Measure Description:** Description of how the provider coordinates wellness activities including use of HRS data for residential program participants.

**Applicable Tier(s):** Primary

**Process Details for Measure:** Provider will describe the process by which wellness activities are coordinated for individuals. Provider will include a description of wellness activities that simultaneously support inclusion. This description will include the use of HRST data in determining and executing wellness activities for residential program participants.

\* **Question 25P.**



**QI.01.1 Describe your organization's process of using Health Risk Screening Tool (HRST) data to coordinate wellness activities for the individuals you serve. Include examples of HRST data used and ways your organization determined the activities based on the HRST data. Include in the description the extent to which the wellness activities supported by the provider promote community inclusion (e.g. individuals belong to a local gym, take healthy cooking classes with non-disabled peers, participate in activities, clubs or teams with non-disabled peers).**



**Measure:** QI.02.1

**Measure Description:** Report number of staff that have ODP QM certification; include number in leadership

**Applicable Tier(s):** Primary, Select, and Clinically Enhanced

**Process Details for Measure:** Via Provider Data Submission Tool, 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 after the tier determination period to reconcile the discrepancy.

**\* Question 26P.**



**QI.02.1 Enter the total number of staff at your organization that have current ODP Quality Management (QM) Certification as of February 1, 2025.**

	Total #
Total number of <b>staff</b> with <u>current ODP QM Certification</u> :	<input type="text"/>
Total number of <b>staff in a leadership role</b> with <u>current ODP QM Certification</u> :	<input type="text"/>

**\* Question 27P.**



**QI.02.1 Enter the first and last names and titles for all individuals in your organization that have current ODP Quality Management (QM) Certification as of February 1, 2025 and indicate where applicable if the person is in a leadership role.**

Select the "Not Applicable (N/A)" button in instances where your organization does not have any additional individuals to add.

	First and Last Name	Title	Leadership Role (Y/N)	Not Applicable (N/A)
Individual 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>

Individual 2:				<input type="radio"/>
Individual 3:				<input type="radio"/>
Individual 4:				<input type="radio"/>
Individual 5:				<input type="radio"/>
Individual 6:				<input type="radio"/>
Individual 7:				<input type="radio"/>
Individual 8:				<input type="radio"/>
Individual 9:				<input type="radio"/>
Individual 10:				<input type="radio"/>

**\* Does your agency have more than 10 staff that have current, ODP QM Certification as of February 1, 2025?**



- Yes
- No

**\* Question 27P-2.**



**QI.02.1 Enter the first and last names and titles for all individuals in your organization that have current ODP Quality Management (QM) Certification as of February 1, 2025 and indicate where applicable if the person is in a leadership role.**

Select the "Not Applicable (N/A)" button in instances where your organization does not have any additional individuals to add.

	First and Last Name	Title	Leadership Role (Y/N)	Not Applicable (N/A)
Individual 11:				<input type="radio"/>
Individual 12:				<input type="radio"/>
Individual 13:				<input type="radio"/>
Individual 14:				<input type="radio"/>

Individual 15:				<input type="radio"/>
Individual 16:				<input type="radio"/>
Individual 17:				<input type="radio"/>
Individual 18:				<input type="radio"/>
Individual 19:				<input type="radio"/>
Individual 20:				<input type="radio"/>

**Measure:** QI.02.2

**Measure Description:** Provide a description of how data is utilized to monitor progress towards QM plan goals.

**Applicable Tier(s):** Primary, Select, and Clinically Enhanced

**Process Details for Measure:** Via Provider Data Submission Tool, 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.

**\* Question 28P.**



**QI.02.2 Submit your organization's process or policy regarding how data is utilized to monitor progress towards QM plan goals within your organization.**

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**


Press here to [Browse](#)**Measure:** QI.02.3**Measure Description:** Provide a description of how person-centered performance data is utilized to develop the QM plan and its action plan**Applicable Tier(s):** Primary, Select, and Clinically Enhanced**Process Details for Measure:** Via Provider Data Submission Tool, residential providers will annually provide a written detailed description of how data is utilized to develop 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.**\* Question 29P.****Does the process or policy submitted above in QI.02.2 include how data is utilized to develop QM plan goals?** Yes No**\* Question 30P.**

**QI.02.3 Submit your organization's process or policy regarding how data is utilized to develop QM plan goals within your organization.**

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**

File 0 of 1

Max file size: 50.0 MB

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**Measure:** QI.03.1

**Measure Description:** Submission of policies, procedures, and activities supporting family engagement

**Applicable Tier(s):** Primary, Select, and Clinically Enhanced

**Process Details for Measure:** Via Provider Data Submission Tool, provider will report on and submit policies, procedures, and activities supporting family engagement. At a minimum, include a description of the provider's approach to the designation of persons by the individual for purposes of decision-making, rights, notification for incident management and individual planning. Additionally, include provider activities to facilitate the involvement of the individual's relatives and friends in the individual's life (except in situations in which the individual indicates otherwise).

\* **Question 31P.**



**QI.03.1 Submit your organization's current policies and procedures related to how your organization engages with the families of the individuals that you support.**

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**

Press here to [Browse](#)**\* Question 32P.**

**QI.03.1 Provide a description or list of activities your organization has implemented or will be implementing supporting family engagement for the individuals that you support. At a minimum, include a description of the provider's approach to the designation of persons by the individual for purposes of decision-making rights, notification for incident management and individual planning. Additionally, include provider activities to facilitate the involvement of the individual's relatives and friends in the individual's life (except in situations in which the individual indicates otherwise).**

**Performance Area: Administration****Measure:** ADM.01.1**Measure Description:** Attest to and submit documentation supporting attestation regarding the required elements to meet the standards:

- Successful passage of a fiscal readiness review.
- Submission of current financial statements (audited if available).

- Disclosure of the following:
  - Conflict of interest policy and associated documentation
  - Any history and status of criminal convictions of officers and owners
  - Licensing status in Pennsylvania for non-ODP licensed residential settings
  - Any history of license revocation, nonrenewal, enforcement action in other states in which the residential provider, and corporate affiliates, render services to individuals with intellectual and developmental disabilities, if applicable. This applies to any MPI operated by the provider or the provider's corporate affiliates.

**Applicable Tier(s):** Primary, Select, and Clinically Enhanced

**Process Details for Measure:** Via Provider Data Submission Tool:

- Provider submission of current financial statements (audited if available)
- Provider completion of the following sections of the Provider Data Submission Tool:
  - Financial
  - Conflict of interest disclosure,
  - Criminal conviction disclosure,
  - Licensing and regulatory status disclosure

Provider submission of attestation to factual representation of financial documentation, conflict of interest, criminal backgrounds and licensing and regulatory status disclosures. Through the contract period ending June 30, 2026 fiscal readiness will be demonstrated by submitting the most recent financial statement (audited if available). If a provider does not have a current financial statement, provider must submit Profit/Loss and Balance Sheets.

**Note:** Legal entities and their corporate affiliates with a continued or repeated history of license revocations or non-renewals in one or more states that are not enrolled to provide ODP residential services by December 31, 2024, will not be eligible for rendering ODP residential services.

\* Question 33P.



**ADM.01.1 Did your agency submit financial statements to ODP within the past 12 months?**

Yes

No

**\* Question 34P.**



**If Yes, select the date the financial statements were submitted.**

Jan    ▾    06    ▾    2025    ▾

**\* Question 35P.**




**ADM.01.1 If your agency had a financial audit completed within the past 18 months, submit copies of this audit. If your agency did not have an audit completed, submit current financial statements (at minimum profit/loss statements and balance sheets) reflective of your most recently completed fiscal year.**

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**

File 0 of 1

Max file size: 50.0 MB

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**\* Question 36P.**



**ADM.01.1 Was your organization's conflict of interest policy violated during the review period?**

Yes

No



**\* Question 37P.**



**ADM.01.1 Indicate how your organization's conflict of interest policy has been violated during the review period including actions taken by the organization.**

**\* Question 38P.**



**ADM.01.1 Did any of the officers/owners within your organization have any criminal convictions?**

Yes

No

**\* Question 39P.**



**ADM.01.1 Identify the first and last names of any officers and owners within your organization that have had any criminal convictions. Include when the instance occurred and the status of the instance.**

Select the "Not Applicable (N/A)" button in instances where your organization does not have any additional officers/owners to add.

	First and Last Name of Officer/Owner	Position Title of Officer/Owner	Date of when instance occurred	Status of instance	Not Applicable (N/A)
Officer/Owner 1:					<input type="radio"/>
Officer/Owner 2:					<input type="radio"/>

**\* Question 39P-2.**



**ADM.01.1 If you have more than 2 officers/owners that have had any criminal convictions, enter the following information in the space below:**

- **First and last name of officer/owner**
- **Position Title**
- **Date when the instance occurred**
- **Status of instance.**

**Enter one individual officer/owner per line.**

**If you do not have any additional officers/owners to add, enter "N/A."**

**\* Question 40P.**



**ADM.01.1 List the current licenses and licensing status of all Pennsylvania, non-ODP licensed residential settings your organization currently possesses.**

- **Identify and list 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. This applies to any MPI operated by the provider or the provider's corporate affiliates.**

Select the "Not Applicable (N/A)" button in instances where your organization does not have any additional licenses to add.

	License Type	Licensing Status	Not Applicable (N/A)
License 1:	<input type="text"/>	<input type="text"/>	<input type="radio"/>
License 2:	<input type="text"/>	<input type="text"/>	<input type="radio"/>
License 3:	<input type="text"/>	<input type="text"/>	<input type="radio"/>



**\* Question 40P-2.**

**ADM.01.1 If you have more than 3 Pennsylvania, non-ODP licenses, enter the following information in the space below.**

- **License Type**
- **Licensing Status**

**Enter one non-ODP license per line.**

**If you do not have any additional non-ODP licenses to add, enter "N/A."**

PBC Residential Provider Data Submission Tool - Primary Tier



Pennsylvania

# Department of Human Services

Office of Developmental Programs

## Residential Provider Performance-Based Contracting Data Submission Tool: Select - January 2025

### Introduction

As part of the Office of Developmental Programs (ODP) Performance-Based Contracting for Residential services, this Residential Provider Data Submission Tool was created as a mechanism for providers of Residential Habilitation, Supported Living and Life Sharing services to respond and submit documentation related to their organization's performance.

For each contract period, ODP will assign each provider to a tier based on the provider's performance. There are four tier assignments:

- Conditional - Providers operating under provisional or revoked licenses.
- Primary - Providers that meet current standards and a few additional standards.
- Select - Providers that deliver at least two of the three residential services in the performance-based contracting model and meet the established enhanced measures.
- Clinically Enhanced - Providers that offer clinically enhanced medical or behavioral supports and meet the established enhanced measures

### Tool Completion Instructions:

1. Providers will submit one Residential Provider Data Submission Tool for their entire organization. There shall be only one submission per Master Provider Index (MPI) number.

2. Providers must provide information and data for their organization based on the calendar year 2024 review period, unless otherwise noted.
3. After completing the two demographic information questions, the provider must select the tier level for which they wish to apply for the contract period. Based on this response, the applicable questions for the selected tier level will be shown. At the time of application, providers operating under provisional or revoked licenses will enter the contract period in the Conditional tier. Conditional providers that anticipate returning to regular licensing status during the contract period should apply for the tier for which they intend to qualify upon return to regular licensing status.
4. All responses for the Residential Provider Data Submission Tool will be captured electronically in QuestionPro.
5. All questions are mandatory and must be answered to move to the next page. Providers should review all responses entered on the screen before moving forward. If a question is missed, QuestionPro will identify the unanswered questions and a validation error will occur.
6. All questions that are applicable to the tier selected are included and shown in the PDF document of the Residential Provider Data Submission Tool. In QuestionPro, logic has been built in and depending on responses to a question, some questions may not show on the screen.
7. When navigating through the tool, it is advised to use only the tab button on your keyboard or your mouse to click new areas. Attempting to navigate from section to section using the up/down/left/right arrows either does not work or if you have entered a numerical response, it may increase or decrease the number entered.
8. Providers cannot move around or answer questions out of order. All questions must be answered in the order prescribed.
9. Providers should set aside time for completing the Residential Provider Data Submission Tool. Given the number of responses being captured, it is strongly recommended that at least **two (2)** hours are dedicated to complete the Residential Provider Data Submission Tool in its entirety.
10. After 15 minutes of inactivity, the Residential Provider Data Submission Tool will close. If this happens, information may not save and providers will have to re-enter their responses.
11. A back button is enabled and can be used to review previous responses.

- If used one time, it will go back 1 page and all the information on previous page will be shown; however, any uploaded documents will be deleted and the provider will have to upload the document again to respond to the question. Questions on the current page, when selecting back, will NOT be saved.
  - If the back button is selected more than once, it will result in the deletion of data and uploaded documents on any page the back button is used on.
12. The internet browser “back” button should not be used, if changes need to be made to the previous page of questions, the QuestionPro back button should be used. The internet “back” button will result in QuestionPro skipping pages when selecting “Next” if it is used more than once.
  13. The “Save & Continue Later” option will save all entered data on the current page. When selected, a warning pop-up box will appear. There is no opportunity to return to any missed/unanswered questions if this option is used. There will be a validation error message if required questions are not answered.
  14. After a response is given to the warning pop-up box, an email address will be requested and is required. This email address is unique to the provider’s response and will be directly sent to the email address entered.
  15. For open-ended text questions, the character limit is 65k characters or 9.6k words.
  16. If a provider is uploading any documentation for their organization, it must be in the formats (extensions) listed below. Please note that the maximum file size limit per individual file is 50 MB. Only one file should be uploaded per documentation upload question. A listing that meets the criteria is sufficient, do not load individual files. When submitting an uploaded document, please highlight or identify the area of the document that pertains to the measure.
  17. File names must include the provider's MPI number and the measure to which the documentation relates, e.g., 123456789-WF02.2.
    - .txt
    - .doc
    - .docx
    - .xls

- .xlsx
- .ppt
- .pptx
- .pdf

18. ODP strongly encourages providers to utilize the applicable Residential Data Submission tool PDF to prepare responses and to have the documents that they plan to upload readily available as they are working to submit the tool. This will save time.
19. A response to the Residential Provider Data Submission Tool is not complete until the "Submit" button is pressed at the end. When the entry is submitted, a printable copy of the response will show on the screen. ODP highly recommends that providers print a copy of their agency submission for their records.
20. ODP will utilize the last version submitted by an agency to make a determination on tier assignment.
21. For measures that require information about individuals served, the provider must report and submit information for individuals receiving Residential Habilitation, Life Sharing, or Supported Living through the Consolidated and Community Living Waivers.
22. Any inquiries regarding the Residential Provider Data Submission Tool content or questions must be sent to the ODP Performance-Based Contracting resource account at RA-PWODPPBC@pa.gov.

Please start the Residential Provider Data Submission Tool now by clicking on the "**Next**" button below.

## Demographic Information

\* **Provider Legal Entity Name.**



Begin to enter in your agency's legal entity name and select the correct agency from the drop-down list.



\* Enter your agency's nine digit Master Provider Index (MPI) Number. 

Nine digit number

**Contact information for person completing and submitting the Data Submission Tool.** 

\* Contact First Name

\* Contact Last Name


\* Contact Telephone Number

\* Contact Email Address

\* Upload a copy of your agency's completed **ODP Residential Performance-Based Contracting Attestation Form.** 

File 0 of 1

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\* Which Performance-Based Contracting (PBC) tier is your agency applying for? 

Select

**Performance Area: Continuum of Services**



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**Measure:** CoS.02

**Measure Description:** Report on the number of individuals with a successful transition from Residential Habilitation to Life Sharing and Supported Living provided by the provider.

**Applicable Tier(s):** Primary, Select and Clinically Enhanced

**Process Details for Measure:** Via Provider Data Submission Tool, provider will respond to questions related to number of individuals transitioned. The provider must report on the number of individuals who received Residential Habilitation through the Consolidated or Community Living Waiver in a licensed home serving 4 or fewer people and transitioned to a Life Sharing or Supported Living service rendered by the same provider.

ODP will validate through use of authorization data, claim data and provider submitted Transition to Independent Living Request Forms to determine if the residential provider has supported individuals to transition from residential habilitation to life sharing or supported living during the review period which at initial contracting or renewal will be looking back at the prior calendar year.

