pennsylvania
DEPARTMENT OF HUMAN SERVICES

OFFICE OF DEVELOPMENTAL PROGRAMS BULLETIN

ISSUE DATE	EFFECTIVE DATE	NUMBER
November 20, 2025	November 20, 2025	00-25-04

SUBJECT	BY
Health Care Quality Units	Kristin Ahrens, Deputy Secretary for Developmental Programs

SCOPE:

Individuals with Intellectual Disabilities and/or Developmental Disabilities (I/DD) or Autism and their Families
Providers of Consolidated, Person/Family Directed Support, Community Living and Adult Autism Waiver Services, Including Supports Coordination
Providers of Base-Funded Services
Providers of Targeted Support Management Services
Administrative Entities (AEs)
County Mental Health/Intellectual Disability Programs
Health Care Quality Units (HCQUs)
Private Intermediate Care Facilities for Individuals with an Intellectual Disability (ICF/ID)

PURPOSE:

The purpose of this bulletin is to explain the responsibilities of the Health Care Quality Units (HCQUs).

BACKGROUND:

In 1997, the Office of Developmental Programs (ODP) created a statewide program to promote capacity building within the Intellectual Disability (ID) provider and health care communities to provide support for families, individuals, and providers to better navigate the health system and understand health conditions. To that end, ODP began funding through a Lead Administrative Entity (AE) (County program) by geographical regions eight HCQUs across the

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The appropriate ODP Regional Program Office

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commonwealth. The HCQUs are based on a small local model that existed in Philadelphia. The Lead AE and HCQU coordinate and implement the functions of the HCQU.

ODP created the HCQUs as part of its commitment to maintain and improve the health of individuals with Intellectual Disabilities and/or Developmental Disabilities (I/DD) and/or autism living in Pennsylvania. The HCQUs are a key component of ODP's Home and Community Based-Services' quality management, risk management and mitigation, and training strategies. ODP ensures the HCQUs function and provide supports in a manner that is aligned with statewide goals and outcomes.

DISCUSSION:

The function of the HCQUs is to enhance the health and wellness of individuals with I/DD or autism through collaboration with providers of I/DD and autism services, AEs, Supports Coordinators/Targeted Support Managers, and healthcare providers, by raising awareness about community health resources and providing education for stakeholders about the physical health, behavioral health and wellness needs unique to the individuals they support. The HCQUs strive to improve access to appropriate physical and behavioral healthcare for individuals with I/DD or autism, as well as improve capacity for risk assessment and risk mitigation. The HCQUs are comprised of professionals with expertise in the areas of I/DD or autism and healthcare.

HCQUs leverage clinical expertise to minimize risk to individual health and wellbeing through proactive and preventive measures. This includes providing training on topics related to health and wellbeing, providing technical assistance on identified areas of need of individuals with I/DD or autism and individually-tailored topics, and other HCQU responsibilities as discussed below.

The HCQUs do not provide crisis intervention services or direct healthcare services, write stakeholder policies and procedures, or conduct incident investigations. The HCQUs do not replace existing community resources.

There are eight Lead AEs and eight HCQUs. Each Lead AE contracts with one of the HCQUs. The Lead AE in a service area will enter into a contract with the HCQU for that service area. The Lead AE is responsible for all of the HCQU activities required within the service area.

<u>Lead AE Functions</u>
The Lead AE has the following responsibilities:

1) Review and approve the HCQU's proposed budget for the State Fiscal Year (SFY).
2) Enter into a contract with the HCQU for its service area using a template approved by ODP and specify the minimum performance expected from the HCQU in the contract.
3) Review and approve the HCQU's annual written plan to meet the needs identified through

its assessment of individual and community needs.
4) Collaborate with the HCQU to develop and implement priority activities.
5) Monitor and oversee the HCQU's performance at all times.
6) Prior to any payment, review the HCQU's monthly report submissions to determine the HCQU's compliance with performance expectations.
7) Make payments to the HCQU in accordance with the approved budget and contract requirements.
8) Ensure that the HCQU collaborates with the other AEs in the HCQU service area.
9) Ensure that the HCQU complies with this bulletin and other ODP requirements for HCQUs.
10) Report to ODP as necessary to demonstrate oversight of the HCQU's activities.
11) Perform a year end reconciliation to ensure that the HCQU is not paid more than the amount budgeted.

<u>HCQU Functions</u>
Each HCQU's contract will specifically outline the HCQU's responsibilities and requirements, total budget, payment triggers, and reporting requirements. HCQU responsibilities include the following:

1) Assessment of Individual and Community Needs
Each HCQU contract must outline the HCQU's responsibilities around annually assessing what information, training, outreach, and education would help individuals with I/DD or autism reach the highest achievable level of physical and behavioral health and require that the HCQU develop an annual written plan to meet the broad needs of the individuals, providers, and supports in the geographic area.

2) Training
Each HCQU contract must have specific requirements around the HCQU developing or arranging for someone with appropriate expertise to develop content for and provide training to:
   a. Community service providers and Supports Coordinators/Targeted Support Managers in areas, such as:
      i. Health and wellness, including, but not limited to, preventable or manageable conditions that may be associated with illness or death (including the "Fatal Five" conditions: aspiration, dehydration, constipation, sepsis, and seizures), health literacy, good nutrition practices in food purchasing and food preparation, physical activity, fall prevention, skin integrity, personal care, sexuality, and mental health.
      ii. Risk identification and development of mitigation strategies in areas of health and wellness including, but not limited to, the areas identified above, as well as medication administration, medication side effects, dementia, aging, and safety needs.
      iii. Topics identified through community needs assessment, ODP's initiatives or

directives, Commonwealth public health initiatives, or AE oversight and monitoring.

b. Individuals with I/DD or autism on how to maintain good health and wellness.
c. Families and other supporters caring for individuals at home that includes classes, group sessions, or individual consultations, by request.

