

# Office of Developmental Programs

September 12, 2025

## Attachment 2: Residential Performance Standards

Performance Area	PM Code	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers</u> (Clinically Enhanced for Medical and/or Dual Diagnosis)
Access	AC.01.1	Service initiation occurs within an: <ul style="list-style-type: none"><li>- Within an average of 90 days or less post-referral acceptance for Community Homes.</li><li>- Within an average of 180 days or less post-referral acceptance for Supported Living and Life Sharing.</li><li>- To reintegrate individuals back into the residential setting post inpatient, skilled nursing or rehabilitation facility discharge or release from incarceration.</li></ul>	N/A	Serve a minimum of 10 individuals in residential services during the review period. Residential service providers serving a minimum of, on average, 10 individuals during the review period. Providers serving less than 10 individuals on the last day of the previous calendar year will not be eligible for Select or Clinically Enhanced tiers.	Serve a minimum of 10 individuals in residential services during the review period. Residential service providers serving a minimum of, on average, 10 individuals during the review period. Providers serving less than 10 individuals on the last day of the previous calendar year will not be eligible for Select or Clinically Enhanced tiers.

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Access	AC.01.2	Service initiation occurs within an: - Within an average of 90 days or less post-referral acceptance for Community Homes. - Within an average of 180 days or less post-referral acceptance for Supported Living and Life Sharing. - To reintegrate individuals back into the residential setting post inpatient, skilled nursing or rehabilitation facility discharge or release from incarceration.	Report the following data:  a. All referrals for residential services 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. Number of referrals denied and reason (age, gender, clinical needs, location/geography, vacancy status workforce). d. Number of provider-initiated discharges, setting to which individual was discharged, and reason for discharge(s). e. 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.	N/A	N/A
Access	AC.01.3	Service initiation occurs within an: - Within an average of 90 days or less post-referral acceptance for Community Homes. - Within an average of 180 days or less post-referral acceptance for Supported Living and Life Sharing. - To reintegrate individuals back into the residential	N/A	Report the following data: a. All referrals for residential services 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. Description of each circumstance in which 90-day timeline is not met for Residential	Report the following data: a. All referrals for residential services 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. 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

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		setting post inpatient, skilled nursing or rehabilitation facility discharge or release from incarceration.		Habilitation and 180-day timeline is not met for Life Sharing and Supported Living d. Number of referrals denied and document reason (age, gender, clinical needs, location/geography, vacancy status workforce) e. Number of provider-initiated discharges, setting to which individual was discharged, and reason for discharge(s) f. 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.	Supported Living d. Number of referrals denied and document reason (age, gender, clinical needs, location/geography, vacancy status workforce) e. Number of provider-initiated discharges, setting to which individual was discharged, and reason for discharge(s) f. 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.
Administration	ADM.01.1	Demonstrate transparent and sound corporate governance structure	Attest to accurately and truthfully disclosing to the Office of Developmental Programs (ODP) the following:  a. Submission of current financial statements (audited if available) b. Disclosure of the following through submission of: 1. Violations of conflict-of-interest policy 2. Any history of criminal convictions of officers and owners, including criminal background checks 3. Any history of license revocation or nonrenewal by other	Same as Primary	Same as Primary

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			Pennsylvania Department of Human Services programs and/or by other states in which provider, and corporate affiliates, render services to individuals with intellectual and developmental disabilities, if applicable. This applies to any MPI operated by the provider or the provider's corporate affiliates.		
Administration	ADM.01.2	Demonstrate transparent and sound corporate governance structure	Submission of current financial statements (audited if available).	Same as Primary	Same as Primary
Administration	ADM.01.3	Demonstrate transparent and sound corporate governance structure	Disclosure of Conflict of Interest Policy and associated documentation, including Governing Body.	Same as Primary	Same as Primary
Administration	ADM.01.4	Demonstrate transparent and sound corporate governance structure	Disclosure of Criminal convictions, including disclosure of criminal convictions for Governing Body members.	Same as Primary	Same as Primary
Administration	ADM.01.5	Demonstrate transparent and sound corporate governance structure	Disclosure of history of license revocation or nonrenewal by other Pennsylvania DHS programs and/or by other states in which provider, and corporate affiliates, render services to individuals with intellectual and developmental disabilities, if applicable. This applies to any MPI operated by the provider or the provider's corporate affiliates.	Same as Primary	Same as Primary