\* **Question 1S.**



**CoS.02 Enter the number of individuals that were successfully transitioned from Residential Habilitation to Life Sharing within your agency during the review period (calendar year 2024).**

\* **Question 2S.**



**CoS.02 Enter the number of individuals that were successfully transitioned from Residential Habilitation to Supported Living within your agency during the review period (calendar year 2024).**

**Performance Area: Workforce**

**Measure:** WF.01.3

**Measure Description:** For Primary and **Select** - Report the percentage of DSPs who are credentialed and/or enrolled in the NADSP eBadge program.

For Clinically Enhanced only - Report the percentage of DSPs who are credentialed and/or enrolled in the NADSP eBadge or NADD program.

**Applicable Tiers(s):** Primary, Select, and Clinically Enhanced

**Process Details to Measure:** Primary, Select, and Clinically Enhanced Providers to complete Department developed Provider Data Submission Tool to include total number of DSPs employed/DSPs who are credentialed and enrolled in credentialing program.

Data will be compared with reports from NADSP and NADD.

\* **Question 3S.**



**WF.01.3 Report the number of DSPs who are credentialed and/or enrolled in the NADSP eBadge program as of July 1, 2024.**

Enter total employed in the first column and total contracted in the second column.

Enter "0" where applicable.

	Total # of DSPs <u>Employed</u>	Total # of DSPs <u>Contracted</u>
Enter in the total number of <b>DSPs</b> in the residential program:	<input type="text"/>	<input type="text"/>
Enter in the total number of <b>DSPs</b> in the residential program who are <i>enrolled</i> in the NADSP eBadge credentialing program:	<input type="text"/>	<input type="text"/>
Enter the total number of <b>DSPs</b> in the residential program who are <i>credentialed</i> in the NADSP eBadge credentialing program:	<input type="text"/>	<input type="text"/>

**Measure:** WF.02.3

**Measure Description:** Report the percentages of FLSs who are credentialed and/or enrolled in the NADSP eBadge program for FLS.

**Applicable Tier(s):** Primary, Select, and Clinically Enhanced

**Process Details to Measure:** Primary, Select, and Clinically Enhanced Providers to complete Department developed Provider Data Submission Tool to include total number of FLSs employed/FLSs who are credentialed and/or enrolled in

credentialing program. Data will be compared with reports from NADSP.

\* **Question 4S.**



**WF.02.3 Report the number of FLSs who are credentialed and/or enrolled in the NADSP eBadge program for FLSs as of July 1, 2024.**

Enter total employed in the first column and total contracted in the second column.

Enter "0" where applicable.

	Total # of FLSs <u>Employed</u>	Total # of FLSs <u>Contracted</u>
Enter in the total number of <b>FLSs</b> in the residential program:	<input type="text"/>	<input type="text"/>
Enter in the total number of <b>FLSs</b> in the residential program who are <i>enrolled</i> in the NADSP eBadge for FLSs credentialing program:	<input type="text"/>	<input type="text"/>
Enter the total number of <b>FLSs</b> in the residential program who are <i>credentialed</i> in the NADSP eBadge for FLSs credentialing program:	<input type="text"/>	<input type="text"/>

**Measure:** WF.03.1

**Measure Description:** Report FLS and DSP voluntary and involuntary turnover rate.

**Applicable Tier(s):** Primary, Select and Clinically Enhanced

**Process Details for Measure:** Primary, Select, and Clinically Enhanced providers to complete Department developed annual Provider Data Submission Tool to include total number of FLSs and DSPs who have ceased employment with that provider agency within the last 12 months.

**Note:** ODP uses the same operational definition of "turnover" as included in the NCI State of the Workforce Survey (i.e. - [Total separated DSPs/FLSs in past year] divided by [Total DSPs/FLSs on payroll] as of December 31, 20XX.)

\* **Question 5S.**



**WF.03.1 Report the total number of DSPs and FLSs who voluntarily or involuntarily left employment with your agency in calendar year 2024 (CY2024).**

Enter "0" where applicable.

Total # Left Employment

Report the total number of **DSPs** who *voluntarily* left employment with your agency in CY2024:

Report the total number of **FLSs** who *voluntarily* left employment with your agency in CY2024:

Report the total number of **DSPs** who *involuntarily* left employment with your agency in CY2024:

Report the total number of **FLSs** who *involuntarily* left employment with your agency in CY2024:

Report the total number of **DSPs and FLSs** who were on your agency's payroll as of December 31, 2024:

**Measure:** WF.03.2

**Measure Description:** Report percentage of contracted staff in DSP and FLS positions

**Applicable Tier(s):** Primary, Select, and Clinically Enhanced

**Process Details for Measure:** Primary, Select, and Clinically Enhanced Providers to complete Department developed annual Provider Data Submission Tool to include total number of contracted staff filling FLS and DSP positions.

\* **Question 6S.**



**WF.03.2 Provide the total number of contracted staff filling FLS and DSP positions.**

Enter "0" where applicable.

Note on calculating Full-Time Equivalent (FTE): Full-Time Equivalent (FTE) equals the sum of the total hours worked per week divided by 40. An employee working 30 hours/week equals 0.75 FTE (=30 hrs/40 full-time hours). An agency with 35 full-time employees and 10 part-time employees should add their total hours worked per week and divide by 45.

**Total # Employed**

**Total # Contracted**

Report the total number of contracted staff filling **DSP positions** at your agency as of December 31, 2024:

Report the total number of contracted staff filling **FLS positions** at your agency as of December 31, 2024:

**Measure:** WF.03.3

**Measure Description:** Participate in National Core Indicators® NCI State of the Workforce Survey and release provider NCI data to ODP to validate turnover

and other workforce data

**Applicable Tier(s):** Select and Clinically Enhanced

**Process Details for Measure:** Via the annual NCI Staff Stability Survey, Select and Clinically Enhanced Providers will submit agency specific NCI State of the Workforce data.

\* **Question 7S.**



**WF.03.3 Did your agency participate in the 2024 National Core Indicators® NCI State of the Workforce Survey?**

Yes

No

\* **Question 8S.**




**WF.03.3 If YES, upload your agency's file from NCI.**

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**

File 0 of 1

Max file size: 50.0 MB

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**Measure:** WF.04.1

**Measure Description:** Submission of current policy that addresses DEI in provider's workforce

**Applicable Tier(s):** Primary, Select and Clinically Enhanced

**Process Details for Measure:** Primary, Select and Clinically Enhanced Providers

will submit agency policy to demonstrate commitment to enhance diversity, equity, and inclusion (DEI).

\* Question 9S.




**WF.04.1 Submit your agency's current policy that addresses diversity, equity, and inclusion (DEI) in your workforce.**

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**

File 0 of 1

Max file size: 50.0 MB

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**Measure:** WF.04.3

**Measure Description:** Submit documentation that agency has a committee of staff focused on DEI

**Applicable Tier(s):** Select and Clinically Enhanced

**Process Details for Measure:** Select and Clinically Enhanced Providers to complete a department developed Provider Data Submission Tool identifying committee focused on DEI made up of management staff, DSPs, and individuals supported. Include committee member names, their roles in your agency and meeting frequency.

\* Question 10S.




**WF.04.3 Submit documentation of your existing committee focused on diversity, equity, and inclusion (DEI) and include committee member names, their roles in your agency and meeting frequency. This committee is to be made up of management staff, DSPs, and individuals supported.**

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**

File 0 of 1

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**Measure:** WF.04.4

**Measure Description:** Submit documentation that training for staff is relevant to the employee's own culture and language.

**Applicable Tier(s):** Select and Clinically Enhanced

**Process Details for Measure:** Select and Clinically Enhanced Providers to complete a department developed Provider Data Submission Tool outlining staff training plan on DEI.

\* **Question 11S.**



**WF.04.4 Submit documentation demonstrating that your agency's training is tailored to the employee's culture and language.**

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**

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## Performance Area: Supporting Individuals with Complex Needs (Clinical)

**Measure:** CN-C.01.1

**Measure Description:** Report current ratio of licensed/credentialed full-time equivalents to number of individuals served to demonstrate size of agency multidisciplinary 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.

**Applicable Tier(s):** Select and Clinically Enhanced

**Process Details for Measure:** Via Provider Data Submission Tool, providers will report names and license/credential information of all licensed/credentialed clinical staff, whether employed directly or engaged through contractual arrangements, 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.

Accepted behavioral/mental health professionals are Licensed Psychiatrist, Psychologists, Professional Counselor (LPC) and Behavior Specialist; BCBA, BCaBA, NADD-Clinical Certification, NADD Dual Diagnosis Specialist, Certified Peer Specialist, LCSW, Registered Behavioral Technician (RBT), and Behavior Support Professional that meets ODP waiver qualification requirements.

**Note:** Provider submitted documentation of evidence or description of use of targeted resources as of January 1, 2025.



\* Question 12S.



CN-C.01.1 Provide number of individuals in residential program(s) as of January 1, 2025.

\* Question 13S.



CN-C.01.1 Enter the total number of hours worked by clinical employees for the week that contains January 1, 2025.

\* Question 14S.



CN-C.01.1 Enter the total number of clinical employees on payroll for the week that contains January 1, 2025.

\* Question 15S.




CN-C.01.1 Submit documentation of all licensed/credentialed clinical staff employed by the provider agency as of January 1, 2025. Documentation must include first and last names, license type and number and expiration date where applicable.

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**

File 0 of 1

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\* Question 16S.



**CN-C.01.1 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.**

**Measure:** CN-C.01.3

**Measure Description:** Provide a plan for 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

**Applicable Tier(s):** Select and Clinically Enhanced

**Process Details for Measure:** 1. Via attestation form, providers will submit attestation of agency tracking and use of HRST data as indicated in the measure. 2. Via Provider Data Submission Tool, providers 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.

\* Question 17S.



**CN-C.01.3 Submit your agency's plan for the use of data from the Health Risk Screening Tool (HRST); measure interruption in daily activity because of illness ("clinical issues") to improve health outcomes.**

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**

Press here to [Browse](#)**Measure:** CN-C.02.1

**Measure Description:** Provide current description of established professional relationships to support individuals served (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)

**Applicable Tier(s):** Primary, Select, and Clinically Enhanced

**Process Details for Measure:** Via Provider Data Submission Tool, providers will report information relating to any professional relationships the provider agency maintains in order to support individuals with medical and behavioral health needs.

**\* Question 18S.**

**CN-C.02.1 Please describe the professional relationships your agency maintains in order to support individuals with medical and behavioral needs.**

**Measure:** CN-C.02.2

**Measure Description:** **Select:** Follow-up after hospitalization for mental illness (e.g. 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) at 30-day a minimum of 75%, at initial contracting or renewal looking back at the prior calendar year.

**Clinically Enhanced:** Follow-up after hospitalization for mental illness (e.g., 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), a minimum of 40% for 7-days and a minimum of 75% for 30-days, at initial contracting or renewal looking back at the prior calendar year.

**Applicable Tier(s):** Select and Clinically Enhanced

**Process Details for Measure:** 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 and within 30 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 ages 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.

- Numerator is ages 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. If an individual was seen within 7 days, they will be counted in the numerator for 30-day follow-up also.

**\* Question 19S.**



**CN-C.02.2 If your agency has calculated a different result than ODP published for this measure, please indicate whether your agency would like to provide psychiatric inpatient hospitalization and follow up records.**

- Yes, our agency has calculated a different result
- No, the calculation provided is accurate

**\* Question 20S.**



**CN-C.02.2 Submit your agency's documentation regarding psychiatric inpatient hospitalization and follow up records.**

**A successful response will be a spreadsheet (Microsoft Excel or similar) formatted in the following manner:**

- **Column A will be titled 'MCI' and will indicate the MCI# of the individual who experienced the hospitalization for mental illness.**
  - **Remember that applicable individuals are 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**
- **Column B will be titled 'Hospital Name' and will indicate the name of the hospital at which the individual was hospitalized.**
- **Column C will be titled 'Admission Date' and will indicate the admission date of the hospitalization stay.**
- **Column D will be titled 'Discharge Date' and will indicate the discharge date of the hospitalization stay.**

- Column E will be titled 'Follow-Up Date' and will indicate the date of the follow-up visit with a provider.
- Column F will be titled 'Follow-Up Provider' and will indicate the type of provider which completed the follow-up visit.
  - Remember that this professional must be one of the following: Clinical Social Worker, Marriage and Family Therapist, Mental Health, Occupational Therapist, Neuropsychologist, Professional Counselor, Psychiatric/Mental Health Nurse Practitioner/Clinical Nurse Specialist, Psychiatrist, Psychoanalyst, or Psychologist.

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**

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## Performance Area: Supporting Individuals with Complex Needs (Dual Diagnosis/Behavioral)

**Measure:** CN-DD/Bx.01.2

**Measure Description:** **Select:** 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

**Clinically Enhanced:** 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

**Applicable Tier(s):** Select and Clinically Enhanced

**Process Details for Measure:** Via the Provider Data Submission Tool, 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.

\* **Question 21S.**



**CN-DD/Bx.01.2 Submit total behavioral supports hours delivered, breaking down face-to-face time versus non-face-to-face time for calendar year 2024.**

Enter "0" where applicable.

	Total #
Total number of <b>individuals</b> in the residential program that received <u>behavioral supports</u> :	<input type="text"/>
Total <u>number of hours</u> of behavioral supports services delivered to individuals in the residential program:	<input type="text"/>
Total number of hours of behavioral supports services delivered <u>non-face-to-face</u> :	<input type="text"/>
Total number of hours of behavioral supports services delivered <u>face-to-face</u> with individuals, families, DSPs, FLSs or other members of an individual's team:	<input type="text"/>

**Measure:** CN-DD/Bx.02.1

**Measure Description:** Primary, Select and Clinically Enhanced: 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.

For the review period of 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

**Applicable Tier(s):** Primary, Select and Clinically Enhanced

**Process Details for Measure:** For calendar year 2024 this is a reporting measure only. Via Provider Data Submission Tool 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.

\* **Question 22S.**



**CN-DD/Bx.02.1 Submit the number of individuals served by your agency who have had a restrictive procedure plan written and in use at any time in calendar year 2024.**

---



\* Question 23S.



CN-DD/Bx.02.1 Submit the number of individuals who have had a restrictive procedure plan written and in use that have been evaluated in calendar year 2024 by a professional as delineated in the measure.

**Measure:** CN-DD/Bx.02.2

**Measure Description:** 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)

**Applicable Tier(s):** Select and Clinically Enhanced

**Process Details for Measure:** Via the Provider Data Submission Tool agencies will submit information on their use of data to impact individual outcomes. Information will include detailed information regarding how data was gathered and how it was used to impact the outcome areas delineated in the following:

1. reduction in frequency of law enforcement involvement
2. reduction in use of restrictive procedures
3. reduction in both frequency and duration of inpatient stays
4. reduction in both frequency and duration of physical restraints
5. reduction in incidents of confirmed abuse/neglect
6. reduction in polypharmacy
7. reduction in overall incidence of identified target behaviors
8. increase in individual's overall satisfaction with services

\* Question 24S.



CN-DD/Bx.02.2 Submit information on your agency's use of data to impact individual outcomes, including detailed information regarding how data was gathered and how it was used to impact the outcome areas delineated in the following:

1. Reduction in frequency of law enforcement involvement
2. Reduction in use of restrictive procedures
3. Reduction in both frequency and duration of inpatient stays

4. Reduction in both frequency and duration of physical restraints
5. Reduction in incidents of confirmed abuse/neglect
6. Reduction in polypharmacy
7. Reduction in overall incidence of identified target behaviors
8. Increase in individual's overall satisfaction with services

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**

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**Measure:** CN-DD/Bx.03.1

**Measure Description:** Primary, Select and Clinically Enhanced: Provide description of agency capabilities for de-escalation and how provider anticipates and responds to a crisis for individuals. Include the following:

- Description of support/resources for DSPs and FLSs for crisis situations.
- Curriculum-based crisis response training used by the agency.
- Procedure for debriefing with staff and individuals after engagement in physical restraint.

**Applicable Tiers:** Primary, Select and Clinically Enhanced

**Process Details for Measure:** Via Provider Data Submission Tool 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.

**\* Question 25S.**



**CN-DD/Bx.03.1 Submit the following for your agency:**

**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.**

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**

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**Measure:** CN-DD/Bx.03.2

**Measure Description:** Select/Clinically Enhanced: Documentation of specialized trauma-informed training/activities for individuals and staff.

