



INTRODUCTION

The Commonwealth of Pennsylvania's Department of Human Services (Department), Office of Developmental Programs (ODP) is pursuing systems change to improve the quality and sustainability of services. ODP is implementing a statewide 1915(b)(4) Performance-Based Contracting (PBC) 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 to establish performance standards for residential providers.

The first contract period will be January 1, 2025, through June 30, 2026. Then, beginning July 1, 2026, 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.

Additional information related to provider data submission can be found in the PBC Residential Provider Data Submission Tool and Instructions.

As part of its commitment to support providers up to and during the PBC process, ODP developed this ***Residential Provider Performance-Based Contracting Preparedness Self-Assessment*** so providers of ODP Residential Services may self-evaluate in preparation for the PBC process. This self-assessment, once completed, indicates:

- 1) A Baseline for providers to measure whether they meet, exceed, or need to make any necessary revisions, policy clarifications or new policy development for each of the standards and measures within the PBC process.
- 2) An approximation of the performance relative to the PBC tiers:
 - *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.
- 3) The requirements for providers to achieve the desired contracting tier at the time of PBC submission.

This self-assessment tool is not intended to be submitted to ODP. It acts as a point-in-time evaluation for residential providers to ascertain the current and desired tier for PBC. The assessment tool is most useful when paired with the companion ***Residential Provider Performance-Based Contracting Preparedness Planning Workbook***, which is designed to map out an action strategy for meeting the expectations for PBC at the initial submission. The self-assessment tool also provides information related to future measures that will be implemented in future PBC cycles.

ODP encourages you to use these tools to understand your organization's readiness for and to develop an implementation strategy for PBC.

In addition to the provider preparedness tools, providers are strongly encouraged to utilize other resources that are available to them to support data collection and analysis such as canned and custom reports in HRS [online](#) and Incident Management Dashboards in [EIM](#).

Residential Provider Performance-Based Contracting Preparedness SELF-ASSESSMENT



PERFORMANCE AREA: Administration

Standard: Demonstrate transparent and sound corporate governance structure

	Primary	Select	Clinically Enhanced
Measure	<p>ADM.01.1 Attest to and submit documentation supporting attestation regarding the required elements to meet the standards:</p> <ul style="list-style-type: none"> • Successful passage of a fiscal readiness review • Submission of current financial statements (audited if available) • Disclosure of the following: <ul style="list-style-type: none"> ○ 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, 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. 		
Assessment Question	My agency acknowledges the expectation to adhere to all required elements to meet the standard.		
Preparedness Level	<input type="checkbox"/> My agency will meet the expectation to submit and adhere to all required elements to meet the standard. <input type="checkbox"/> My agency will not meet the expectation to submit and adhere to all required elements to meet the standard.		
Details	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ Financial ○ Conflict of interest disclosure, ○ Criminal conviction disclosure, ○ Licensing and regulatory status disclosure <p>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 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.</p> <p>Note: Provider submitted documentation of evidence or description as of February 15, 2025</p> <p>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.</p> <p>Data Source: Provider attestation; PBC Residential Provider Data Submission Tool, Documentation Review</p>		

Residential Provider Performance-Based Contracting Preparedness SELF-ASSESSMENT



PERFORMANCE AREA: Administration (continued)

Standard: Demonstrate transparent and sound corporate governance structure (continued)

	Primary	Select	Clinically Enhanced
Measure		<p>ADM.01.2 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"> 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 Providing evidence that Board deliberations are informed by the input of individuals with lived experience 	
Assessment Question		<p>Will your agency be able to document that governance by the Board of Directors is informed by voices of people with lived experiences by: Including at least one individual with intellectual and developmental disabilities/autism (inclusive of family members) on the Board or operating an advisory committee or subcommittee that is comprised of people with lived experience and provide evidence?</p>	
Preparedness Level		<p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unsure </p>	
Details		<p>Via Provider Data Submission Tool, providers will submit documentation that reflects board/advisory/subcommittee membership, and documentation such as meeting minutes to reflect board deliberations are informed by the input of people with lived experience. If your organization only has owners, they are the governing body. Note: Provider submitted documentation of evidence or description as of February 15, 2025 Data Source: PBC Residential Provider Data Submission Tool; Documentation Review</p>	

Residential Provider Performance-Based Contracting Preparedness SELF-ASSESSMENT



PERFORMANCE AREA: Continuum of Services

Standard: Provide at least two residential services (Residential Habilitation and either Life sharing or Supported Living; Life sharing and either Residential Habilitation or Supported Living; Supported Living and Life sharing or Residential Habilitation)

	Primary	Select	Clinically Enhanced
Measure		CoS.01 Provide at least two of the three services during the review period.	
Assessment Question		Is your agency providing two of the three services on the residential continuum?	
Preparedness Level		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unsure	
Details		ODP will use authorization and claim data to determine if the residential provider has rendered at least two of three residential services. To meet the measure for Select upon initial implementation, providers must be rendering two of three residential services to at least one individual on February 15, 2025. Note: Providers are required to render two of three residential services as of February 15, 2025 Data Source: Claims (ODP data pull)	

Residential Provider Performance-Based Contracting Preparedness SELF-ASSESSMENT



PERFORMANCE AREA: Continuum of Services (continued)

Standard: Evaluate and assess individuals who may be better served in a more independent setting

	Primary	Select	Clinically Enhanced
Measure	CoS.02 Report on the number of individuals with a successful transition from Residential Habilitation to Lifesharing and Supportive Living provided by the provider.		
Assessment Question	Is your agency able to report on the number of individuals with a successful transition from Residential Habilitation to Life Sharing and Supported Living?		
Preparedness Level	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unsure		
Details	Via Provider Data Submission Tool, provider will respond to questions related to a 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 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. Note: Providers submitting in February-March 2025 will be evaluated using CY24 data. Data Source: Claims; PBC Residential Provider Data Submission Tool, Submitted Transition to Independent Living Request Forms		

Residential Provider Performance-Based Contracting Preparedness SELF-ASSESSMENT



PERFORMANCE AREA: Workforce

Standard: 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).

	Primary	Select	Clinically Enhanced
Measure	WF.01.1 Attest that agency-provided supervisory management training to support skill application of Direct Support Professionals (DSPs) is conducted for all Front-Line Supervisor (FLS) no later than 12/31/25 and is embedded in agency training plan to ensure continuity.		
Assessment Question	Will your organization have agency-provided FLS management training to support the skill application of DSPs in place for all FLSs no later than 12/31/25?		
Preparedness Level	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unsure		
Assessment Question	Will your agency embed FLS management training to support the skill application of DSPs within your agency training plan by 12/31/25?		
Preparedness Level	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unsure		
Details	Primary providers will attest via Department developed attestation form, sent via targeted email, embedded training plan supporting the skill development of DSPs or supervisors and management. Note: Life sharers are exempt from this standard. Note: Frontline Supervisors 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. (NCI, 2022). Data Source: Provider Attestation		



PERFORMANCE AREA: Workforce (continued)

Standard: 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).

	Primary	Select	Clinically Enhanced
Measure	WF.01.2 Submit an agency plan that includes timeframes and milestones for implementing a National Alliance for Direct Support Professionals (NADSP) credentialing program for DSPs.		
Assessment Question	<p>Does your agency have or will your agency be able to submit a plan, including timeframes and milestones, for implementing a credentialing program (NADSP eBadge) that minimally describes the following?</p> <ul style="list-style-type: none"> • 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, and 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 7/1/24. 		

Residential Provider Performance-Based Contracting Preparedness SELF-ASSESSMENT



PERFORMANCE AREA: Workforce (continued)

Standard: 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) (continued).

Measure (continued): WF.01.2 Submit an agency plan that includes timeframes and milestones for implementing a National Alliance for Direct Support Professionals (NADSP) credentialing program for DSPs.

	Primary	Select	Clinically Enhanced
Preparedness Level	<input type="checkbox"/> My agency does not have a plan and will be challenged to submit one. <input type="checkbox"/> My agency does not have a plan but can readily create and submit one. <input type="checkbox"/> My agency has a DSP credentialing plan that needs modification and improvement before submission. <input type="checkbox"/> My agency has a DSP credentialing plan ready for submission.		
Details	Primary Providers will submit an agency plan to implement a tiered credentialing plan for DSPs (to include timelines for completion and process details). Note: Life sharers are exempt from this standard. Note: Provider submitted documentation as of February 15, 2025, Data Source: PBC Residential Provider Data Submission Tool and Documentation Submission		

Residential Provider Performance-Based Contracting Preparedness SELF-ASSESSMENT



PERFORMANCE AREA: Workforce (continued)

Standard: 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) (continued).

	Primary	Select	Clinically Enhanced
Measure	WF.01.3 Report the percentage of DSPs who are credentialed and/or enrolled in the NADSP eBadge program.		WF.01.3 Report the percentage of DSPs who are credentialed and/or enrolled in the NADSP eBadge and/or NADD program.
Assessment Question	Is your agency able to report on the percentage of DSPs who are credentialed and maintain the credential and/or the percentage of DSPs enrolled in a credentialing program?		
Preparedness Level	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unsure		
Details	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/or enrolled in credentialing program. Data will be compared with reports from NADSP. Note: Life sharers are exempt from this standard. Note: Provider submitted documentation as of February 15, 2025, depending on PBC Residential Provider Data Submission Tool date. Data Source: PBC Residential Provider Data Submission Tool; NADSP validation		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/or enrolled in credentialing program. Data will be compared with reports from NADSP and NADD. Note: Life sharers are exempt from this standard. Note: Provider submitted documentation as of February 15, 2025, depending on PBC Residential Provider Data Submission Tool date. Data Source: PBC Residential Provider Data Submission Tool; NADSP, NADD Validation

Residential Provider Performance-Based Contracting Preparedness SELF-ASSESSMENT



PERFORMANCE AREA: Workforce (continued)

Standard: 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) (continued).

	Primary	Select	Clinically Enhanced
Measure		WF.01.4 Attest to increase percentage of DSPs credentialed through NADSP by a minimum of 5% by December 31, 2025, from baseline on 7/1/2024. (Examples: If no DSPs are credentialed on the baseline date, then 5% of DSPs must be credentialed on or before 12/31/2025. If 5% of DSPs are credentialed on the baseline date, then 10% must be credentialed by 12/31/2025.)	WF.01.4 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. (Examples: If no DSPs are credentialed on the baseline date, then 5% of DSPs must be credentialed on or before 12/31/2025. If 5% of DSPs are credentialed on-the baseline date, then 10% must be credentialed by 12/31/2025.)
Assessment Question		To what degree will your agency meet the minimum DSP credentialing through NADSP by 12/31/25?	To what degree will your agency meet the minimum DSP credentialing through NADSP and/or NADD by 12/31/25?
Preparedness Level		<input type="checkbox"/> No DSPs credentialed <input type="checkbox"/> 5% DSPs from 0 baseline <input type="checkbox"/> <5% more from 7/1/24 baseline <input type="checkbox"/> 5% more or higher from 7/1/24 baseline <input type="checkbox"/> 25% or more DSPs already credentialed	<input type="checkbox"/> No DSPs credentialed <input type="checkbox"/> 5% DSPs from 0 baseline <input type="checkbox"/> <5% more from 7/1/24 baseline <input type="checkbox"/> 5% more or higher from 7/1/24 baseline <input type="checkbox"/> 25% or more DSPs already credentialed
Details		Select and clinically enhanced providers will attest via a department-developed attestation form to achieve a 5% increase in the total number of credentialed DSPs. Note: Life sharers are exempt from this standard. Note: Providers with 25% or more credentialed DSPs meet the standard without a requirement to increase over the baseline percentage. Data Source: PBC Residential Provider Data Submission Tool, Provider Attestation; NADSP Validation	Select and clinically enhanced providers will attest via a department-developed attestation form to achieve a 5% increase in the total number of credentialed DSPs. Note: Life sharers are exempt from this standard. Note: Providers with 25% or more credentialed DSPs meet the standard without a requirement to increase over the baseline percentage. Data Source: PBC Residential Provider Data Submission Tool, Provider Attestation; NADSP and NADD Validation

Residential Provider Performance-Based Contracting Preparedness SELF-ASSESSMENT



PERFORMANCE AREA: Workforce (continued)

Standard: Front-Line Supervisors (FLSs): Demonstrated percentage of FLSs who provide residential services are credentialed by NADSP, which is approved by ODP.