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Administration	ADM.01.6	Demonstrate transparent and sound corporate governance structure	N/A	Documentation that governance by the Governing Body is engaged with and informed by voices of individuals with lived experiences by: — Including at least one individual with intellectual/developmental disabilities/autism or a family member of an individual with intellectual/ developmental disabilities/autism on the Board OR — Operating an advisory committee or subcommittee that informs the Governing Body that is comprised of individuals with lived experience AND — Evidence that Governing Body deliberations are informed by input of people with lived experience - Evidence that support is offered/made available for people with lived experience to meaningfully participate	Documentation that governance by the Governing Body is engaged with and informed by voices of individuals with lived experiences by: — Including at least one individual with intellectual/developmental disabilities/autism or a family member of an individual with intellectual/ developmental disabilities/autism on the Board OR — Operating an advisory committee or subcommittee that informs the Governing Body that is comprised of individuals with lived experience AND — Evidence that Governing Body deliberations are informed by input of people with lived experience - Evidence that support is offered/made available for people with lived experience to meaningfully participate
Supporting Individuals with Complex Needs - Clinical	CN-C.01.1	Clinical: residential program demonstrates having a ratio (employed or contracted) of licensed clinical staff and/or staff credentialed in a nationally recognized (and ODP-approved) credentialling program that meets the needs of individuals served in the program	No additional standards from current regulation and 1915(c) home and community-based waivers	Report current ratio of licensed/credentialed full-time equivalents to number of individuals served to demonstrate size of agency multidisciplinary clinical team.	Report current ratio of licensed/credentialed full-time equivalents to number of individuals served to demonstrate size of agency multidisciplinary clinical team.

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Supporting Individuals with Complex Needs - Clinical	CN-C.01.2	Clinical: residential program demonstrates having a ratio (employed or contracted) of licensed clinical staff and/or staff credentialed in a nationally recognized (and ODP-approved) credentialling program that meets the needs of individuals served in the program	No additional standards from current regulation and 1915(c) home and community-based waivers	N/A	Population served by the agency in residential services is in the top quartile of acuity of both Needs Level and Health Care Level of the statewide population in residential.
Supporting Individuals with Complex Needs - Clinical	CN-C.01.3	Clinical: residential program demonstrates having a ratio (employed or contracted) of licensed clinical staff and/or staff credentialed in a nationally recognized (and ODP-approved) credentialling program that meets the needs of individuals served in the program	No additional standards from current regulation and 1915(c) home and community-based waivers	Provide documentation of agency's tracking and use of data relating to the HRST scoring item E. Clinical Issues Affecting Daily Life	Provide documentation of agency's tracking and use of data relating to the HRST scoring item E. Clinical Issues Affecting Daily Life
Supporting Individuals with Complex Needs - Clinical	CN-C.01.4	Clinical: residential program demonstrates having a ratio (employed or contracted) of licensed clinical staff and/or staff credentialed in a nationally recognized (and ODP-approved) credentialling program that meets the needs of individuals served in the program	No additional standards from current regulation and 1915(c) home and community-based waivers	N/A	Meet a 1:15 minimum ratio of full-time equivalent behavioral/mental health clinical staff to all individuals receiving residential services from the agency
Supporting Individuals with Complex Needs - Clinical	CN-C.02.1	Demonstrate ability to support individuals to access necessary physical health and behavioral health (BH) treatments	N/A	Describe how the agency uses professional relationships to create a comprehensive support network to address the diverse medical and behavioral health needs of individuals through both internal and external resources. This is above and beyond	Describe how the agency uses professional relationships to create a comprehensive support network to address the diverse needs of individuals through both internal and external resources. This is above and beyond services required by residential service definitions.

