



# PBC Provider General Information Session

January 29, 2025



- What can you expect?
- How to prepare – self-assessment and workbook
- Technical guidance/tips for QPro
- Choosing a tier: Checklist and ODP measures
- Introduction to Pay for Performance (P4P)
- Resources and Reminders
- Questions



- ODP will publish data for the following measures on a MyODP provider page:
  - RM-HRS.01.1 HRST Compliance
  - RM-IM.01.1-3 Incident Management Fidelity
  - CN-C.02.2 Follow-up from Hospitalization
- For providers that completed the data submission in August 2024
  - ODP will recalculate score to reflect adjustments using 2024 data
  - Providers will not need to resubmit tier determination form.
  - Providers that meet measures will be assigned to the applicable tier July 1, 2025.
- PBC and P4P data submission tools will be open from Feb 15 to Mar 15



- Familiarize yourself with the performance measures required for each tier.
- Three separate submission tools – Providers must select the appropriate tool based on the tier for which they are applying.
- Read the general instructions and question specific instructions on the PDF for the tier for which the agency will be submitting documentation.
- Utilize the updated Provider Preparedness Self-Assessment and Workplan.
- Assemble all data and documentation that will be needed.
- Organize policies, procedures so that each are saved with provider MPI and measure identifier e.g. MPI 123456789\_WF.02.2
- Join ODP for Virtual Office Hours to discuss provider questions about the data submission process. This is not a presentation and only open to providers submitting data and documentation in February/March.
- Questions can be sent to [RA-PWODPPBC@pa.gov](mailto:RA-PWODPPBC@pa.gov).



# Provider Preparedness Toolkit

- Provider Preparedness Self-Assessment
- Provider Preparedness Workplan
- Provider Preparedness Summits



Detailed questionnaire for provider use

Will not be submitted to AE or ODP

For use as an evaluation tool to determine if the provider is meeting performance standards for primary, select or clinically enhanced tiers

Does not generate a “score” or identify tier for provider



## PERFORMANCE AREA: Quality (continued)

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

	Primary	Select	Clinically Enhanced
Measure		<b>QI.01.3</b> 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"> <li>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</li> </ul> <p><b>Note:</b> All wellness programs are to be person-centered and data-informed.  <b>Note:</b> Providers submitting in February-March 2025 will be evaluated using CY24 data  <b>Data Source:</b> PBC Residential Provider Data Submission Tool and Documentation Review</p>	



Can be used as a standalone or as a companion to the Self-Assessment

Helps providers walk through the operational steps needed to improve on or achieve performance standards

Asks providers to identify if a work plan is needed, action steps, responsible person(s), timeline, evaluate what resources are needed, potential barriers, and communication strategy



# Workplan Example



**PREPAREDNESS ASSESSMENT:** My provider agency is currently performing at the \_\_Primary\_\_ tier for Performance Based Contracting with ODP.  
**GOAL:** My provider agency's goal is to achieve Primary tier by 1/1/2025 and Select tier by

Standard	Standard Met? <i>No Work Plan Needed</i>	Measure	Work Plan <i>Is a strategy needed for the measure?</i>	Action Step <i>What will be done?</i>	Responsibilities <i>Who will do it?</i>	Timeline <i>When will it be done?</i>	Resources <i>Resources Available &amp; Needed</i>	Potential Barriers <i>What are the potential barriers?</i>
Demonstrate that when not able to anticipate and deescalate crisis, when possible and, when not, to respond swiftly and effectively		physical restraint, at initial contracting or renewal looking back at the prior calendar year.						
		CN-DD/Bx.03.2 Use and documentation of trauma informed training/activities for individuals and staff/employees, at the initial contracting or renewal date.		Agency needs to provide and document trauma informed training and activities for individuals and staff. In order to accomplish this, we will first research available trainings and resources on trauma informed care. We will need to price our options for trainings. Make a plan for a communication strategy and an ongoing implementation plan.	Training director and clinical director	Research on available training and resources will be completed by January 2, 2026. Training for individuals and staff will be completed by May 1, 2026.	We already have access to a clinical director who can vet resources. Will need access to training curriculum. Training curriculum will have a cost associated so funds will be needed.	Board and executive leadership. Individual and staff buy in could be aggressive.
		CN-DD/Bx.03.3 Documentation of crisis prevention and de-escalation activities.						

