

Everyday Lives: Values in Action

Information Sharing & Advisory Committee
(ISAC)

ANNUAL REPORT



2021

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“It is how we are living the vision that matters.”

Savannah Logsdon-Breakstone, Past ISAC member

INTRODUCTION

The Information Sharing and Advisory Committee (ISAC) became ODP’s Stakeholder Quality Council in 2016, following the publication of *Everyday Lives: Values in Action*, and went on to create a detailed series of recommendations, strategies* and performance measures to guide the Office of Developmental Programs (ODP) and gauge its progress in achieving the important goals outlined in *Everyday Lives*. These recommendations and strategies have influenced the development of new waiver applications, regulations, and policies, have improved trainings, helped to launch the Supporting Families Collaborative and several employment initiatives, and continue to serve as a guide for everyone engaged in developing, providing, and advocating for services in the ODP system.

The ISAC continues to serve as the entity that provides sustained, shared leadership and a platform for collaborative strategic thinking for the ODP system. Together, as we carry out ISAC recommendations and strategies, we will continue to use our quality improvement framework to assess our progress and continue to plan for and make improvements in the system, while imbedding successful practices. This publication offers us a glimpse of where we are today; in the context of a challenging COVID-19 pandemic that consumed much of 2020 and all of 2021; and it will help us to continue to move forward and strive for a better tomorrow.

** The strategies for each ISAC recommendation can be found in a separate document that can be accessed by clicking [here](#) or visiting [MyODP](#) and following this path: Everyday Lives > Everyday Lives Publications > Recommendations, Strategies, and Performance Measures.*

Managing for Quality:

Planning, Doing, Checking (performance), and Acting (to embed successful practices)





Recommendation 1: Assure Effective Communication

Every person has an effective way to communicate in order to express choice and ensure his or her health and safety. All forms of communication should consider and include the individual's language preferences and use of current technology.

ACCOMPLISHMENT HIGHLIGHTS *for #1*

- ✓ **Continued to build capacity in understanding complex communication**
- ✓ **The number of individuals who reported that their staff understand their communication has increased 25% since Fiscal Year (FY) 17-18**
- ✓ **Over 30,000 people have completed ODP's training on the unique needs of Deaf, DeafBlind, and Hard of Hearing individuals**

ACCOMPLISHMENTS IN DETAIL *for #1*

Built capacity in understanding and supporting people with nontraditional communication needs by publishing –

- ❖ A communication tool kit for COVID-19
- ❖ The "Communication and..." Series, with over 25 different diagnoses
- ❖ A Resource Guide for Supporting Deaf, DeafBlind, and Hard of Hearing Individuals
- ❖ Two training modules on Visual Gestural Communication
- ❖ More than 10 trainings over the past year

Individuals Utilizing the Communication Specialist Service –

- ❖ As of July 2021, 301 individuals had the Communication Specialist Service approved and authorized on their ISPs as a discrete service. Many individuals also receive this service as a part of their Residential Habilitation service, which is not captured in this data.

Harry M. Settlement –

- ❖ The Harry M. Settlement agreement, which ended on July 29, 2021, was created to ensure Pennsylvanians who are D/deaf and receive services/supports from ODP, are provided with necessary communication assistance services. As part of the settlement, ODP developed a training on the unique needs of Deaf, DeafBlind, and Hard of Hearing individuals and to date, this training has been completed by over 30,000 people, including provider staff,

administrators, licensing inspectors, and others. The settlement also included a requirement to provide communication assessments and reassessments to evaluate expressive and receptive communication skills and make recommendations. Over the course of the settlement, more than 450 individuals received a communication assessment and of those, over 100 individuals received a second assessment. Although the settlement has ended, the work continues to grow and expand to ensure every person has an effective way to communicate.

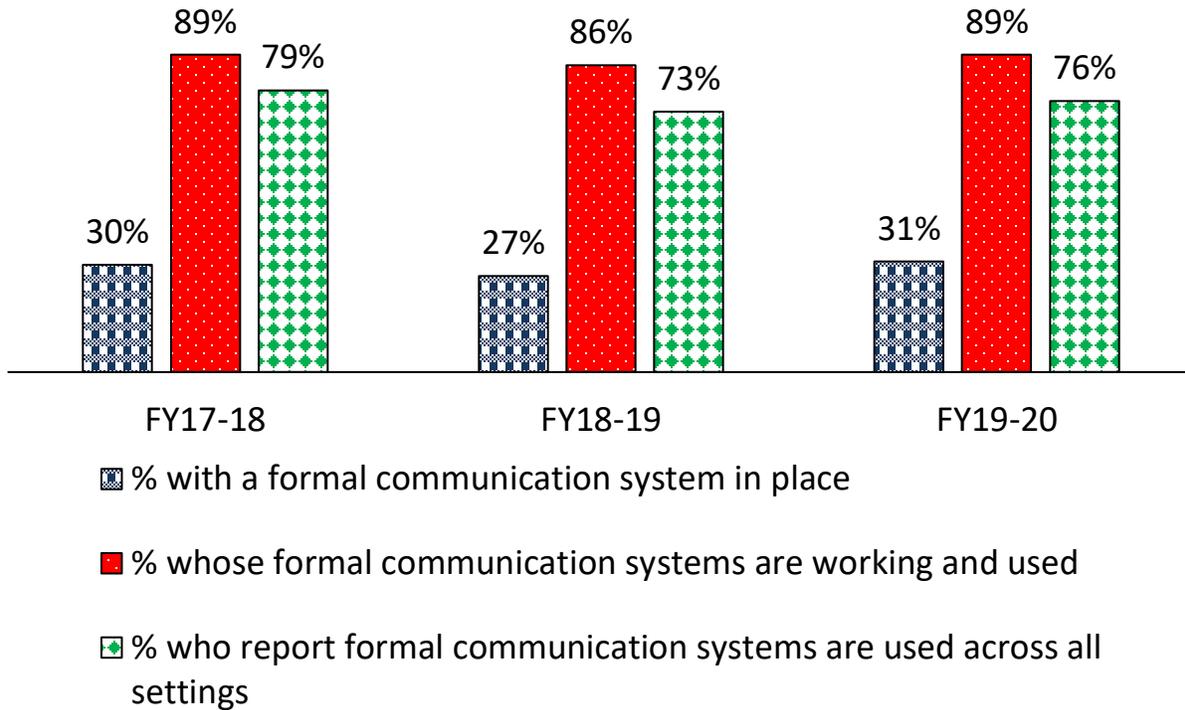
Supports Coordinator (SC) Monitoring Tool –

- ❖ In December 2019 the question: “Are the individual’s communication needs being met?” was added to the SC Monitoring Tool. In the fall of 2020, results showed that 84% of SCs noted that the individual’s communication needs were being met, 2% noted that they were not being met, and 14% noted that the question was not applicable. In the fall of 2021, results showed a 3% improvement in the number of individuals whose communication needs are being met.