	Primary	Select	Clinically Enhanced
Measure	WF.02.1 Attest that agency-provided supervisory management training to support skill application of FLSs is conducted for 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.		
Assessment Question	Will your organization have agency-provided supervisory management training to support skill application of FLSs to all house managers and program management staff (or equivalent positions) no later than December 31, 2025, and embed it in your agency training plan to ensure continuity?		
Preparedness Level	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unsure		
Assessment Question	Will your agency embed supervisory management training for all house managers and program management staff in your agency training plan by 12/31/25?		
Preparedness Level	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unsure		
Details	Primary providers will attest via a department-developed attestation form, sent via targeted email, embedded training plan supporting the skill development of FLSs for supervisors and management. Note: Life sharers are exempt from this standard. Data Source: Provider Attestation		

Residential Provider Performance-Based Contracting Preparedness SELF-ASSESSMENT



PERFORMANCE AREA: Workforce (continued)

Standard: Front Line Supervisors (FLSs) - Demonstrated percentage of FLSs who provide residential services are credentialed by a NADSP, which is approved by ODP (continued)

	Primary	Select	Clinically Enhanced
Measure	WF.02.2 Submit an agency plan including timeframes and milestones for implementing a NADSP credentialing program for FLSs.		
Assessment Question	<p>Will your agency be able to submit an agency plan including timeframes and milestones for implementing a FLS credentialing program, that minimally describes the following?</p> <ul style="list-style-type: none"> • Agency structure to support the FLS credentialing program: implementation, any associated staff positions, supervision and mentoring, IT/technology, and 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. 		
Preparedness Level	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unsure		
Details	<p>Primary Providers will submit an agency plan to implement a tiered credentialing plan for FLSs including timelines for completion and process details).</p> <p>Note: Life sharers are exempt from this standard. Note: Provider submitted documentation of evidence or description of use of targeted resources as of February 15, 2025, depending on PBC Residential Provider Data Submission Tool date. Data Source: PBC Residential Provider Data Submission Tool and Documentation Submission</p>		

Residential Provider Performance-Based Contracting Preparedness SELF-ASSESSMENT



PERFORMANCE AREA: Workforce (continued)

Standard: Front Line Supervisors (FLSs) - Demonstrated percentage of FLSs who provide residential services are credentialed by a NADSP, which is approved by ODP (continued)

	Primary	Select	Clinically Enhanced
Measure	WF.02.3 Report the percentage of FLSs who are credentialed and/or enrolled in the NADSP eBadge program for FLSs.		
Assessment Question	Is your agency able to report the percentage of FLSs who are credentialed and/or enrolled in a credentialing program and maintain credentials?		
Preparedness Level	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unsure		
Details	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 and NADD. Note: Life sharers are exempt from this standard. Note: Provider submitted documentation as of February 15, 2025 Data Source: PBC Residential Provider Data Submission Tool; NADSP Validation		

Residential Provider Performance-Based Contracting Preparedness SELF-ASSESSMENT



PERFORMANCE AREA: Workforce (continued)

Standard: Front Line Supervisors (FLSs) - Demonstrated percentage of FLSs who provide residential services are credentialed by a NADSP, which is approved by ODP (continued)

	Primary	Select	Clinically Enhanced
Measure		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. If no FLSs are credentialed on the baseline date, then 10% of FLSs must be credentialed on or before 12/31/2025. If 5% of FLSs are credentialed on the baseline date, then 15% must be credentialed by 12/31/2025.	
Assessment Question		To what degree will your agency meet the minimum FLS credentialing through NADSP by 12/31/25?	
Preparedness Level		<input type="checkbox"/> No FLSs credentialed <input type="checkbox"/> 10% FLSs from 0 baseline <input type="checkbox"/> <10% more from 7/1/24 baseline <input type="checkbox"/> 10% more or higher from 7/1/24 baseline <input type="checkbox"/> 25% or more FLSs already credentialed	
Details		Select and clinically enhanced providers will attest via a department-developed attestation form to achieve a 5% increase in the total number of credentialed FLSs. Note: Life sharers are exempt from this standard. Note: Providers having greater than 25% of FLS credentialed are considered to meet the standard without requirement to increase percentage. Data Source: PBC Residential Provider Data Submission Tool, NADSP Validation	

Residential Provider Performance-Based Contracting Preparedness SELF-ASSESSMENT



PERFORMANCE AREA: Workforce (continued)

Standard: Front Line Supervisors (FLSs) - Demonstrated workforce stability strategy to reduce and manage turnover and vacancy rates of FLSs and DSPs

	Primary	Select	Clinically Enhanced
Measure	WF.03.1 Report FLS and DSP voluntary and involuntary turnover rate		
Assessment Question	Does your agency track separation by type enabling the ability to report DSP and FLS voluntary and involuntary turnover rates?		
Preparedness Level	<input type="checkbox"/> My agency does not track separation by type and will be challenged to do so. <input type="checkbox"/> My agency tracks separation by type but will need to create methods for reporting to the ODP PSA vendor. <input type="checkbox"/> My agency tracks separation by type and can modify processes to report turnover data. <input type="checkbox"/> My agency tracks separation by type and is prepared to report turnover data to the ODP PSA vendor.		
Details	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, 2024.) Each agency's turnover ratio should be calculated with this same formula. Data Source: PBC Residential Provider Data Submission Tool; Quarterly Census of Employment and Wages (QCEW) data		
Measure	WF.03.2 Report percentage of contracted staff in DSP and FLS positions		
Assessment Question	Is your agency able to report the percentage of contracted staff in DSP and FLS positions?		
Preparedness Level	<input type="checkbox"/> My agency does not track percentages of contracted staff in DSP and FLS positions and will be challenged to do so. <input type="checkbox"/> My agency tracks percentages of contracted staff in DSP and FLS positions but will need to create methods for reporting to the ODP PSA vendor. <input type="checkbox"/> My agency tracks percentages of contracted staff in DSP and FLS positions and can modify processes to report turnover data. <input type="checkbox"/> My agency tracks percentages of contracted staff in DSP and FLS positions and is prepared to report this staffing data to the ODP PSA vendor.		
Details	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. Data Source: PBC Residential Provider Data Submission Tool; Quarterly Census of Employment and Wages (QCEW) data		

Residential Provider Performance-Based Contracting Preparedness SELF-ASSESSMENT



PERFORMANCE AREA: Workforce (continued)

Standard: Front Line Supervisors (FLSs) - Demonstrated workforce stability strategy to reduce and manage turnover and vacancy rates of FLSs and DSPs (continued)

	Primary	Select	Clinically Enhanced
Measure		WF.03.3 Participate in the National Core Indicators® (NCI) State of the Workforce Survey® (SoTW) and release provider NCI data to ODP to validate turnover and other workforce data in alignment with the NCI SoTW data collection period.	
Assessment Question		Does your agency collect and historically record data in accordance with NCI SoTW definitions? (2022 State of the Workforce Survey Report)	
Preparedness Level		<input type="checkbox"/> My agency does not collect workforce or turnover data and will be challenged to do so. <input type="checkbox"/> My agency collects workforce and turnover data, but it does not currently align with NCI SoTW definitions. <input type="checkbox"/> My agency collects workforce and turnover data that is partially aligned with NCI SoTW definitions. <input type="checkbox"/> My agency collects workforce and turnover data that fully aligns with and exceeds NCI SoTW definitions.	
Assessment Question		Is your agency able to submit data in the format necessary for participation in the NCI SoTW survey data collection?	
Preparedness Level		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unsure	
Details		Via the annual NCI SoTW Survey, Select and Clinically Enhanced Providers will submit agency-specific NCI SoTW data. Data Source: NCI SoTW Survey	

Residential Provider Performance-Based Contracting Preparedness SELF-ASSESSMENT



PERFORMANCE AREA: Workforce (continued)

Standard: Front Line Supervisors (FLSs): Demonstrated commitment to enhance diversity, equity, and inclusion (DEI) – examples: line-item budget, dedicated staff, policy/procedures

	Primary	Select	Clinically Enhanced
Measure	WF.04.1 Submission of current policy that addresses DEI in provider’s workforce		
Assessment Question	Does your agency have, or will your agency be able to submit, a policy that addresses DEI for your workforce?		
Preparedness Level	<input type="checkbox"/> My agency does not have a policy that addresses DEI in our workforce, and we will be challenged to submit one. <input type="checkbox"/> My agency does not have a plan that addresses DEI in our workforce, but it can readily create and submit one. <input type="checkbox"/> My agency has a policy that addresses DEI in our workforce, which needs modification and improvement before submission. <input type="checkbox"/> My agency has a policy that addresses DEI in our workforce, which is ready for submission.		
Details	Primary, Select, and Clinically Enhanced Providers will submit agency policy to demonstrate commitment to enhancing diversity, equity, and inclusion (DEI). Note: Provider submitted documentation as of February 15, 2025 Data Source: PBC Residential Provider Data Submission Tool with Documentation Submission		
Measure	WF.04.2 Attest that the agency has a strategic plan that includes DEI		
Assessment Question	Does your agency have a strategic plan that includes DEI?		
Preparedness Level	<input type="checkbox"/> My agency does not have a strategic plan <input type="checkbox"/> My agency does not have a strategic plan that includes DEI but can readily create one <input type="checkbox"/> My agency has a strategic plan that includes DEI in our workforce that needs modification and improvement <input type="checkbox"/> My agency has a strategic plan that includes DEI in our workforce		
Details	Select and Clinically Enhanced Providers to complete a Department developed survey and strategic plan outlining DEI strategies within the agency. Note: Provider attestation of February 15, 2025 Data Source: Provider Attestation		

Residential Provider Performance-Based Contracting Preparedness SELF-ASSESSMENT



PERFORMANCE AREA: Workforce (continued)

Standard: Front Line Supervisors (FLSs): Demonstrated commitment to enhance diversity, equity, and inclusion (DEI) — examples: line-item budget, dedicated staff, policy/procedures (continued)

	Primary	Select	Clinically Enhanced
Measure		WF.04.3 Submit documentation that the agency has a committee of staff focused on DEI.	
Assessment Question		Does your agency have an organizational committee of staff focused on DEI?	
Preparedness Level		<input type="checkbox"/> My agency does not have a staff committee focused on DEI and will be challenged to establish one. <input type="checkbox"/> My agency does not have a committee of staff focused on DEI but can readily establish and operationalize one. <input type="checkbox"/> My agency has a staff committee focused on DEI that is operational and effective.	
Details		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. Note: Provider submitted documentation as of February 15, 2025 Data Source PBC Residential Provider Data Submission Tool with Documentation Submission	

Residential Provider Performance-Based Contracting Preparedness SELF-ASSESSMENT



PERFORMANCE AREA: Workforce (continued)

Standard: Front Line Supervisors (FLSs): Demonstrated commitment to enhance diversity, equity, and inclusion (DEI) – examples: line-item budget, dedicated staff, policy/procedures (continued)