# Reminders and Common Submission Errors



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

**Office of Developmental Programs**  
**Residential Performance-Based Contracting Attestation**

Instructions:

All providers of Residential Habilitation, Life Sharing, and/or Supported Living services funded through the Consolidated Waiver and/or Community Living Waiver must complete the below attestation. The provider must complete a separate attestation for each Master Provider Index (MPI) number through which the provider renders Residential Habilitation, Life Sharing, and/or Supported Living services through the Consolidated Waiver or Community Living Waiver. Completed attestation must be uploaded using the Performance-Based Contracting Residential Provider Data Submission Tool by the end of the provider documentation submission period for tier determination.

The purpose of the attestation is to confirm that the provider has met performance standards outlined in bulletin 00-24-01. The attestation, in addition to the documentation submitted by the provider, will help inform the Office of Developmental Programs of the assignment of a performance-based contracting tier for the provider. The provider designee completing this form must have knowledge of all information to which the provider attests. The provider designee should check all applicable boxes for the tier for which the provider has documentation of meeting the criteria or will have documentation by the date outlined in the criteria. If the provider is assigned by ODP to a tier that does not match the tier selected in this attestation, the provider will be required to complete a new attestation for the new applicable tier.

Providers that fail to complete and submit this form by the end of the provider documentation submission period for tier determination cannot be assigned to the select or clinically enhanced tiers and will receive a Directed Corrective Action Plan requiring completion of the attestation to remain in the primary tier. Questions regarding this form should be sent to [ra-pwodppbc@pa.gov](mailto:ra-pwodppbc@pa.gov).

**Commonwealth of Pennsylvania**  
**Department of Human Services**  
**Office of Developmental Programs**

**Agreement for Provision of Residential Services**

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

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

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

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

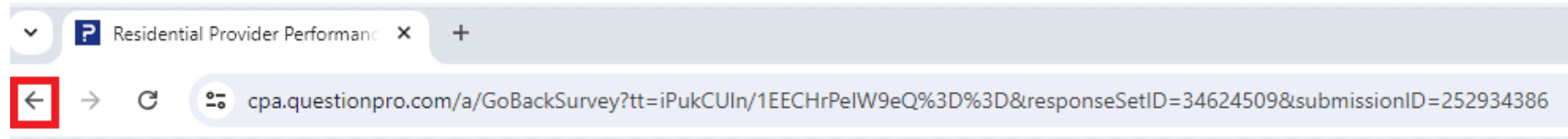
Now, therefore, as a condition of provision of residential services, the Residential Services Waiver Provider agrees:

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



# QuestionPro Tips

- The internet browser Back button (in red) should not be used. If changes need to be made to the previous page of questions the QuestionPro back button (in blue) should be used.



- QuestionPro back button



- When using the QuestionPro back button, it should only be pressed one time to change answers to the questions on the previous page.
- Questions on the current page, when selecting back, will NOT be saved.
- If the QuestionPro back button is pressed more than once, it will result in the deletion of data on any page the back button is used on.



Next

Save & Continue Later

- The “Save & Continue Later” will save all entered responses on the current page.
- When selected, the warning pop-up below will appear.

Warning: Please make sure you have answered all questions on this page. If you haven't answered all questions, please click on cancel to return to the survey and complete your response. If you have answered all questions, please click on the continue button.

Cancel

Continue



Response ID : 34624784

Please enter your email address so that we can send you a link to the location that you have saved.