**Applicable Tier(s):** Select and Clinically Enhanced

**Process Details for Measure:** Via Provider Data Submission Tool 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. Submission must include at a minimum the name of training curriculum and the targeted audience.

\* **Question 26S.**



**CN-DD/Bx.03.2 Submit documentation of specialized trauma-informed training/activities for individuals and staff, including at minimum the name of the training curriculum and the targeted audience.**

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**

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**Performance Area: Data Management - Collection - use of data in quality management (QM) activities, timely reporting of data to ODP, Administrative Entity (AE), and PAS Vendor**

**Measure:** DM.01.2

**Measure Description:** Provide a sample of operational report or quality report used for internal monitoring and implementation of QM initiatives that includes a written description of use and analysis of data from at least one of the following categories:

- Incidents
- Medication errors
- Health risks
- Restrictive procedures
- Staff retention
- Effectiveness of behavioral support
- Employment
- Information Sharing and Advisory Committee recommendation strategies
- Billing accuracy

**Applicable Tier(s):** Select and Clinically Enhanced

**Process Details for Measure:** Via Provider Data Submission Tool, providers will upload a sample of one operational or quality report currently in use.

\* Question 27S.



**DM.01.2 Submit a sample of one operational or quality report currently used by your organization.**

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**

File 0 of 1

Max file size: 50.0 MB



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## **Performance Area: Data Management - use of electronic health records (EHRs)**

**Measure:** DM.02

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

**Applicable Tier(s):** Select and Clinically Enhanced

**Process Details for Measure:** Via Provider Data Submission Tool, providers will report information regarding EHR and provide evidence of use. A key feature of an Electronic Health Record (EHR) is communication between shared healthcare providers. A full description of an EHR can be found here:

<https://www.healthit.gov/faq/what-electronic-health-record-ehr>. For the first contract cycle, ODP will consider use of an electronic medication administration system sufficient to meet DM.02 regardless of functionality to communicate with third parties (pharmacy or physician).

\* Question 28S.



DM.02 Specify the name of the Electronic Health Record (EHR) your organization currently uses.

\* Question 29S.



DM.02 Based on the list below, select all functions of the software that are currently utilized by your organization.

Select all that apply.

- Medication Management
- Medication Administration Record
- Physician notes
- Integrated care pathways
- Record of health monitoring activities (vitals, intake/output, bowel movements, blood sugar, lab results)
- Other

**Performance Area: Risk Management - Health Risk Screening Fidelity**

**Measure:** RM-HRS.01.2

**Measure Description:** Demonstrate use of HRS data and considerations to improve individual health/outcomes as of July 1, 2024, or for providers submitting in February-March 2025, as of January 1, 2025.

**Applicable Tier(s):** Select and Clinically Enhanced

**Process Details for Measure:** Via Provider Data Submission Tool, providers will detail the use of data and considerations from available sources to improve individual health outcomes. 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.

\* Question 30S.




RM-HRS.01.2 Submit documentation to demonstrate the use of data and considerations to improve individual health/outcomes as of January 1, 2025.

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**

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**Performance Area: Employment - rate of competitive integrated employment (CIE) for working age individuals**

**Measure:** EMP.01.1

**Measure Description:** Demonstrate tracking of CIE and percentage of working age individuals (18-64) with CIE

**Applicable Tier(s):** Primary, Select, and Clinically Enhanced

**Process Details for Measure:** Via Provider Data Submission Tool, residential providers will demonstrate tracking of CIE and individuals with CIE by reporting the number of working age individuals (18-64) with CIE being supported through waiver funded residential services for each calendar year.

Providers must also annually submit a written description of the process for tracking employment outcomes through the year, and a written description of the process for communicating with Supports Coordinators about any changes in the employment status of any individual receiving residential services.



**\* Question 31S.**



**EMP.01.1 For your organization, enter the number of working age individuals (18-64) in your residential program for CY2024.**

**\* Question 32S.**



**EMP.01.1 For your organization, enter the number of working age individuals (18-64) with CIE being supported through waiver funded residential services for CY2024.**

**\* Question 33S.**




**EMP.01.1 Submit a written description of your organization's process for tracking employment outcomes throughout the year.**

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**

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**\* Question 34S.**




**EMP.01.1 Submit a written description of your organization's process for communicating with Supports Coordinators about any changes in the employment status of any individual receiving residential services.**

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**

File 0 of 1

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**Measure:** EMP.01.2

**Measure Description:** Plan for Improvement of CIE

**Applicable Tier(s):** Primary, Select, and Clinically Enhanced

**Process Details for Measure:** Via Provider Data Submission Tool, residential providers will annually report on their plan for improving CIE. Plans must include the following elements at a minimum:

- Action items and/or measurable targets for improving CIE,
- Responsible person(s),
- Goal date for achieving each target/action item,
- Progress made toward achieving each target/action item when applicable,
- Describe the structure/communication plan with the individual's Supports Coordinator to ensure employment information is up to date and accurate, and
- Completion date when applicable.

\* **Question 35S.**



**EMP.01.2 Submit your organization's plan for improving competitive integrated employment (CIE). The plan must include at minimum:**


- **Action items and/or measurable targets for improving CIE**
- **Responsible person(s)**
- **Goal data for achieving each target/action item**
- **Progress made toward achieving each target/action item when applicable**

- Description of structure/communication plan with the individual's SC to ensure employment information is up to date and accurate
- Completion date if applicable
- Additional information regarding your organization's plan for improving CIE.

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**

File 0 of 1

Max file size: 50.0 MB

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## Performance Area: Use of Remote Technology

**Measure:** RST.01.1

**Measure Description:** Report types of remote support technology in use

**Applicable Tier(s):** Primary, Select, and Clinically Enhanced

**Process Details for Measure:** Report the type(s) of remote supports technology used by the residential agency in the previous calendar year by selecting from the following list. Include only technology that alerts off-site staff as part of a remote support system

\* Question 36S.



**RST.01.1 Does your agency provide remote support technology?**

Yes

No



\* **Question 37S.**

**RST.01.1 If YES, report the type(s) of remote supports technology used by the residential agency during CY2024 by selecting from the following list. Include only technology that alerts off-site staff as part of a remote support system. Providers should select all that apply.**

- Two-way real-time audio video communication devices
- Audio only, no video communication devices
- Sensors (ex. doorways and windows, kitchen devices, pressure, motion)
- Wearable technology (ex. Smart watch, glucose monitor)
- Medication dispensers
- A main hub connecting remote supports technology
- The use of software designed to provide remote support services
- Audio-video devices that record service delivery
- Devices for controlling the residential environment (ex. lights, temperature, window blinds, door locks)
- Contract with an outside vendor to provide remote supports services for both technology and monitoring
- Contract with an outside vendor to provide remote supports services for technology only, agency staff used for monitoring
- Contract with an outside vendor to provide remote supports services for monitoring only, agency installs and maintains technology

**Measure:** RST.01.2

**Measure Description:** Report number and percentage of individuals using remote support technology

**Applicable Tier(s):** Primary, Select, and Clinically Enhanced

**Process Details for Measure:** To establish baseline data, report the total number of individuals that used remote supports within the previous calendar year.

\* Question 38S.



RST.01.2 Submit the total number of individuals that used remote supports within CY2024.

**Measure:** RST.01.3

**Measure Description:** Report estimated direct care hours that are being redirected with use of technology

**Applicable Tier(s):** Primary, Select, and Clinically Enhanced

**Process Details to Measure:** Report estimated direct care hours that would have been provided if remote supports were not used as part of residential services. To calculate, providers should review all individuals receiving Remote Supports in residential services and determine the number of hours of RS they received in the previous calendar year. From the total hours of remote supports rendered, subtract the total number of direct care hours that would have been delivered by a DSP. (Example: An agency implemented remote supports services for three people beginning in July. After assessment, team planning, device selection, and trialing between February through June, remote supports were developed as an outcome in the persons ISP to provide support during 11pm to 6am each night. Prior to July, a DSP was present during that time. To estimate the time, calculate 7 hours [11pm-6am] x 7 days [1 week] x 26 weeks [July 1 – December 31] = 1,274 hours redirected.)

\* Question 39S.



RST.01.3 Submit estimated total direct care hours at your agency that are being redirected with use of technology during CY2024.

**Measure:** RST.01.4

**Measure Description:** Report if the provider has savings as a result of the use of remote supports and include how the agency is using these value-based savings to invest in the organization including improvements to workforce,

service delivery, etc.

**Applicable Tier(s):** Primary, Select, and Clinically Enhanced

**Process Details for Measure:** Direct Support Professionals and Frontline Supervisors are a primary cost driver of residential rates. When remote supports are utilized in residential services, ODP allows providers to bill at the established residential rate. Please report if there are cost savings, how are you using these value-based savings to invest in your organization resulting in improvements to workforce, service delivery, etc.

\* **Question 40S.**



**RST.01.4 If there are financial savings, how is your agency using these value-based savings to invest in your organization resulting in improvements to workforce, service deliver, etc.?**

**Measure:** RST.01.5

**Measure Description:** Report number of employees and/or contracted entities that have Assistive Technology Professional certificates from Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) or Enabling Technology Integration Specialist (SHIFT) certifications

**Applicable Tier(s):** Primary, Select, and Clinically Enhanced

**Process Details for Measure:** Report number of employees and/or contracted entities that have Assistive Technology Professional certificates from Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) or Enabling Technology Integration Specialist (SHIFT) certifications:  
Assistive Technology Professional (ATP) / RESNA:  
Enabling Technology Integration Specialist (ETIS) / SHIFT:

\* Question 41S.



**RST.01.5 Submit number of employees and/or contracted entities that have Assistive Technology Professional certificates from Rehabilitation Engineering and Assistive Technology Society of North America or Enabling Technology Integration Specialist (SHIFT) certifications.**

Enter "0" where applicable

	Total # of <u>Employees</u>	Total # of <u>Contracted Entities</u>
Assistive Technology Professional (ATP)/RESNA:	<input type="text"/>	<input type="text"/>
Enabling Technology Integration Specialist (ETIS)/SHIFT:	<input type="text"/>	<input type="text"/>

**Performance Area: Quality**

**Measure:** QI.01.2

**Measure Description:** Provider is utilizing the individual's collective HRST data to create and conduct wellness programs/activities

**Applicable Tier(s):** Select and Clinically Enhanced

**Process Details for Measure:** Via Provider Data Submission Tool, providers will detail the use of aggregate data during the previous calendar year 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 of 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.

\* Question 42S.



**QI.01.2 Describe the process used in CY2024 when aggregating data to identify trends and concerns which may limit wellness of the individuals served by your organization. Include the names of the reports used and the sections within the Health Risk Screening Tool used as part of your organization's process.**

**Measure:** QI.01.3

**Measure Description:** Provider is implementing directed wellness programs for nutrition, hypertension, mental health, diabetes, and/or heart disease, etc. as indicated by HRS data

**Applicable Tier(s):** Select and Clinically Enhanced

**Process Details for Measure:** Via Provider Data Submission Tool, providers will detail the process by which concerns or trends identified in QI.01.2 are being addressed through wellness related QM initiatives. Provider will include a description of wellness activities that simultaneously support inclusion.

\* Question 43S.



**QI.01.3 Select the wellness programs that your organization offered to individuals in the review period and provide a description of the program and how many individuals participated. Include in the description the extent to which the wellness activities supported by the provider promote community inclusion (e.g. individuals belong to a local gym, take healthy cooking classes with non-disabled peers, participate in activities, clubs or teams with non-disabled peers).**

Nutrition



Describe Nutrition program and # of individuals participated:

Hypertension

Describe Hypertension program and # of individuals participated:

Mental Health

Describe Mental Health program and # of individuals participated:

Diabetes

Describe Diabetes program and # of individuals participated:

Heart Disease

Describe Heart Disease program and # of individuals participated:

No Wellness programs offered

Other

\* If Other, describe wellness activities offered:

**Measure:** QI.01.4

**Measure Description:** 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

**Applicable Tier(s):** Select and Clinically Enhanced

**Process Details for Measure:** Via Provider Data Submission Tool, providers will describe the health improvements of individuals 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 improvement over time of engagement of individuals in wellness programs including but not limited to healthy food choices, physical activity such as Move Your Way campaign, tobacco/nicotine cessation, health literacy.

**\* Question 44S.**



**As an agency, are you describing the health improvements of individuals over time or detailing the improvement over time of engagement of individuals in wellness programs?**

- Description of health improvements of individuals over time
- Detailing the improvement over time of engagement of individuals in wellness programs

**\* Question 45S.**



**QI.01.4 Describe measurable health improvement of individuals (e.g. A1C, reduction in medication, reduction in hypertension).**



**\* Question 46S.**

**QI.01.4 Indicate the number of individuals who have attended or participated in the wellness programs offered by your organization. Provide data demonstrating improvement over time including additional individuals participating, individuals increasing duration or scope of engagement.**

Select the "Not Applicable (N/A)" button in instances where your agency does not have provide the wellness program listed.

	Description	# of individuals	Not Applicable (N/A)
Health Food Choices			<input type="radio"/>
Physical activity such as Move Your Way campaign			<input type="radio"/>
Tobacco/nicotine cessation			<input type="radio"/>
Health literacy			<input type="radio"/>
Other			<input type="radio"/>

**Measure:** QI.02.1

**Measure Description:** Report number of staff that have ODP QM certification; include number in leadership

**Applicable Tier(s):** Primary, Select, and Clinically Enhanced

**Process Details for Measure:** Via Provider Data Submission Tool, 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 after the tier determination period to reconcile the discrepancy.

**Measure:** QI.02.4

**Measure Description:** At least one member of executive leadership team who has the authority to adopt recommendations and direct QM activities has ODP QM Certification

**Applicable Tier(s):** Select and Clinically Enhanced

**Process Details for Measure:** Via Provider Data Submission Tool, 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 after the tier determination period to reconcile the discrepancy.

**\* Question 47S.**



**QI.02.1 & QI.02.4 Enter the total number of staff at your organization that have current ODP Quality Management (QM) Certification as of February 1, 2025.**

	Total #
Total number of <b>staff</b> with <u>current ODP QM Certification</u> :	<input type="text"/>
Total number of <b>executive leadership team staff</b> with <u>current ODP QM Certification</u> :	<input type="text"/>

**\* Question 48S.**



**QI.02.1 & QI.02.4 Enter the first and last names and titles for all individuals in your organization that have current ODP Quality Management (QM) Certification as of February 1, 2025 and indicate where applicable if the person is in a leadership role with authority to adopt recommendations**

**and direct QM activities.**

Select the "Not Applicable (N/A)" button in instances where your organization does not have any additional individuals to add.

	First and Last Name	Title	Leadership Role with authority to adopt recommendations and direct QM activities (Y/N)	Not Applicable (N/A)
Individual 1:				<input type="radio"/>
Individual 2:				<input type="radio"/>
Individual 3:				<input type="radio"/>
Individual 4:				<input type="radio"/>
Individual 5:				<input type="radio"/>
Individual 6:				<input type="radio"/>
Individual 7:				<input type="radio"/>
Individual 8:				<input type="radio"/>
Individual 9:				<input type="radio"/>
Individual 10:				<input type="radio"/>

**\* Does your agency have more than 10 staff that have current, ODP QM Certification as of February 1, 2025?**



Yes

No

**\* Question 48S-2.**



**QI.02.1 & QI.02.4 Enter the first and last names and titles for all individuals in your organization that have current ODP Quality Management (QM) Certification as of February 1, 2025 and indicate where applicable if the person is in a leadership role with authority to adopt recommendations and direct QM activities.**

Select the "Not Applicable (N/A)" button in instances where your organization does not have any additional individuals to add.

	First and Last Name	Title	Leadership Role with authority to adopt recommendations and direct QM activities (Y/N)	Not Applicable (N/A)
Individual 11:				<input type="radio"/>
Individual 12:				<input type="radio"/>
Individual 13:				<input type="radio"/>
Individual 14:				<input type="radio"/>
Individual 15:				<input type="radio"/>
Individual 16:				<input type="radio"/>
Individual 17:				<input type="radio"/>
Individual 18:				<input type="radio"/>
Individual 19:				<input type="radio"/>
Individual 20:				<input type="radio"/>

**Measure:** QI.02.2

**Measure Description:** Provide a description of how data is utilized to monitor progress towards QM plan goals.

**Applicable Tier(s):** Primary, Select, and Clinically Enhanced

**Process Details for Measure:** Via Provider Data Submission Tool, 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.