	Primary	Select	Clinically Enhanced
Measure		WF.04.4 Submit documentation that training for staff is relevant to the employee’s own culture and language	
Assessment Question		Is your training for staff tailored for relevancy to the employees’ culture and language?	
Preparedness Level		<input type="checkbox"/> My agency does not have staff training that is relevant to the culture and language of employees and will be challenged to implement tailored training. <input type="checkbox"/> My agency does not have staff training that is relevant to the culture and language of employees, but it can develop and implement tailored training. <input type="checkbox"/> My agency has staff training that includes some considerations of employees’ culture and language, but modifications are necessary to improve tailoring and relevancy. <input type="checkbox"/> My agency has staff training that is tailored for and relevant to the culture and language of employees.	
Details		Select and Clinically Enhanced Providers to complete a Department developed Provider Data Submission Tool outlining staff training plan on DEI. Note: Provider submitted documentation as of February 15, 2025 Data Source: PBC Residential Provider Data Submission Tool with Documentation Submission	

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PERFORMANCE AREA: Workforce (continued)

Standard: Front Line Supervisors (FLSs): Demonstrated commitment to enhance diversity, equity, and inclusion (DEI) – examples: line-item budget, dedicated staff, policy/procedures (continued)

	Primary	Select	Clinically Enhanced
Measure		WF.04.5 Attest that the agency plan includes recruitment and advancement activities for staff with culturally and linguistically diverse backgrounds.	
Assessment Question		Does your agency have, or will it be able to have, a plan that includes recruitment and advancement activities for staff with culturally and linguistically diverse backgrounds?	
Preparedness Level		<input type="checkbox"/> My agency does not have a plan that includes recruitment and advancement activities for staff with culturally and linguistically diverse backgrounds and will be challenged to establish one. <input type="checkbox"/> My agency does not have a plan that includes recruitment and advancement activities for staff with culturally and linguistically diverse backgrounds, but it can develop and operationalize one. <input type="checkbox"/> My agency has a plan that includes recruitment and advancement activities for staff but needs improvement in addressing culturally and linguistically diverse backgrounds. <input type="checkbox"/> My agency has a plan that includes recruitment and advancement activities for staff with culturally and linguistically diverse backgrounds.	
Details		Select and Clinically Enhanced Providers to complete a Department developed attestation on recruitment and advancement activities for staff with culturally and linguistically diverse backgrounds. Data Source: Provider Attestation	



PERFORMANCE AREA: Supporting Individuals

Standard: 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

	Primary	Select	Clinically Enhanced
Measure		CN-C.01.1 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.	
Assessment Question		Will your agency be able to report the current ratio of licensed/credentialed FTE to demonstrate adequacy of agency clinical team?	
Preparedness Level		<input type="checkbox"/> My agency does not have mechanisms to track or report the current ratio of licensed/credentialed FTEs to demonstrate adequacy of agency clinical team and will be challenged to report that data. <input type="checkbox"/> My agency has basic tracking and the ability to report the current ratio of licensed/credentialed FTEs to demonstrate adequacy of agency clinical team but needs improvement to demonstrate the measure. <input type="checkbox"/> My agency has basic FTE tracking but needs improvement to demonstrate the ratio of licensed/credentialed FTEs for an adequate agency clinical team as required. <input type="checkbox"/> My agency has sophisticated tracking to report the current ratio of licensed/credentialed FTEs to demonstrate adequacy of agency clinical team as required.	



PERFORMANCE AREA: Supporting Individuals with Complex Needs (continued)

Standard: 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 (continued)

Measure (continued): CN-C.01.1 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.

	Primary	Select	Clinically Enhanced
Details		<p>Select and Clinically Enhanced Residential Providers: 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.</p> <p>Note: Accepted behavioral/mental health professionals are Licensed Psychiatrists, Psychologists, Professional Counselors (LPC), and Behavior Specialists; BCBA, BCaBA, NADD-Clinical Certification, NADD Dual Diagnosis Specialist; Certified Peer Specialists, LCSW, Registered Behavioral Technician (RBT), and Behavior Support Professional that meets ODP waiver qualification requirements.</p> <p>Note: Provider submitted documentation of evidence or description of use of targeted resources as of January 1, 2025.</p> <p>Note: Provider submitted documentation as of February 15, 2025</p> <p>Data Source: PBC Residential Provider Data Submission Tool; SIS: HRS</p>	

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PERFORMANCE AREA: Supporting Individuals with Complex Needs (continued)

Standard: 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 (continued)

	Primary	Select	Clinically Enhanced
Measure			CN-C.01.2 Population served by the agency in residential services is in the top quartile of acuity of both Needs Level (NL) and Health Care Level (HCL) of the statewide population in residential.
Assessment Question			Does your agency have a process to review referrals to determine if appropriate clinical resources are available?
Preparedness Level			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure

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PERFORMANCE AREA: Supporting Individuals with Complex Needs (continued)

Standard: 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 (continued) **Measure CN-C.01.2**

(Continued): Population served by the agency in residential services is in the top quartile of acuity of both Needs Level (NL) and Health Care Level (HCL) of the statewide population in residential.

	Primary	Select	Clinically Enhanced
Details			<p>ODP will review SIS NL and HRST data to determine provider status in this area.</p> <ul style="list-style-type: none"> First portion (SIS NL): Numerator: Total needs level of all persons supported by the provider as of a specific date (Excluding Supported Living and Lifesharing) Denominator: Total number of people supported by provider in residential services as of the same specific date (Excluding Supported Living and Lifesharing) Second portion (HRST HCL) For this to be measured, all HRST screenings must be up to date (within statutory frequency) as of the specified date. Numerator: Total HCL of all persons supported by the provider as of a specific date (Excluding Supported Living and Lifesharing) Denominator: Total number of people supported by provider in residential services as of the same specific date (Excluding Supported Living and Lifesharing) <p>Note: Top quartile for contract period through June 30, 2026 is NL 4.5 or greater and HCL 3.5 or greater. Note: 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. Note: The review period will be point in time - February 15, 2025 Note: Supported Living and Lifesharing HCL and NL data will be excluded from the calculation for 2025 submission. Data Source: SIS, HRS, (ODP data pull)</p>



PERFORMANCE AREA: Supporting Individuals with Complex Needs (continued)

Standard: 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 (continued)

	Primary	Select	Clinically Enhanced
Measure		CN-C.01.3 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, at the initial contracting or renewal date.	
Assessment Question		Does your agency have, or will it be able to have, a plan and attest to agency tracking and use of data from the HRST to measure interruption in daily activity because of illness (“clinical issues”) to improve health outcomes?	
Preparedness Level		<input type="checkbox"/> My agency does not have a plan and does not use the HRST to measure interruption in daily activity because of illness (“clinical issues”) to improve health outcomes and will be challenged to establish one. <input type="checkbox"/> My agency does not have a plan that tracks and uses data from the HRST to measure interruption in daily activity because of illness (“clinical issues”) to improve health outcomes but can readily establish and operationalize one. <input type="checkbox"/> My agency has a plan that includes tracking and using data from the HRST but needs improvement to measure interruption in daily activity because of illness (“clinical issues”) to improve health outcomes. <input type="checkbox"/> My agency has a plan that includes tracking and using data from the HRST to measure interruption in daily activity because of illness (“clinical issues”) to improve health outcomes.	
Details		1. Via an attestation form, providers will submit an 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. Note: Providers are encouraged to use canned and custom reports available through HRS Online. Note: Provider submitted documentation as of February 15, 2025 Data Source: PBC Residential Provider Data Submission Tool and Attestation; Documentation Review, HRS	

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PERFORMANCE AREA: Supporting Individuals with Complex Needs (continued)

Standard: 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 (continued)

	Primary	Select	Clinically Enhanced
Measure			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.
Assessment Question			Does your agency meet a 1:15 minimum ratio of behavioral/mental health clinical staff to all individuals served?
Preparedness Level			<input type="checkbox"/> Yes, at the minimum ratio <input type="checkbox"/> Yes, above the minimum ratio <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unsure

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PERFORMANCE AREA: Supporting Individuals with Complex Needs (continued)

Standard: 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 (continued)

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

	Primary	Select	Clinically Enhanced
Details			<p>Via Provider Data Submission Tool agencies will report the number of FTE behavioral/ mental health clinical staff as of a specific date. Numerator: provider reported number FTE behavioral/mental health clinical staff as of a specific date. Denominator: provider census as of the same date. Outcome must be a minimum of 1:15 in order to qualify for Clinically Enhanced. Note: Accepted behavioral/mental health professionals are Licensed Psychiatrists, Psychologists, Professional Counselors (LPC), and Behavior Specialists; BCBA, BCaBA, NADD-Clinical Certification, NADD Dual Diagnosis Specialist; Certified Peer Specialists, 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 July 1, 2024. Note: Provider submitted documentation as of February 15, 2025 Data Source: PBC Residential Provider Data Submission Tool; SIS; HRS</p>



PERFORMANCE AREA: Supporting Individuals with Complex Needs (continued)

Standard: Demonstrated ability to support individuals to access necessary physical health and behavioral health (BH) treatments

	Primary	Select	Clinically Enhanced
Measure	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), at the initial contracting or renewal date.		
Assessment Question	Will your agency be able to report a current description of professional relationships to support individuals (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)?		
Preparedness Level	<input type="checkbox"/> My agency does not currently have professional relationships with individuals with training/experience in supporting people with autism or developmental disabilities. <input type="checkbox"/> My agency does not currently have professional relationships with individuals with training/experience in supporting people with autism or developmental disabilities, but we are working on it. <input type="checkbox"/> My agency has a few professional relationships with individuals with training/experience in supporting people with autism or developmental disabilities and needs to broaden these connections. <input type="checkbox"/> My agency has professional relationships with individuals with training/experience in supporting people with autism or developmental disabilities.		
Details	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. Note: Provider submitted documentation as of February 15, 2025 Data Source: PBC Residential Provider Data Submission Tool; Documentation Review		

Residential Provider Performance-Based Contracting Preparedness SELF-ASSESSMENT



PERFORMANCE AREA: Supporting Individuals with Complex Needs (continued)

Standard: Demonstrated ability to support individuals to access necessary physical health and behavioral health (BH) treatments (continued)

	Primary	Select	Clinically Enhanced
Measure		CN-C-02.2s 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%	CN-C-02.2ce 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
Assessment Question		Will your agency be able to report, at least 75% of the time, that follow-up occurred for mental illness within 30 days of hospital discharge?	Will your agency be able to report, at least 40% of the time, that follow-up occurred for mental illness within 7 days of hospital discharge? At least 75% of the time for 30-day follow-up?
Preparedness Level		<input type="checkbox"/> My agency will be able to report a minimum of 25% frequency of follow-up after a hospitalization for mental illness, but do not meet the 75% standard. <input type="checkbox"/> My agency will be able to report a minimum of 25% - 49% frequency of follow-up after hospitalization for mental illness but do not meet the 75% standard. <input type="checkbox"/> My agency will be able to report a minimum of 50% - 74% frequency of follow-up after hospitalization for mental illness but do not meet the 75% standard. <input type="checkbox"/> My agency will be able to report a minimum of 75% or higher frequency of follow-up after a hospitalization for mental illness.	<input type="checkbox"/> My agency will be able to report a minimum frequency of follow-up after a hospitalization for mental illness, but do not meet the 40% or 75% standard. <input type="checkbox"/> My agency will be able to report a moderate frequency of follow-up after a hospitalization for mental illness but do not yet closely approach the 40% or 75% standard. <input type="checkbox"/> My agency will be able to report a minimum of 40% or higher for 7-day and 75% or higher frequency of follow-up after hospitalization for mental illness.



PERFORMANCE AREA: Supporting Individuals with Complex Needs (continued)

Standard: Demonstrated ability to support individuals to access necessary physical health and behavioral health (BH) treatments (continued)

Measure (continued): CN-C.02.2s 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; **Measure (continued): CN-C.02.2ce** 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.