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				services required by residential service definitions.	
<b>Supporting Individuals with Complex Needs - Clinical</b>	<b>CN-C.02.2</b>	Demonstrate ability to support individuals to access necessary physical health and behavioral health (BH) treatments	N/A	CN-C.02.2s - Follow-up after hospitalization for mental illness at 30-day a minimum of 75%	CN-C.02.2ce - Follow-up after hospitalization for mental illness at 7-day minimum of 40% and 30-day a minimum of 75%
<b>Supporting Individuals with Complex Needs - Dual Diagnosis/ Behavioral</b>	<b>CN-DD/Bx.01.1</b>	Demonstrate that the agency has integrated behavioral supports through use of employed or contracted licensed clinicians and/or, behavioral support professionals, and demonstrate that training and support are routinely provided in homes to individuals and teams	N/A	Attest that by December 31, 2025 all newly hired DSPs, FLSSs, and program managers completed 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.	Attest that by December 31, 2025 all DSPs, FLSSs, and program managers 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.
<b>Supporting Individuals with Complex Needs - Dual Diagnosis/ Behavioral</b>	<b>CN-DD/Bx.01.2</b>	Demonstrate that the agency has integrated behavioral supports through use of employed or contracted licensed clinicians and/or, behavioral support professionals, and demonstrate that training and support are routinely provided in homes to individuals and teams	N/A	CN-DD/Bx.01.2s: Demonstrate a minimum of 50% of total behavioral supports hours as face-to-face time (in person or virtual) with behavioral support staff across all settings interfacing with family, DSPs, FLSSs, and individuals	CN-DD/Bx.01.2ce: Demonstrate a minimum of 70% of total behavioral supports hours as face-to-face time (in person or virtual) with behavioral support staff across all settings interfacing with family, DSPs, FLSSs, and individuals
<b>Supporting Individuals with Complex Needs - Dual</b>	<b>CN-DD/Bx.02.1</b>	Demonstrate use of data to impact individual outcomes	For the review period of CY2025 and subsequent years, demonstrate that 95% of individuals with restrictive	Same as Primary	Same as Primary

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Diagnosis/ Behavioral			procedures have been evaluated by (or are receiving treatment) within the past year from licensed psychiatrists, psychologist, CRNP, LSW, or has received treatment from a professional in a licensed outpatient BH clinic		
Supporting Individuals with Complex Needs - Dual Diagnosis/ Behavioral	CN-DD/Bx.02.2	Demonstrate use of data to impact individual outcomes	N/A	Demonstrate use of data to impact individual outcomes as it relates to law enforcement	Demonstrate use of data to impact individual outcomes as it relates to law enforcement
Supporting Individuals with Complex Needs - Dual Diagnosis/ Behavioral	CN-DD/Bx.02.3	Demonstrate use of data to impact individual outcomes	N/A	Demonstrate use of data to impact individual outcomes as it relates to restrictive procedures	Demonstrate use of data to impact individual outcomes as it relates to restrictive procedures
Supporting Individuals with Complex Needs - Dual Diagnosis/ Behavioral	CN-DD/Bx.02.4	Demonstrate use of data to impact individual outcomes	N/A	Demonstrate use of data to impact individual outcomes as it relates to inpatient	Demonstrate use of data to impact individual outcomes as it relates to inpatient



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Supporting Individuals with Complex Needs - Dual Diagnosis/ Behavioral	CN-DD/Bx.02.5	Demonstrate use of data to impact individual outcomes	N/A	Demonstrate use of data to impact individual outcomes as it relates to restraint	Demonstrate use of data to impact individual outcomes as it relates to restraint
Supporting Individuals with Complex Needs - Dual Diagnosis/ Behavioral	CN-DD/Bx.02.6	Demonstrate use of data to impact individual outcomes	N/A	Demonstrate use of data to impact individual outcomes as it relates to confirmed abuse/neglect	Demonstrate use of data to impact individual outcomes as it relates to confirmed abuse/neglect
Supporting Individuals with Complex Needs - Dual Diagnosis/ Behavioral	CN-DD/Bx.02.7	Demonstrate use of data to impact individual outcomes	N/A	Demonstrate use of data to impact individual outcomes as it relates to polypharmacy	Demonstrate use of data to impact individual outcomes as it relates to polypharmacy
Supporting Individuals with Complex Needs - Dual Diagnosis/ Behavioral	CN-DD/Bx.02.8	Demonstrate use of data to impact individual outcomes	N/A	Demonstrate use of data to impact individual outcomes as it relates to target behavioral data	Demonstrate use of data to impact individual outcomes as it relates to target behavioral data