PERFORMANCE MEASURES *for #1*

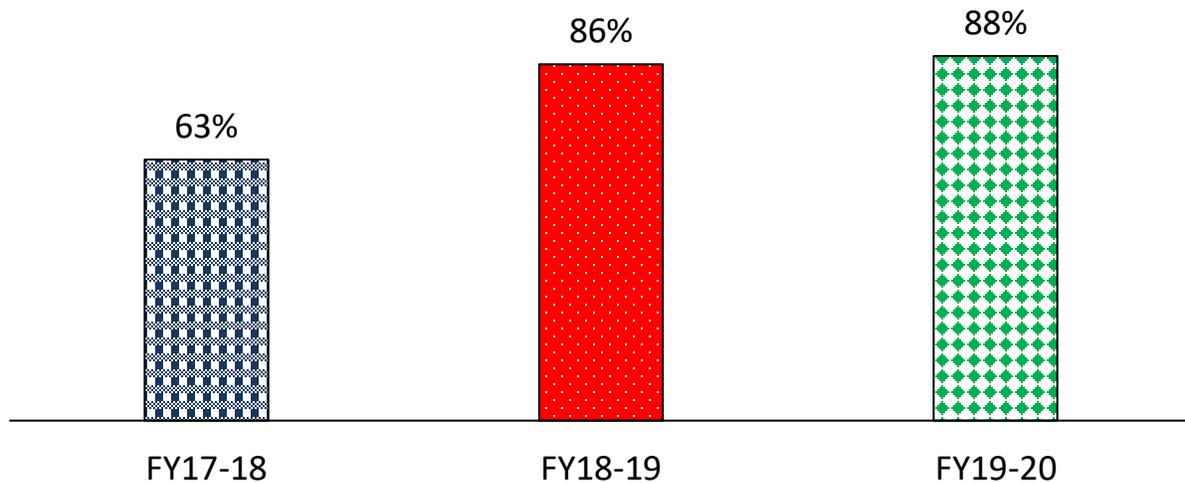
1. For people who do not communicate effectively using words, the percent of people with a communication system in place, i.e., a written plan in place that describes and documents a communication system, e.g., sign language, a picture board/system such as Picture Exchange Communication System (PECS), a voice-output communication device, or a combination of methods. A communication profile in the ISP is not sufficient in and of itself.
2. For people with communication systems in place, the percent of systems that are in working order and being used.
3. For people with communication systems in place, the percent of individuals and self-advocates who report using them across all settings (i.e., you use the system at home, at work, at school, and in your community).
4. Percent of individuals who report that their staff understand their communication.
5. Percent of individuals for whom the Supports Coordinator (SC) explores with the individual options for communication assistance when appropriate and supports the individual to choose.
6. Number of individuals who received the Enhanced Communication Rate for services (with 'U1' procedure modifier.)

Individuals and Self-advocates who Do Not Communicate Using Words (PM 1, 2 & 3)

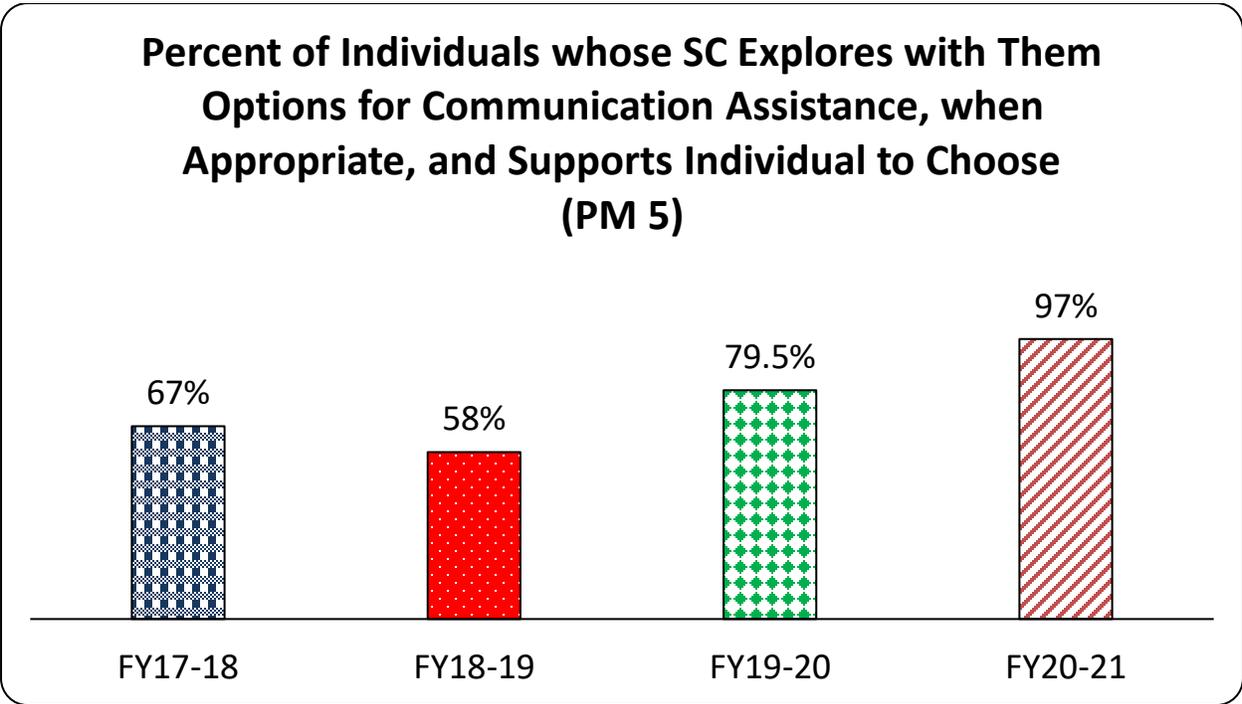


Source: Independent Monitoring for Quality (IM4Q)