	Primary	Select	Clinically Enhanced
Details		<p>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.</p> <ul style="list-style-type: none"> • 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. <p>Note: Providers submitting in February-March 2025 will be evaluated using CY24 data. ODP will publish available hospitalization and follow-up data prior to the 2025 data submission period opening so that providers can provide documentation to substantiate follow-up occurred where claims data may not be available.</p> <p>Data Source: P3N; Claims</p>	



PERFORMANCE AREA: Supporting Individuals with Complex Needs (Dual Diagnosis/Behavioral)

Standard: 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

	Primary	Select	Clinically Enhanced
Measure		CN-DD/Bx.01.1s 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 beginning January 1, 2025.	CN-DD/Bx.01.1ce 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
Assessment Question		Will your agency be able to 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 people with ASD) and new staff will complete within 1 year of hire?	
Preparedness Level		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unsure	
Details		<p>Select Residential Providers: Providers will submit attestation indicating that as of a specified date, 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 people with ASD) within 1- year of hire.</p> <p>Clinically Enhanced Residential Providers: Providers will submit attestation indicating 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 people with ASD) and new staff will complete within 1- year of hire.</p> <p>Note: Life sharers are exempt from this standard unless supporting an individual with ASD, but providers are encouraged to ensure staff/Life sharers receive training specific to the support needs of individuals receiving any residential service.</p> <p>Data source: Attestation</p>	

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PERFORMANCE AREA: Supporting Individuals with Complex Needs (Dual Diagnosis/Behavioral) (continued)

Standard: 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 (continued)

	Primary	Select	Clinically Enhanced
Measure		CN-DD/Bx.01.2s Demonstrate a minimum of 50% of total behavioral support hours as face-to-face time (in person or virtual) with behavioral support staff across all settings interfacing with family, DSPs, FLSs, and individuals.	CN-DD/Bx.01.2ce Demonstrate a minimum of 70% of total behavioral support hours as face-to-face time (in person or virtual) with behavioral support staff across all settings interfacing with family, DSPs, FLSs, and individuals.
Assessment Question		Will your agency be able to demonstrate that a minimum of 50% of total behavioral support hours are face-to-face across all settings, interfacing with family, DSPs, FLSs, and individuals?	Will your agency be able to demonstrate that a minimum of 70% of total behavioral support hours are face-to-face across all settings, interfacing with family, DSPs, FLSs, and individuals?
Preparedness Level		<input type="checkbox"/> My agency will be able to report no more than 25% of total behavioral support hours are face-to-face with behavioral support staff across all settings. <input type="checkbox"/> My agency will be able to report between 25% - 49% of total behavioral support hours are face-to-face with behavioral support staff across all settings. <input type="checkbox"/> My agency will be able to report a minimum of 50% of total behavioral support hours are face-to-face with behavioral support staff across all settings. <input type="checkbox"/> My agency will be able to report 51% or more of total behavioral support hours are face-to-face with behavioral support staff across all settings.	<input type="checkbox"/> My agency will be able to report no more than 35% of total behavioral support hours are face-to-face with behavioral support staff across all settings. <input type="checkbox"/> My agency will be able to report between 36% - 69% total behavioral support hours are face-to-face with behavioral support staff across all settings. <input type="checkbox"/> My agency will be able to report a minimum of 70% of total behavioral support hours are face-to-face with behavioral support staff across all settings. <input type="checkbox"/> My agency will be able to report 70% or more of total behavioral support hours are face-to-face with behavioral support staff across all settings.



PERFORMANCE AREA: Supporting Individuals with Complex Needs (Dual Diagnosis/Behavioral) (continued)

Standard: 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 (continued)

Measure (continued): CN-DD/Bx.01.2s Demonstrate a minimum of 50% of total behavioral support hours as face-to-face time (in person or virtual) with behavioral support staff across all settings interfacing with family, DSPs, FLSs, and individuals, at initial contracting or renewal looking back at the prior calendar year. **CN-DD/Bx.01.2ce** Demonstrate a minimum of 70% of total behavioral support hours as face-to-face time (in person or virtual) with behavioral support staff across all settings interfacing with family, DSPs, FLSs, and individuals, at initial contracting or renewal looking back at the prior calendar year.

	Primary	Select	Clinically Enhanced
Details		<p>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).</p> <p>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 that involves being present with the individual supported or any member of their support team.</p> <p>Non-face-to-face time includes time spent completing and reviewing assessment tool data, plan creation and review, and/or completion of documentation.</p> <p>Note: Providers submitting in February-March 2025 will be evaluated using CY24 data. Data Source: PBC Residential Provider Data Submission Tool; Documentation Review; Validation occurs in future QA&I/PQ cycle</p>	

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PERFORMANCE AREA: Supporting Individuals with Complex Needs (Dual Diagnosis/Behavioral) (continued)

Standard: Demonstrate use of data to impact individual outcomes.

	Primary	Select	Clinically Enhanced
Measure	CN-DD/Bx.02.1 <ul style="list-style-type: none"> 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, psychologists, CRNPs, LSWs, or have received treatment from a professional in a licensed outpatient BH clinic For the review period of CY2025 and subsequent years, demonstrate that 100% of people with restrictive procedures have been evaluated (or are in current treatment) within the past year by licensed psychiatrists, psychologists, CRNPs, LSWs, or have received treatment by a professional in a licensed outpatient BH clinic. 		
Assessment Question	Will your agency be able to report on the percentage of people with restrictive procedures that have been evaluated (or are in current treatment) within the past year by licensed psychiatrists, psychologists, CRNPs, LSWs, and/or have received treatment by a professional in a licensed outpatient BH clinic?		
Preparedness Level	<input type="checkbox"/> My agency does not currently evaluate individual with restrictive by any professional and will be challenged to do so. <input type="checkbox"/> My agency does not currently evaluate individuals with restrictive procedures but can readily develop and implement a protocol. <input type="checkbox"/> My agency has a protocol for evaluating individuals with restrictive procedures but needs to improve the process to do it at least annually and with the specified professionals. <input type="checkbox"/> My agency has a protocol for at least annually evaluating individuals with restrictive procedures by the specified professionals.		
Assessment Question	Will your agency be able to report for the review period of CY2025 that 100% of people with restrictive procedures have been evaluated (or are in current treatment) within the past year by licensed psychiatrists, psychologists, CRNPs, LSWs, and/or have received treatment by a professional in a licensed outpatient BH clinic?		
Preparedness Level	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unsure		
Details	<p>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.</p> <p>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.</p> <p>Data Source: PBC Residential Provider Data Submission Tool; Documentation Review; HCSIS/EIM and Claims (ODP data pull)</p> <p>Data Source: PBC Residential Provider Data Submission Tool; Documentation Review</p>		



PERFORMANCE AREA: Supporting Individuals with Complex Needs (Dual Diagnosis/Behavioral) (continued)

Standard: Demonstrate use of data to impact individual outcomes (continued)

	Primary	Select	Clinically Enhanced
Measure		CN-DD/Bx.02.2 Demonstrate use of data to impact individual outcomes (review to include all these elements: law enforcement, restrictive procedures, inpatient, restraint, confirmed abuse/neglect, polypharmacy, target behavioral data, individuals' satisfaction with services).	
Assessment Question		Will your agency be able to demonstrate the 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)?	
Preparedness Level		<input type="checkbox"/> My agency does not currently use data to assess individual outcomes regarding any of the specified categories and will be challenged to do so. <input type="checkbox"/> My agency minimally uses data to assess individual outcomes regarding any of the specified categories and will be challenged to do more. <input type="checkbox"/> My agency currently uses data to assess individual outcomes in most of the specified categories and can make improvements to address all. <input type="checkbox"/> My agency currently uses data to assess individual outcomes all the specified categories.	
Details		<p>Via the Provider Data Submission Tool agencies will submit information on their use of data to impact of individual outcomes. Provider survey information will include detailed information regarding how data was gathered and how it was used to impact the outcome areas delineated in the following:</p> <ol style="list-style-type: none"> 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 <p>Note: Providers will submit a sample of a currently used or proposed data analysis plan. Providers are encouraged to use EIM dashboards to support Incident Management data collection and analysis.</p> <p>Note: Provider submitted documentation as of February 15, 2025</p> <p>Data Source: PBC Residential Provider Data Submission Tool; Documentation Review</p>	



PERFORMANCE AREA: Supporting Individuals with Complex Needs (Dual Diagnosis/Behavioral) (continued)

Standard: Demonstrated capacity to anticipate and deescalate crisis, when possible and, when not, to respond swiftly and effectively

	Primary	Select	Clinically Enhanced
Measure	CN-DD/Bx.03.1 Provide description of agency capabilities for de-escalation and how provider anticipates and responds to a crisis for individuals. Include the following: <ul style="list-style-type: none"> • 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 		
Assessment Question	Will your agency be able to describe its de-escalation capabilities, who receives crisis response training, and how you anticipate and respond to individual crisis situations?		
Preparedness Level	<input type="checkbox"/> My agency currently does not have specific strategies for anticipating, responding to, or de-escalating crisis situations and will be challenged to establish such approaches. <input type="checkbox"/> My agency employs minimal strategies for anticipating, responding to, or de-escalating crisis situations but can make the requisite improvements. <input type="checkbox"/> My agency is able to describe in detail our strategies for anticipating, responding to, or de-escalating crisis situations.		
Details	<p>Via Provider Data Submission Tool agencies will report the following items:</p> <ol style="list-style-type: none"> 1. Detail overall capability for de-escalating situations already at crisis level, as well as methods for identifying warning signs, 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 <p>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.</p> <p>Note: Provider submitted documentation as of February 15, 2025 Data Source: PBC Residential Provider Data Submission Tool; Documentation Review</p>		



PERFORMANCE AREA: Supporting Individuals with Complex Needs (Dual Diagnosis/Behavioral) (continued)

Standard: Demonstrate that when not able to anticipate and deescalate crisis, when possible and, when not, to respond swiftly and effectively (continued)

	Primary	Select	Clinically Enhanced
Measure		CN-DD/Bx.03.2 Documentation of specialized trauma-informed training/activities for individuals and staff.	
Assessment Question		Will your agency be able to use and document trauma-informed training/activities for individuals and staff/employees?	
Preparedness Level		<input type="checkbox"/> My agency currently does not incorporate trauma-informed principles in training and activities, and it will be challenged to do so. <input type="checkbox"/> My agency currently does not incorporate trauma-informed principles in training and activities but can make changes to use and document the principles. <input type="checkbox"/> My agency incorporates some basics about trauma-informed principles in training, but we can expand the use of documentation in training and daily activities. <input type="checkbox"/> My agency effectively incorporates and documents trauma-informed principles in all training and activities.	
Details		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. Note: Provider submitted documentation as of February 15, 2025 Data Source: PBC Residential Provider Data Submission Tool; Documentation Review	

Residential Provider Performance-Based Contracting Preparedness SELF-ASSESSMENT



PERFORMANCE AREA: Supporting Individuals with Complex Needs (Dual Diagnosis/Behavioral) (continued)

Standard (Criteria Specific to Clinically Enhanced Behavioral Supports): Demonstrate that when not able to anticipate and deescalate crisis, when possible and, when not, to respond swiftly and effectively (continued)

	Primary	Select	Clinically Enhanced
Measure			CN-DD/Bx.03.3 Documentation of crisis prevention and de-escalation training programs provided to all staff. (Examples of such programs include: <u>Ukeru</u> , <u>CPI/CPS/Mandt System®</u> , <u>NonViolent Crisis Intervention Training</u> , Positive Behavioral Interventions and Supports (PBIS), Safe and Positive Practices/Approaches, etc.) at the initial contracting or renewal date.
Assessment Question			Will your agency be able to document crisis prevention and de-escalation training programs available and provided for all staff?
Preparedness Level			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unsure
Details			<p>Via Provider Data Submission Tool providers will submit documentation of crisis prevention and de-escalation training programs that have been made available to all agency staff. Examples of typically accepted programs are indicated in the measure. Documentation must include:</p> <ol style="list-style-type: none"> 1. The name of the program 2. Overview of topics/skills covered by the program 3. The number of staff fully trained in the program as of a specified date (DSPs, FLS, Program Specialists, Residential Directors (or equivalents for these positions); clinical staff included in the ratio calculation for CN-C.01.4 4. Agency plan to ensure new staff are trained after hire, and existing staff are recertified per program requirements. <p>Note: Provider submitted documentation as of February 15, 2025</p> <p>Data Source: PBC Residential Provider Data Submission Tool; Documentation Review</p>



PERFORMANCE AREA: Supporting Individuals with Complex Needs (Medical)

Standard: (Criteria Specific to Clinically Enhanced Medical Supports): 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.

