

Office of Developmental Programs

July 26, 2024

Residential Performance Standards

Performance Area	Definition of Standard	Measures for <u>Primary Providers</u>	Measures for <u>Select Residential Providers</u>	Measures for <u>Clinically Enhanced Residential Providers</u> (Clinically Enhanced for Medical and/or Behavioral Support)
Continuum of Services	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	(CoS.01) Provide at least two of the three services during the review period	N/A
	Evaluate and assess individuals who may be better served in a more independent setting ★	(CoS.02) Report on the number of individuals with a successful transition from Residential Habilitation to Lifesharing and Supported Living provided by the provider.	Same as for Primary Providers	
Workforce	Direct Support Professionals (DSPs): Demonstrated percentage of DSPs who	(WF.01.1) Attest that supervisory management training to support skill application of Direct Support Professionals (DSPs) is conducted for all Frontline	(WF.01.3) Report the percentage of DSPs who are credentialed and/or	(WF.01.3) Report the percentage of DSPs who are credentialed and/or enrolled in the NADSP eBadge or NADD program

★ Indicates a measure that includes pay for performance

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	<p>provide residential services are credentialed by either the National Alliance for Direct Support Professionals (NADSP) or the National Association for the Dually Diagnosed (NADD)² ★</p>	<p>Supervisors (FLS) no later than December 31, 2025, and is embedded in agency training plan to ensure continuity.</p> <p>(WF.01.2) Submit an agency plan which includes timeframes and milestones for implementing a National Alliance for Direct Support Professionals (NADSP) credentialing program for DSPs</p> <p>(WF.01.3) Report the percentage of DSPs who are credentialed and/or enrolled in the NADSP eBadge program</p>	<p>enrolled in the NADSP eBadge program</p> <p>(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 or 1/1/25. (Examples: If no DSPs are credentialed on baseline date, then 5% of DSPs must be credentialed on or before 12/31/2025. If 5% of DSPs are credentialed on baseline date, then 10% must be credentialed by 12/31/2025.) Providers having greater than 25% of DSPs credentialed are considered to meet the standard without requirement to increase percentage.</p>	<p>(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 or 1/1/25. (Examples: If no DSPs are credentialed on baseline date, then 5% of DSPs must be credentialed on or before 12/31/2025. If 5% of DSPs are credentialed on-baseline date, then 10% must be credentialed by 12/31/2025.) Providers having greater than 25% of DSPs credentialed are considered to meet the standard without requirement to increase percentage.</p>
	<p>Front-Line Supervisors (FLSs): Demonstrated percentage of FLSs who provide residential services are credentialed</p>	<p>(WF.02.1) Attest that supervisory management training to support skill application of FLSs is provided to all house managers and program management staff (or equivalent positions) no later than</p>	<p>(WF.02.3) Report the percentage of FLSs who are credentialed and/or enrolled in the NADSP eBadge program for FLS</p> <p>(WF.02.4) Attest to increase percentage of FLSs credentialed through NADSP by a minimum of 10% by December 31, 2025 from baseline on 7/1/2024 or 1/1/25. (Examples: If no FLSs are credentialed on</p>	

² Life sharers are exempt from this standard.