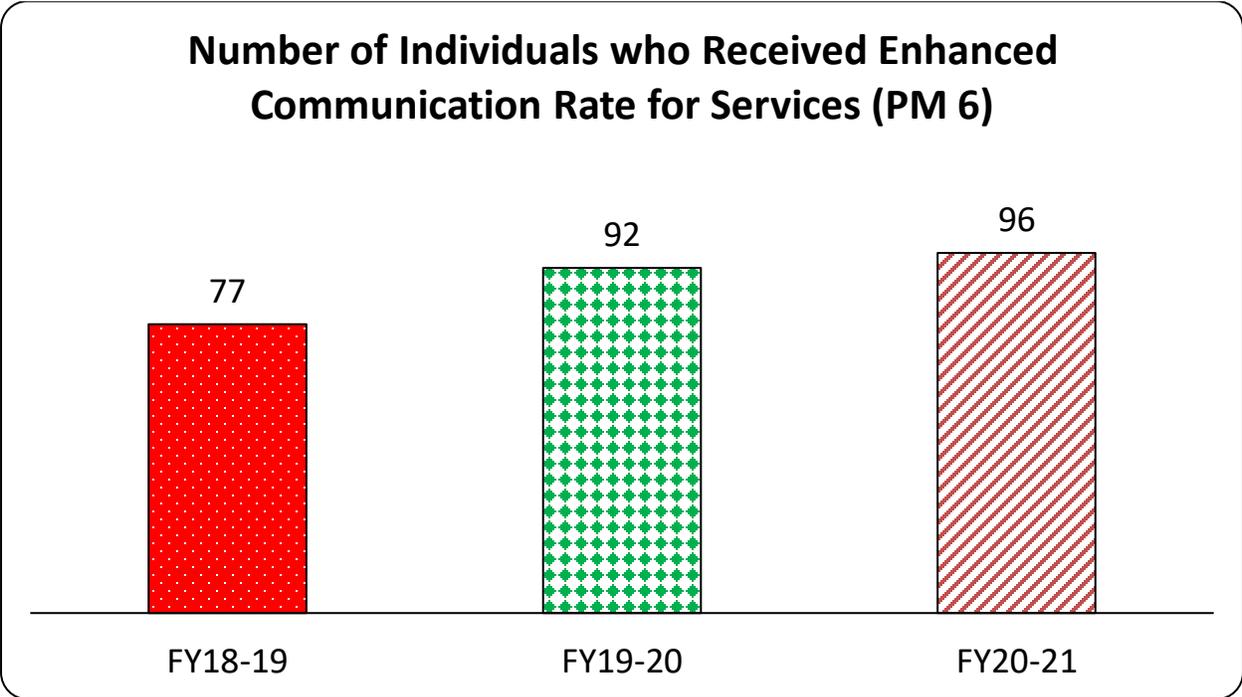
Percent of Individuals who Report Their Staff Understand Their Communication (PM 4)



Source: IM4Q



Source: Quality Assessment and Improvement (QA&I)



Source: Enterprise Data Warehouse (EDW) PROMISE™ Paid Claim Table; Data Extraction Date: 11/25/2021 through PROMISE™ cycle date 11/15/2021



Recommendation 2: Promote Self-Direction, Choice, and Control

Personal choice and control over all aspects of life must be supported for every person.

Choice about where to live, whom to live with, what to do for a living, and how to have fun all are key choices in life, as are seemingly small choices: such as what to eat, what to wear, when to wake up in the morning, and when to go to bed. It is important to be able to trust the people who provide assistance, to feel confident that they respect you and your right to manage your life, and to enjoy each other's company.

Self-direction works when individuals have clear and understandable information, opportunities to exercise choice, and assistance with making decisions when needed. Self-direction is only possible when family, friends, and people who provide supports respect the individual's preferences and their right to make mistakes and facilitate the implementation of the individual's decisions.

ACCOMPLISHMENT HIGHLIGHTS *for #2*

- ✓ **Sustained/Increase in use of Participant Directed Services (PDS)**
- ✓ **Increased use of the Supports Broker Service by 62% since 2019**
- ✓ **Protection of individuals' rights to control their own lives through licensing and regulatory process**

ACCOMPLISHMENTS IN DETAIL *for #2*

Sustained Use of Participant-Directed Services (PDS) Model –

- ❖ Rate for PDS use in Agency with Choice (AWC) remained the same as FY19-20
- ❖ Vendor/Fiscal Employer Agent (VF/EA) increased 3% in FY20-21.

Increased Use of the Supports Broker Service –

- ❖ The Supports Broker service is designed to assist participants, or their designated surrogate, with employer-related functions to be successful in self-directing some or all of the participant's needed services. Participants who use the Supports Broker service usually have a more positive experience using PDS.
 - ✓ In 2018, approximately 100 participants received Supports Broker services; that number increased to approximately 390 in 2019, to 519 in 2020, and to 632 in 2021, a 62% increase since 2019.

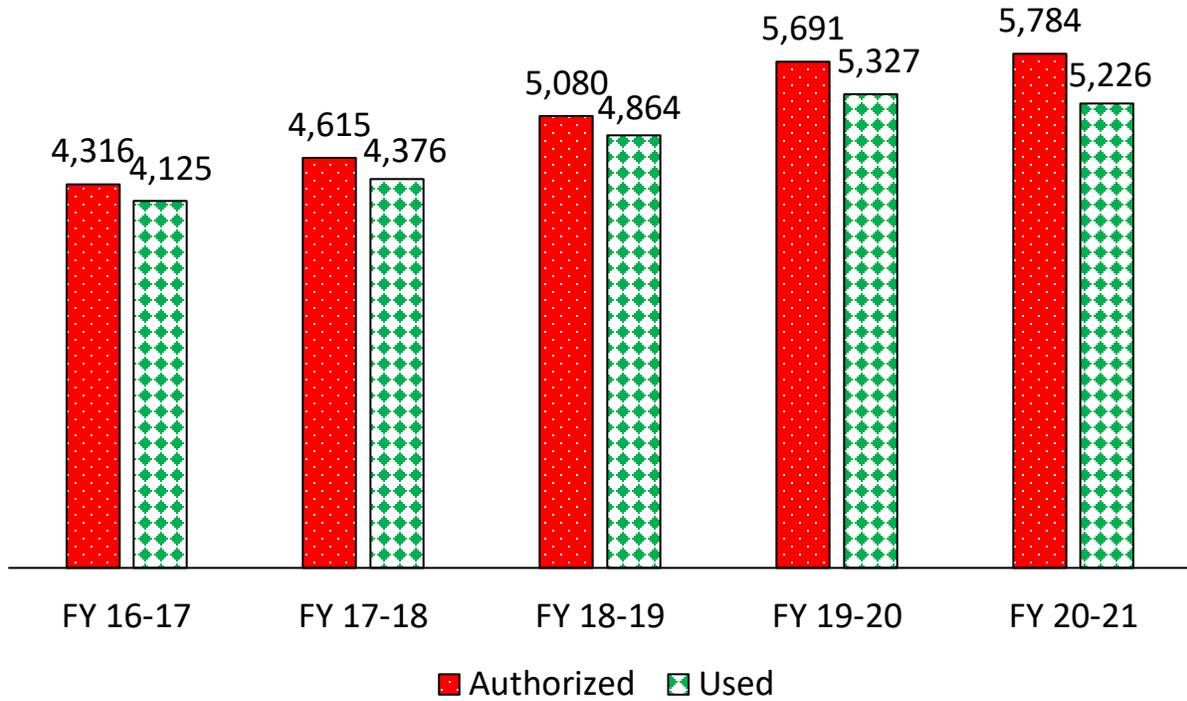
Protection of Individual Rights in ODP-licensed Settings –