	Primary	Select	Clinically Enhanced
Measure			CN-M.01.1 Attest that the provider meets the 1915(c) waiver requirements for serving individuals with a medically complex condition.
Assessment Question			Will your agency be able to attest that it meets the medically complex standards reflected in the 1915(c)-waiver application? (Pages 112-3)
Preparedness Level			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unsure
Details			Provider will attest to compliance with qualifications for serving individuals with a medically complex condition as defined in 1915(c) waivers. Note: Provider does not have to be currently supporting an individual with a medically complex condition at the time of tier determination. Data Source: Provider Attestation; Validation occurs during future PQ cycle



PERFORMANCE AREA: Supporting Individuals with Complex Needs (Medical) (continued)

Standard: (Criteria Specific to Clinically Enhanced Medical Supports): 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 (continued)

	Primary	Select	Clinically Enhanced
Measure			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 Units (HCQU), home care services, support systems for families, use of family facilitator, and/or Special Needs Unit.
Assessment Question			Will your agency be able to demonstrate the use of targeted resources for children with Medically Complex Conditions such as the pediatric complex care resource centers, HCQUs, home care services, support systems for families, use of family facilitator?
Preparedness Level			<input type="checkbox"/> My agency currently cannot demonstrate the use of targeted resources for children with Medically Complex Conditions. <input type="checkbox"/> My agency demonstrates some use of targeted resources for children with Medically Complex Conditions. <input type="checkbox"/> My agency demonstrates the use of targeted resources for children with Medically Complex Conditions but has identified areas for improvement. <input type="checkbox"/> My agency effectively demonstrates use of targeted resources for children with Medically Complex Conditions.
Details			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 (PCCRS), Health Care Quality Units (HCQU), home care services, support systems for families, use of family facilitator and/or Special Needs Unit

Residential Provider Performance-Based Contracting Preparedness SELF-ASSESSMENT



			<p>Note: This is only applicable to Clinically Enhanced providers supporting Children with Medically Complex Conditions. Provider does not need to be currently supporting a Child with Medically Complex Conditions at the time of tier determination.</p> <p>Note: Provider submitted documentation of evidence or description of use of targeted resources as of February 15, 2025</p> <p>Data Source: PBC Residential Provider Data Submission Tool;</p>
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Residential Provider Performance-Based Contracting Preparedness SELF-ASSESSMENT



PERFORMANCE AREA: Referral and Discharge Practices

Standard: Service initiation occurs within an average of 90 days or less post-referral acceptance for Community Homes and an Average of 180 days or less post-referral acceptance for Supported Living and Life Sharing.

	Primary	Select	Clinically Enhanced Select
Measure	<p>RD.01.1 Attest that by January 1, 2025, a system is in place to accurately track and report all of the following:</p> <ul style="list-style-type: none"> • 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 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. 		
Assessment Question	Will your agency be able to attest that a system will be in place on January 1, 2025, to track and report time to service after post-referral acceptance?		
Preparedness Level	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unsure		

Residential Provider Performance-Based Contracting Preparedness SELF-ASSESSMENT



PERFORMANCE AREA: Referral and Discharge Practices (continued)

Standard: Service initiation occurs within an average of 90 days or less post-referral acceptance for Community Homes and an Average of 180 days or less post-referral acceptance for Supported Living and Life Sharing.

Measure (continued): RD.01.1 Attest that by January 1, 2025, a system is in place to accurately track and report [referral and discharge practices]

	Primary	Select	Clinically Enhanced
Details	<p>1. The provider is responsible to develop and implement a system that meets all of the below requirements by no later than January 1, 2025. For tier determination, the provider will submit attestation of completion of system to track service initiation.</p> <p>2. Beginning 1/1/25, provider will begin documenting and tracking receipt of all referrals received and accepted for residential services (community home, Life Sharing and Supported Living). Including the following information:</p> <ul style="list-style-type: none"> a. All referrals for residential services received, by type and determination of acceptance or rejection. b. Time to service initiation from date of referral acceptance to date of service start by residential service type. c. Report number of provider-initiated discharges to other residential providers or ICFs and document reason for discharge(s). d. Report number of referrals denied, and document reason (age, gender, clinical needs, location/geography, vacancy status workforce) <p>3. Provide related referral data measuring the average days for all referrals for the reporting time period requested by ODP beginning with CY2025 data.</p> <p>Note: Starting in January 2026, 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>Data Source: Provider Attestation</p>		



PERFORMANCE AREA: Referral and Discharge Practices (continued)

Standard: Service initiation occurs within an average of 90 days or less post-referral acceptance for Community Homes and an Average of 180 days or less post-referral acceptance for Supported Living and Life Sharing (continued)

	Primary	Select	Clinically Enhanced
Measure		RD.01.2 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 on January 1, 2025, will not be eligible for Select or Clinically Enhanced tiers.	
Assessment Question		Is your agency able to attest that it supports at least 10 individuals in residential services for the review period?	
Preparedness Level		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Assessment Question		Is your agency able to attest a system will be in place beginning January 1, 2025, to report current average days for service initiation	
Preparedness Level		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unsure	
Details		Prior to 1/1/2025, Select and Clinically Enhanced providers serving 10 or more individuals in residential services will submit attestation of completion of system to track service initiation. Note: Providers serving less than 10 individuals on January 1, 2025, will not be eligible for Select or Clinically Enhanced tiers Note: Select and Clinically Enhanced providers May accept NEW referrals for individuals of any Needs Group Data Source: Provider Attestation, Claims (ODP data pull)	

Residential Provider Performance-Based Contracting Preparedness SELF-ASSESSMENT



PERFORMANCE AREA: Referral and Discharge Practices (continued)

Standard: Service initiation occurs within an average of 90 days or less post-referral acceptance for Community Homes and an Average of 180 days or less post-referral acceptance for Supported Living and Life Sharing (continued)

	Primary	Select	Clinically Enhanced
Measure		<p>RD.01.3 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:</p> <ul style="list-style-type: none"> • 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, coordination, and accommodation efforts undertaken and the remaining barriers that resulted in the provider's inability to return the individual to their home. 	
Assessment Question		<p>Will your agency be able to attest that a system will be in place beginning January 1, 2025, to track and report referrals received and accepted and that the system will be accurate?</p>	
Preparedness Level		<p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unsure </p>	



PERFORMANCE AREA: Referral and Discharge Practices (continued)

Standard: Service initiation occurs within an average of 90 days or less post-referral acceptance for Community Homes and an Average of 180 days or less post-referral acceptance for Supported Living and Life Sharing (continued)

Measure (continued): RD.01.3 Demonstrate timeliness of response to referrals and service initiation: Attest that a system will be in place beginning January 1, 2025, to accurately track and report [referral and discharge practices]

	Primary	Select	Clinically Enhanced
Details		<p>1. The provider is responsible to develop and implement a system that meets all of the below requirements by no later than January 1, 2025. For tier determination, the provider will submit attestation of completion of system to track service initiation.</p> <p>2. Beginning 1/1/25, provider will begin documenting and tracking receipt of all referrals received and accepted for residential services (community home, Life Sharing and Supported Living). Including the following information:</p> <ul style="list-style-type: none"> a. All referrals for residential services received, by type and determination of acceptance or rejection. b. Time to service initiation from date of referral acceptance to date of service start by residential service type. c. Report number of provider-initiated discharges to other residential providers or ICFs and document reason for discharge(s). d. Report number of referrals denied, and document reason (age, gender, clinical needs, location/geography, vacancy status workforce) <p>3. Provider will provide related referral data measuring the average days for all referrals for the reporting time period requested by ODP beginning with CY2025 data.</p> <ul style="list-style-type: none"> o a. For community homes, the average time for service initiation from the referral date should be no more than 90 calendar days. o b. For supported living and life sharing, the average time of service initiation from referral date should be no more than 180 calendar days. <p>Note: The 90/180-day expectation is an average and for initial contracting period is provider report only.</p> <p>Data Source: Provider Attestation</p>	

Residential Provider Performance-Based Contracting Preparedness SELF-ASSESSMENT



PERFORMANCE AREA: Data Management – Collection and use of data in Quality Management (QM) activities, and timely reporting of data to ODP, Administrative Entity (AE), and PAS Vendor

Standard: Demonstrated production of data reports (including ad hoc) through adopted technology platform

	Primary	Select	Clinically Enhanced
Measure	DM.01.1 Submit completed test case file in format required by ODP.	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.	
Assessment Question	Will your agency be able to submit a completed test case file in the format required by ODP?	Will your agency be able to provide one sample of an operational report or quality report used for internal monitoring and implementation of QM initiatives?	
Preparedness Level	<input type="checkbox"/> My agency cannot submit a completed test case file in the format required by ODP and will be challenged to establish one. <input type="checkbox"/> My agency does not have a completed test case file in the format required by ODP but can readily establish and operationalize one. <input type="checkbox"/> My agency can submit a completed test case file in the format required by ODP.	<input type="checkbox"/> My agency does not have an operational or quality report used for internal monitoring and implementation of QM initiatives and will be challenged to establish one. <input type="checkbox"/> My agency does not have an operational or quality report used for internal monitoring and implementation of QM initiatives but can readily establish and operationalize one. <input type="checkbox"/> My agency has at least one operational or quality report used for internal monitoring and implementation of QM initiatives.	
Details	Successful submission of data and documentation via QuestionPro meets the measure. Data Source: QuestionPro	Via Provider Data Submission Tool, providers will upload a sample of one operational or quality report currently in use. Note: Provider submitted documentation as of February 15, 2025 Data Source: PBC Residential Provider Data Submission Tool, Documentation Review	

Residential Provider Performance-Based Contracting Preparedness SELF-ASSESSMENT



PERFORMANCE AREA: Data Management – use of electronic health records (EHRs)

Standard: Demonstrated data capability with use of a HIPAA-compliant EHR

	Primary	Select	Clinically Enhanced
Measure		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.	
Assessment Question		Will your agency be able to report the EHR in use, and what functions of the software are utilized (e.g., that includes medication records, physician notes, Individual Care Plan (ICP), etc.) and demonstrated use of EHR?	
Preparedness Level		<input type="checkbox"/> My agency meets the minimum requirement of using electronic medication administration records <input type="checkbox"/> My agency does not use an EHR and would be challenged to establish one. <input type="checkbox"/> My agency does not have an EHR but can readily procure and operationalize one. <input type="checkbox"/> My agency has an EHR but does not fully use the platform functionality. <input type="checkbox"/> My agency has an EHR and is able to report on its use	
Details		<p>Via Provider Data Submission Tool, providers will report information regarding EHR and provide evidence of use.</p> <p>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).</p> <p>Note: <input type="radio"/> Beginning July 1, 2026, EHR capability must include external third-party communication (e.g., pharmacy, physician).</p> <p>Data Source: PBC Residential Provider Data Submission Tool; Documentation review</p>	