\* Question 49S.




QI.02.2 Submit your organization's process or policy regarding how data is utilized to monitor progress towards QM plan goals within your organization.

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**

File 0 of 1

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**Measure:** QI.02.3

**Measure Description:** Provide a description of how person-centered performance data is utilized to develop the QM plan and its action plan

**Applicable Tier(s):** Primary, Select, and Clinically Enhanced

**Process Details for Measure:** Via Provider Data Submission Tool, residential providers will annually provide a written detailed description of how data is utilized to develop 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.

\* Question 50S.



Does the process or policy submitted above in QI.02.2 include how data is utilized to develop QM plan goals?

Yes

No

\* Question 51S.




QI.02.3 Submit your organization's process or policy regarding how data is utilized to develop QM plan goals within your organization.

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**

File 0 of 1

Max file size: 50.0 MB

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**Measure:** QI.03.1

**Measure Description:** Submission of policies, procedures, and activities supporting family engagement

**Applicable Tier(s):** Primary, Select, and Clinically Enhanced

**Process Details for Measure:** Via Provider Data Submission Tool, provider will report on and submit policies, procedures, and activities supporting family engagement. At a minimum, include a description of the provider's approach to the designation of persons by the individual for purposes of decision-making, rights, notification for incident management and individual planning. Additionally, include provider activities to facilitate the involvement of the



individual's relatives and friends in the individual's life (except in situations in which the individual indicates otherwise).

**\* Question 52S.**




**QI.03.1 Submit your organization's current policies and procedures related to how your organization engages with the families of the individuals that you support.**

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**

File 0 of 1

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**\* Question 53S.**



**QI.03.1 Provide a description or list of activities your organization has implemented or will be implementing supporting family engagement for the individuals that you support. At a minimum, include a description of the provider's approach to the designation of persons by the individual for purposes of decision-making rights, notification for incident management and individual planning. Additionally, include provider activities to facilitate the involvement of the individual's relatives and friends in the individual's life (except in situations in which the individual indicates otherwise).**

## Performance Area: Administration

**Measure:** ADM.01.1

**Measure Description:** Attest to and submit documentation supporting attestation regarding the required elements to meet the standards:

- Successful passage of a fiscal readiness review.
- Submission of current financial statements (audited if available).
- Disclosure of the following:
  - Conflict of interest policy and associated documentation
  - Any history and status of criminal convictions of officers and owners
  - Licensing status in Pennsylvania for non-ODP licensed residential settings
  - Any history of license revocation, renewal, enforcement action in other states in which the residential provider, and corporate affiliates, render services to individuals with intellectual and developmental disabilities, if applicable. This applies to any MPI operated by the provider or the provider's corporate affiliates.

**Applicable Tier(s):** Primary, Select, and Clinically Enhanced

**Process Details for Measure:** Via Provider Data Submission Tool:

- Provider submission of current financial statements (audited if available).
- Provider completion of the following sections of the Provider Data Submission Tool:
  - Financial
  - Conflict of interest disclosure,
  - Criminal conviction disclosure,
  - Licensing and regulatory status disclosure.

Provider submission of attestation to factual representation of financial documentation, conflict of interest, criminal backgrounds and licensing and regulatory status disclosures. Through the contract period ending June 30, 2026 fiscal readiness will be demonstrated by submitting the most recent financial

statement (audited if available). If a provider does not have a current financial statement, provider must submit Profit/Loss and Balance Sheets.

**Note:** Legal entities and their corporate affiliates with a continued or repeated history of license revocations or non-renewals in one or more states that are not enrolled to provide ODP residential services by December 31, 2024, will not be eligible for rendering ODP residential services.

\* **Question 54S.**



**ADM.01.1 Did your agency submit financial statements to ODP within the past 12 months?**

Yes

No

\* **Question 55S.**



**If Yes, select the date the financial statements were submitted.**

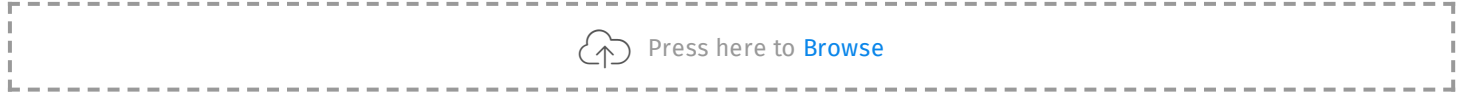
Jan    ▾    06    ▾    2025    ▾

\* **Question 56S.**



**ADM.01.1 If your agency had a financial audit completed within the past the 18 months, submit copies of this audit. If your agency did not have an audit completed, submit current financial statements (at minimum profit/loss statements and balance sheets) reflective of your most recently completed fiscal year.**

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**



**\* Question 57S.**



**ADM.01.1 Was your organization's conflict of interest policy violated during the review period?**

Yes

No

**\* Question 58S.**



**ADM.01.1 Indicate how your organization's conflict of interest policy has been violated during the review period including actions taken by the organization.**

**\* Question 59S.**



**ADM.01.1 Did any of the officers/owners within your organization have any criminal convictions?**

Yes

No

**\* Question 60S.**



**ADM.01.1 Identify the first and last names of any officers and owners within your organization that have had any criminal convictions. Include when the instance occurred and the status of the instance.**

Select the "Not Applicable (N/A)" button in instances where your organization does not have any additional officers/owners to add.

	First and Last Name of Officer/Owner	Position Title of Officer/Owner	Date of when instance occurred	Status of instance	Not Applicable (N/A)
Officer/Owner 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Officer/Owner 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>

**\* Question 60S-2.**



**ADM.01.1 If you have more than 2 officers/owners that have had any criminal convictions, enter the following information in the space below.**

- **First and last name of officer/owner**
- **Position Title**
- **Date when the instance occurred**
- **Status of instance.**

**Enter one individual officer/owner per line.**

**If you do not have any additional officers/owners to add, enter "N/A."**

**\* Question 61S.**



**ADM.01.1 List the current licenses and licensing status of all Pennsylvania, non-ODP licensed residential settings your organization currently possesses.**

- **Identify and list 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. This applies to any MPI operated by the provider or the provider's corporate affiliates.**

Select the "Not Applicable (N/A)" button in instances where your organization does not have any additional licenses to add.

	License Type	Licensing Status	Not Applicable (N/A)
License 1:			<input type="radio"/>
License 2:			<input type="radio"/>
License 3:			<input type="radio"/>

**\* Question 61S-2.**



**ADm.01.1 If you have more than 3 Pennsylvania, non-ODP licenses, enter the following information in the space below.**

- **License Type**
- **Licensing Status**

**Enter one non-ODP license per line.**

**If you do not have any additional non-ODP licenses to add, enter "N/A."**

**Measure:** ADM.01.2

**Measure Description:** Documentation that governance by the Board of Directors is informed by voices of individuals with lived experiences by:

- Including at least one individual with intellectual/developmental disabilities/autism or a family member of an individual with intellectual/developmental disabilities/autism on the Board **OR**
- Operating an advisory committee or subcommittee that is comprised of individuals with lived experience **AND**
- Evidence that Board deliberations are informed by input of individuals with lived experience

**Applicable Tier(s):** Select and Clinically Enhanced

**Process Details for Measure:** Via Provider Data Submission Tool, providers will submit documentation that reflects board/advisory/subcommittee members and documentation such as meeting minutes to reflect board deliberations are

informed by input of people with lived experience. If your organization only has owners, they are the governing body.

**\* Question 62S.**



**ADM.01.2 Based on the list below, select the types of governance established within your organization. Select all that apply.**

**If "Other" is selected, identify the type of governance in the space provided.**

Advisory Committee

Board

Owners

Subcommittee

Other

**\* Question 63S.**




**ADM.01.2 Submit copies of your organization's board/advisory/subcommittee meeting minutes for CY2024 that reflect deliberations are informed by input of people with lived experience. The meeting minutes must include the first and last names of the individuals present at the meeting and their role (i.e. member, attendee). A sample of minutes that demonstrates the measure is sufficient.**

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**

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Pennsylvania

# Department of Human Services

Office of Developmental Programs

## Residential Provider Performance-Based Contracting Data Submission Tool: Clinically Enhanced - January 2025

### Introduction

As part of the Office of Developmental Programs (ODP) Performance-Based Contracting for Residential services, this Residential Provider Data Submission Tool was created as a mechanism for providers of Residential Habilitation, Supported Living and Life Sharing services to respond and submit documentation related to their organization's performance.

For each contract period, ODP will assign each provider to a tier based on the provider's performance. There are four tier assignments:

- Conditional - Providers operating under provisional or revoked licenses.
- Primary - Providers that meet current standards and a few additional standards.
- Select - Providers that deliver at least two of the three residential services in the performance-based contracting model and meet the established enhanced measures.
- Clinically Enhanced - Providers that offer clinically enhanced medical or behavioral supports and meet the established enhanced measures

### Tool Completion Instructions:



1. Providers will submit one Residential Provider Data Submission Tool for their entire organization. There shall be only one submission per Master Provider Index (MPI) number.
2. Providers must provide information and data for their organization based on the calendar year 2024 review period, unless otherwise noted.
3. After completing the two demographic information questions, the provider must select the tier level for which they wish to apply for the contract period. Based on this response, the applicable questions for the selected tier level will be shown. At the time of application, providers operating under provisional or revoked licenses will enter the contract period in the Conditional tier. Conditional providers that anticipate returning to regular licensing status during the contract period should apply for the tier for which they intend to qualify upon return to regular licensing status.
4. All responses for the Residential Provider Data Submission Tool will be captured electronically in QuestionPro.
5. All questions are mandatory and must be answered to move to the next page. Providers should review all responses entered on the screen before moving forward. If a question is missed, QuestionPro will identify the unanswered questions and a validation error will occur.
6. All questions that are applicable to the tier selected are included and shown in the PDF document of the Residential Provider Data Submission Tool. In QuestionPro, logic has been built in and depending on responses to a question, some questions may not show on the screen.
7. When navigating through the tool, it is advised to use only the tab button on your keyboard or your mouse to click new areas. Attempting to navigate from section to section using the up/down/left/right arrows either does not work or if you have entered a numerical response, it may increase or decrease the number entered.
8. Providers cannot move around or answer questions out of order. All questions must be answered in the order prescribed.
9. Providers should set aside time for completing the Residential Provider Data Submission Tool. Given the number of responses being captured, it is strongly recommended that at least **two (2)** hours are dedicated to complete the Residential Provider Data Submission Tool in its entirety

10. After 15 minutes of inactivity, the Residential Provider Data Submission Tool will close. If this happens, information may not save and providers will have to re-enter their responses.
11. A back button is enabled and can be used to review previous responses.
  - If used one time, it will go back 1 page and all the information on previous page will be shown; however, any uploaded documents will be deleted, and the provider will have to upload the document again to respond to the question. Questions on the current page, when selecting back, will NOT be saved.
  - If the back button is selected more than once, it will result in the deletion of data and uploaded documents on any page the back button is used on.
12. The internet browser “back” button should not be used, if changes need to be made to the previous page of questions, the QuestionPro back button should be used. The internet “back” button will result in QuestionPro skipping pages when selecting “Next” if it is used more than once.
13. The “Save & Continue Later” option will save all entered data on the current page. When selected, a warning pop-up box will appear. There is no opportunity to return to any missed/unanswered questions if this option is used. There will be a validation error message if required questions are not answered.
14. After a response is given to the warning pop-up box, an email address will be requested and is required. This email address is unique to the provider’s response and will be directly sent to the email address entered.
15. For open-ended text questions, the character limit is 65k characters or 9.6k words.
16. If a provider is uploading any documentation for their organization, it must be in the formats (extensions) listed below. Please note that the maximum file size limit per individual file is 50 MB. Only one file should be uploaded per documentation upload question. A listing that meets the criteria is sufficient, do not load individual files. When submitting an uploaded document, please highlight or identify the area of the document that pertains to the measure.
17. File names must include the provider's MPI number and the measure to which the documentation relates, e.g., 123456789-WF02.2.

- .txt
- .doc
- .docx
- .xls
- .xlsx
- .ppt
- .pptx
- .pdf

18. ODP strongly encourages providers to utilize the applicable Residential Data Submission tool PDF to prepare responses and to have the documents that they plan to upload readily available as they are working to submit the tool. This will save time.
19. A response to the Residential Provider Data Submission Tool is not complete until the "Submit" button is pressed at the end. When the entry is submitted, a printable copy of the response will show on the screen. ODP highly recommends that providers print a copy of their agency submission for their records
20. ODP will utilize the last version submitted by an agency to make a determination on tier assignment.
21. For measures that require information about individuals served, the provider must report and submit information for individuals receiving Residential Habilitation, Life Sharing, or Supported Living through the Consolidated and Community Living Waivers.
22. Any inquiries regarding the Residential Provider Data Submission Tool content or questions must be sent to the ODP Performance-Based Contracting resource account at RA-PWODPPBC@pa.gov.

Please start the Residential Provider Data Submission Tool now by clicking on the "**Next**" button below.


## Demographic Information

\* **Provider Legal Entity Name.**



Begin to enter in your agency's legal entity name and select the correct agency from the drop-

down list.

\* **Enter your agency's nine digit Master Provider Index (MPI) Number.** 

Nine digit number

**Contact information for person completing and submitting the Data Submission Tool.** 

\* Contact First Name

\* Contact Last Name


\* Contact Telephone Number

\* Contact Email Address

\* **Upload a copy of your agency's completed ODP Residential Performance-Based Contracting Attestation Form.** 

File 0 of 1

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\* **Which Performance-Based Contracting (PBC) tier is your agency applying for?** 

Clinically Enhanced

\* For the Clinically Enhanced tier, select which category your agency is applying for. 

Clinically Enhanced - Medical

Clinically Enhanced - Dual Diagnosis

Both Clinically Enhanced - Medical and Clinically Enhanced - Dual Diagnosis

## Performance Area: Continuum of Services

**Measure:** CoS.02

**Measure Description:** Report on the number of individuals with a successful transition from Residential Habilitation to Life Sharing and Supported Living provided by the provider.

**Applicable Tier(s):** Primary, Select and Clinically Enhanced

**Process Details for Measure:** Via Provider Data Submission Tool, provider will respond to questions related to number of individuals transitioned. The provider must report on the number of individuals who received Residential Habilitation through the Consolidated or Community Living Waiver in a licensed home serving 4 or fewer people and transitioned to a Life Sharing or Supported Living service rendered by the same provider.

ODP will validate through use of authorization data, claim data and provider submitted Transition to Independent Living Request Forms to determine if the residential provider has supported individuals to transition from residential habilitation to life sharing or supported living during the review period which at initial contracting or renewal will be looking back at the prior calendar year.

\* Question 1CE. 

**CoS.02 Enter the number of individuals that were successfully transitioned from Residential Habilitation to Life Sharing within your agency during the review period (calendar year 2024).**

\* Question 2CE.



CoS.02 Enter the number of individuals that were successfully transitioned from Residential Habilitation to Supported Living within your agency during the review period (calendar year 2024).

Performance Area: Workforce

Measure: WF.01.3

Measure Description: For Primary and Select - Report the percentage of DSPs who are credentialed and/or enrolled in the NADSP eBadge program.

For **Clinically Enhanced** only - Report the percentage of DSPs who are credentialed and/or enrolled in the NADSP eBadge or NADD program.

Applicable Tiers(s): Primary, Select, and Clinically Enhanced

Process Details to Measure: Primary, Select, and Clinically Enhanced Providers to complete Department developed Provider Data Submission Tool to include total number of DSPs employed/DSPs who are credentialed and enrolled in credentialing program.

Data will be compared with reports from NADSP and NADD.

\* Question 3CE.



WF.01.3 Report the number of DSPs who are credentialed and/or enrolled in the NADSP eBadge and/or NADD program as of July 1, 2024.

Enter total employed in the first column and total contracted in the second column.

Enter "0" where applicable.

	Total # of DSPs <u>Employed</u>	Total # of DSPs <u>Contracted</u>
Enter the total number of <b>DSPs</b> in the residential program:	<input type="text"/>	<input type="text"/>
Enter the total number of <b>DSPs</b> in the residential program who are <i>enrolled</i> in the NADSP eBadge program and/or NADD:	<input type="text"/>	<input type="text"/>

Enter the total number of **DSPs** in the residential program who are credentialed in the NADSP eBadge program and/or NADD:

--	--

**Measure:** WF.02.3

**Measure Description:** Report the percentages of FLSs who are credentialed and/or enrolled in the NADSP eBadge program for FLS.