- ❖ Chapter 6100 regulations and corresponding changes to ODP’s human services licensing regulations, vastly expanded regulatory protection of individuals’ rights, with each protected right corresponding directly or indirectly to maximizing control over one’s own life.
 - ✓ Of the approximately 3,600 licensed settings inspected in FY20-21, 86% were found to be in full compliance with the regulations relating to self-direction, choice, and control. The remaining 14% either corrected identified violations or were subject to licensing enforcement action.

PERFORMANCE MEASURES *for #2*

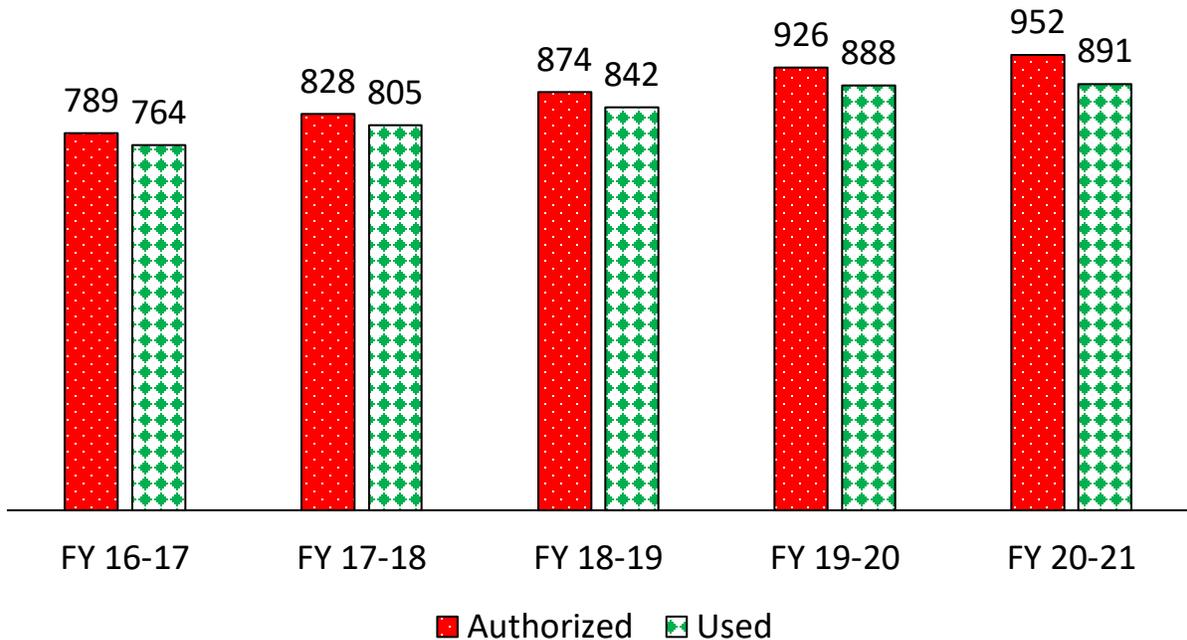
1. Number of Individuals and Self-Advocates authorized for and who use PDS, by AWC and VF/EA.
2. Number of Self-Directed services per individual/self-advocate; will include Supports Broker Service.
3. Percent of individuals and Self-Advocates who use Participant-Directed Services (PDS), including AWC and VF/EA.
4. Percent of individuals who reported they vote.
5. Percent of individuals who report they always carry a form of identification.
6. Percent of individuals surveyed who had a key/way to get into their house or apartment on their own.
7. Percent of individuals interviewed who reported they chose what they do during the day.
8. Percent of individuals who said they were given a choice to live where people without disabilities live.
9. Percent of *individuals* surveyed who saw no other places before they moved into their residence.

AWC - Services Authorized vs Used (PM 1a)



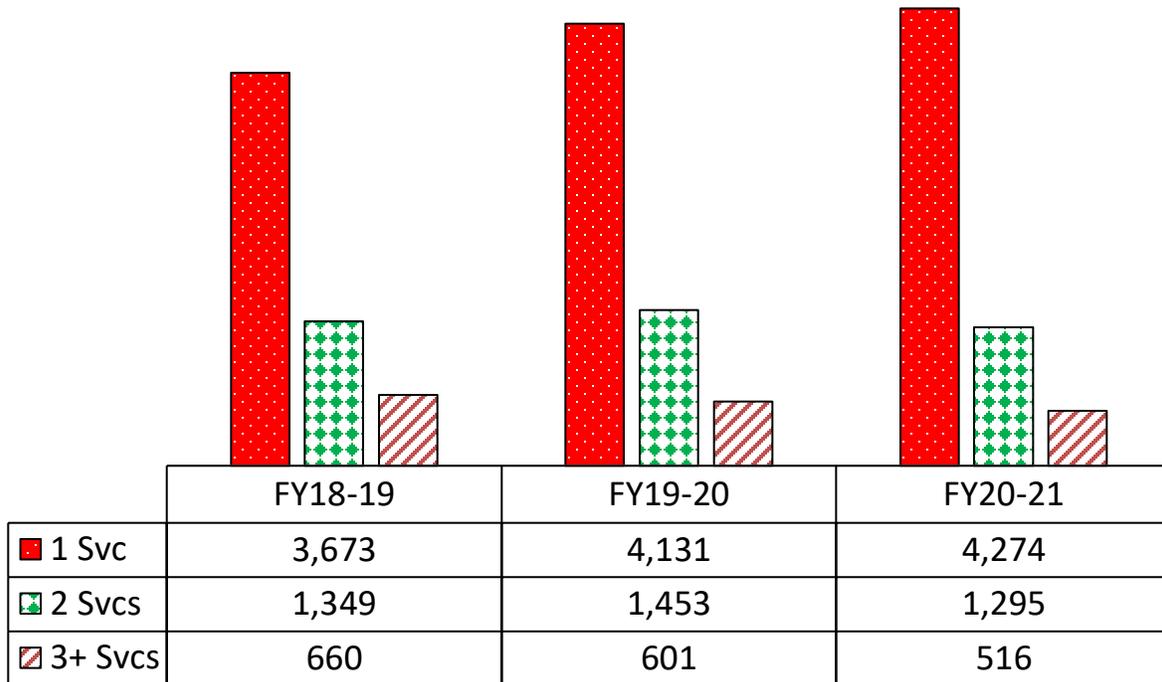
Source: Home and Community Services Information System (HCSIS) as of 12/6/2021