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Supporting Individuals with Complex Needs - Dual Diagnosis/ Behavioral	CN-DD/Bx.02.9	Demonstrate use of data to impact individual outcomes	N/A	Demonstrate use of data to impact individual outcomes as it relates to individuals' satisfaction with services	Demonstrate use of data to impact individual outcomes as it relates to individuals' satisfaction with services
Supporting Individuals with Complex Needs - Dual Diagnosis/ Behavioral	CN-DD/Bx.03.1	Demonstrate capacity to anticipate and de-escalate crisis, when possible, and, when not, to respond swiftly and effectively	Demonstrate capacity to anticipate and de-escalate crisis, when possible, and, when not, to respond swiftly and effectively - Provide description of agency approach capabilities for de-escalation and how provider anticipates and responds to a crisis for individuals Include the following: - Describe support/resources for DSPs and FLSs for crisis situations - Name, if any, curriculum-based crisis response training used by the agency - Provide procedure for debriefing with staff and individuals after engagement in physical restraint a crisis situation	Same as Primary	Same as Primary
Supporting Individuals with Complex Needs - Dual Diagnosis/ Behavioral	CN-DD/Bx.03.2	Demonstrate capacity to anticipate and de-escalate crisis, when possible, and, when not, to respond swiftly and effectively	N/A	Submit documentation indicating that training on the topic of trauma-informed care has been provided to staff.	Submit documentation indicating that training on the topic of trauma-informed care has been provided to staff.
Supporting Individuals with Complex Needs - Dual	CN-DD/Bx.03.3	Demonstrate capacity to anticipate and de-escalate crisis, when possible, and, when not, to respond swiftly and effectively	N/A	Submit documentation indicating that training/activities on the topic of trauma-awareness has been provided to individuals supported by the agency.	Submit documentation indicating that training/activities on the topic of trauma-awareness has been provided to individuals supported by the agency.

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Diagnosis/ Behavioral					
Supporting Individuals with Complex Needs - Dual Diagnosis/ Behavioral	CN-DD/Bx.03.4	Demonstrate capacity to anticipate and de-escalate crisis, when possible, and, when not, to respond swiftly and effectively	N/A	N/A	<p>List crisis prevention and de-escalation training programs provided to all staff</p> <p>Examples of such programs:</p> <ul style="list-style-type: none"> <li>a. Ukeru</li> <li>b. Crisis Prevention Institute (CPI)</li> <li>c. Collaborative and Protective Solutions (CPS)</li> <li>d. Mandt System®</li> <li>e. Non-Violent Crisis Intervention Training</li> <li>f. Therapeutic Options</li> <li>g. Safe and Positive Practices/Approaches</li> <li>h. Quality Behavioral Solutions (QBS) – Safety Care</li> <li>i. Welle - Kurk Lalemand</li> <li>j. Safe Crisis Management (SCM)</li> </ul>
Supporting Individuals with Complex Needs - Dual Diagnosis/ Behavioral	CN-DD/Bx.03.5	Demonstrate capacity to anticipate and de-escalate crisis, when possible, and, when not, to respond swiftly and effectively	N/A	N/A	<p>Submit the number and position of staff trained and dates of training(s).</p> <p>Staff:</p> <ul style="list-style-type: none"> <li>- DSPs, FLSs, Program Specialists, Residential Directors (or equivalents for these positions)</li> <li>- clinical staff included in ratio calculation for CN-C.01.4</li> </ul>
Supporting Individuals with Complex Needs - Dual Diagnosis/ Behavioral	CN-DD/Bx.03.6	Demonstrate capacity to anticipate and de-escalate crisis, when possible, and, when not, to respond swiftly and effectively	N/A	N/A	Describe the agency plan to train new staff and ensure staff certification for crisis prevention and de-escalation.