Residential Provider Performance-Based Contracting Preparedness SELF-ASSESSMENT



PERFORMANCE AREA: Risk Management – Incident Reporting Fidelity

Standard: Demonstrated fidelity to incident management procedures as required by current regulations, 1915(c) waivers and ODP policy

	Primary	Select	Clinically Enhanced
Measure	RM-IM.01.1 No additional standards from current regulation, 1915(c) home and community-based waivers and ODP policy	RM-IM.01.1 The provider demonstrates reporting fidelity: The maximum number of incidents (potentially indicative of abuse or neglect) not reported may not exceed 1% of overall reported incidents by provider, at initial contracting or renewal looking back at the prior calendar year.	
Assessment Question		Is your agency operating and reporting such that the maximum number of unreported critical incidents does not exceed 1% of overall reported incidents by provider?	
Preparedness Level		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unsure	
Details		<p>Medicaid claims for treatment by a medical professional that is indicative of abuse, neglect, or serious injury are compared to incident management data through a claims-to-incident matching process to identify unreported incidents.</p> <ol style="list-style-type: none"> An extract of incident management data is pulled for Performance-Based Contracting based on the time period specified for Providers rendering residential services. At the MPI level, the number of incidents reported per Provider during the specified calendar year is calculated using the "Discovery Date." Only incidents with a status of "Open" or "Closed" are included, and incidents with a status of "Deleted" are excluded. At the MPI level, the number of incidents identified as unreported through the claims-to-incident matching process is recorded per Provider during the specified calendar year Q1-2. Each MPI now has been associated with the number of incidents that were discovered as unreported, as well as the total number of incidents they have entered for the associated calendar year Q1-2 (total number of incidents reported inherently INCLUDES the number of incidents entered through the claims to incident matching process). A percentage of unreported incidents are calculated per MPI: $[\text{NUMBER OF UNREPORTED INCIDENTS}] / [\text{TOTAL NUMBER OF INCIDENTS REPORTED}] * 100 = \text{PERCENTAGE OF UNREPORTED INCIDENTS}$. <p>EXAMPLE: MPI 123456789</p> <p>Note: Providers are encouraged to use EIM dashboards to support Incident Management data collection and analysis.</p> <p>Note: Providers submitting in February-March 2025 will be evaluated using CY24 Quarter 1 & 2 data. ODP will apply an adjustment variable to the 1% threshold to account for partial year data being used.</p> <p>Data Source: Claims; ODP Incident Management System /EIM;</p>	



PERFORMANCE AREA: Risk Management – Incident Reporting Fidelity (continued)

Standard: Demonstrated fidelity to incident management procedures as required by current regulations, 1915(c) waivers and ODP policy (continued)

	Primary	Select	Clinically Enhanced
Measure		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.	
Assessment Question		Is your agency operating and reporting such that the maximum number of untimely reported incidents does not exceed 10% of the overall reported incidents?	
Preparedness Level		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unsure	
Details		1. At the MPI level, the number of incidents reported "Late" per Provider during the specified calendar year is calculated using the data element "First Section Compliance Status". Only incidents with a status of "Open" or "Closed" are included. Incidents with a status of "Deleted" are excluded. 2. At the MPI level, the number of incidents reported per Provider during the specified calendar year is calculated using the "Discovery Date." Only incidents with a status of "Open" or "Closed" are included, and incidents with a status of "Deleted" are excluded. 3. Each MPI now has been associated with the number of incidents that had a late First Section document, as well as the total number of incidents they have entered for the associated calendar year (total number of incidents reported inherently INCLUDES the number of incidents that had late First Section documents). 4. A percentage of late incidents is calculated per MPI: $[\text{NUMBER OF LATE INCIDENTS}] / [\text{TOTAL NUMBER OF INCIDENTS REPORTED}] * 100 = \text{PERCENTAGE OF LATE INCIDENTS}$. EXAMPLE: MPI 123456789: $[5 \text{ LATE INCIDENTS}] / [10 \text{ TOTAL INCIDENTS REPORTED}] * 100 = 50\% \text{ OF INCIDENTS REPORTED LATE}$ Note: providers submitting in February-March 2025 will be evaluated using CY24 data. Data Source: Claims; ODP Incident Management System/EIM	

Residential Provider Performance-Based Contracting Preparedness SELF-ASSESSMENT



PERFORMANCE AREA: Risk Management – Incident Reporting Fidelity (continued)

Standard: Demonstrated fidelity to incident management procedures as required by current regulations, 1915(c) waivers and ODP policy (continued)

	Primary	Select	Clinically Enhanced
Measure		RM-IM.01.3 Timely finalization of incidents is demonstrated by: At least 86% of incidents are finalized within 30 days of discovery.	
Assessment Question		Is your agency operating and reporting such that at least 90% of incidents are finalized within 30 days of discovery?	
Preparedness Level		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unsure	
Details		<p>1. At the MPI level, the number of incidents reported "Compliant" per Provider during the specified calendar year is calculated using the data element "Final Section Compliance Status". Only incidents with a status of "Open" or "Closed" are included. Incidents with a status of "Deleted" are excluded.</p> <p>2. At the MPI level, the number of incidents reported per Provider during the specified calendar year is calculated using the "Discovery Date." Only incidents with a status of "Open" or "Closed" are included, and incidents with a status of "Deleted" are excluded.</p> <p>3. Each MPI now has been associated with the number of incidents that had a Compliant Final Section document, as well as the total number of incidents they have entered for the associated calendar year (total number of incidents reported inherently INCLUDES the number of incidents that had a compliant Final Section document).</p> <p>4. A percentage of incidents finalized timely is calculated per MPI: $[\text{NUMBER OF INCIDENTS WITH TIMELY FINALIZATION}] / [\text{TOTAL NUMBER OF INCIDENTS REPORTED}] * 100 = \text{PERCENTAGE INCIDENTS FINALIZED TIMELY}$</p> <p>EXAMPLE: MPI 123456789: $[5 \text{ INCIDENTS WITH TIMELY FINALIZATION}] / [10 \text{ TOTAL INCIDENTS REPORTED}] * 100 = 50\% \text{ INCIDENTS FINALIZED TIMELY}$</p> <p>Note: Providers are encouraged to use EIM dashboards to support Incident Management data collection and analysis.</p> <p>Note: P submitting in February-March 2025 will be evaluated using CY24 data.</p> <p>Note: For tier determinations made in 2025, the threshold will temporarily be lowered to 86%. Threshold will return to 90% using CY 2026 data for tier determinations made in 2027.</p> <p>Data Source: ODP Incident Management System/EIM</p>	



PERFORMANCE AREA: Risk Management – Incident Reporting Fidelity (continued)

Standard: Demonstrated fidelity to incident management procedures as required by current regulations, 1915(c) waivers and ODP policy (continued)

PERFORMANCE AREA: Risk Management – Incident Reporting Fidelity (continued)

Standard: Demonstrated fidelity to incident management procedures as required by current regulations, 1915(c) waivers and ODP policy (continued)

Measure (continued): RM-IM.01.4 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).

	Primary	Select	Clinically Enhanced
Details (continued)		<p>7. Of the incidents that were finalized timely (by the due date assigned by the system) for each MPI, the data element "Extension filed" will be examined. If an extension has been entered, the due date assigned will be 31+ days after the Discovery Date.</p> <p>8. A percentage of incidents finalized timely more than 30 days from the Discovery Date of the incidents finalized timely is calculated per MPI: $[\text{NUMBER OF INCIDENTS WITH TIMELY FINALIZATION AND EXTENSION FILED}] / [\text{TOTAL NUMBER OF INCIDENTS FINALIZED TIMELY}] * 100 = \text{PERCENTAGE INCIDENTS FINALIZED TIMELY WITH AN EXTENSION}$</p> <p>EXAMPLE: $\text{MPI 123456789: } [5 \text{ INCIDENTS WITH TIMELY FINALIZATION AND EXTENSION}] / [10 \text{ TOTAL INCIDENTS FINALIZED TIMELY}] * 100 = 50\% \text{ INCIDENTS FINALIZED TIMELY WITH AN EXTENSION}$</p> <p>Note: An incident report is considered finalized when the reporting entity submits the final section of the incident report. Incident finalization timelines are only impacted by the reporting entity. Incident reports are considered closed when final section is approved by ODP.</p> <p>Note: Providers are encouraged to use EIM dashboards to support Incident Management data collection and analysis.</p> <p>Note: THIS MEASURE WILL NOT BE IMPLEMENTED UNTIL FY 2027-2028 USING CALENDAR YEAR 2026 DATA.</p> <p>Data Source: ODP Incident Management System/EIM</p>	

Residential Provider Performance-Based Contracting Preparedness SELF-ASSESSMENT



PERFORMANCE AREA: Risk Management – health risk screening tool (HRST) fidelity

Standard: Demonstrated capacity to properly and timely assess individuals

	Primary	Select	Clinically Enhanced
Measure	RM-HRS.01.1 Current Health Risk Screenings (HRS) are in place for all individuals including applicable assessments indicated by HRST protocol, at the initial contracting or renewal date.		
Assessment Question	Will your agency be able to demonstrate that current HRSTs are in place for all individuals, including applicable assessments, indicated by HRST protocol?		
Preparedness Level	<input type="checkbox"/> My agency is not using the HRST, including applicable assessments, for all individuals supported and will be challenged to do so. <input type="checkbox"/> My agency is using the HRST, including applicable assessments, for some individuals supported and will be able to modify our processes to do so. <input type="checkbox"/> My agency is using the HRST, including applicable assessments, for most individuals supported and will improve to 100%. <input type="checkbox"/> My agency is effectively using the HRST, including applicable assessments, for all individuals supported.		
Details	<p>Provider will complete the Health Risk Screening Tool (HRST) for each individual receiving residential service from the Provider for at least 3 months. The HRST for each individual being served will remain current, meaning that there has been an initial screening or an updated screening completed within the past 365 days. If a Clinical Review component of the HRST is required, it must be completed in order for the HRST to be considered current. This data will be obtained via the Standard Report menu of the HRST on the Persons Served List Page. The pathway is Standard Reports > Compliance > Record Activity. The Record Activity report with return:</p> <ul style="list-style-type: none"> • First Name • Last Name • MCI #, Provider Name, SCO, Health Care Level • Last HRST Update Date • Last Medication Update Date • Last DX Update Date <p>A blank value in any of the data fields indicates that the individual's record has never been updated. Note: Providers are encouraged to use canned and custom reports available through HRS Online. Data Source: HRS Online</p>		



PERFORMANCE AREA: Risk Management – health risk screening tool (HRST) fidelity (continued)

Standard: Demonstrated capacity to properly and timely assess individuals (continued)

	Primary	Select	Clinically Enhanced
Measure		RM-HRS.01.2 Demonstrate use of HRS data and considerations to improve individual health/outcomes as of as of January 1, 2025.	
Assessment Question		Will your agency be able to demonstrate that data is used to make recommendations about and improve health/outcomes for individuals supported?	
Preparedness Level		<input type="checkbox"/> My agency is not collecting or using data to inform individual health/outcomes and will be challenged to do so. <input type="checkbox"/> My agency collects some data regarding individual health and does not use data to inform recommendations or outcomes but can modify our data collection to do so. <input type="checkbox"/> My agency is collecting a moderate amount of data and can make improvements to demonstrate its use to inform individual health/outcomes. <input type="checkbox"/> My agency is effectively collecting, using, and reporting data regarding recommendations for and improvements to individual health/outcomes	
Details		Via the Provider Data Submission Tool provider will detail the use of data and considerations from available sources to improve individual health outcomes. Provider 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. Note: The considerations referenced in the measure are generated when the HRST is completed. Note: Providers are encouraged to use canned and custom reports available through HRS Online. Note: ...Providers should reference the HRST protocol relative to implementing considerations. Data Source: PBC Residential Provider Data Submission Tool;	