VF/EA - Services Authorized vs Used (PM 1b)



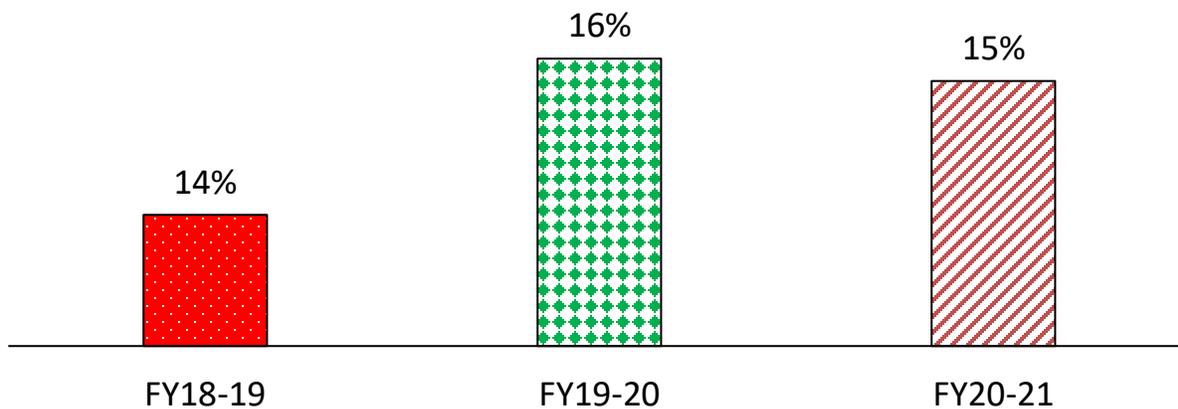
Source: HCSIS as of 12/6/2021

Number of Self-directed Services (Svc/s) Utilized Per Unduplicated Individual/Self-Advocate (PM 2)



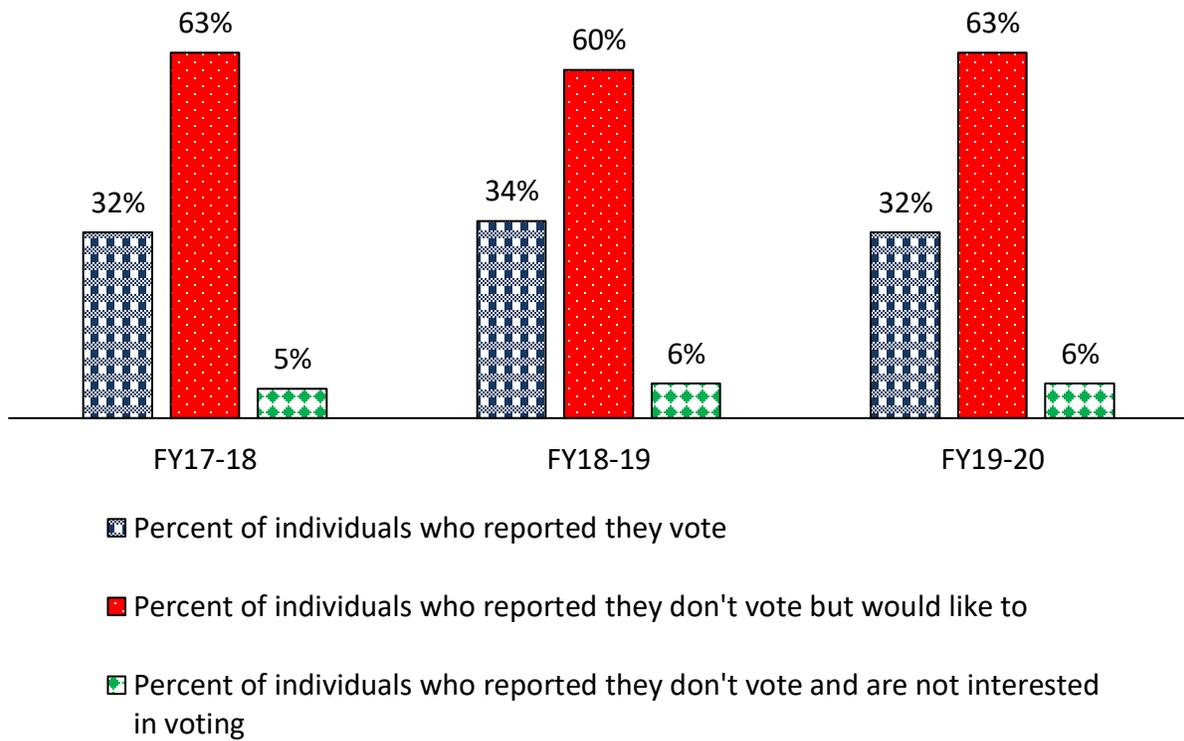
Source: HCSIS as of 10/31/2021

Percent of Individuals and Self-Advocates with PDS (PM 3)