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	by NADSP which is approved by ODP★	<p>December 31, 2025 and is embedded in agency training plan to ensure continuity.</p> <p>(WF.02.2) Submit an agency plan including timeframes and milestones for implementing a NADSP credentialing program for FLS</p> <p>(WF.02.3) Report the percentage of FLSs who are credentialed and/or enrolled in the NADSP eBadge program for FLS</p>	<p>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 FLS credentialed are considered to meet the standard without requirement to increase percentage.</p>	
	Demonstrated workforce stability strategy to reduce and manage turnover and vacancy rates of FLSs and DSPs	<p>(WF.03.1) Report FLS and DSP voluntary and involuntary turnover rate</p> <p>(WF.03.2) Report percentage of contracted staff in DSP and FLS positions</p>	<p>Same as for Primary Providers AND</p> <p>(WF.03.3) Participate in National Core Indicators® NCI State of the Workforce Survey and release provider NCI data to ODP to validate turnover and other workforce data</p>	
	Demonstrated commitment to enhance diversity, equity, and inclusion (DEI) — examples: line-item budget, dedicated staff, policy/procedures	<p>(WF.04.1) Submission of current policy that addresses DEI in provider’s workforce</p>	<p>Same as for Primary Providers AND</p> <p>(WF.04.2) Attest that the agency has a strategic plan that includes DEI</p> <p>(WF.04.3) Submit documentation agency has a committee of staff focused on DEI</p> <p>(WF.04.4) Submit documentation that training for staff is be relevant to the employee’s own culture and language</p> <p>(WF.04.5) Attest that the agency plan includes recruitment and advancement activities for staff with culturally and linguistically diverse backgrounds</p>	
Supporting Individuals with Complex Needs	Clinical: residential program has a demonstrated ratio (employed or contracted)	No additional standards from current regulation and 1915(c) home and community-based waivers	(CN-C.01.1) Report current ratio of licensed/credentialed full-time equivalents to number	All Clinically Enhanced Providers Must Meet (CN-C.01.1) Report current ratio of licensed/credentialed full-time

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	<p>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</p>		<p>of individuals served to demonstrate size of agency multi-disciplinary clinical team. Provide description of agency allocation of clinical resources across resident population to meet individual needs, mitigate individual risk and support individuals' teams. Description should include provider's process for allocating clinical resources across Health Care Levels (HCL) and Needs Levels (NL)/Needs Groups (NG).</p> <p>(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 status") to improve health outcomes</p>	<p>equivalents to number of individuals served to demonstrate size of agency multi-disciplinary clinical team. Provide description of agency allocation of clinical resources across resident population to meet individual needs, mitigate individual risk and support individuals' teams. Description should include provider's process for allocating clinical resources across Health Care Levels (HCL) and Needs Levels (NL)/Needs Groups (NG).</p> <p>(CN-C.01.2) Population served by the agency in residential services is in the top quartile³ of acuity of both NL and HCL of the statewide population in residential⁴.</p> <p>(CN-C.01.3) Provide a plan for and attest to agency tracking and use of data from Health Risk Screening Tool (HRST) measure interruption in daily activity because of illness ("clinical status") to improve health outcomes</p> <p>(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</p>

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

⁴ 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.

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	Demonstrated ability to support individuals to access necessary physical health and behavioral health (BH) treatments	(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)	Same as for Primary Providers AND (CN-C.02.2s) Follow-up after hospitalization for mental illness at 30-day a minimum of 75%	Same as for Primary Providers AND (CN-C.02.2ce) Follow-up after hospitalization for mental illness at 7-day minimum of 40% and 30-day a minimum of 75%
Supporting Individuals with Complex Needs (Dual Diagnosis/ Behavioral)	Demonstrate that the agency has integrated behavioral supports through use of employed or contracted licensed clinicians and/or behavioral support professionals, and demonstrate that training and support are routinely provided in homes to individuals and teams	No additional standards from current regulation and 1915(c) home and community-based waivers	(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 ⁵ (CN- DD/Bx.01.2) 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	(CN-DD/Bx.01.1ce) Attest that no later than December 31, 2025 all DSPs, FLSs, and program managers will have completed training on ASD (i.e., SPeCTRUM or equivalent basic course on effectively supporting individuals with ASD) and new staff will complete within 1-year of hire beginning January 1, 2025 ⁶ Criteria Specific To Clinically Enhanced Behavioral Supports (CN-DD/Bx.01.2) 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