Residential Provider Performance-Based Contracting Preparedness SELF-ASSESSMENT



PERFORMANCE AREA: Employment – rate of competitive integrated employment (CIE) for working age participants, adjusted for acuity

Standard: Demonstrated support of individuals to seek and obtain CIE

	Primary	Select	Clinically Enhanced
Measure	EMP.01.1 Demonstrate tracking of CIE and percentage of working-age individuals (18-64) with CIE.		
Assessment Question	Will your agency be able to demonstrate tracking of CIE, including the percentage of people supported who are working age (18-64) and competitively employed?		
Preparedness Level	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unsure		
Details	<p>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 throughout 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.</p> <p>Note: CIE performance data by residential provider will be published annually (acuity data will be included).</p> <p>Data Source: HCSIS; Claims; SC Monitoring Tool for CIE, CWDS (OVR data)</p>		

Residential Provider Performance-Based Contracting Preparedness SELF-ASSESSMENT



PERFORMANCE AREA: Employment – rate of competitive integrated employment (CIE) for working age participants, adjusted for acuity (continued)

Standard: Demonstrated support of individuals to seek and obtain CIE (continued)

	Primary	Select	Clinically Enhanced
Measure	EMP.01.2 Plan for improvement of CIE		
Assessment Question	Will your agency be able to develop a plan for the improvement of CIE among people supported?		
Preparedness Level	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unsure		
Details	Via the 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. Note: CIE performance data by residential provider will be published annually (acuity data will be included). Data Source: PBC Residential Provider Data Submission Tool and documentation submission		

Residential Provider Performance-Based Contracting Preparedness SELF-ASSESSMENT



PERFORMANCE AREA: Use of Remote Support Technology

Standard: Demonstrated use of technology to improve health and wellness, address workforce issues, and create additional opportunities to increase independence for individuals

	Primary	Select	Clinically Enhanced
Measure	RST.01.1 Report the type(s) of remote support technology in use		
Assessment Question	Will your agency be able to report on the types of remote technology in use?		
Preparedness Level	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unsure		
Details	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. Providers should select all that apply: <ol style="list-style-type: none"> 1. Two-way real-time audio-video communication devices 2. Audio only, no video communication devices 3. Sensors (ex. doorways and windows, kitchen devices, pressure, motion) 4. Wearable technology (ex. Smartwatch, glucose monitor) 5. Medication dispensers 6. A main hub connecting remote supports technology 7. The use of software designed to provide remote supports services 8. Audio-video devices that record service delivery 9. Devices for controlling the residential environment (ex. lights, temperature, window blinds, door locks) 10. Contract with an outside vendor to provide remote supports services for both technology and monitoring 11. Contract with an outside vendor to provide remote supports services for technology only, agency staff used for monitoring 12. Contract with an outside vendor to provide remote supports services for monitoring only, agency installs and maintains technology <p>Note: Provider submitted documentation as of February 15, 2025 Data Source: PBC Residential Provider Data Submission Tool</p>		

Residential Provider Performance-Based Contracting Preparedness SELF-ASSESSMENT



PERFORMANCE AREA: Use of Remote Support Technology (continued)

Standard: Demonstrated use of technology to improve health and wellness, address workforce issues, and create additional opportunities to increase independence for individuals (continued)

	Primary	Select	Clinically Enhanced
Measure	RST.01.2 Report number and percentage of individuals using remote support technology.		
Assessment Question	Will your agency be able to report on the number and percentage of individuals using remote support technology?		
Preparedness Level	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unsure		
Details	To establish baseline data, report the total number of individuals who used remote supports within the previous calendar year. Note: Provider submitted documentation as of February 15, 2025. Data Source: PBC Residential Provider Data Submission Tool		
Measure	RST.01.3 Report estimated direct care hours that are being redirected with the use of technology.		
Assessment Question	Will your agency be able to estimate direct care hours that are being redirected with the use of technology?		
Preparedness Level	<input type="checkbox"/> My agency does not track the number of direct care hours redirected with the use of technology and will be challenged to do so. <input type="checkbox"/> My agency has basic information on the amount of direct care hours redirected through the use of technology supports but can make improvements for more accurate estimates. <input type="checkbox"/> My agency collects and uses detailed data on the number of direct care hours redirected with the use of technology and can readily provide this information to ODP.		
Details	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 person's ISP to provide support from 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.) Note: Provider submitted documentation as of February 15, 2025 Data Source: PBC Residential Provider Data Submission Tool		

Residential Provider Performance-Based Contracting Preparedness SELF-ASSESSMENT



PERFORMANCE AREA: Use of Remote Support Technology (continued)

Standard: Demonstrated use of technology to improve health and wellness, address workforce issues, and create additional opportunities to increase independence for individuals (continued)

	Primary	Select	Clinically Enhanced
Measure	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.		
Assessment Question	Will your agency be able to report on how you invested in your organization and made improvements in the workforce, service delivery, etc. due to value-based savings?		
Preparedness Level	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unsure		
Details	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. Data Source: PBC Residential Provider Data Submission Tool		
Measure	RST.01.5 Report number of employees and/or contracted entities have Assistive Technology Professional certificates from Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) or Enabling Technology Integration Specialist (SHIFT) certification at the initial contracting or renewal date.		
Assessment Question	Will your agency be able to report on the 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?		
Preparedness Level	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unsure		
Details	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:____ Note: Provider submitted documentation as of February 15, 2025 Data Source: PBC Residential Provider Data Submission Tool		

Residential Provider Performance-Based Contracting Preparedness SELF-ASSESSMENT



PERFORMANCE AREA: Regulatory Compliance

Standard: Demonstrated regulatory compliance with 55 Pa. Code Chapters 6100, 6400 and 6500, as applicable

	Primary	Select	Clinically Enhanced
Measure	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.		
Assessment Question	My agency acknowledges the expectation that it must maintain a regular license on all residential homes, as required, and that provisional or revoked licensure status places that as Tiered Conditional with monitoring per the current ODP licensing requirements.		
Preparedness Level	<input type="checkbox"/> My agency acknowledges requisite licensing requirements for all residential homes.		
Details	<p>List of active licensing enforcement actions and program sanctions are currently distributed to all AEs, SCOs, and ODP staff on a monthly basis. The information is public record, so it could also be sent over provider listservs or to any interested party.</p> <p>Note: Providers who appeal department's decision to issue provisional / revoke license does not stay decision to place provider in Conditional Status.</p> <p>Note: Providers with one or more licenses that are on provisional or revoked status are categorized as Tier Conditional and monitored per current licensing requirements.</p> <p>Data Source: Licensing Database/ELS</p>		

Residential Provider Performance-Based Contracting Preparedness SELF-ASSESSMENT



PERFORMANCE AREA: Quality

Standard: Demonstrated commitment to wellness of individuals through targeted activities

	Primary	Select	Clinically Enhanced
Measure	QI.01.1 Description of how the provider coordinates wellness activities including use of HRS data for residential program participants		
Assessment Question	Will your agency be able to attest and describe how it coordinates wellness activities for individuals supported?		
Preparedness Level	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unsure		
Assessment Question	Will your agency be able to attest and describe how it uses HRS data to inform wellness activities for residential program participants?		
Preparedness Level	<input type="checkbox"/> My agency is not collecting or using HRS data to inform wellness activities of individuals supported and will be challenged to do so. <input type="checkbox"/> My agency collects and uses some HRS data to inform wellness activities of individuals supported but can modify our practices to do so. <input type="checkbox"/> My agency is moderately using HRS data to inform wellness activities of individuals supported and can improve in this area. <input type="checkbox"/> My agency is effectively using HRS data to inform wellness activities of individuals supported.		

Residential Provider Performance-Based Contracting Preparedness SELF-ASSESSMENT



PERFORMANCE AREA: Quality (continued)

Standard: Demonstrated commitment to wellness of individuals through targeted activities (continued)

Measure (continued): QI.01.1 Provide a description of how the provider coordinates wellness activities including use of HRS data for residential program participants, at the initial contracting or renewal date

	Primary	Select	Clinically Enhanced
Details	<p>Via Provider Data Submission Tool providers 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.</p> <p>Note: Providers are encouraged to use canned and custom reports available through HRS Online.</p> <p>Note: Provider submitted documentation of evidence or description of use of targeted resources as of February 15, 2025</p> <p>Data Source: PBC Residential Provider Data Submission Tool and/or Documentation Review</p>		



PERFORMANCE AREA: Quality (continued)

Standard: Demonstrated commitment to wellness of individuals through targeted activities (continued)

	Primary	Select	Clinically Enhanced
Measure		QI.01.2 Provider is utilizing the individuals' collective HRS data to create and conduct wellness programs/activities	
Assessment Question		Is your agency using collective HRST data to create and conduct wellness programs/activities?	
Preparedness Level		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unsure	
Details		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 for 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. Note: Providers are encouraged to use canned and custom reports available through HRS Online. Note: Providers submitting in February-March 2025 will be evaluated using CY24 data Data Source: PBC Residential Provider Data Submission Tool and Documentation Review	



PERFORMANCE AREA: Quality (continued)

Standard: Demonstrated commitment to wellness of individuals through targeted activities (continued)

	Primary	Select	Clinically Enhanced
Measure		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	
Assessment Question		Is your agency implementing directed wellness programs for nutrition, hypertension, mental health, diabetes, and/or heart disease, etc. as indicated by HRS data.	
Preparedness Level		<input type="checkbox"/> My agency does not use HRST data to inform directed wellness programs and will be challenged to do so. <input type="checkbox"/> My agency minimally uses HRST data to inform directed wellness programs and can make improvements to address the specific areas of nutrition, hypertension, mental health, diabetes, and/or heart condition. <input type="checkbox"/> My agency can demonstrate effective use of HRST data to inform directed wellness programs in all specified health areas.	
Details		<ul style="list-style-type: none"> 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 <p>Note: All wellness programs are to be person-centered and data-informed. Note: Providers submitting in February-March 2025 will be evaluated using CY24 data Data Source: PBC Residential Provider Data Submission Tool and Documentation Review</p>	



PERFORMANCE AREA: Quality (continued)

Standard: Demonstrated commitment to wellness of individuals through targeted activities (continued)

	Primary	Select	Clinically Enhanced
Measure		QI.01.4 The 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, at initial contracting or renewal looking back at the prior calendar year.	
Assessment Question		Is your agency 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?	
Preparedness Level		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unsure	
Details		Via Provider Data Submission Tool, providers will detail the process by which concerns or trends being addressed in QI.01.3 are being monitored for change 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 extent of engagement of individuals in wellness programs including but not limited to healthy food choices, physical activity such as the Move Your Way campaign, tobacco/nicotine cessation, health literacy. Note: Providers submitting in February-March 2025 will be evaluated using CY24 data Data Source: PBC Residential Provider Data Submission Tool and/or Documentation Review	

Residential Provider Performance-Based Contracting Preparedness SELF-ASSESSMENT



PERFORMANCE AREA: Quality (continued)

Standard: Demonstrated commitment to continuous quality improvement and demonstrated embracing of building a culture of quality (continuous learning and best use of data to assess progress toward quality management plan (QMP) goals and action plan target objectives)