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<b>Supporting Individuals with Complex Needs - Medical</b>	<b>CN-M.01.1</b>	Medical: residential program demonstrates having a sufficient ratio (employed or contracted) of licensed clinical staff and/or staff credentialed by in a nationally recognized credentialing program, which is approved by ODP, to meet the medical needs of individuals served in the program	No additional standards from current regulation and 1915(c) home and community based waivers	No additional standards from current regulation and 1915(c) home and community based waivers	Attest that the provider meets the 1915(c) waiver requirements for serving individuals with a medically complex condition
<b>Supporting Individuals with Complex Needs - Medical</b>	<b>CN-M.01.2</b>	Medical: residential program demonstrates having a sufficient ratio (employed or contracted) of licensed clinical staff and/or staff credentialed by in a nationally recognized credentialing program, which is approved by ODP, to meet the medical needs of individuals served in the program	No additional standards from current regulation and 1915(c) home and community based waivers	No additional standards from current regulation and 1915(c) home and community based waivers	For Children with Medically Complex Conditions demonstrate awareness of and ability to use targeted resources including pediatric complex care resource centers (PCCRC), Health Care Quality Unit (HCQUs), home care services, support systems for families, use of family facilitator, and/or Special Needs Unit
<b>Continuum of Services</b>	<b>CoS.01</b>	Provide at least two residential services (Residential Habilitation and either Lifesharing or Supported Living; Lifesharing and either Residential Habilitation or Supported Living; Supported Living and Lifesharing or Residential Habilitation)	N/A	Provide at least two of the three services during the review period	N/A
<b>Data Management</b>	<b>DM.02</b>	Demonstrate data capability with use of a HIPAA compliant EHR	N/A	Identify the EHR in use and what functions of the software are utilized (e.g., that includes medication records, physician notes, integrated care pathways, etc.). Through June 30, 2026,	Identify the EHR in use and what functions of the software are utilized (e.g., that includes medication records, physician notes, integrated care pathways, etc.). Through June 30, 2026, minimum requirement is

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				minimum requirement is electronic medication administration records. Include percent of residential population whose health related services are managed, at least in part, through the EHR.	electronic medication administration records. Include percent of residential population whose health related services are managed, at least in part, through the EHR.
Employment	EMP.01	Demonstrate support of individuals to seek and obtain CIE	Demonstrate tracking of CIE by providing number and percentage of working age individuals (18-64) with CIE, and demonstrate completed tracking.	Same as Primary	Same as Primary
Quality Improvement	QI.01.1	Demonstrate commitment to wellness of individuals through targeted activities	Describe how you use HRST data to inform wellness activities/programs for your residential population.	N/A	N/A
Quality Improvement	QI.01.2	Demonstrate commitment to wellness of individuals through targeted activities	N/A	<p>Demonstrate use of a Plan-Do-Check-Act cycle in using HRS data to drive wellness activities/programs within your agency:</p> <p>PLAN: Use HRS data to determine what wellness activities/program(s) to implement  DO: Demonstrate implementation of a wellness activities/program  CHECK: Monitor progress of activities/programs using data from HRS and/or other sources as needed  ACT: Modify activities/programs based on monitoring data OR describe plan to modify</p>	<p>Demonstrate use of a Plan-Do-Check-Act cycle in using HRS data to drive wellness activities/programs within your agency:</p> <p>PLAN: Use HRS data to determine what wellness activities/program(s) to implement  DO: Demonstrate implementation of a wellness activities/program  CHECK: Monitor progress of activities/programs using data from HRS and/or other sources as needed  ACT: Modify activities/programs based on monitoring data OR describe plan to modify</p>

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Quality Improvement	QI.01.5	Demonstrate commitment to wellness of individuals through targeted activities	N/A	Demonstrate use of HRS data and considerations to improve individual health/outcomes as of January 1, 2026.	Demonstrate use of HRS data and considerations to improve individual health/outcomes as of January 1, 2026.
Quality Improvement	QI.02.1	Demonstrate commitment to continuous quality improvement and demonstrate embracing of building a culture of quality (continuous learning and best use of data to assess progress toward quality management plan (QMP) goals and action plan target objectives)	Report number of staff that have ODP QM certification; include number on executive leadership team who have the authority to adopt recommendations and direct QM activities.	Same as Primary	Same as Primary
Quality Improvement	QI.02.2	Demonstrate commitment to continuous quality improvement and demonstrate embracing of building a culture of quality (continuous learning and best use of data to assess progress toward quality management plan (QMP) goals and action plan target objectives)	Provide agency's policy on how person-centered performance data is utilized to develop the QM Plan and its action plan and monitor progress towards QM plan goals.	Same as Primary	Same as Primary
Quality Improvement	QI.02.4	Demonstrate commitment to continuous quality improvement and demonstrate embracing of building a culture of quality (continuous learning and best use of data to assess progress toward quality management plan (QMP) goals and action plan target objectives)	N/A	At least one member of executive leadership team who has the authority to adopt recommendations and direct QM activities has ODP QM Certification	At least one member of executive leadership team who has the authority to adopt recommendations and direct QM activities has ODP QM Certification