**Applicable Tier(s):** Primary, Select, and Clinically Enhanced

**Process Details to Measure:** Primary, Select, and Clinically Enhanced Providers to complete Department developed Provider Data Submission Tool to include total number of FLSs employed/FLSs who are credentialed and/or enrolled in credentialing program. Data will be compared with reports from NADSP.

\* **Question 4CE.**



**WF.02.3 Report the number of FLSs who are credentialed and/or enrolled in the NADSP eBadge program for FLSs as of July 1, 2024.**

Enter total employed in the first column and total contracted in the second column.

Enter "0" where applicable.

Enter in the total number of **FLSs** in the residential program:

Enter in the total number of **FLSs** in the residential program who are enrolled in the NADSP eBadge for FLSs credentialing program:

Enter the total number of **FLSs** in the residential program who are credentialed in the NADSP eBadge for FLSs credentialing program:

**Total # of FLSs Employed**

**Total # of FLSs Contracted**

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**Measure:** WF.03.1

**Measure Description:** Report FLS and DSP voluntary and involuntary turnover rate.

**Applicable Tier(s):** Primary, Select and Clinically Enhanced

**Process Details for Measure:** Primary, Select, and Clinically Enhanced providers to complete Department developed annual Provider Data Submission Tool to include total number of FLSs and DSPs who have ceased

employment with that provider agency within the last 12 months. Note: ODP uses the same operational definition of "turnover" as included in the NCI State of the Workforce Survey (i.e. - [Total separated DSPs/FLSs in past year] divided by [Total DSPs/FLSs on payroll] as of December 31, 20XX.)

**\* Question 5CE.**



**WF.03.1 Report the total number of DSPs and FLSs who voluntarily or involuntarily left employment with your agency in calendar year 2024 (CY2024).**

Enter "0" where applicable.

**Total # Left Employment**

Report the total number of **DSPs** who voluntarily left employment with your agency in CY2024:

Report the total number of **FLSs** who voluntarily left employment with your agency in CY2024:

Report the total number of **DSPs** who involuntarily left employment with your agency in CY2024:

Report the total number of **FLSs** who involuntarily left employment with your agency in CY2024:

Report the total number of **DSPs and FLSs** who were on your agency's payroll as of December 31, 2024:

**Measure:** WF.03.2

**Measure Description:** Report percentage of contracted staff in DSP and FLS positions

**Applicable Tier(s):** Primary, Select, and Clinically Enhanced

**Process Details for Measure:** Primary, Select, and Clinically Enhanced Providers to complete Department developed annual Provider Data Submission Tool to include total number of contracted staff filling FLS and DSP positions.

**\* Question 6CE.**



**WF.03.2 Provide the total number of contracted staff filling FLS and DSP positions.**

Enter "0" where applicable.

Note on calculating Full-Time Equivalent (FTE): Full-Time Equivalent (FTE) equals the sum of the total hours worked per week divided by 40. An employee working 30 hours/week equals 0.75 FTE



(=30 hrs/40 full-time hours). An agency with 35 full-time employees and 10 part-time employees should add their total hours worked per week and divide by 45.

	Total # <u>Employed</u>	Total # <u>Contracted</u>
Report the total number of contracted staff filling <b>DSP positions</b> at your agency as of December 31, 2024:	<input type="text"/>	<input type="text"/>
Report the total number of contracted staff filling <b>FLS positions</b> at your agency as of December 31, 2024:	<input type="text"/>	<input type="text"/>

**Measure:** WF.03.3

**Measure Description:** Participate in National Core Indicators® NCI State of the Workforce Survey and release provider NCI data to ODP to validate turnover and other workforce data

**Applicable Tier(s):** Select and Clinically Enhanced

**Process Details for Measure:** Via the annual NCI Staff Stability Survey, Select and Clinically Enhanced Providers will submit agency specific NCI State of the Workforce data.

\* **Question 7CE.**



**WF.03.3 Did your agency participate in the 2024 National Core Indicators® NCI State of the Workforce Survey?**

Yes


No

\* **Question 8CE.**



**WF.03.3 If YES, upload your agency's file from NCI.**

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**

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**Measure:** WF.04.1

**Measure Description:** Submission of current policy that addresses DEI in provider's workforce

**Applicable Tier(s):** Primary, Select and Clinically Enhanced


**Process Details for Measure:** Primary, Select and Clinically Enhanced Providers will submit agency policy to demonstrate commitment to enhance diversity, equity, and inclusion (DEI).

\* **Question 9CE.**



**WF.04.1 Submit your agency's current policy that addresses diversity, equity, and inclusion (DEI) in your workforce.**

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**

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**Measure:** WF.04.3

**Measure Description:** Submit documentation that agency has a committee of staff focused on DEI

**Applicable Tier(s):** Select and Clinically Enhanced

**Process Details for Measure:** Select and Clinically Enhanced Providers to complete a department developed Provider Data Submission Tool identifying committee focused on DEI made up of management staff, DSPs, and individuals supported. Include committee member names, their roles in your agency and meeting frequency.

\* Question 10CE.



**WF.04.3 Submit documentation of your existing committee focused on diversity, equity, and inclusion (DEI) and include committee member names, their roles in your agency and meeting frequency. This committee is to be made up of management staff, DSPs, and individuals supported.**

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**

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**Measure:** WF.04.4

**Measure Description:** Submit documentation that training for staff is relevant to the employee's own culture and language.

**Applicable Tier(s):** Select and Clinically Enhanced

**Process Details for Measure:** Select and Clinically Enhanced Providers to

complete a department developed Provider Data Submission Tool outlining staff training plan on DEI.

\* Question 11CE.




**WF.04.4 Submit documentation demonstrating that your agency's training is tailored to the employee's culture and language.**

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**

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## Performance Area: Supporting Individuals with Complex Needs (Clinical)

**Measure:** CN-C.01.1

**Measure Description:** Report current ratio of licensed/credentialed full-time equivalents to number of individuals served to demonstrate size of agency multidisciplinary 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.

**Applicable Tier(s):** Select and Clinically Enhanced

**Process Details for Measure:** Via Provider Data Submission Tool, providers will report names and license/credential information of all licensed/credentialed clinical staff, whether employed directly or engaged through contractual arrangements, 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.

Accepted behavioral/mental health professionals are Licensed Psychiatrist, Psychologists, Professional Counselor (LPC) and Behavior Specialist; BCBA, BCaBA, NADD-Clinical Certification, NADD Dual Diagnosis Specialist, Certified Peer Specialist, LCSW, Registered Behavioral Technician (RBT), and Behavior Support Professional that meets ODP waiver qualification requirements.

**Note:** Provider submitted documentation of evidence or description of use of targeted resources as of January 1, 2025.

\* Question 12CE. ?

CN-C.01.1 Provide number of individuals in residential program(s) as of January 1, 2025.

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\* Question 13CE. ?

CN-C.01.1 Enter the total number of hours worked by clinical employees for the week that contains January 1, 2025.

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\* Question 14CE. ?

CN-C.01.1 Enter the total number of clinical employees on payroll for the week that contains January 1, 2025.

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Question 15CE. ?

CN-C.01.1 Submit documentation of all licensed/credentialed clinical staff employed by the provider agency as of July 1, 2024. Documentation must include first and last names, license type and number and expiration date where applicable.

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**

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**\* Question 16CE.**



**CN-C.01.1 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.**

**Measure:** CN-C.01.3

**Measure Description:** Provide a plan for 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

**Applicable Tier(s):** Select and Clinically Enhanced

**Process Details for Measure:** 1. Via attestation form, providers will submit attestation of agency tracking and use of HRST data as indicated in the measure. 2. Via Provider Data Submission Tool, providers 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.

\* **Question 17CE.**




**CN-C.01.3 Submit your agency's plan for the use of data from the Health Risk Screening Tool (HRST); measure interruption in daily activity because of illness ("clinical issues") to improve health outcomes.**

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**

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**Measure:** CN-C.02.1

**Measure Description:** Provide current description of established professional relationships to support individuals served (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)

**Applicable Tier(s):** Primary, Select, and Clinically Enhanced

**Process Details for Measure:** Via Provider Data Submission Tool, providers will report information relating to any professional relationships the provider agency maintains in order to support individuals with medical and behavioral health needs.

\* Question 18CE.



**CN-C.02.1 Please describe the professional relationships your agency maintains in order to support individuals with medical and behavioral needs.**

**Measure:** CN-C.02.2

**Measure Description:** Select: Follow-up after hospitalization for mental illness (e.g. 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) at 30-day a minimum of 75%, at initial contracting or renewal looking back at the prior calendar year.

**Clinically Enhanced:** Follow-up after hospitalization for mental illness (e.g., 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), a minimum of 40% for 7-days and a minimum of 75% for 30-days, at initial contracting or renewal looking back at the prior calendar year.

**Applicable Tier(s):** Select and Clinically Enhanced

**Process Details for Measure:** 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 and within 30 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 ages 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.
- Numerator is ages 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. If an individual was seen within 7 days, they will be counted in the numerator for 30-day follow-up also.

**\* Question 19CE.**



**CN-C.02.2 If your agency has calculated a different result than ODP published for this measure, please indicate whether your agency would like to provide psychiatric inpatient hospitalization and follow up records.**

- Yes, our agency has calculated a different result
- No, the calculation provided is accurate

**\* Question 20CE.**



**CN-C.02.2 Submit your agency's documentation regarding psychiatric inpatient hospitalization and follow up records.**

A successful response will be a spreadsheet (Microsoft Excel or similar) formatted in the following manner:

- Column A will be titled 'MCI' and will indicate the MCI# of the individual who experienced the hospitalization for mental illness.
  - Remember that applicable individuals are 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
- Column B will be titled 'Hospital Name' and will indicate the name of the hospital at which the individual was hospitalized.
- Column C will be titled 'Admission Date' and will indicate the admission date of the hospitalization stay.
- Column D will be titled 'Discharge Date' and will indicate the discharge date of the hospitalization stay.
- Column E will be titled 'Follow-Up Date' and will indicate the date of the follow-up visit with a provider.
- Column F will be titled 'Follow-Up Provider' and will indicate the type of provider which completed the follow-up visit.
  - Remember that this professional must be one of the following: Clinical Social Worker, Marriage and Family Therapist, Mental Health, Occupational Therapist, Neuropsychologist, Professional Counselor, Psychiatric/Mental Health Nurse Practitioner/Clinical Nurse Specialist, Psychiatrist, Psychoanalyst, or Psychologist.

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**

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## Performance Area: Supporting Individuals with Complex Needs (Dual Diagnosis/Behavioral)

\* For the Clinically Enhanced tier, select which category your agency is applying for. 

- Clinically Enhanced - Medical
- Clinically Enhanced - Dual Diagnosis
- Both Clinically Enhanced - Medical and Clinically Enhanced - Dual Diagnosis

**Measure:** CN-DD/Bx.01.2

**Measure Description:** Select: 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

**Clinically Enhanced:** 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

**Applicable Tier(s):** Select and Clinically Enhanced

**Process Details for Measure:** Via the Provider Data Submission Tool, 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.

\* **Question 21CE.**



**CN-DD/Bx.01.2 Submit total behavioral supports hours delivered, breaking down face-to-face time versus non-face-to-face time for calendar year 2024.**

Enter "0" where applicable.

	Total #
Total number of <b>individuals</b> in the residential program that received <i>behavioral supports</i> :	<input type="text"/>
Total <i>number of hours</i> of behavioral supports services delivered to individuals in the residential program:	<input type="text"/>
Total number of hours of behavioral supports services delivered <i>non-face-to-face</i> :	<input type="text"/>
Total number of hours of behavioral supports services delivered <i>face-to-face</i> with individuals, families, DSPs, FLSs or other members of an individual's team:	<input type="text"/>

**Measure:** CN-DD/Bx.02.1

**Measure Description:** Primary, Select and Clinically Enhanced: 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.

For the review period of 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

**Applicable Tier(s):** Primary, Select and Clinically Enhanced

**Process Details for Measure:** For calendar year 2024 this is a reporting measure only. Via Provider Data Submission Tool 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.

**\* Question 22CE.**



**CN-DD/Bx.02.1 Submit the number of individuals served by your agency who have had a restrictive procedure plan written and in use at any time in calendar year 2024.**

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**\* Question 23CE.**



**CN-DD/Bx.02.1 Submit the number of individuals who have had a restrictive procedure plan written and in use that have been evaluated in calendar year 2024 by a professional as delineated in the measure.**

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**\* For the Clinically Enhanced tier, select which category your agency is applying for.** 

- Clinically Enhanced - Medical
- Clinically Enhanced - Dual Diagnosis
- Both Clinically Enhanced - Medical and Clinically Enhanced - Dual Diagnosis

**Measure:** CN-DD/Bx.02.2

**Measure Description:** 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)

**Applicable Tier(s):** Select and Clinically Enhanced

**Process Details for Measure:** Via the Provider Data Submission Tool agencies will submit information on their use of data to impact individual outcomes. Information will include detailed information regarding how data was gathered and how it was used to impact the outcome areas delineated in the following:

1. reduction in frequency of law enforcement involvement
2. reduction in use of restrictive procedures
3. reduction in both frequency and duration of inpatient stays
4. reduction in both frequency and duration of physical restraints
5. reduction in incidents of confirmed abuse/neglect
6. reduction in polypharmacy
7. reduction in overall incidence of identified target behaviors
8. increase in individual's overall satisfaction with services

\* **Question 24CE.**



**CN-DD/Bx.02.2 Submit information on your agency's use of data to impact individual outcomes, including detailed information regarding how data was gathered and how it was used to impact the outcome areas delineated in the following:**

- 1. Reduction in frequency of law enforcement involvement**
- 2. Reduction in use of restrictive procedures**
- 3. Reduction in both frequency and duration of inpatient stays**
- 4. Reduction in both frequency and duration of physical restraints**
- 5. Reduction in incidents of confirmed abuse/neglect**
- 6. Reduction in polypharmacy**
- 7. Reduction in overall incidence of identified target behaviors**
- 8. Increase in individual's overall satisfaction with services**

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**

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**Measure:** CN-DD/Bx.03.1

**Measure Description:** Primary, Select and Clinically Enhanced: Provide description of agency capabilities for de-escalation and how provider anticipates and responds to a crisis for individuals. Include the following:

- Description of support/resources for DSPs and FLSs for crisis situations.
- Curriculum-based crisis response training used by the agency.
- Procedure for debriefing with staff and individuals after engagement in physical restraint.

**Applicable Tiers:** Primary, Select and Clinically Enhanced

**Process Details for Measure:** Via Provider Data Submission Tool 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.

\* Question 25CE.




**CN-DD/Bx.03.1 Submit the following for your agency:**

- 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.**

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**

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**Measure:** CN-DD/Bx.03.2

**Measure Description:** Select/Clinically Enhanced: Documentation of specialized trauma-informed training/activities for individuals and staff.

**Applicable Tier(s):** Select and Clinically Enhanced

**Process Details for Measure:** Via Provider Data Submission Tool 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. Submission must include at a minimum the name of training curriculum and the targeted audience.

**\* Question 26CE.**




**CN-DD/Bx.03.2 Submit documentation of specialized trauma-informed training/activities for individuals and staff, including at minimum the name of the training curriculum and the targeted audience.**

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**

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**\* For the Clinically Enhanced tier, select which category your agency is applying for.** 

- Clinically Enhanced - Medical
- Clinically Enhanced - Dual Diagnosis
- Both Clinically Enhanced - Medical and Clinically Enhanced - Dual Diagnosis

**Measure:** CN-DD/Bx.03.3

**Measure Description:** Documentation of crisis prevention and de-escalation training programs provided to all staff

- Examples of such programs: Ukeru, Positive Behavioral Interventions and Supports (PBIS), CPI/CPS/ Mandt System®, Non-Violent Crisis Intervention Training, Safe and Positive Practices/Approaches, etc.