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

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			settings interfacing with family, DSPs, FLSs, and individuals	
	Demonstrate use of data to impact individual outcomes	<p>(CN-DD/Bx.02.1) For the CY2024 review period, report on percentage of individuals with restrictive procedures that have been evaluated by (or are receiving treatment) within the past year from licensed psychiatrists, psychologist, CRNP, LSW, or has received treatment from a professional in a licensed outpatient BH clinic</p> <p>(CN-DD/Bx.02.1) For the review period of CY2025 and subsequent years, demonstrate that 100% of individuals with restrictive procedures have been evaluated by (or are receiving treatment) within the past year from licensed psychiatrists, psychologist, CRNP, LSW, or has received treatment from a professional in a licensed outpatient BH clinic</p>	<p>Same as for Primary Providers AND</p> <p>(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)</p>	<p>Same as for Primary Providers AND</p> <p>Criteria Specific To Clinically Enhanced Behavioral Supports (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)</p>
	Demonstrated capacity to anticipate and de-escalate crisis, when possible, and, when not, to respond swiftly and effectively	<p>(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:</p> <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 	<p>Same as for Primary Providers AND</p> <p>(CN-DD/Bx.03.2) Documentation of specialized trauma informed training/activities for individuals and staff</p>	<p>Same as for Primary Providers AND</p> <p>(CN-DD/Bx.03.2) Documentation of specialized trauma informed training/activities for individuals and staff</p> <p>Criteria Specific To Clinically Enhanced Behavioral Supports (CN-DD/Bx.03.3) Documentation of crisis prevention and de-escalation training programs provided to all staff</p> <ul style="list-style-type: none"> • Examples of such programs: Ukeru, Positive Behavioral Interventions and Supports (PBIS), CPI/CPS/ Mandt

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				System®, Non-Violent Crisis Intervention Training, etc.
Supporting Individuals with Complex Needs (Medical)	Medical: residential program has a demonstrated sufficient ratio (employed or contracted) of licensed clinical staff and/or staff credentialed by a nationally recognized credentialing program, which is approved by ODP, to meet the medical needs of individuals served in the program	No additional standards from current regulation and 1915(c) home and community-based waivers	No additional standards from current regulation and 1915(c) home and community-based waivers	<p>Criteria Specific To Clinically Enhanced Medical Supports</p> <p>(CN-M.01.1) Attest that the provider meets the 1915(c) waiver requirements for serving individuals with a medically complex condition</p> <p>(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 units.</p>
Referral and Discharge Practices	<p>Service initiation occurs:</p> <ul style="list-style-type: none"> • 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 	<p>(RD.01.1) Attest that by January 1, 2025, a system will be in place, to accurately track and report all of the following:</p> <ul style="list-style-type: none"> • 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). 	<p>(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 January 1, 2025 will not be eligible for Select or Clinically Enhanced tiers.</p> <p>May accept NEW referrals for individuals of any Needs Group</p> <p>(RD-01.3) Demonstrate timeliness of response to referrals and service initiation:</p> <p>Attest that a system will be 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. 	

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	inpatient, skilled nursing or rehabilitation facility discharge or release from incarceration.	<ul style="list-style-type: none"> 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. <p>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, 2025 or individuals where the needs assessment results in an increase.</p>	<ul style="list-style-type: none"> 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 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. <p>Attestation to confirm the above requested data provided is accurate, a procedure is in place to review referrals, and the procedure is in practice.</p>	
Data Management — Collection — use of data in quality management (QM) activities, timely reporting of data to ODP, Administrative Entity (AE), and PAS Vendor	Demonstrated production of data reports (including ad hoc) through adopted technology platform	(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	
Data Management — use of electronic	Demonstrated data capability with use of a HIPAA compliant EHR	N/A	(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.	