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Quality Improvement	QI.02.5	Demonstrate commitment to continuous quality improvement and demonstrate embracing of building a culture of quality (continuous learning and best use of data to assess progress toward quality management plan (QMP) goals and action plan target objectives)	N/A	Provide a sample of operational quarterly report or quality report used for internal, ongoing monitoring and implementation of QM initiatives that includes a written description of use and analysis of data from at least one of the following categories: incidents, medication errors, health risks, restrictive procedures, staff retention, effectiveness of behavioral support, employment, Information Sharing and Advisory Committee recommendation strategies, billing accuracy	Provide a sample of operational quarterly report or quality report used for internal, ongoing 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

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Quality Improvement	QI.03.1	Demonstrate engagement of and support to families which includes providing adequate and appropriate communication options and maintaining/building relationships	Provide agency's policy on supporting engagement of family, as defined/designated by the individual.	Same as Primary	Same as Primary



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Quality Improvement	QI.03.2	Demonstrate engagement of and support to families which includes providing adequate and appropriate communication options and maintaining/building relationships	Provide a description of current activities supporting engagement of family, as defined/designated by the individual.	Same as Primary	Same as Primary
Quality Improvement	QI.03.3	Demonstrate engagement of and support to families which includes providing adequate and appropriate communication options and maintaining/building relationships	Attest to assist in efforts, beginning January 1, 2025, to support ODP data collection on family satisfaction with provider engagement	Same as Primary	Same as Primary

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<b>Regulatory Compliance</b>	<b>RC.01</b>	Demonstrate regulatory compliance with 55 Pa. Code Chapters 6100, 6400 and 6500, as applicable	Maintain regular license status (i.e., a license that is not on provisional status or operating pending appeal of a license revocation) for all residential homes that require licensure.	Same as Primary	Same as Primary
<b>Risk Management</b>	<b>RM-HRS.01</b>	Demonstrate capacity to properly and timely assess individuals	Current health risk screenings (HRS) in place for all individuals including applicable assessments as indicated by HRST protocol	Same as Primary AND RM-HRS.01.2	Same as Primary AND RM-HRS.01.2
<b>Risk Management</b>	<b>RM-IM.01.1</b>	Demonstrate fidelity to incident management procedures as required by current regulations, 1915(c) waivers and ODP policy	No additional standards from current regulation, 1915(c) home and community based waivers, and ODP policy.	Provider demonstrates reporting fidelity: Maximum number of incidents (potentially indicative of abuse or neglect) not reported may not exceed 1% of overall reported incidents by provider	Provider demonstrates reporting fidelity: Maximum number of incidents (potentially indicative of abuse or neglect) not reported may not exceed 1% of overall reported incidents by provider
<b>Risk Management</b>	<b>RM-IM.01.2</b>	Demonstrate fidelity to incident management procedures as required by current regulations, 1915(c) waivers and ODP policy	No additional standards from current regulation, 1915(c) home and community based waivers, and ODP policy.	Provider demonstrates reporting fidelity: Maximum number of incidents not reported timely may not exceed 10% of overall reported incidents by provider.	Provider demonstrates reporting fidelity: Maximum number of incidents not reported timely may not exceed 10% of overall reported incidents by provider.
<b>Risk Management</b>	<b>RM-IM.01.3</b>	Demonstrate fidelity to incident management procedures as required by current regulations, 1915(c) waivers and ODP policy	No additional standards from current regulation, 1915(c) home and community based waivers, and ODP policy.	Timely finalization of incidents is demonstrated by: Timely finalization of incidents demonstrated by at least 86% of incidents finalized within 30 days of discovery	Timely finalization of incidents is demonstrated by: Timely finalization of incidents demonstrated by at least 86% of incidents finalized within 30 days of discovery
<b>Risk Management</b>	<b>RM-IM.01.4 (2027)</b>	Demonstrate fidelity to incident management procedures as required by current regulations, 1915(c) waivers and ODP policy	No additional standards from current regulation, 1915(c) home and community based waivers, and ODP policy.	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	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

