



Performance-Based Contracting (PBC) Updates

June 17, 2025



Residential PBC



- 404 Feb-Mar submissions for tier determination
 - Primary: 345
 - Select: 33
 - Clinically Enhanced: 26
- Outcomes for 2024-2025 **combined** submission periods
 - Primary: 410
 - Select: 16
 - Clinically Enhanced: 7
- 17.2% of individuals are served by advanced tiers
- [PBC Residential Provider Directory](#)



- Capacity building investments
 - DSP credentialling (\$25M available)
 - Technology (\$3.75M available)
 - Employment (\$7.5M available)
- 224 providers submitted for at least one of the following
 - Credentialing: 221
 - Technology: 136
 - CIE: 166
- Qualifying P4P submissions
 - Credentialing: 152
 - Technology: 124
 - CIE: 126



- **Increased number of providers offering lifesharing and supported living.** From July 2023 to January 2025 number of enrolled providers increased:
 - Lifesharing 81 to 90
 - Supported Living 115 to 135
- **Increased employment CY23-24**
 - 1% increases for NG1 - NG2
- **Major improvement in health risk screenings CY23-24**
 - 80% reduction in individuals without screening
 - 79% reduction in missed screenings for people at high risk
- **Improvement in incident reporting fidelity**
 - 50% reduction in potentially unreported incidents of abuse/neglect
 - Improvements in some timeliness measures
- **Improvements in risk prevention in residential habilitation settings**
 - Reduction in number (decrease of 160) and percentage of violations considered high risk .2% reduction CY2023 to 2024
 - 29% reduction in citations for abuse/neglect

Top Unmet Measures – 2025 Submissions



Pennsylvania
Department of Human Services

Measure	Tier	Measure Description	Number Unmet	Number of Providers Scored	Percent Unmet
RM-HRS.01.1	All	Current health risk screenings (HRS) in place for all individuals including applicable assessments as indicated by HRST protocol (Both parts of this measure must be 75% or higher)	189	345	54.8%
EMP.01.2	All	Plan for improvement of CIE (action items, responsible person(s), goal dates, communication plan with SC, etc.)	127	345	36.8%
QI.03.1	All	Submission of policies, procedures, and activities supporting family engagement (including provider's approach to identifying persons designated by the individual)	126	345	36.5%
ADM.01.1-A	All	Submission of current financial statements (Profit/Loss and Balance Sheets from within the last 18 months)	122	345	35.4%
CN-DD/Bx.03.1-C	All	Provide description of agency capabilities for de-escalation and how provider anticipates and responds to a crisis for individuals. Include: Procedure for debriefing with staff and individuals after engagement in physical restraint	121	345	35.1%
CN-DD/Bx.03.1-B	All	Provide description of agency capabilities for de-escalation and how provider anticipates and responds to a crisis for individuals. Include: Curriculum-based crisis response training used by the agency	111	345	32.2%
RM-IM.01.3	SC	Timely finalization of incidents is demonstrated by at least 86% of incidents finalized within 30 days of discovery	35	59	59.3%
CN-DD/Bx.03.2	SC	Documentation of specialized trauma-informed training/activities for individuals and staff.	31	59	52.5%
RM-IM.01.2	SC	Provider demonstrates reporting fidelity: Maximum number of incidents not reported timely may not exceed 10% of overall reported incidents by provider.	29	59	49.2%
CN-C.01.4	C	Meet a 1:15 minimum ratio of full-time equivalent behavioral/mental health clinical staff to all individuals receiving residential services from the agency	15	26	57.7%



Disclosure and Governance Documentation

Observation: Most providers accurately disclosed key governance and licensing information, including conflict of interest policies, criminal history, licensing status, and financial transparency.

Relevance: This indicates strong internal compliance structures and attention to organizational integrity, which are foundational to trustworthy service delivery.

Behavioral Health Oversight for Restrictive Procedures

Observation: Providers consistently documented that individuals subject to restrictive procedures were evaluated or treated by qualified professionals within the past year.

Relevance: This reflects a strong commitment to clinical oversight and ethical practice in behavior support planning.



Crisis Response and Debriefing

Observation: Submissions often did not include descriptions of crisis de-escalation training or procedures for debriefing after restraints.

Relevance: Debriefing is a best practice that helps both individuals and staff process incidents and reduce future risks. It's also an expected part of trauma-informed care.

Family and Designated Person Engagement

Observation: Several responses did not include a process for identifying individuals designated by the person or for engaging those people meaningfully.

Relevance: Family engagement is most effective when it's individualized. Templates or general statements often miss the mark on person-centered practice.



- PBC goal = improve individual and systems outcomes
- Plan-Do-Check-Act (PDCA) at ODP AND Provider/SCO levels
- PBC performance measure theme = Provider/SCO development/improvement in QI process
- Collecting, analyzing, and using data to drive QI
- ODP is in “Checking” step to:
 - Identify opportunities to support system level improvements
 - Establish system baselines
 - Set system benchmarks
- Continuous Quality Improvement (CQI)



[Stay tuned for trainings and resources...](#)



Supports Coordination PBC



On April 19, 2025, the Office of Developmental Programs (ODP) released the following for public comment:

- **Supports Coordination PBC Implementation Plan**
- **1915(b)(4) Waiver Amendment for Supports Coordination Services**
- **1915(c) Waiver Amendments for P/FDS, Community Living and Consolidated Waivers**
- **Proposed Supports Coordination Rates**



- Finalize review of public comments
- Submission of 1915(b)(4) and (c) amendments to Centers for Medicare and Medicaid Services (CMS) in late July
- Finalize pay-for-performance
- Implementation guide
- Preparatory toolkit
- SCO Forums begin in July



- Contract effective April 1, 2025
- Deloitte selected as PAS vendor via a competitive procurement process
- PAS vendor will complete the following for PBC and Pay for Performance:
 - data collection, aggregation, and analysis
 - dashboard creation
 - reporting
 - maintain an information system to support administration of the 1915(b)(4) waiver for residential and supports coordination services for the Consolidated, Community Living and Person/Family Directed Support (P/FDS) waivers and State Plan TCM.
- ODP will use data to determine tier assignments
- PAS will support reporting to the Provider Performance Review Subcommittee of the Information Sharing and Information Committee (ISAC)