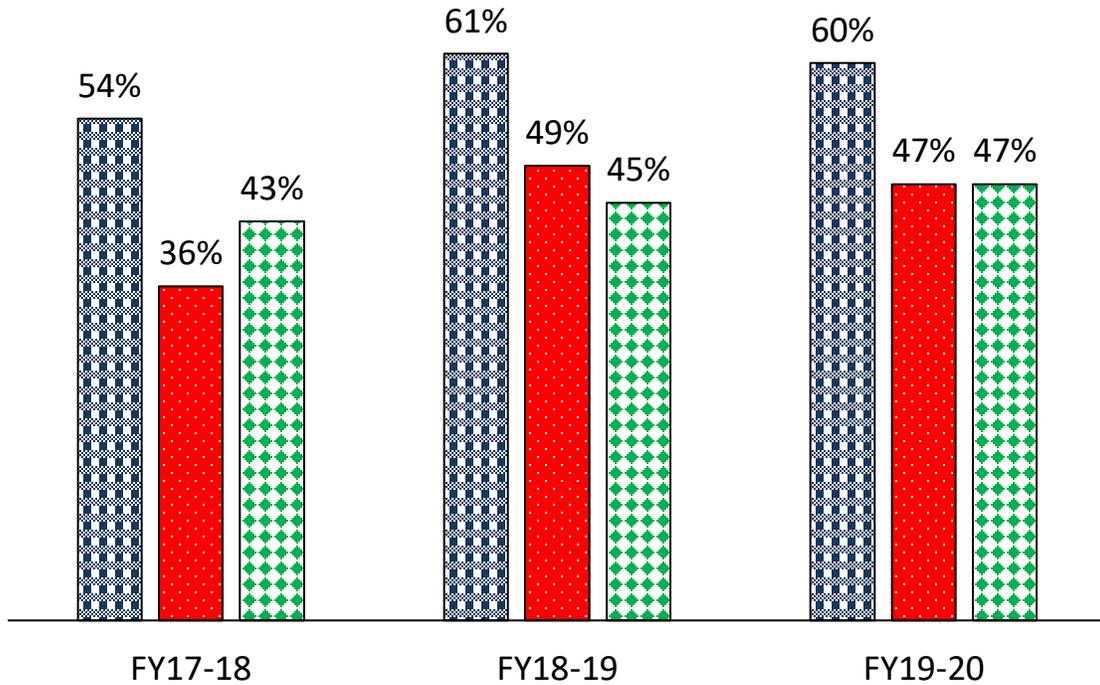
Source: HCSIS as of 10/31/2021

Percent of Individuals Who Said They Vote (PM 4)



Source: IM4Q

Choice and Control at Home and During the Day (PM 5, 6 & 7)



- Percent of individuals who report they always carry a form of identification
- Percent of individuals surveyed who had a key/way to get into their house or apartment on their own
- Percent of individuals interviewed who reported they chose what they do during the day

Source: IM4Q

Choice and Control on Where to Live (PM 8 & 9)



Source: IM4Q



Recommendation 3: Increase Employment

Employment is a centerpiece of adulthood and must be available for every person. The benefits of employment for people with disabilities are significant and are the same as for people without disabilities.

ACCOMPLISHMENT HIGHLIGHTS *for #3*

- ✓ Collaborated with OVR for the Transformation Training and Regional Learning Collaborative for providers of CPS
- ✓ Participated in the PA Secondary Transition Capacity Building Institute for the FY 20/21 school year
- ✓ Created an Executive Discussion Group (EDC) of stakeholders to explore new trends in employment

ACCOMPLISHMENTS IN DETAIL *for #3*

Increase in people with Competitive Integrated Employment (CIE) –

- ❖ There was a 2% increase, from December 2020 (14%) through August 2021 (16%), in the number of ODP-enrolled individuals, ages 18-64, who are competitively employed. (*Source: HCSIS*)

Data Reports –

- ❖ Published the third annual ODP Comprehensive Employment Report in 2021.
- ❖ Shared data for inclusion in the Pennsylvania Employment Oversight Commission's 2021 Report to Governor Wolf and the General Assembly.

Training –

- ❖ Collaborated with the Office of Vocational Rehabilitation (OVR) to contract with nationally recognized experts to deliver a Transformation Training and Regional Learning Collaborative. This initiative provided training and technical assistance to providers of facility-based Community Participation Support services to encourage a transformation of their business models to one that provides community-based services that support competitive integrated employment.

- ❖ Collaborated with the Department of Labor and Industry to deliver presentations at the Pennsylvania (PA) Workforce Development Association’s annual conference, ODP’s *Everyday Lives* conference, and the PA Secondary Transition conference.

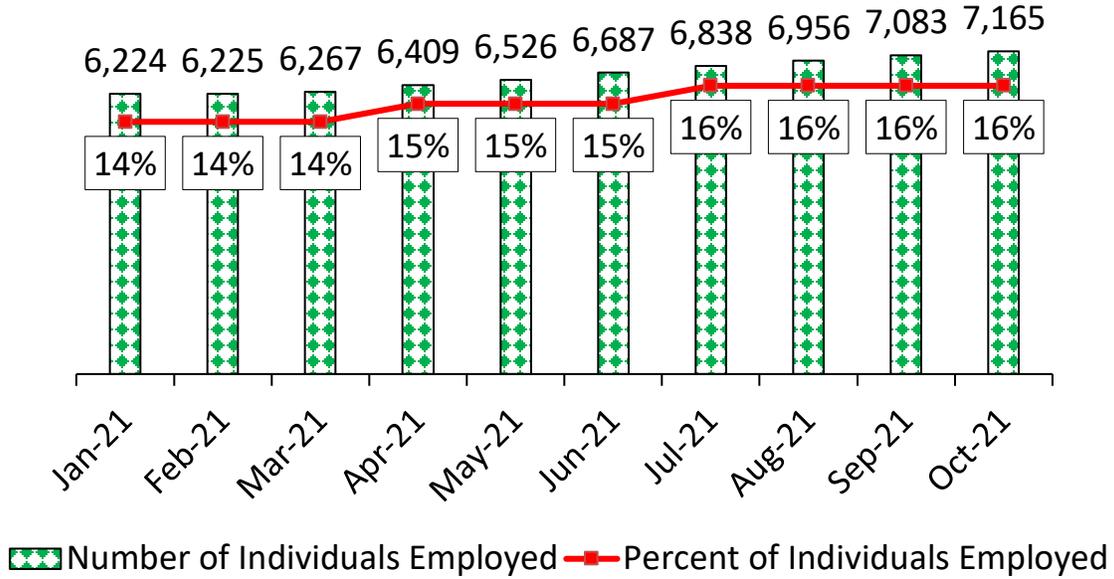
Cross Agency Collaboration –

- ❖ Worked jointly with OVR to conduct training on changes to policy as a result of OVR opening the Order of Selection for Pennsylvanians who are Most Significantly Disabled (MSD), effective July 1, 2021.
- ❖ Participated in the PA Secondary Transition Capacity Building Institute held by the National Technical Assistance Center on Transition and assisted in the development of the statewide Secondary Transition Action Plan for the 2020/2021 school year, including a goal around CIE.
- ❖ Worked with internal and external stakeholders to create an Executive Discussion Group, which explores how to identify new trends for employment, during and post the COVID-19 pandemic.