**Applicable Tier(s):** Clinically Enhanced

**Process Details to Measure:** ODP Staff will review provider-reported crisis prevention and de-escalation training information from the Provider Data Submission Tool:

1. That the name and authorship of the program are well-established in the field and known as effective programs for training on the topics.
2. Documentation that the training provided adequately covers the topics of crisis prevention and de-escalation.
3. Indication that all of the following staff have been trained on the topic as of a specific date(s) training occurred:
  - DSPs, FLSs, Program Specialists, Residential Directors (or equivalents for these positions)
  - Clinical staff included in ratio calculation for CN-C.01.4.
4. There is a clear plan to ensure that all new staff are trained on the topic in a timely manner, and existing staff are recertified per program requirements.

**\* Question 27CE.**



**CN-DD/Bx.03.3 Enter your agency's crisis intervention and de-escalation program in use.**

Select the "Not Applicable (N/A)" button in instances where your agency does not have additional programs to add.

	Enter the name of Crisis Intervention and de-escalation program in use	Enter the Curriculum/Program Author	Not Applicable (N/A)
Prevention/De-escalation Program 1:	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Prevention/De-escalation Program 2:	<input type="text"/>	<input type="text"/>	<input type="radio"/>

Prevention/De-escalation  
Program 3:



**\* Question 28CE.**




**CN-DD/Bx.03.3 Submit the number and position of staff trained and dates of training(s).**

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**

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**\* Question 29CE.**




**CN-DD/Bx.03.3 Describe the agency plan to train new staff and ensure staff certifications are current per program requirements.**

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**

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**\* For the Clinically Enhanced tier, select which category your agency is applying for.** 

- Clinically Enhanced - Medical
- Clinically Enhanced - Dual Diagnosis
- Both Clinically Enhanced - Medical and Clinically Enhanced - Dual Diagnosis

## Performance Area: Supporting Individual with Complex Needs (Medical)

**Measure:** CN-M.01.2

**Measure Description:** For Children with Medically Complex Conditions demonstrated use of targeted resources including pediatric complex care resource centers (PCCRC), Health Care Quality Units (HCQU), home care services, support systems for families, use of family facilitator, and/or Special Needs Unit

**Applicable Tier(s):** Clinically Enhanced

**Process Details for Measure:** Via Provider Data Submission Tool, provider will detail use of targeted resources for supporting Children with Medically Complex Conditions including pediatric complex care resource centers (PCCRC), Health Care Quality Units (HCQU), home care services, support systems for families, use of family facilitator, and/or Special Needs Unit

**\* Question 30CE.**



**CN-M.01.2 Select targeted resources available for supporting children with medically complex conditions and describe how you use them.**

**Select all that apply.**

Pediatric Complex Care Resource Centers (PCCRC)

Provide details on how PCCRC are used:

Health Care Quality Units (HCQU)

Provide details on how HCQU are used:

Home Care Services

Provide details on how Home Care Services are used:

Support Systems for Families

Provide details on how Support Systems for Families are used:

Use of Family Facilitator

Provide details on how Family Facilitator is used:

Special Needs Unit

Provide details on how the Special Needs Unit is used:

Not Applicable (N/A)

**Performance Area: Data Management - Collection - use of data in quality management (QM) activities, timely reporting of data to ODP, Administrative Entity (AE), and PAS Vendor**

**Measure:** DM.01.2

**Measure Description:** Provide a sample of operational report or quality report

used for internal monitoring and implementation of QM initiatives that includes a written description of use and analysis of data from at least one of the following categories:

- Incidents
- Medication errors
- Health risks
- Restrictive procedures
- Staff retention
- Effectiveness of behavioral support
- Employment
- Information Sharing and Advisory Committee recommendation strategies
- Billing accuracy

**Applicable Tier(s):** Select and Clinically Enhanced

**Process Details for Measure:** Via Provider Data Submission Tool, providers will upload a sample of one operational or quality report currently in use.

\* Question 31CE.



**DM.01.2 Submit a sample of one operational or quality report currently used by your organization.**

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**

File 0 of 1

Max file size: 50.0 MB



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## Performance Area: Data Management - use of electronic health records (EHRs)

**Measure:** DM.02

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

Applicable Tier(s): Select and Clinically Enhanced

**Process Details for Measure:** Via Provider Data Submission Tool, providers will report information regarding EHR and provide evidence of use. A key feature of an Electronic Health Record (EHR) is communication between shared healthcare providers. A full description of an EHR can be found here: <https://www.healthit.gov/faq/what-electronic-health-record-ehr>. For the first contract cycle, ODP will consider use of an electronic medication administration system sufficient to meet DM.02 regardless of functionality to communicate with third parties (pharmacy or physician).

\* **Question 32CE.**



**DM.02 Specify the name of the Electronic Health Record (EHR) your organization currently uses.**

\* **Question 33CE.**



**DM.02 Based on the list below, select all functions of the software that are currently utilized by your organization.**

**Select all that apply.**

Medication Management

Medication Administration Record

- Physician notes
- Integrated care pathways
- Record of health monitoring activities (vitals, intake/output, bowel movements, blood sugar, lab results)
- Other

## Performance Area: Risk Management - Health Risk Screening Fidelity

**Measure:** RM-HRS.01.2

**Measure Description:** Demonstrate use of HRS data and considerations to improve individual health/outcomes as of July 1, 2024, or for providers submitting in February-March 2025, as of January 1, 2025.

**Applicable Tier(s):** Select and Clinically Enhanced

**Process Details for Measure:** Via Provider Data Submission Tool, providers will detail the use of data and considerations from available sources to improve individual health outcomes. 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.

\* Question 34CE.



**RM-HRS.01.2 Submit documentation to demonstrate the use of data and considerations to improve individual health/outcomes as of January 1, 2025.**

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**



Press here to [Browse](#)

## Performance Area: Employment - rate of competitive integrated employment (CIE) for working age individuals

**Measure:** EMP.01.1

**Measure Description:** Demonstrate tracking of CIE and percentage of working age individuals (18-64) with CIE

**Applicable Tier(s):** Primary, Select, and Clinically Enhanced

**Process Details for Measure:** Via Provider Data Submission Tool, residential providers will demonstrate tracking of CIE and individuals with CIE by reporting the number of working age individuals (18-64) with CIE being supported through waiver funded residential services for each calendar year.

Providers must also annually submit a written description of the process for tracking employment outcomes through the year, and a written description of the process for communicating with Supports Coordinators about any changes in the employment status of any individual receiving residential services.

\* **Question 35CE.**



**EMP.01.1 For your organization, enter the number of working age individuals (18-64) in your residential program for CY2024.**

\* Question 36CE.



EMP.01.1 For your organization, enter the number of working age individuals (18-64) with CIE being supported through waiver funded residential services for CY2024.

\* Question 37CE.




EMP.01.1 Submit a written description of your organization's process for tracking employment outcomes throughout the year.

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**

File 0 of 1

Max file size: 50.0 MB

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\* Question 38CE.



EMP.01.1 Submit a written description of your organization's process for communicating with Supports Coordinators about any changes in the employment status of any individual receiving residential services.

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**

 Press here to [Browse](#)**Measure:** EMP.01.2**Measure Description:** Plan for Improvement of CIE**Applicable Tier(s):** Primary, Select, and Clinically Enhanced**Process Details for Measure:** Via Provider Data Submission Tool, residential providers will annually report on their plan for improving CIE. Plans must include the following elements at a minimum:

- Action items and/or measurable targets for improving CIE,
- Responsible person(s),
- Goal date for achieving each target/action item,
- Progress made toward achieving each target/action item when applicable,
- Describe the structure/communication plan with the individual's Supports Coordinator to ensure employment information is up to date and accurate, and
- Completion date when applicable.

**\* Question 39CE.****EMP.01.2 Submit your organization's plan for improving competitive integrated employment (CIE). The plan must include at minimum:**

- **Action items and/or measurable targets for improving CIE**
- **Responsible person(s)**
- **Goal data for achieving each target/action item**
- **Progress made toward achieving each target/action item when applicable**
- **Description of structure/communication plan with the individual's SC to ensure employment information is up to date and accurate**

- Completion date if applicable
- Additional information regarding your organization's plan for improving CIE.

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**

File 0 of 1

Max file size: 50.0 MB

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## Performance Area: Use of Remote Technology

**Measure:** RST.01.1

**Measure Description:** Report types of remote support technology in use

**Applicable Tier(s):** Primary, Select, and Clinically Enhanced

**Process Details for Measure:** Report the type(s) of remote supports technology used by the residential agency in the previous calendar year by selecting from the following list. Include only technology that alerts off-site staff as part of a remote support system

\* Question 40CE.



**RST.01.1 Does your agency provide remote support technology?**

Yes

No

\* Question 41CE.



**RST.01.1 If YES, report the type(s) of remote supports technology used by the residential agency**

**during CY2024 by selecting from the following list. Include only technology that alerts off-site staff as part of a remote support system. Providers should select all that apply.**

- Two-way real-time audio video communication devices
- Audio only, no video communication devices
- Sensors (ex. doorways and windows, kitchen devices, pressure, motion)
- Wearable technology (ex. Smart watch, glucose monitor)
- Medication dispensers
- A main hub connecting remote supports technology
- The use of software designed to provide remote support services
- Audio-video devices that record service delivery
- Devices for controlling the residential environment (ex. lights, temperature, window blinds, door locks)
- Contract with an outside vendor to provide remote supports services for both technology and monitoring
- Contract with an outside vendor to provide remote supports services for technology only, agency staff used for monitoring
- Contract with an outside vendor to provide remote supports services for monitoring only, agency installs and maintains technology

**Measure:** RST.01.2

**Measure Description:** Report number and percentage of individuals using remote support technology

**Applicable Tier(s):** Primary, Select, and Clinically Enhanced

**Process Details for Measure:** To establish baseline data, report the total number of individuals that used remote supports within the previous calendar year.

\* Question 42CE.



RST.01.2 Submit the total number of individuals that used remote supports within CY2024.

**Measure:** RST.01.3

**Measure Description:** Report estimated direct care hours that are being redirected with use of technology

**Applicable Tier(s):** Primary, Select, and Clinically Enhanced

**Process Details to Measure:** Report estimated direct care hours that would have been provided if remote supports were not used as part of residential services. To calculate, providers should review all individuals receiving Remote Supports in residential services and determine the number of hours of RS they received in the previous calendar year. From the total hours of remote supports rendered, subtract the total number of direct care hours that would have been delivered by a DSP. (Example: An agency implemented remote supports services for three people beginning in July. After assessment, team planning, device selection, and trialing between February through June, remote supports were developed as an outcome in the persons ISP to provide support during 11pm to 6am each night. Prior to July, a DSP was present during that time. To estimate the time, calculate 7 hours [11pm-6am] x 7 days [1 week] x 26 weeks [July 1 – December 31] = 1,274 hours redirected.)

\* Question 43CE.



RST.01.3 Submit estimated total direct care hours at your agency that are being redirected with use of technology during CY2024.

**Measure:** RST.01.4

**Measure Description:** Report if the provider has savings as a result of the use of remote supports and include how the agency is using these value-based savings to invest in the organization including improvements to workforce,

service delivery, etc.

**Applicable Tier(s):** Primary, Select, and Clinically Enhanced

**Process Details for Measure:** Direct Support Professionals and Frontline Supervisors are a primary cost driver of residential rates. When remote supports are utilized in residential services, ODP allows providers to bill at the established residential rate. Please report if there are cost savings, how are you using these value-based savings to invest in your organization resulting in improvements to workforce, service delivery, etc.

\* Question 44CE.



**RST.01.4 If there are financial savings, how is your agency using these value-based savings to invest in your organization resulting in improvements to workforce, service deliver, etc.?**

**Measure:** RST.01.5

**Measure Description:** Report number of employees and/or contracted entities that have Assistive Technology Professional certificates from Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) or Enabling Technology Integration Specialist (SHIFT) certifications

**Applicable Tier(s):** Primary, Select, and Clinically Enhanced

**Process Details for Measure:** Report number of employees and/or contracted entities that have Assistive Technology Professional certificates from Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) or Enabling Technology Integration Specialist (SHIFT) certifications:  
Assistive Technology Professional (ATP) / RESNA:  
Enabling Technology Integration Specialist (ETIS) / SHIFT:

\* Question 45CE.



**RST.01.5 Submit number of employees and/or contracted entities that have Assistive Technology Professional certificates from Rehabilitation Engineering and Assistive Technology Society of North America or Enabling Technology Integration Specialist (SHIFT) certifications.**

Enter "0" where applicable

	Total # of <u>Employees</u>	Total # of <u>Contracted Entities</u>
Assistive Technology Professional (ATP)/RESNA:	<input type="text"/>	<input type="text"/>
Enabling Technology Integration Specialist (ETIS)/SHIFT:	<input type="text"/>	<input type="text"/>

**Performance Area: Quality**

**Measure:** QI.01.2

**Measure Description:** Provider is utilizing the individual's collective HRST data to create and conduct wellness programs/activities

**Applicable Tier(s):** Select and Clinically Enhanced

**Process Details for Measure:** Via Provider Data Submission Tool, providers will detail the use of aggregate data during the previous calendar year 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 of 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.



\* Question 46CE.



**QI.01.2 Describe the process used in CY2024 when aggregating data to identify trends and concerns which may limit wellness of the individuals served by your organization. Include the names of the reports used and the sections within the Health Risk Screening Tool used as part of your organization's process.**

**Measure:** QI.01.3

**Measure Description:** Provider is implementing directed wellness programs for nutrition, hypertension, mental health, diabetes, and/or heart disease, etc. as indicated by HRS data

**Applicable Tier(s):** Select and Clinically Enhanced

**Process Details for Measure:** Via Provider Data Submission Tool, providers will detail the process by which concerns or trends identified in QI.01.2 are being addressed through wellness related QM initiatives. Provider will include a description of wellness activities that simultaneously support inclusion.

\* Question 47CE.



**QI.01.3 Select the wellness programs that your organization offered to individuals in the review period and provide a description of the program and how many individuals participated. Include in the description the extent to which the wellness activities supported by the provider promote community inclusion (e.g. individuals belong to a local gym, take healthy cooking classes with non-disabled peers, participate in activities, clubs or teams with non-disabled peers).**

Nutrition

Describe Nutrition program and # of individuals participated:

---

---

Hypertension

Describe Hypertension program and # of individuals participated:

---

---

Mental Health

Describe Mental Health program and # of individuals participated:

---

---

Diabetes

Describe Diabetes program and # of individuals participated:

---

---

Heart Disease

Describe Heart Disease program and # of individuals participated:

---

---

No Wellness programs offered

Other

\* If Other, describe wellness activities offered:

---

---

**Measure:** QI.01.4

**Measure Description:** 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

**Applicable Tier(s):** Select and Clinically Enhanced

**Process Details for Measure:** Via Provider Data Submission Tool, providers will describe the health improvements of individuals 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 improvement over time of engagement of individuals in wellness programs including but not limited to healthy food choices, physical activity such as Move Your Way campaign, tobacco/nicotine cessation, health literacy.

**\* Question 48CE.**



**As an agency, are you describing the health improvements of individuals over time or detailing the improvement over time of engagement of individuals in wellness programs?**

- Description of health improvements of individuals over time
- Detailing the improvement over time of engagement of individuals in wellness programs

**\* Question 49CE.**



**QI.01.4 Describe measurable health improvement of individuals (e.g. A1C, reduction in medication, reduction in hypertension).**



**\* Question 50CE.**

**QI.01.4 Indicate the number of individuals who have attended or participated in the wellness programs offered by your organization. Provide data demonstrating improvement over time including additional individuals participating, individuals increasing duration or scope of engagement.**

Select the "Not Applicable (N/A)" button in instances where your agency does not have provide the wellness program listed.

	Description	# of individuals	Not Applicable (N/A)
Health Food Choices			<input type="radio"/>
Physical activity such as Move Your Way campaign			<input type="radio"/>
Tobacco/nicotine cessation			<input type="radio"/>
Health literacy			<input type="radio"/>
Other			<input type="radio"/>

**Measure: QI.02.1**

**Measure Description:** Report number of staff that have ODP QM certification; include number in leadership

**Applicable Tier(s):** Primary, Select, and Clinically Enhanced

**Process Details for Measure:** Via Provider Data Submission Tool, 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 after the tier determination period to reconcile the discrepancy.

**Measure:** QI.02.4

**Measure Description:** At least one member of executive leadership team who has the authority to adopt recommendations and direct QM activities has ODP QM Certification

**Applicable Tier(s):** Select and Clinically Enhanced

**Process Details for Measure:** Via Provider Data Submission Tool, 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 after the tier determination period to reconcile the discrepancy.