Email me the link

- **This is the next pop-up box that will appear after the warning box. The email address that completion hyperlink should be sent to will be entered here.**
- **This completion email is unique to the provider's response.**



**Measure:** CoS.02

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

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

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

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

**\* Question 1P.**

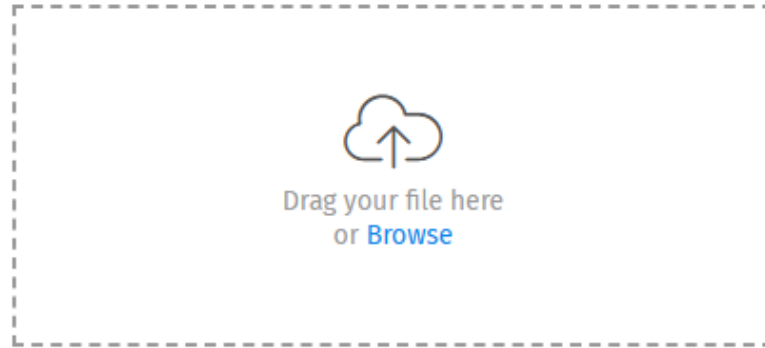
CoS.02 Enter the number of individuals that were successfully transitioned from Residential Habilitation to Life Sharing within your agency during the review period (calendar year 2024). [?](#)



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

File 0 of 1

Max file size: 50.0MB



- **A hyperlink to the ODP Residential Performance-Based Contracting Attestation Form has been added.**
- **A provider can click on the hyperlink to ensure they are accessing and uploading the correct document.**






\* Question 9P.

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

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

File 0 of 1 Max file size: 50.0MB



Drag your file here  
or [Browse](#)

- There are some questions within each data submission tool that requires a document to be uploaded.
- A single document can be no more that 50.0 MB.
- Each document upload question will ask the provider to highlight or identify the area(s) of the document that pertain to the measure, if applicable.



- Print or save PDF of response submission
- ODP will score submissions in their entirety
- Once all measures are scored, providers will receive notice of results in May 2025



\* Question 19S.

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

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

- Questions have been added to the Select and Clinically Enhanced Tools regarding performance measure CN-C.02.2.
- A “Yes/No” question has been added to reflect the option for a provider to provide additional documentation for psychiatric inpatient hospitalization and follow up records.
- A “No” response indicates that the provider agrees with ODP’s published result.
- A “Yes” response indicates that the provider disagrees with ODP’s published result. Based on this response, the provider will be required to upload a document with all elements listed.



\* Question 20S.



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

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

- Column A will be titled 'MCI' and will indicate the MCI# of the individual who experienced the hospitalization for mental illness.
  - Remember that applicable individuals are 6 years of age and older who have been discharged from an acute inpatient setting with a primary diagnosis at discharge of a mental illness or intentional self-harm
- Column B will be titled 'Hospital Name' and will indicate the name of the hospital at which the individual was hospitalized.
- Column C will be titled 'Admission Date' and will indicate the admission date of the hospitalization stay.
- Column D will be titled 'Discharge Date' and will indicate the discharge date of the hospitalization stay.
- Column E will be titled 'Follow-Up Date' and will indicate the date of the follow-up visit with a provider.
- Column F will be titled 'Follow-Up Provider' and will indicate the type of provider which completed the follow-up visit.
  - Remember that this professional must be one of the following: Clinical Social Worker, Marriage and Family Therapist, Mental Health, Occupational Therapist, Neuropsychologist, Professional Counselor, Psychiatric/Mental Health Nurse Practitioner/Clinical Nurse Specialist, Psychiatrist, Psychoanalyst, or Psychologist.

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

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

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

- The above question is asked multiple times within the Clinically Enhanced Data Submission Tool.
- This was done to ensure that the applicable follow-up question(s) are displayed.
- Providers must ensure that they select the same response to the question each time.