	Primary	Select	Clinically Enhanced
Measure	QI.02.1 Report number of staff that have ODP QM certification; include number in leadership		
Assessment Question	Will your agency be able to report the number of staff and leadership that have ODP QM Certification?		
Preparedness Level	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unsure		
Details	<p>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. Note: Report number of staff that have ODP QM certification as of February 1, 2025.</p> <p>Data Source: PBC Residential Provider Data Submission Tool with Confirmation from ODP QM Certified Tracking Spreadsheet (maintained by QMD)</p>		
Measure	QI.02.2 Provide a description of how data is utilized to monitor progress towards QM plan goals		
Assessment Question	Will your agency be able to describe how data is used to monitor progress towards QM plan goals?		
Preparedness Level	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unsure		
Details	<p>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.</p> <p>Note: Provider submitted documentation as of February 15, 2025</p> <p>Data Source: PBC Residential Provider Data Submission Tool, documentation submission</p>		

Residential Provider Performance-Based Contracting Preparedness SELF-ASSESSMENT



PERFORMANCE AREA: Quality (continued)

Standard: 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) (continued)

	Primary	Select	Clinically Enhanced
Measure	QI.02.3 Provide a description of how person-centered performance data is utilized to develop the QM Plan and its action plan		
Assessment Question	Will your agency be able to describe how person-centered performance data is utilized to develop the QM Plan and its action plan?		
Preparedness Level	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unsure		
Details	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. Note: Provider submitted documentation resources as of February 15, 2025 Data Source: PBC Residential Provider Data Submission Tool; documentation submission		

Residential Provider Performance-Based Contracting Preparedness SELF-ASSESSMENT



PERFORMANCE AREA: Quality (continued)

Standard: 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) (continued)

	Primary	Select	Clinically Enhanced
Measure		QI.02.4 At least one member of executive leadership team who has the authority to adopt recommendations and direct QM activities has QM certification	
Assessment Question		Will your agency be able to demonstrate QM certification for at least one member of the executive leadership team who has the authority to adopt recommendations and direct QM activities?	
Preparedness Level		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unsure	
Details		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. Data Source: PBC Residential Provider Data Submission Tool with Confirmation from ODP QM Certified Tracking Spreadsheet (maintained by QMD)	

Residential Provider Performance-Based Contracting Preparedness SELF-ASSESSMENT



PERFORMANCE AREA: Quality (continued)

Standard: Demonstrated engagement of and support to families which includes providing adequate and appropriate communication options and maintaining/ building relationships.

	Primary	Select	Clinically Enhanced
Measure	QI.03.1 Submission of reporting on policies, procedures, and activities supporting family engagement.		
Assessment Question	Will your agency be able to report on policies, procedures, and activities supporting family engagement?		
Preparedness Level	<input type="checkbox"/> My agency does not have policies nor regular engagement activities for supporting family engagement and will be challenged to do so. <input type="checkbox"/> My agency has basic policies and intermittent activities to support family engagement but can make improvements in this area and report such to ODP. <input type="checkbox"/> My agency has effective policies, procedures, and activities supporting family engagement and can readily report this information to ODP.		
Details	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). Note: Provider submitted documentation as of February 15, 2024 Data Source: PBC Residential Provider Data Submission Tool, documentation submission		
Measure	QI.03.2 Attest to assist in efforts, beginning January 1, 2025, to support ODP data collection on family satisfaction with provider engagement		
Assessment Question	Will your agency commit to supporting ODP in collecting data from families regarding their satisfaction with provider engagement beginning January 1, 2025?		
Preparedness Level	<input type="checkbox"/> My agency will attest to supporting ODP by collecting satisfaction data from families. <input type="checkbox"/> My agency will not attest to supporting ODP with collecting satisfaction data from families.		
Details	ODP will survey individuals and families to measure their satisfaction with family engagement. Data Source: Provider attestation		

Residential Provider Performance-Based Contracting Preparedness SELF-ASSESSMENT



Future Measures

This section of the self-assessment tool describes measures that will be implemented in future years. Providers should remain aware of these measures and prepare for the implementation of future measures as described in the process details.

Future measures and their corresponding elements are subject to change from the date of publication of this document.

	Primary	Select	Clinically Enhanced
Measure		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).	
Assessment Question		Is your agency operating and reporting such that at least 95% of all incidents are finalized by the due date, which exceeds 30 days in no more than 5% of those incidents?	
Preparedness Level		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unsure	
Details		<p>An extract of incident management data is pulled for Performance Based Contracting based on the time period specified for Providers rendering Provider Type 52 services using ODP's internal Tableau Incident Overview Dashboard.</p> <p>2. Within the extract, each incident entered by the Provider is assigned a "Compliant" or "Late" designation on the Final Section document based on an internal calculation conducted within EIM per timeliness requirements outlined in PA Code 6100.404 A and Incident Management Bulletin 00-21-02.</p> <p>3. At the MPI level, the number of incidents reported "Compliant" per Provider during the specified calendar year is calculated using the data element "Final Section Compliance Status". Only incidents with a status of "Open" or "Closed" are included. Incidents with a status of "Deleted" are excluded.</p> <p>4. At the MPI level, the number of incidents reported per Provider during the specified calendar year is calculated using the "Discovery Date." Only incidents with a status of "Open" or "Closed" are included, and incidents with a status of "Deleted" are excluded.</p> <p>5. Each MPI now has been associated with the number of incidents that had a Compliant Final Section document, as well as the total number of incidents they have entered for the associated calendar year (total number of incidents reported inherently INCLUDES the number of incidents that had a compliant Final Section document).</p>	

Residential Provider Performance-Based Contracting Preparedness SELF-ASSESSMENT



		<p>6. A percentage of incidents finalized timely is calculated per MPI: $[\text{NUMBER OF INCIDENTS WITH TIMELY FINALIZATION}] / [\text{TOTAL NUMBER OF INCIDENTS REPORTED}] * 100 = \text{PERCENTAGE INCIDENTS FINALIZED TIMELY}$</p> <p>EXAMPLE: MPI 123456789: $[5 \text{ INCIDENTS WITH TIMELY FINALIZATION}] / [10 \text{ TOTAL INCIDENTS REPORTED}] * 100 = 50\% \text{ INCIDENTS FINALIZED TIMELY}$</p> <p>Note: An incident report is considered finalized when the reporting entity submits the final section of the incident report. Incident finalization timelines are only impacted by the reporting entity. Incident reports are considered closed when final section is approved by ODP.</p> <p>Note: Providers are encouraged to use EIM dashboards to support Incident Management data collection and analysis.</p> <p>THIS MEASURE WILL NOT BE IMPLEMENTED UNTIL FY 2027-2028 USING CALENDAR YEAR 2026 DATA.</p>
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	Primary	Select	Clinically Enhanced
Measure	CI.01.1 NCI-IDD CI-1: Social Connectedness (The proportion of people who report that they do not feel lonely)		
Assessment Question	Is your agency prepared to support data collection efforts through Enterprise Case Management?		
Preparedness Level	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unsure		
Details	By way of an ECM survey, the following National Core Indicators In-Person Survey (NCI-IPS) question will be asked of individuals being served by the provider: Do you ever feel lonely? [NCI-IDD CI-1: Social Connectedness (The proportion of people who report that they do not feel lonely)]. Response options are "Yes, often," "Sometimes," and "No." The "Yes, often" responses are what get reported in the rates in the NCI reports. This is a scenario where low numbers are better. Note: Future measure. Implementation date TBD. Data Source: ECM		

Residential Provider Performance-Based Contracting Preparedness SELF-ASSESSMENT



	Primary	Select	Clinically Enhanced
Measure	CI.01.2 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)		
Assessment Question	Is your agency prepared to support data collection efforts through Enterprise Case Management?		
Preparedness Level	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unsure		
Details	<p>By way of an ECM survey, the following National Core Indicators In-Person Survey (NCI-IPS) questions will be asked of individuals being served by the provider [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)]:</p> <p>Scale includes results of these 4 NCI-IPS questions: -Person is satisfied with how often they went out shopping in the past month. -Person is satisfied with how often they went out for entertainment in the past month. -Person is satisfied with how often they went to a restaurant or coffee shop in the past month. -Person is satisfied with how often they went to a religious service or spiritual practice in the past month.</p> <p>Scales are used to combine responses from multiple similar questions into one variable to measure an overarching concept. To create a scale, statistical tests are required. Note: Future measure. Implementation date TBD. Data Source: ECM</p>		

	Primary	Select	Clinically Enhanced
Measure		EMP.XX.XX Combined percentage of working age individuals that are receiving Career Assessment or Job Finding services through ODP or Office of Vocational Rehabilitation (OVR) AND Competitively employed in integrated settings (working age participants only) must meet or exceed 19% for NG1-2 and 4% for NG3 or greater	
Assessment Question		Will you be able to meet established employment thresholds based on the measure?	
Preparedness Level		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unsure	

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Details		By way of Employment Dashboard and HCSIS, ODP will obtain percentage of working age individuals that receive Career Assessment or Job Finding services through ODP as well as competitively employed in integrated settings by Needs Group. ODP will collaborate with OVR to obtain information on individuals receiving Career Assessment or Job Finding services through OVR. Note: Future measure. Implementation date TBD. Data Source: HCSIS, SC Monitoring tool, CWDS (OVR Data)	
	Primary	Select	Clinically Enhanced
Measure		RM-HRS.XX.XX Collect data in CY2025 HEDIS measure (AAP – Adults’ Access to Preventative/Ambulatory Care)	
Assessment Question		Is your agency familiar with and following HEDIS measures related to Adult’s Access to Preventative/Ambulatory Care?	
Preparedness Level		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unsure	
Details		<p>This measure will demonstrate that individuals 20 year of age and older will have had access to an ambulatory or preventive care visit during the measurement year. Denominator is number of individuals 20 years of age and older who are served by the Provider. Numerator if the number of individuals 20 years of age and older who are served by the Provider who had an ambulatory or preventive care visit within the previous calendar year plus 30 days. Acceptable visit codes include:</p> <p>Ambulatory Visits CPT: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99483 HCPCS: G0402, G0438, G0439, G0463, T1015 UB Rev: 0510-0517, 0519-0523, 0526-0529, 0982,0983 ICD-10: Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9, Z76.1, Z76.2</p> <p>Other Ambulatory Visits CPT: 92002, 92004, 92012, 92014, 99304-99310, 99315, 99316, 99318, 99324- 99328, 99334-99337 HCPCS: S0620, S0621 UB Rev: 0524, 0525 Online Assessments CPT: 98969, 99444 Telephone Modifier CPT: 95, GT Telephone Visits CPT: 98966 - 98968, 99441 - 99443</p>	

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		<p>Note: Future measure. Implementation date TBD. Data Source: Medicaid and Medicare claim data</p>
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	Primary	Select	Clinically Enhanced
Measure			CN-C.XX.XX Report names and authors of clinical assessments currently in use, the methodology for determining in what circumstances specific assessments are to be implemented, and the means by which adequate follow-up from completed assessments is assured.
Assessment Question			Will your agency be able to report information related to assessments?
Preparedness Level			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unsure
Details			Select and Clinically Enhanced only: This is a reporting measure only. By way of the provider survey, providers will report information on assessments used, methodology for assessment use, and process for follow-up after assessments have been completed. Note: Future measure. Implementation date TBD. Data Source: Provider submission tool

	Primary	Select	Clinically Enhanced
Measure			CN-DD/Bx.XX.XX Documentation of intensive (courses, conferences) specialized training relative to individual diagnosis (Prader-Willi syndrome, Fetal Alcohol Syndrome, ASD, Borderline Personality Disorder, Pica etc.)
Assessment Question			Will your agency be able to submit documentation of specialized training in use to meet the needs of individuals supported?
Preparedness Level			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unsure
Details			Via the provider survey, agencies will submit documentation of specialized training relative to individual diagnoses which has been provided to teams working with individuals affected by these diagnoses. Survey responses will include specific trainings provided, and number of staff trained. Note: Future measure. Implementation date TBD. Data Source: Provider submission tool