3) Technical Assistance

Each HCQU contract must outline requirements for the HCQU around providing both individually-tailored and topic-specific technical assistance. Technical assistance includes activities that strengthen the capacity of the provider to meet the needs of individuals, such as in-depth analysis of available data and trends, case-specific consultation, best-practice or best-evidence guidance, or clinical recommendations. It can entail providing assistance on how to improve service delivery, outcomes, or regulatory compliance. Technical assistance can be provided through various means, including one-on-one instruction or consultation provided in person, telephonically, electronically, or over web-based video platforms, and should be provided in a manner that best meets the provider's needs and objectives. Individually-tailored and topic-specific technical assistance must provide focused information, training, information regarding available community resources, and/or targeted support to community service providers and Supports Coordinators/Targeted Support Managers in areas, such as:

a. Health and wellness, including, but not limited to, preventable or manageable conditions that may be associated with illness or death (including the “Fatal Five” conditions), good nutrition practices in food purchasing and food preparation, physical activity, fall prevention, skin integrity, personal care, sexuality, and mental health.
b. Risk identification and development of mitigation strategies in areas of health and wellness including, but not limited to, the areas identified above, as well as medication administration, medication side effects, dementia, aging, and safety needs.
c. Topics identified through community needs assessment, ODP’s initiatives or directives, Commonwealth public health initiatives, or AE oversight and monitoring.
d. Providing training for individuals with I/DD or autism, families, and other supporters caring for individuals at home on how to improve the capacity of individuals with I/DD or autism to maintain good health in a format appropriate for the intended recipient.

4) Health Risk Screening

Each HCQU contract must outline the HCQU’s specific responsibilities relating to supporting providers in completing health-related screenings for individuals who have I/DD or autism and live in residential settings as identified in the Pennsylvania Health Risk Screening Tool Protocol.

5) Outreach and Education

Each HCQU contract must detail the HCQU's specific responsibilities around building capacity, creating and disseminating informational materials, and publicizing the role and availability of the HCQU to support providers, individuals, and service coordination agencies.

6) **Collaboration**
   Each HCQU contract must outline responsibilities related to collaboration including the following:
   a. Collaborating with the AEs in the service area by:
      i. Supporting activity related to AE-identified health concerns by providing education, technical assistance, and capacity building.
      ii. Providing assistance, guidance, and support to Supports Coordination Organizations/Supports Coordination Agencies for health-related issues.
      iii. Participating on the AE quality councils.
   b. Collaborating with community health service organizations to provide information, assistance with understanding the health needs of the I/DD or autism population, and to encourage capacity expansion.
   c. Cooperating with the other regional HCQUs under the guidance and direction of ODP, to provide consistency in the role the HCQUs play throughout the commonwealth, to standardize practices, and to identify health-related issues that ODP should address.
   d. Assisting ODP with the Department of Human Services Medication Administration Program by supporting the content management, planning, and training processes to ensure that the program meets the needs of stakeholders in the geographic area covered by each HCQU.

7) **Response to Imminent Risk**
   Each HCQU contract must specify requirements for how the HCQU must respond when it encounters an individual who is at imminent risk of harm, including that the HCQU is required to convey this information to the provider or caregiver immediately and also contact ODP regional staff to ensure the health and safety of the individual. All HCQU personnel must be aware of, and act in accordance with, applicable laws and regulations pertaining to the mandatory reporting of abuse or neglect of children, adults, and older adults.

8) **Documentation and Reporting**
   Each HCQU contract must specify the HCQU's reporting requirements. HCQUs must comply with reporting requirements as per the direction of ODP. HCQUs must also track information on the services provided under its contract with the Lead AE and must furnish the Lead AE with any reports it requests, in the manner, form, and for the time period required to fulfill the AE Lead County's responsibilities as required by ODP.

<u>HCQU Structure</u>

The HCQU must have policies and procedures for the HCQU's organization and the duties of HCQU personnel. The policies and procedures must promote and sustain operational efficiency. Safeguards must be in place to mitigate any potential conflict of interest with the HCQU's parent company.

The HCQU's structure must include the following functional categories:

- Executive Management: responsibility for the overall operation, strategic planning, and leadership of the HCQU.
- Physical and Behavioral Health Activity Coordination: supervision and coordination of activities related to physical and behavioral health issues.
- Training Activity Coordination: coordination of trainings, review of training content for accuracy, and maintenance of training information.
- Information Management: management and oversight activities related to information management and technology with data compatibility to allow participation in data analysis functions.
- Provision of HCQU Functions: clinical activities provided by appropriately licensed healthcare professionals.

ATTACHMENTS:

- Attachment 1 – Template for HCQU Scope of Work and Payment Structure
- Attachment 2 – HCQU Annual Plan and Reporting Templates
- Attachment 3 – Current Health Care Quality Units

OBSOLETE BULLETINS

- Bulletin 00-18-03, Health Care Quality Units