PERFORMANCE MEASURES *for* #3

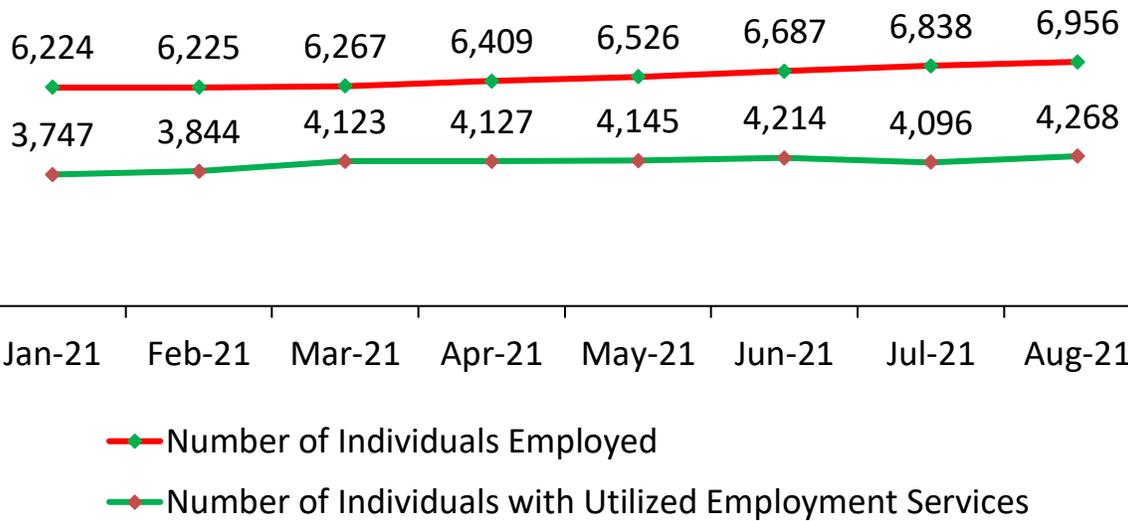
1. Number of Individuals working in Competitive-Integrated Jobs.
2. Number of Individuals Employed vs Number of Individuals Employed and Receiving ODP Employment Services.
3. Most Utilized Job Types Among ODP Enrolled Individuals Reporting Competitive-integrated Employment.
4. Number of people with authorized employment services.
5. Number of people receiving employment services.
6. Percent of Administrative Entities (AE) having a designated employment lead.
7. Percent of SCs providing education and information to the individual about employment services.
8. Percent of people reporting their supports coordinators talked with them about employment at their most recent planning meetings.

Number of Individuals Working in Competitive-Integrated Jobs (PM 1)



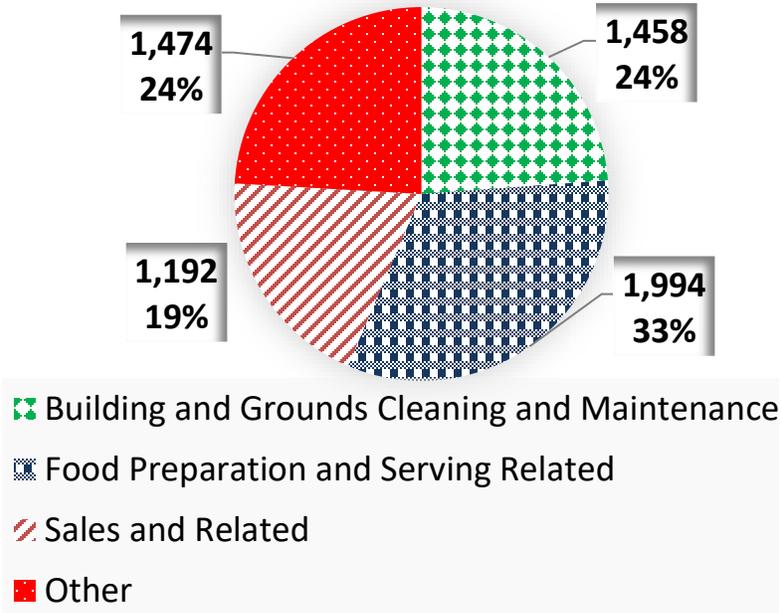
Source: HCSIS as of 12/1/2021

Number of Individuals Employed vs Number of Individuals Employed and Receiving ODP Employment Services - ages 18-64 (PM2)



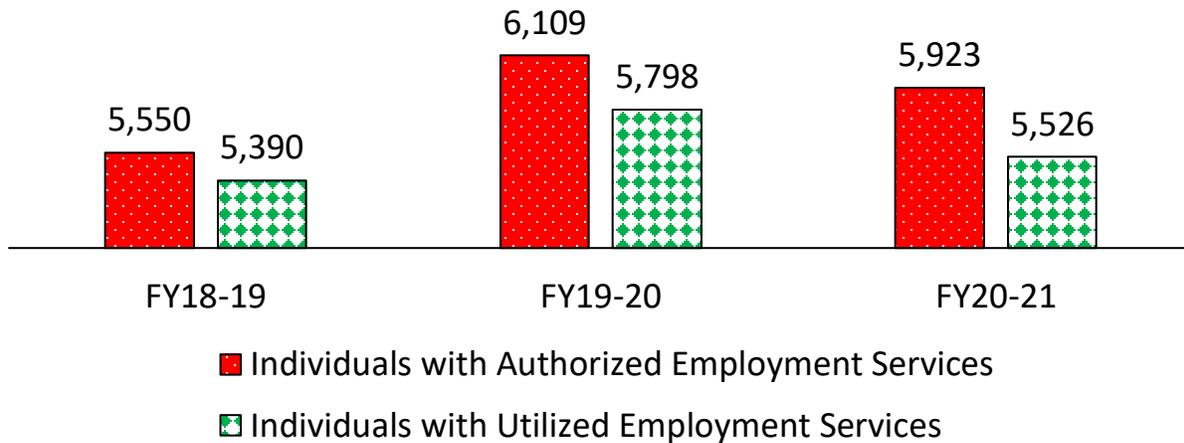
Source: HCSIS as of 12/1/2021

Most Utilized Job Types Among ODP Enrolled Individuals Reporting Competitive Integrated Employment (PM 3)