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health records (EHRs)			Through June 30, 2026, minimum requirement is electronic medication administration records. ⁷	
Risk Management — incident reporting fidelity	Demonstrated fidelity to incident management procedures as required by current regulations. 1915(c) waivers and ODP policy	No additional standards from current regulation, 1915(c) home and community-based waivers and ODP policy.	<p>Provider demonstrates reporting fidelity:</p> <p>(RM-IM.01.1) Maximum number of incidents (potentially indicative of abuse or neglect) not reported may not exceed 1% of overall reported incidents by provider.</p> <p>(RM-IM.01.2) Maximum number of incidents not reported timely may not exceed 10% of overall reported incidents by provider.</p> <p>Timely finalization of incidents is demonstrated by:</p> <p>(RM-IM.01.3) At least 90% of incidents are finalized within 30 days of discovery.</p> <p>(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).</p>	
Risk Management — health risk screening fidelity	Demonstrated capacity to properly and timely assess individuals	(RM-HRS.01.1) Current health risk screenings (HRS) in place for all individuals including applicable assessments as indicated by HRST protocol	Same as for Primary Providers AND	(RM-HRS.01.2) Demonstrate use of HRS data and recommendations to improve individual health/outcomes as of July 1, 2024, or for providers submitting in February–March 2025, as of January 1, 2025.
Employment — rate of competitive integrated	Demonstrated support of individuals to seek and obtain CIE ★	(EMP.01.1) Demonstrate tracking of CIE and percentage of working age individuals (18-64) with CIE	Same as for Primary Providers	

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

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employment (CIE) for working age individuals		<p>(EMP.01.2) Plan for improvement of CIE</p> <p>CIE performance data by residential provider will be published annually (acuity data will be included).</p>		
Use of Remote Support Technology	<p>Demonstrated use of technology to improve health and wellness, address workforce issues, and create additional opportunities to increase independence for individuals</p>	<p>Report on the following: ★</p> <p>(RST.01.1) Types of remote support technology in use</p> <p>(RST.01.2) Number and percentage of individuals using remote support technology</p> <p>(RST.01.3) Estimated direct care hours that are being redirected with use of technology</p> <p>(RST.01.4) 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.</p> <p>(RST.01.5) 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</p>	<p>Same as for Primary Providers</p>	

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Regulatory Compliance	Demonstrated regulatory compliance with 55 Pa. Code Chapters 6100, 6400 and 6500, as applicable	(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.	Same as for Primary Providers	
	Demonstrated commitment to wellness of individuals through targeted activities	(QI.01.1) Description of how the provider coordinates wellness activities including use of HRS data for residential program participants •	(QI.01.2) Provider is utilizing the individuals' collective HRST data to create and conduct wellness programs/activities AND (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 AND (QI.01.4) Provider is monitoring progress on wellness related QM initiatives to demonstrate improvement over time (e.g., A1C, medication reduction) OR demonstrated uptake/engagement in provider wellness programs	
Quality	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)	(QI.02.1) Report number of staff that have ODP QM certification; include number in leadership. (QI.02.2) Provide a description of how data is utilized to monitor progress towards QM plan goals. (QI.02.3) Provide a description of how person-centered performance data is utilized to develop the QM Plan and its action plan	Same as for Primary Providers AND (QI.02.4) At least one member of executive leadership team who has the authority to adopt recommendations and direct QM activities has ODP QM certification	
	Demonstrated engagement of and support to families which includes providing	(QI.03.1) Submission of policies, procedures, and activities supporting family engagement	Same as for Primary Providers	

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	adequate and appropriate communication options and maintaining/ building relationships	(QI.03.2) Attest to assist in efforts, beginning January 1, 2025, to support ODP data collection on family satisfaction with provider engagement		
Administration	Demonstrate transparent and sound corporate governance structure	(ADM.01.1) Attest to and submit documentation supporting attestation regarding the required elements to meet the standards: <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 or nonrenewal in other states in which the residential provider, and corporate affiliates, renders services to individuals with intellectual and developmental disabilities, if applicable. This applies to any MPI operated by the provider or the provider’s corporate affiliates. <p>Legal entities and their corporate affiliates with a continued or repeated history of</p>	Same as for Primary Providers AND (ADM.01.2) Documentation that governance by the Board of Directors is informed by voices of individuals with lived experiences by: <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 • Evidence that Board deliberations are informed by input of individuals with lived experience 	

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		<p>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>		