Performance Area	PM Code	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers</u> (Clinically Enhanced for Medical and/or Dual Diagnosis)
				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)	those incidents (due dates may exceed 30 days when the provider has notified the Department in writing that an extension is necessary and the reason for the extension)
<b>Use of Remote Support Technology</b>	<b>RST.01.2</b>	Demonstrate use of technology to improve health and wellness, address workforce issues, and create additional opportunities to increase independence for individuals	Report number and percentage of individuals using remote support technology	Same as Primary	Same as Primary
<b>Use of Remote Support Technology</b>	<b>RST.01.3</b>	Demonstrate use of technology to improve health and wellness, address workforce issues, and create additional opportunities to increase independence for individuals	Report estimated direct care hours that are being redirected with use of technology	Same as Primary	Same as Primary
<b>Use of Remote Support Technology</b>	<b>RST.01.4</b>	Demonstrate use of technology to improve health and wellness, address workforce issues, and create additional opportunities to increase independence for individuals	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.	Same as Primary	Same as Primary
<b>Use of Remote Support Technology</b>	<b>RST.01.5</b>	Demonstrate use of technology to improve health and wellness, address workforce issues, and create additional opportunities to increase independence for individuals	Report number of employees and/or contracted entities that have Assistive Technology Professional certificates from Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) or Enabling Technology Integration Specialist (SHIFT) certifications	Same as Primary	Same as Primary

Performance Area	PM Code	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers</u> (Clinically Enhanced for Medical and/or Dual Diagnosis)
Workforce	WF.01.3	Direct Support Professionals (DSPs): Demonstrate 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)	Attest that percentage of DSPs who are credentialed and/or enrolled in the NADSP eBadge program will increase by 2 percentage point from 1/1/26 to 12/31/26  Providers having greater than 25% of DSPs credentialed are considered to meet the standard without requirement to increase percentage.	N/A	N/A
Workforce	WF.01.4	Direct Support Professionals (DSPs): Demonstrate 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)	N/A	Demonstrate increase to percentage of DSPs credentialed through NADSP by a minimum of 5 percentage points by December 31, 2025 from baseline on 7/1/2024. (Examples: If no DSPs were credentialed on baseline date, then 5% of DSPs must be credentialed on or before 12/31/2025. If 5% of DSPs were credentialed on baseline date, then 10% must be credentialed by 12/31/2025.) Providers having greater than 25% of DSPs credentialed are considered to meet the standard without requirement to increase percentage	Demonstrate increase to percentage of DSPs credentialed through NADSP and/or NADD by a minimum of 5 percentage points by December 31, 2025 from baseline on 7/1/2024. (Examples: If no DSPs were credentialed on baseline date, then 5% of DSPs must be credentialed on or before 12/31/2025. If 5% of DSPs were credentialed on baseline date, then 10% must be credentialed by 12/31/2025.) Providers having greater than 25% of DSPs credentialed are considered to meet the standard without requirement to increase percentage
Workforce	WF.02.3	Front-Line Supervisors (FLSs): Demonstrate percentage of FLSs who provide residential services are credentialed by NADSP which is approved by ODP	Attest that percentage of FLSs who are credentialed and/or enrolled in the NADSP eBadge program will increase by 2 percentage point from 1/1/26 to 12/31/26  Providers having greater than 25% of DSPs credentialed are considered to meet the standard	Same as Primary	Same as Primary