**\* Question 51CE.**



**QI.02.1 & QI.02.4 Enter the total number of staff at your organization that have current ODP Quality Management (QM) Certification as of February 1, 2025.**

	Total #
Total number of <b>staff</b> with <u>current ODP QM Certification</u> :	<input type="text"/>
Total number of <b>executive leadership team staff</b> with <u>current ODP QM Certification</u> :	<input type="text"/>

**\* Question 52CE.**



**QI.02.1 & QI.02.4 Enter the first and last names and titles for all individuals in your organization that have current ODP Quality Management (QM) Certification as of February 1, 2025 and indicate where applicable if the person is in a leadership role with authority to adopt recommendations**

**and direct QM activities.**

Select the "Not Applicable (N/A)" button in instances where your organization does not have any additional individuals to add.

	First and Last Name	Title	Leadership Role with authority to adopt recommendations and direct QM activities (Y/N)	Not Applicable (N/A)
Individual 1:				<input type="radio"/>
Individual 2:				<input type="radio"/>
Individual 3:				<input type="radio"/>
Individual 4:				<input type="radio"/>
Individual 5:				<input type="radio"/>
Individual 6:				<input type="radio"/>
Individual 7:				<input type="radio"/>
Individual 8:				<input type="radio"/>
Individual 9:				<input type="radio"/>
Individual 10:				<input type="radio"/>

**\* Does your agency have more than 10 staff that have current, ODP QM Certification as of February 1, 2025?**



Yes

No

**\* Question 52CE-2.**



**QI.02.1 & QI.02.4 Enter the first and last names and titles for all individuals in your organization that have current ODP Quality Management (QM) Certification as of February 1, 2025 and indicate where applicable if the person is in a leadership role with authority to adopt recommendations and direct QM activities.**

Select the "Not Applicable (N/A)" button in instances where your organization does not have any additional individuals to add.

	First and Last Name	Title	Leadership Role with authority to adopt recommendations and direct QM activities (Y/N)	Not Applicable (N/A)
Individual 11:				<input type="radio"/>
Individual 12:				<input type="radio"/>
Individual 13:				<input type="radio"/>
Individual 14:				<input type="radio"/>
Individual 15:				<input type="radio"/>
Individual 16:				<input type="radio"/>
Individual 17:				<input type="radio"/>
Individual 18:				<input type="radio"/>
Individual 19:				<input type="radio"/>
Individual 20:				<input type="radio"/>

**Measure:** QI.02.2

**Measure Description:** Provide a description of how data is utilized to monitor progress towards QM plan goals.

**Applicable Tier(s):** Primary, Select, and Clinically Enhanced

**Process Details for Measure:** Via Provider Data Submission Tool, 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.

\* Question 53CE.




QI.02.2 Submit your organization's process or policy regarding how data is utilized to monitor progress towards QM plan goals within your organization.

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**

File 0 of 1

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**Measure:** QI.02.3

**Measure Description:** Provide a description of how person-centered performance data is utilized to develop the QM plan and its action plan

**Applicable Tier(s):** Primary, Select, and Clinically Enhanced

**Process Details for Measure:** Via Provider Data Submission Tool, residential providers will annually provide a written detailed description of how data is utilized to develop 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.



\* Question 54CE.



Does the process or policy submitted above in QI.02.2 include how data is utilized to develop QM plan goals?

Yes

No

\* Question 55CE.



QI.02.3 Submit your organization's process or policy regarding how data is utilized to develop QM plan goals within your organization.

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**

File 0 of 1

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**Measure:** QI.03.1

**Measure Description:** Submission of policies, procedures, and activities supporting family engagement

**Applicable Tier(s):** Primary, Select, and Clinically Enhanced

**Process Details for Measure:** Via Provider Data Submission Tool, provider will report on and submit policies, procedures, and activities supporting family engagement. At a minimum, include a description of the provider's approach to the designation of persons by the individual for purposes of decision-making, rights, notification for incident management and individual planning. Additionally, include provider activities to facilitate the involvement of the

individual's relatives and friends in the individual's life (except in situations in which the individual indicates otherwise).

**\* Question 56CE.**




**QI.03.1 Submit your organization's current policies and procedures related to how your organization engages with the families of the individuals that you support.**

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**

File 0 of 1

Max file size: 50.0 MB

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**\* Question 57CE.**



**QI.03.1 Provide a description or list of activities your organization has implemented or will be implementing supporting family engagement for the individuals that you support. At a minimum, include a description of the provider's approach to the designation of persons by the individual for purposes of decision-making rights, notification for incident management and individual planning. Additionally, include provider activities to facilitate the involvement of the individual's relatives and friends in the individual's life (except in situations in which the individual indicates otherwise).**

Empty text area for response.

## Performance Area: Administration

**Measure:** ADM.01.1

**Measure Description:** Attest to and submit documentation supporting attestation regarding the required elements to meet the standards:

- Successful passage of a fiscal readiness review
- Submission of current financial statements (audited if available)
- Disclosure of the following:
  - Conflict of interest policy and associated documentation
  - Any history and status of criminal convictions of officers and owners
  - Licensing status in Pennsylvania for non-ODP licensed residential settings
  - Any history of license revocation, nonrenewal, enforcement action in other states in which the residential provider, and corporate affiliates, render services to individuals with intellectual and developmental disabilities, if applicable. This applies to any MPI operated by the provider or the provider's corporate affiliates.

**Applicable Tier(s):** Primary, Select, and Clinically Enhanced

**Process Details for Measure:** Via Provider Data Submission Tool:

- Provider submission of current financial statements (audited if available)
- Provider completion of the following sections of the Provider Data Submission Tool:
  - Financial,
  - Conflict of interest disclosure,
  - Criminal conviction disclosure,
  - Licensing and regulatory status disclosure.

Provider submission of attestation to factual representation of financial documentation, conflict of interest, criminal backgrounds and licensing and regulatory status disclosures. Through the contract period ending June 30, 2026 fiscal readiness will be demonstrated by submitting the most recent financial

statement (audited if available). If a provider does not have a current financial statement, provider must submit Profit/Loss and Balance Sheets.

**Note:** Legal entities and their corporate affiliates with a continued or repeated history of license revocations or non-renewals in one or more states that are not enrolled to provider ODP residential services by December 31, 2024, will not be eligible for rendering ODP residential services.

\* **Question 58CE.**



**ADM.01.1 Did your agency submit financial statements to ODP within the past 12 months?**

Yes

No

\* **Question 59CE.**



**If Yes, select the date the financial statements were submitted.**


Jan    ▾    06    ▾    2025    ▾

\* **Question 60CE.**



**ADM.01.1 If your agency had a financial audit completed within the past 18 months, submit copies of this audit. If your agency did not have an audit completed, submit current financial statements (at minimum profit/loss statements and balance sheets) reflective of your most recently completed fiscal year.**

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**

 Press here to [Browse](#)

**\* Question 61CE.**



**ADM.01.1 Was your organization's conflict of interest policy violated during the review period?**

Yes

No

**\* Question 62CE.**



**ADM.01.1 Indicate how your organization's conflict of interest policy has been violated during the review period including actions taken by the organization.**

**\* Question 63CE.**



**ADM.01.1 Did any of the officers/owners within your organization have any criminal convictions?**

Yes

No

**\* Question 64CE.**



**ADM.01.1 Identify the first and last names of any officers and owners within your organization that have had any criminal convictions. Include when the instance occurred and the status of the instance.**

Select the "Not Applicable (N/A)" button in instances where your organization does not have any additional officers/owners to add.

	First and Last Name of Officer/Owner	Position Title of Officer/Owner	Date of when instance occurred	Status of instance	Not Applicable (N/A)
Officer/Owner 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Officer/Owner 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>

**\* Question 64CE-2.**



**If you have more than 2 officers/owners that have had any criminal convictions, enter the following information in the space below.**

- **First and last name of officer/owner**
- **Position Title**
- **Date when the instance occurred**
- **Status of instance.**

**Enter one individual officer/owner per line.**

**If you do not have any additional officers/owners to add, enter "N/A."**

**\* Question 65CE.**



**ADM.01.1 List the current licenses and licensing status of all Pennsylvania, non-ODP licensed residential settings your organization currently possesses.**

- **Identify and list 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. This applies to any MPI operated by the provider or the provider's corporate affiliates.**

Select the "Not Applicable (N/A)" button in instances where your organization does not have any additional licenses to add.

	License Type	Licensing Status	Not Applicable (N/A)
License 1:			<input type="radio"/>
License 2:			<input type="radio"/>
License 3:			<input type="radio"/>

**\* Question 65CE-2.**



If you have more than 3 Pennsylvania, non-ODP licenses, enter the following information in the space below.

- License Type
- Licensing Status

Enter one non-ODP license per line.

If you do not have any additional non-ODP licenses to add, enter "N/A."

**Measure:** ADM.01.2

**Measure Description:** Documentation that governance by the Board of Directors is informed by voices of individuals with lived experiences by:

- Including at least one individual with intellectual/developmental disabilities/autism or a family member of an individual with intellectual/developmental disabilities/autism on the Board **OR**
- Operating an advisory committee or subcommittee that is comprised of individuals with lived experience **AND**
- Evidence that Board deliberations are informed by input of individuals with lived experience

**Applicable Tier(s):** Select and Clinically Enhanced

**Process Details for Measure:** Via Provider Data Submission Tool, providers will submit documentation that reflects board/advisory/subcommittee members and documentation such as meeting minutes to reflect board deliberations are

informed by input of people with lived experience. If your organization only has owners, they are the governing body.

**\* Question 66CE.**



**ADM.01.2 Based on the list below, select the types of governance established within your organization. Select all that apply.**

**If "Other" is selected, identify the type of governance in the space provided.**

Advisory Committee

Board

Owners

Subcommittee

Other

**\* Question 67CE.**




**ADM.01.2 Submit copies of your organization's board/advisory/subcommittee meeting minutes for CY2024 that reflect deliberations are informed by input of people with lived experience. The meeting minutes must include the first and last names of the individuals present at the meeting and their role (i.e. member, attendee). A sample of minutes that demonstrates the measure is sufficient.**

**\* If applicable, when submitting an uploaded document, please highlight or identify the area(s) of the document that pertain to the measure.**

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Performance-Based Contracting Residential Services Implementation Plan

## Appendix F: Performance-Based Contracting Residential Scoring Tool

**Performance Based Contracting Scoring Instrument**

Submitting Provider Name:	Dropdown menu --->	
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	Measure	Measure Description	Pass	Verification Type	Applicability	Composite Category	Clinically Complex Category
Administration	ADM.01.1-A	Successful passage of a fiscal readiness review OR submission of current financial statements (audited if available).		DOC	ALL	WA	NA
Administration	ADM.01.1-B	Disclosure of Conflict of interest policy and associated documentation.		TOOL	ALL	NA	NA
Administration	ADM.01.1-C	Disclosure of Any history and status of criminal convictions of officers and owners		TOOL	ALL	NA	NA
Administration	ADM.01.1-D	Disclosure of Licensing status in Pennsylvania for non-ODP licensed residential settings		TOOL	ALL	NA	NA
Administration	ADM.01.1-E	Disclosure of 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. This applies to any MPI operated by the provider or the provider's corporate affiliates.		TOOL	ALL	NA	NA
Administration	ADM.01.1-F	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.		ATT	ALL	NA	NA
Administration	ADM.01.2	Documentation that governance by the Board of Directors is informed by voices of individuals with lived experiences by: - Including at least one individual with intellectual/developmental disabilities/autism or a family member of an individual with intellectual/developmental disabilities/autism on the Board OR - Operating an advisory committee or subcommittee that is comprised of individuals with lived experience AND - Evidence that Board deliberations are informed by input of individuals with lived experience		DOC	SC	WA	NA
Attestation	ATT-1	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.		ATT	ALL	NA	NA

Attestation	ATT-2	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.		ATT	ALL	NA	NA
Supporting Individuals with Complex Needs (Clinical)	CN-C.01.1-A	Report current ratio of licensed/credentialed full-time equivalents to number of individuals served to demonstrate size of agency multidisciplinary clinical team.		TOOL	SC	NA	NA
Supporting Individuals with Complex Needs (Clinical)	CN-C.01.1-B	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		TOOL	SC	NA	NA
Supporting Individuals with Complex Needs (Clinical)	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.		ODP	C	NA	NA
Supporting Individuals with Complex Needs (Clinical)	CN-C.01.3-A	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		ATT	SC	CN	NA
Supporting Individuals with Complex Needs (Clinical)	CN-C.01.3-B	Provide a plan for 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		DOC	SC	CN	NA
Supporting Individuals with Complex Needs (Clinical)	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		TOOL	C	NA	NA
Supporting Individuals with Complex Needs (Clinical)	CN-C.02.1	Provide current description of established professional relationships to support individuals served (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)		TOOL	ALL	CN	NA
Supporting Individuals with Complex Needs (Clinical)	CN-C.02.2-A	Follow-up after hospitalization for mental illness at 30-day a minimum of 75%		ODP	S	CN	NA
Supporting Individuals with Complex Needs (Clinical)	CN-C.02.2-B	Follow-up after hospitalization for mental illness at 7-day minimum of 40% and 30-day a minimum of 75%		ODP	C	CN	NA
Supporting Individuals with Complex Needs (Dual Diagnosis/Behavioral)	CN-DD/Bx.01.1-A	Attest that all newly hired DSPs, FLSs, and program managers will complete training on ASD (i.e., SPeCTRUM or equivalent basic course on effectively supporting individuals with ASD) within 1-year of hire beginning January 1, 2025.		ATT	S	NA	NA
Supporting Individuals with Complex Needs (Dual Diagnosis/Behavioral)	CN-DD/Bx.01.1-B	Attest that no later than December 31, 2025 all DSPs, FLSs, and program managers will have completed training on ASD (i.e., SPeCTRUM or equivalent basic course on effectively supporting individuals with ASD) and new staff will complete within 1-year of hire beginning January 1, 2025		ATT	C	NA	NA
Supporting Individuals with Complex Needs (Dual Diagnosis/Behavioral)	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 (S)  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 (C)		TOOL	SC	CN	BS

Supporting Individuals with Complex Needs (Dual Diagnosis/Behavioral)	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.  For the review period of 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		TOOL	ALL	CN-Primary Only	NA
Supporting Individuals with Complex Needs (Dual Diagnosis/Behavioral)	CN-DD/Bx.02.2-A	Demonstrate use of data to impact individual outcomes- law enforcement, restrictive procedures, inpatient, restraint, confirmed abuse/neglect, polypharmacy, target behavioral data, individuals' satisfaction with services)		DOC	SC	NA	BS
Supporting Individuals with Complex Needs (Dual Diagnosis/Behavioral)	CN-DD/Bx.02.2-B	Demonstrate use of data to impact individual outcomes- restrictive procedures		DOC	SC	NA	BS
Supporting Individuals with Complex Needs (Dual Diagnosis/Behavioral)	CN-DD/Bx.02.2-C	Demonstrate use of data to impact individual outcomes- inpatient		DOC	SC	NA	BS
Supporting Individuals with Complex Needs (Dual Diagnosis/Behavioral)	CN-DD/Bx.02.2-D	Demonstrate use of data to impact individual outcomes- restraint		DOC	SC	NA	BS
Supporting Individuals with Complex Needs (Dual Diagnosis/Behavioral)	CN-DD/Bx.02.2-E	Demonstrate use of data to impact individual outcomes- confirmed abuse/neglect		DOC	SC	NA	BS
Supporting Individuals with Complex Needs (Dual Diagnosis/Behavioral)	CN-DD/Bx.02.2-F	Demonstrate use of data to impact individual outcomes- polypharmacy		DOC	SC	NA	BS
Supporting Individuals with Complex Needs (Dual Diagnosis/Behavioral)	CN-DD/Bx.02.2-G	Demonstrate use of data to impact individual outcomes- target behavioral data		DOC	SC	NA	BS
Supporting Individuals with Complex Needs (Dual Diagnosis/Behavioral)	CN-DD/Bx.02.2-H	Demonstrate use of data to impact individual outcomes - individuals' satisfaction with services		DOC	SC	NA	BS
Supporting Individuals with Complex Needs (Dual Diagnosis/Behavioral)	CN-DD/Bx.03.1-A	Provide description of agency capabilities for de-escalation and how provider anticipates and responds to a crisis for individuals. Include: Description of support/resources for DSPs and FLSs for crisis situations		DOC	ALL	CN-Primary Only	NA
Supporting Individuals with Complex Needs (Dual Diagnosis/Behavioral)	CN-DD/Bx.03.1-B	Provide description of agency capabilities for de-escalation and how provider anticipates and responds to a crisis for individuals. Include: Curriculum-based crisis response training used by the agency		DOC	ALL	CN-Primary Only	NA
Supporting Individuals with Complex Needs (Dual Diagnosis/Behavioral)	CN-DD/Bx.03.1-C	Provide description of agency capabilities for de-escalation and how provider anticipates and responds to a crisis for individuals. Include: Procedure for debriefing with staff and individuals after engagement in physical restraint		DOC	ALL	CN-Primary Only	NA
Supporting Individuals with Complex Needs (Dual Diagnosis/Behavioral)	CN-DD/Bx.03.2	Documentation of specialized trauma-informed training/activities for individuals and staff.		DOC	SC	CN	NA