Please ensure your agency meets the below measures if you are applying for Select or Clinically Enhanced

- Checklist for key measures for Select and Clinically Enhanced (CE):
  - **DM.02:** Have an EHR tracking at least medication administration ([Select](#) and [CE](#))
  - **RD.01.2:** Serve 10 or more individuals as of 1/1/2025 ([Select](#) and [CE](#))
  - **RM-IM.01.2-3:** IM measures are within tolerance levels ([Select](#) and [CE](#)) \*
  - **QI.02.4:** Have at least one leadership team member that is QM Certified ([Select](#) and [CE](#))
  - **WF.03.3:** Participated in the NCI State of the Workforce survey ([Select](#) and [CE](#))
  
  - **CN-C.02.2:** Follow-up after hospitalization for mental illness ([Select](#) and [CE](#) tiers have different thresholds) \*
  - **CoS.01:** Provide 2 out of 3 residential services ([Select](#))
  
  - **CN-C.01.2:** Population in top quartile of acuity of both NL and HCL ([CE](#))
  - **CN-C.01.4:** 1:15 minimum ratio of FTE behavioral/mental health clinical staff to individuals served ([CE](#))
- \* part of a composite score
- 2 other ODP calculated measures – required for all 3 tiers
  - **RC.01:** Maintain regular license status
  - **RM-HRS.01.1:** Current HRS in place for all individuals
- This is NOT an exhaustive list, please see the Scoring Tool in the Implementation Guide



# Pay-for-Performance (P4P)



- To be eligible for and receive P4P, providers must submit plans, baseline data, goal values, and attestations
- Participation in the initiatives are each optional
- Data will be submitted via a QuestionPro survey separate from the PBC data submission tool
- It is recommended that Providers complete the PBC data submission tool prior to submitting for P4P. Providers will be given the option to use the same documents for DSP/FLS Credentialing (Primary) and CIE from PBC.





**2028-2030**

Introduce tiered benchmarks based on provider baselines through CY27 (example, 20%- 40%)

**2026-2027**

Continued incentive payments available to residential providers that achieve increased DSP/FLS credentialing benchmarks.

**2025-2026**

**(Scaling Capacity)**

- Continued capacity building - milestone payments for all residential providers (excluding Conditional).
- 2nd milestone payment for providers that achieve growth or targeted benchmarks by December 2025.
- .6% residential revenue for CY24

**2024-2025**

**(Building Capacity)**

- Initial reporting, data collection and payments.
- 1st milestone payment - Launch upfront capacity building incentives for all Residential Providers (excluding Conditional).
- 1% residential revenue for CY24



Technology solutions must aim to improve quality of care and individual outcomes identified in PBC measures including: assistive and remote support technology, implementation of solutions like data management systems, and electronic health records.

## 2024-2025

- Initial reporting, data collection and payments.
- 1st milestone payment - Launch upfront capacity building incentives for all Residential Providers (excluding Conditional).
- Half of estimated costs up to 0.3% of residential revenue for CY24

## 2025-2026

- Continued capacity building - milestone payments for all residential providers (excluding Conditional).
- 2nd milestone payment for providers that achieve growth or targeted benchmarks by December 2025.
- Remainder of actual costs up to 0.3% of residential revenue for CY24

## 2026-2030

- Continued increase use of assistive and remote supports and technology for individuals.
- Providers retain all savings in value-based purchasing arrangement. Savings will support workforce stabilization efforts and additional technology expansion.

# Pay-for-Performance (P4P): Employment



P4P is available for providers to develop and implement a plan to increase competitive integrated employment for working age individuals (18-64 years of age) receiving residential services.

## 2024-2025

- Initial reporting, data collection and payments.
- 1st milestone payment - Launch **upfront capacity building** incentives for all Residential Providers (excluding Conditional).
- .3% of residential revenue for CY24

## 2025-2026

- Continued capacity building - milestone payments for all residential providers.
- 2nd milestone payment for providers that achieve growth or targeted benchmarks by December 2025 (excluding Conditional).
- For agencies that increase from baselines \$2,500 per individual NG1-2 and \$7,500 per individual NG3+ in CIE for 10 or more hours per week on average.