Performance Area	PM Code	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers</u> (Clinically Enhanced for Medical and/or Dual Diagnosis)
			without requirement to increase percentage."		
<b>Workforce</b>	<b>WF.02.4</b>	Front-Line Supervisors (FLSs): Demonstrate percentage of FLSs who provide residential services are credentialed by NADSP which is approved by ODP	N/A	Demonstrate increase to percentage of FLSs credentialed through NADSP by a minimum of 10% by December 31, 2025, from baseline on 7/1/2024. (Examples: If no FLSs were credentialed on baseline date, then 10% of FLSs must be credentialed on or before 12/31/2025. If 5% of FLSs are credentialed on baseline date, then 15% must be credentialed by 12/31/2025.) Providers having greater than 25% of staff credentialed are considered to meet the standard without requirement to increase percentage.	Demonstrate increase to percentage of FLSs credentialed through NADSP by a minimum of 10% by December 31, 2025, from baseline on 7/1/2024. (Examples: If no FLSs were credentialed on baseline date, then 10% of FLSs must be credentialed on or before 12/31/2025. If 5% of FLSs are credentialed on baseline date, then 15% must be credentialed by 12/31/2025.) Providers having greater than 25% of staff credentialed are considered to meet the standard without requirement to increase percentage.
<b>Workforce</b>	<b>WF.03.1</b>	Demonstrate workforce stability strategy to reduce and manage turnover and vacancy rates of FLSs and DSPs	Report FLS and DSP voluntary and involuntary turnover rate	Same as Primary AND WF.03.3	Same as Primary AND WF.03.3
<b>Workforce</b>	<b>WF.03.2</b>	Demonstrate workforce stability strategy to reduce and manage turnover and vacancy rates of FLSs and DSPs	Report percentage of contracted staff in DSP and FLS positions	Same as Primary AND WF.03.3	Same as Primary AND WF.03.3
<b>Workforce</b>	<b>WF.03.3</b>	Demonstrate workforce stability strategy to reduce and manage turnover and vacancy rates of FLSs and DSPs	N/A	Participate in National Core Indicators® (NCI) State of the Workforce Survey and release provider NCI data to ODP to validate turnover and other workforce data	Participate in National Core Indicators® (NCI) State of the Workforce Survey and release provider NCI data to ODP to validate turnover and other workforce data
<b>Workforce</b>	<b>WF.04.1</b>	Demonstrate commitment to enhance cultural and linguistic competency — examples: line-item budget,	The agency attests that there is a plan that addresses the cultural and linguistic needs of direct	Same as Primary	Same as Primary

Performance Area	PM Code	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers</u> (Clinically Enhanced for Medical and/or Dual Diagnosis)
		dedicated staff, policy/procedures	support staff to provide high quality support for individuals		

# Future Performance Measures

Performance Area	Definition of Standard	Measures for <u>Primary Residential Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Select Clinically Enhanced Residential Providers (Clinically Enhanced for Medical and/or Behavioral Support)</u>
Community Integration	CI.01.1	Demonstrate that individuals are engaged in meaningful activities, as defined by the individual, outside of their home based on their strengths, interests, and preferences	NCI-IDD CI-1: Social Connectedness (The proportion of people who report that they do not feel lonely)	Same as Primary
Community Integration	CI.01.2	Demonstrate that individuals are engaged in meaningful activities, as defined by the individual, outside of their home based on their strengths, interests, and preferences	NCI-IDD PCP-5: Satisfaction with Community Inclusion Scale (The proportion of people who report satisfaction with the level of participation in community inclusion activities)	Same as Primary
Supporting Individuals with Complex Needs - Clinical	CN-C.01.5	Clinical: residential program has a demonstrated ratio (employed or contracted) of licensed clinical staff and/or staff credentialed in a nationally recognized (and ODP-approved) credentialing program that meets the needs of individuals served in the program	No additional standards from current regulation and 1915(c)	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.
Supporting Individuals with Complex Needs - Dual Diagnosis/ Behavioral	CN-DD/Bx.01.3	Demonstrate that the agency has integrated behavioral supports through use of employed or contracted licensed clinicians, behavioral support professionals, and demonstrate that training and support are routinely provided in homes to individuals and teams	N/A	N/A

Employment	EMP.01.2	Demonstrated support of individuals to seek and obtain CIE	N/A	Combined percentage of working age (18-64) 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
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