Supporting Individuals with Complex Needs (Dual Diagnosis/Behavioral)	CN-DD/Bx.03.3	Documentation of crisis prevention and de-escalation training programs provided to all staff Examples of such programs: Ukeru, Positive Behavioral Interventions and Supports (PBIS), CPI/CPS/ Mandt System®, Non-Violent Crisis Intervention Training, Safe and Positive Practices/Approaches, etc.		DOC	C	CN	BS
Supporting Individuals with Complex Needs (Medical)	CN-M.01.1	Attest that the provider meets the 1915(c) waiver requirements for serving individuals with a medically complex condition		ATT	C	NA	MS
Supporting Individuals with Complex Needs (Medical)	CN-M.01.2	For Children with Medically Complex Conditions demonstrated use of targeted resources including pediatric complex care resource centers (PCCRC), Health Care Quality Unit (HCQU), home care services, support systems for families, use of family facilitator, and/or Special Needs Unit		TOOL	C	NA	MS
Continuum of Services	CoS.01	Provide at least two of the three services during the review period.		ODP	S	NA	NA
Continuum of Services	CoS.02	Report on the number of individuals with a successful transition from Residential Habilitation to Life Sharing and Supported Living provided by the provider.		TOOL	ALL	NA	NA
Data Management – Collection – use of data in quality management (QM) activities, timely reporting of data to ODP, Administrative Entity (AE), and PAS Vendor	DM.01.1	Submit completed test case file in format required by ODP		DOC	P	NA	NA
Data Management – Collection – use of data in quality management (QM) activities, timely reporting of data to ODP, Administrative Entity (AE), and PAS Vendor	DM.01.2	Provide a sample of operational report or quality report used for internal monitoring and implementation of QM initiatives that includes a written description of use and analysis of data from at least one of the following categories: - Incidents - Medication errors - Health risks - Restrictive procedures - Staff retention - Effectiveness of behavioral support - Employment - Information Sharing and Advisory Committee recommendation strategies - Billing accuracy		DOC	SC	NA	NA
Data Management – Collection – use of data in quality management (QM) activities, timely reporting of data to ODP, Administrative Entity (AE), and PAS Vendor	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.		TOOL	SC	NA	NA
Employment – rate of competitive integrated employment (CIE) for working age individuals	EMP.01.1-A	Demonstrate percentage of working age individuals (18-64) with CIE		TOOL	ALL	NA	NA
Employment – rate of competitive integrated employment (CIE) for working age individuals	EMP.01.1-B	Demonstrate tracking of CIE - Written description of your organization's process for tracking employment outcomes throughout the year.		DOC	ALL	NA	NA

Employment – rate of competitive integrated employment (CIE) for working age individuals	EMP.01.1-C	Demonstrate tracking of CIE - Written description of your organization's process for communicating with Supports Coordinators about any changes in the employment status of any individual receiving residential services.		DOC	ALL	NA	NA
Employment – rate of competitive integrated employment (CIE) for working age individuals	EMP.01.2	Plan for improvement of CIE		DOC	ALL	NA	NA
Quality	QI.01.1	Description of how the provider coordinates wellness activities including use of HRS data for residential program participants.		TOOL	P	D	NA
Quality	QI.01.2	Provider is utilizing the individuals' collective HRST data to create and conduct wellness programs/activities		TOOL	SC	D	NA
Quality	QI.01.3	Provider is implementing directed wellness programs for nutrition, hypertension, mental health, diabetes, and/or heart disease, etc. as indicated by HRS data		TOOL	SC	D	NA
Quality	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		TOOL	SC	D	NA
Quality	QI.02.1	Report number of staff that have ODP QM certification; include number in leadership.		TOOL	ALL	NA	NA
Quality	QI.02.2	Provide a description of how data is utilized to monitor progress towards QM plan goals		DOC	ALL	D	NA
Quality	QI.02.3	Provide a description of how person-centered performance data is utilized to develop the QM Plan and its action plan		DOC	ALL	D	NA
Quality	QI.02.4	At least one member of executive leadership team who has the authority to adopt recommendations and direct QM activities has ODP QM Certification		TOOL	SC	NA	NA
Quality	QI.03.1	Submission of policies, procedures, and activities supporting family engagement		DOC	ALL	D	NA
Quality	QI.03.2	Attest to assist in efforts, beginning January 1, 2025, to support ODP data collection on family satisfaction with provider engagement.		ATT	ALL	NA	NA
Regulatory Compliance	RC.01	Maintain regular license status (i.e., a license that is not on provisional status or operating pending appeal of a license revocation) for all residential homes that require licensure.		ODP	ALL	NA	NA

Referral and Discharge Practices	RD.01.1	<p>Attest that by January 1, 2025, a system will be in place, to accurately track and report all of the following:</p> <ul style="list-style-type: none"> <li>- All referrals for residential services by type and determination of acceptance or rejection.</li> <li>- Time to service initiation from date of referral acceptance to date of service start by residential service type.</li> <li>- Number of referrals denied and reason (age, gender, clinical needs, location/geography, vacancy status workforce).</li> <li>- Number of provider-initiated discharges, setting to which individual was discharged, and reason for discharge(s).</li> <li>- Circumstances under which an individual(s) 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.</li> </ul> <p>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, 2026 or individuals where the needs assessment results in an increase.</p>		ATT	P	NA	NA
Referral and Discharge Practices	RD.01.2	<p>Serve a minimum of 10 individuals in residential services during the review period. Residential service providers serving a minimum of 10 individuals for the review period must attest that a system will be in place beginning January 1, 2025 to report current average days for service initiation. Providers serving less than 10 individuals January 1, 2025 will not be eligible for Select or Clinically Enhanced tiers.</p>		ODP	SC	NA	NA
Referral and Discharge Practices	RD.01.3	<p>Demonstrate timeliness of response to referrals and service initiation:</p> <p>Attest that a system is in place beginning January 1, 2025 to accurately track and report:</p> <ul style="list-style-type: none"> <li>- All referrals for residential services by type and determination of acceptance or rejection.</li> <li>- Time to service initiation from date of referral acceptance to date of service start by residential service type.</li> <li>- Description of each circumstance in which 90-day timeline is not met for Residential Habilitation and 180-day timeline is not met for Life Sharing and Supported Living.</li> <li>- Number of referrals denied and document reason (age, gender, clinical needs, location/geography, vacancy status workforce).</li> <li>- Number of provider-initiated discharges, setting to which individual was discharged, and reason for discharge(s).</li> <li>- Circumstances under which an individual(s) 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.</li> </ul> <p>Attestation to confirm the above requested data provided is accurate, a procedure is in place to review referrals, and the procedure is in practice.</p>		ATT	SC	NA	NA
Risk Management – Health Risk Screening Fidelity	RM-HRS.01.1	<p>Current health risk screenings (HRS) in place for all individuals including applicable assessments as indicated by HRST protocol</p>		ODP	ALL	NA	NA

Risk Management – Health Risk Screening Fidelity	RM-HRS.01.2	Demonstrate use of HRS data and considerations to improve individual health/outcomes as of July 1, 2024, or for providers submitting in February–March 2025, as of January 1, 2025.		DOC	SC	NA	NA
Risk Management – Incident reporting fidelity	RM-IM.01.1	Provider demonstrates reporting fidelity: Maximum number of incidents (potentially indicative of abuse or neglect) not reported may not exceed 2% of overall reported incidents by provider		ODP	SC	IM	NA
Risk Management – Incident reporting fidelity	RM-IM.01.2	Provider demonstrates reporting fidelity: Maximum number of incidents not reported timely may not exceed 10% of overall reported incidents by provider.		ODP	SC	IM	NA
Risk Management – Incident reporting fidelity	RM-IM.01.3	Timely finalization of incidents is demonstrated by at least 86% of incidents finalized within 30 days of discovery		ODP	SC	IM	NA
Risk Management – Incident reporting fidelity	RM-IM.01.4	Timely finalization of incidents is demonstrated by at least 95% of all incidents must be finalized by the due date, and the due date may only exceed 30 days in no more than 5% of those incidents (due dates may exceed 30 days when the provider has notified the Department in writing that an extension is necessary and the reason for the extension)		ODP	SC	NA	NA
Use of Remote Support Technology	RST.01.1	Report types of remote support technology in use		TOOL	ALL	NA	NA
Use of Remote Support Technology	RST.01.2	Report number and percentage of individuals using remote support technology		TOOL	ALL	NA	NA
Use of Remote Support Technology	RST.01.3	Report estimated direct care hours that are being redirected with use of technology		TOOL	ALL	NA	NA
Use of Remote Support Technology	RST.01.4	Report if the provider has savings as a result of the use of remote supports and include how the agency is using these value-based savings to invest in the organization including improvements to workforce, service delivery, etc.		TOOL	ALL	NA	NA
Use of Remote Support Technology	RST.01.5	Report number of employees and/or contracted entities that have Assistive Technology Professional certificates from Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) or Enabling Technology Integration Specialist (SHIFT) certifications		TOOL	ALL	NA	NA
Workforce	WF.01.1	Attest that supervisory management training to support skill application of Direct Support Professionals (DSPs) is conducted for all Frontline Supervisors (FLS) no later than December 31, 2025 and is embedded in agency training plan to ensure continuity.		ATT	P	NA	NA
Workforce	WF.01.2	Submit an agency plan which includes timeframes and milestones for implementing a National Alliance for Direct Support Professionals (NADSP) credentialing program for DSPs		DOC	P	NA	NA
Workforce	WF.01.3	Report the percentage of DSPs who are credentialed and/or enrolled in the NADSP eBadge program. Clinically Enhanced may be NADSP eBadge or NADD program.		TOOL	ALL	NA	NA
Workforce	WF.01.4-A	Attest to increase percentage of DSPs credentialed through NADSP by a minimum of 5% by December 31, 2025 from baseline on 7/1/2024 or 1/1/25. (Examples: If no DSPs are credentialed on baseline date, then 5% of DSPs must be credentialed on or before 12/31/2025. If 5% of DSPs are credentialed on baseline date, then 10% must be credentialed by 12/31/2025.) Providers having greater than 25% of DSPs credentialed are considered to meet the standard without requirement to increase percentage		ATT	S	NA	NA
Workforce	WF.01.4-B	Attest to increase percentage of DSPs credentialed through NADSP and/or NADD by a minimum of 5% by December 31, 2025 from baseline on 7/1/2024 or 1/1/25. (Examples: If no DSPs are credentialed on baseline date, then 5% of DSPs must be credentialed on or before 12/31/2025. If 5% of DSPs are credentialed on baseline date, then 10% must be credentialed by 12/31/2025.) Providers having greater than 25% of DSPs credentialed are considered to meet the standard without requirement to increase percentage		ATT	C	NA	NA



Workforce	WF.02.1	Attest that 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 agency training plan to ensure continuity.		ATT	P	NA	NA
Workforce	WF.02.2	Submit an agency plan including timeframes and milestones for implementing a NADSP credentialing program for FLSs		DOC	P	NA	NA
Workforce	WF.02.3	Report the percentage of FLSs who are credentialed and/or enrolled in the NADSP eBadge program for FLS		TOOL	ALL	NA	NA
Workforce	WF.02.4	Attest to increase percentage of FLSs credentialed through NADSP by a minimum of 10% by December 31, 2025, from baseline on 7/1/2024 or 1/1/25. If no FLSs are credentialed on baseline date, then 10% of FLSs must be credentialed on or before 12/31/2025. If 5% of FLSs are credentialed on baseline date, then 15% must be credentialed by 12/31/2025. Providers having greater than 25% of staff credentialed are considered to meet the standard without requirement to increase percentage.		ATT	SC	NA	NA
Workforce	WF.03.1	Report FLS and DSP voluntary and involuntary turnover rate		TOOL	ALL	NA	NA
Workforce	WF.03.2	Report percentage of contracted staff in DSP and FLS positions		TOOL	ALL	NA	NA
Workforce	WF.03.3	Participate in National Core Indicators® NCI State of the Workforce Survey and release provider NCI data to ODP to validate turnover and other workforce data		DOC	SC	NA	NA
Workforce	WF.04.1	Submission of current policy that addresses DEI in provider's workforce		DOC	ALL	NA	NA
Workforce	WF.04.2	Attest that the agency has a strategic plan that includes DEI		ATT	SC	WA	NA
Workforce	WF.04.3	Submit documentation that agency has a committee of staff focused on DEI.		DOC	SC	WA	NA
Workforce	WF.04.4	Submit documentation that training for staff is relevant to the employee's own culture and language.		DOC	SC	WA	NA
Workforce	WF.04.5	Attest that the agency plan includes recruitment and advancement activities for staff with culturally and linguistically diverse backgrounds.		ATT	SC	WA	NA

Submitting Provider Name:	0
MPI:	0
Provider Contact Name:	0
Contact Phone:	0
Contact Email:	0
Tier Requested:	0

Tier Qualification Results	
Possible Tiers	Does Provider Qualify for Tier?
Primary	Yes, with corrections
Select	No
Clinically Enhanced - Medical	No
Clinically Enhanced - Behavioral	No

Is provider Conditional based on current license status?	No
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Scoring Tool Key	
<b>Verification Type:</b>	<b>Applicability:</b>
ATT = Attestation	ALL = All tiers
DOC = Documentation Submission	P = Primary tier
ODP = ODP Data	S = Select tier
TOOL = Provider Data Submission Tool	C = Clinically Enhanced tier
	SC = Select and Clinically Enhanced tiers
<b>Composite Category:</b>	<b>Clinically Enhanced Categories:</b>
CN = Complex Needs	BS = Behavioral Support
CN-Primary only = Complex Needs - Primary tier only	MS = Medical Support
D = Data	NA = Not applicable
IM = Incident Management	
WA = Workforce/Administration	
NA = Not applicable	

Composite Group Score			
Clinical Needs	Data	Workforce Administration	Incident Management
#N/A	#N/A	#N/A	#N/A
#N/A	#N/A	#N/A	#N/A
#N/A	#N/A	#N/A	#N/A
#N/A	#N/A	#N/A	#N/A

Appendix G: Tier Selection Checklist

## Tier Selection Checklist

Please ensure your agency meets the below measures if you are applying for Select or Clinically Enhanced. This is NOT an exhaustive list, please see the Scoring Tool in the Implementation Guide for the complete list.

Measure	Select	Clinically Enhanced
<b>DM.02:</b> Have an EHR in use (minimum requirement is electronic medication administration records)	✓	✓
<b>RD.01.2:</b> Serve 10 or more individuals in residential as of 1/1/2025	✓	✓
<b>QI.02.4:</b> Have at least one leadership team member that is QM Certified	✓	✓
<b>WF.03.3:</b> Participated in the NCI State of the Workforce survey	✓	✓
<b>CN-C.02.2:</b> Follow-up after hospitalization for mental illness (Select and CE tiers have different thresholds) *	✓	✓
<b>RM-IM.01.1-3:</b> IM measures are within tolerance levels *	✓	✓
<b>RM-HRS.01.1:</b> Current HRS in place for all individuals (required for all 3 tiers)	✓	✓
<b>CoS.01:</b> Provide 2 out of 3 residential services	✓	
<b>CN-C.01.2:</b> Population in top quartile of acuity of both NL and HCL		✓
<b>CN-C.01.4:</b> 1:15 minimum ratio of FTE behavioral/mental health clinical staff to individuals served		✓

\* Measure is part of a composite score