## 2026-2030

- Continued incentive payments for increases in CIE for individuals in residential care



## P4P Survey Example Questions

**\* Q1-1: Would you like to submit a plan and attestation for DSP and FLS Credentialing?**

*If "Yes," you will be guided through the plan submission process. If "No," you will move to the "Technology" section of this survey.*

Yes

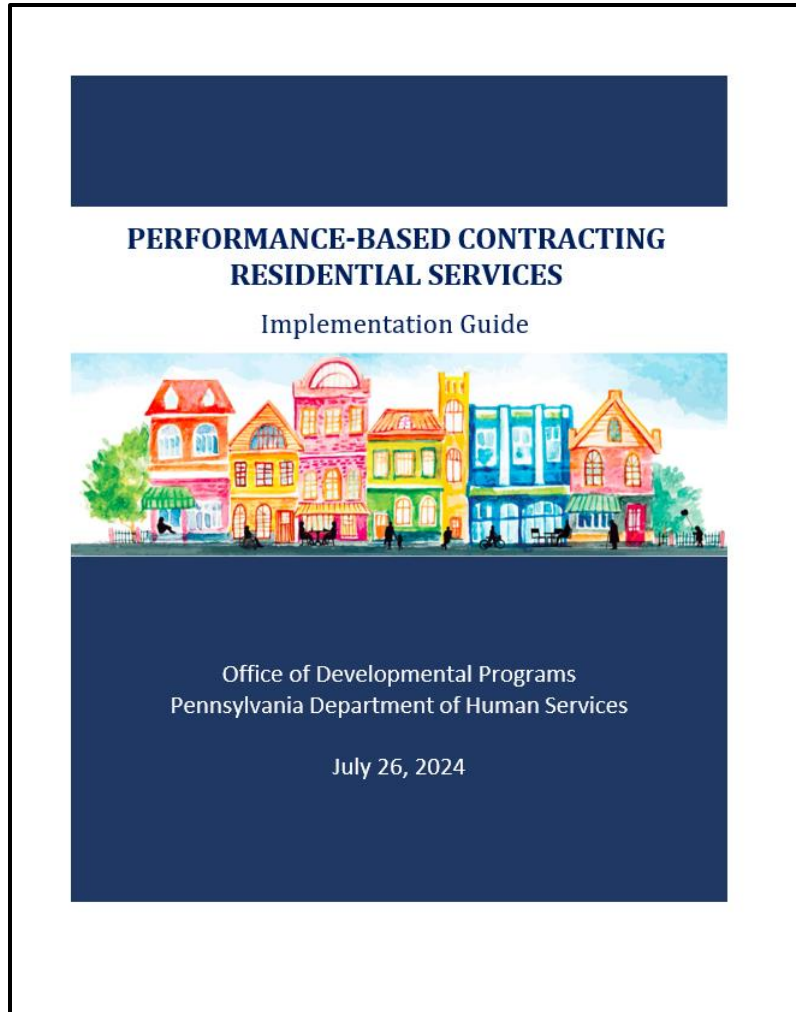
No

**\* Q1-2: Should ODP use the credentialing plan documents uploaded by your agency in the Performance Based Contracting (PBC) submission tool for Primary (WF.01.2 and 2.2)?**

Yes

No

**Q1-3: Please upload your agency's plan for DSP credentialing.**



Implementation Guide designed to be single source reference for providers:

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



- PBC Mailbox [ra-pwodppbc@pa.gov](mailto:ra-pwodppbc@pa.gov)
- [MyODP PBC resource page](#)
- Incident Management measures resources
  - [Using the IM Dashboard](#)
    - [ODP Announcement 22-115](#)
    - [ODP Announcement 24-082](#)
- FAQs published on MyODP [PBC FAQs](#)
- Virtual Office Hour sessions
  - February 6, 2025            11:00-12:30
  - February 21, 2025        9:00-10:30
  - March 7, 2025            2:00-3:30
  - March 10, 2025          1:00-2:30



# Questions?