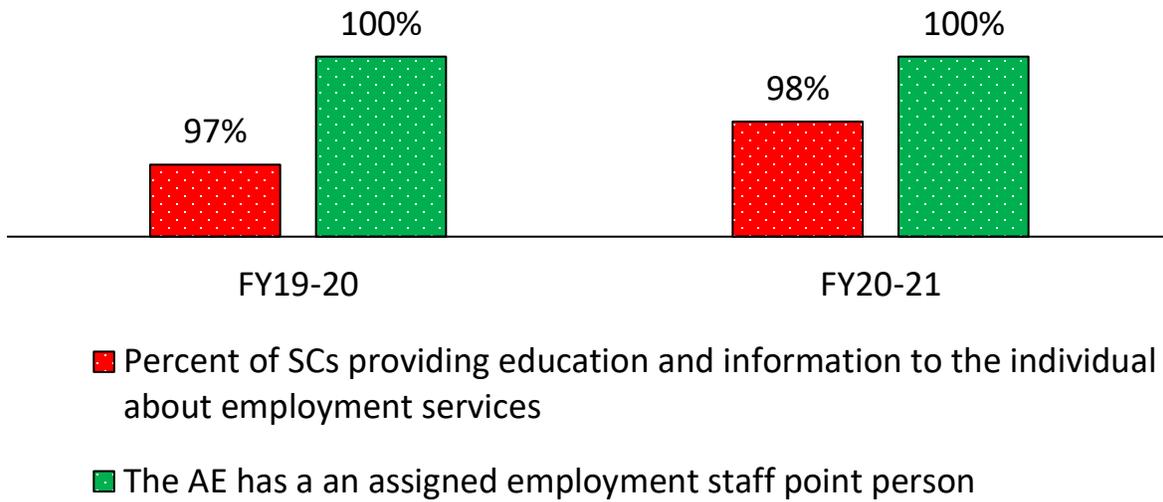
Source: HCSIS as of 12/31/2020

Individuals Age 21-64 - Employment Services Authorized vs. Utilized, Under ID/A Waivers, Adult Autism Waiver and Base Programs (PM 4 & 5)



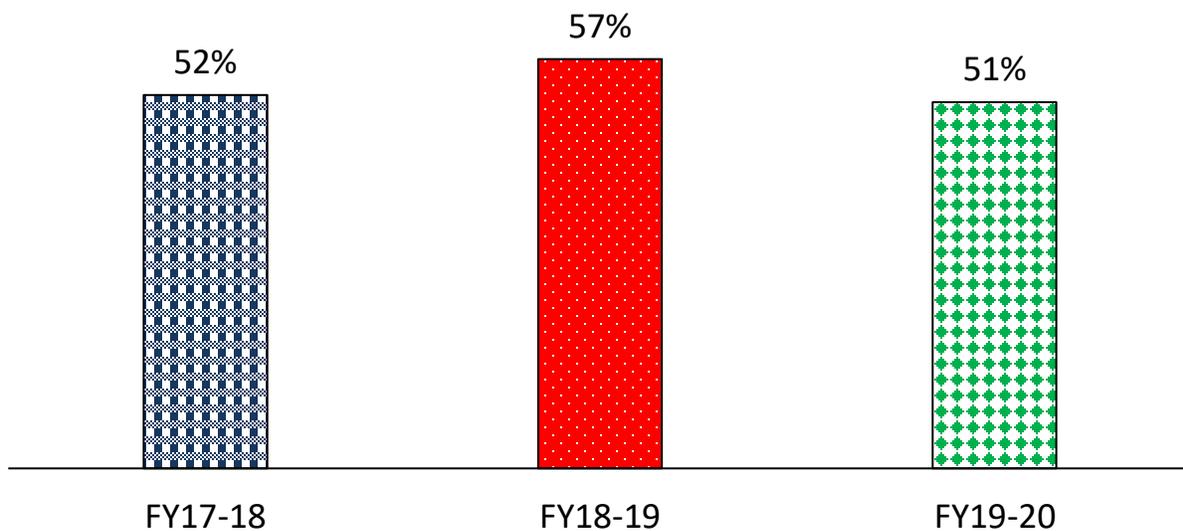
Sources: Service authorizations from HCSIS, Snapshot Date 10/31/2021; PROMISE™ paid claims through remittance advice date 11/15/2021, Data Extraction Date: 11/26/21.

AE & SC Promote Employment (PM 6 & 7)



Source: QA&I

Individuals Reported Someone Talked to Them About Employment in The Planning Meeting (PM 8)



Source: IM4Q



Recommendation 4: Support Families throughout the Lifespan

The vast majority of people with disabilities in Pennsylvania live with their families. Families need support in order to make an everyday life possible throughout the person's lifetime. Families need information, resources, and training. They need connections with other families and support services. Listening to people with disabilities and their families is key to providing supports that help them achieve an everyday life.

ACCOMPLISHMENT HIGHLIGHTS *for #4*

- ✓ **PAFN and SAPNA staff became Charting the Life Course (CtLC) Ambassadors**
- ✓ **PAFN and SAPNA conducted virtual workshops and hosted virtual events for connecting and networking**
- ✓ **ODP hosted the 2nd Regional Collaborative Summit and the 1st annual PA CtLC Ambassador & Champion Event**
- ✓ **ODP surveyed families about support they receive through Supports Coordination to establish a baseline**

ACCOMPLISHMENTS IN DETAIL *for #4*

Championed the work of training partners supporting families:

PA Family Network (PAFN) –

- ❖ PAFN management and all Family Advisors, as well as a Sibling Advisor and bilingual Advisor, became certified via the CtLC Ambassadors Series
- ❖ Conducted 30 virtual networking events for families to connect and network with one another, including 17 Family Forums featuring ODP guest speakers such as Deputy Secretary Kristin Ahrens, Bureau Director Jeremy Yale, and Medical Director Dr. Greg Cherpes
- ❖ Offered 6 “Good Life Group” meetings in the Western and Central regions, where families learn from and connect with one another
- ❖ Presented 82 workshops for families and professionals, including 8 conducted in Spanish and 7 for siblings only
- ❖ Developed and initiated waiver curriculum to assist families entering the system, and an advanced curriculum for families and self-advocates who are already receiving waiver services

- ❖ Hosted 11 statewide “Innovation Area” calls about engaging families and self-advocates
- ❖ Provided numerous virtual statewide trainings, including for the Capacity Building Institute (CBI), Spanish outreach events, Everyday Lives conference, among others
- ❖ Delivered over 100 hours of mentoring to families
- ❖ Collaborated with ODP on many initiatives including the Supports Coordination Strategic Thinking Group (SCSTG), the SC Innovation workgroup, the Regional Collaborative Summit, development of an Incident Management Family Guide, working with SCs around engaging families, and COVID-19 crisis mitigation

Self-Advocacy Power Network for All (SAPNA) –

- ❖ 1 Power Coach and 1 Coordinator became certified via the CtLC Ambassadors Series
- ❖ Several SAPNA Power Coaches and professional self-advocates actively participated on several statewide Community of Practice (CoP) teams and workgroups
- ❖ Created videos about employment for ODP’s use to train SCs, particularly focused on matching employment to the person
- ❖ Held 7 “Let’s Talk about Your Vision” virtual, peer-to-peer events, led by Power Coaches
 - ✓ Engaged 51 self-advocates, 10 family members, and 21 other guests, sharing Life Course tools and supporting attendees to work on their own Integrated Supports Stars
- ❖ Provided remote technical assistance, after events, to 6 self-advocates working on their Integrated Supports Stars, specific to life changes

Worked with communities, stakeholders, and cross-system partners –

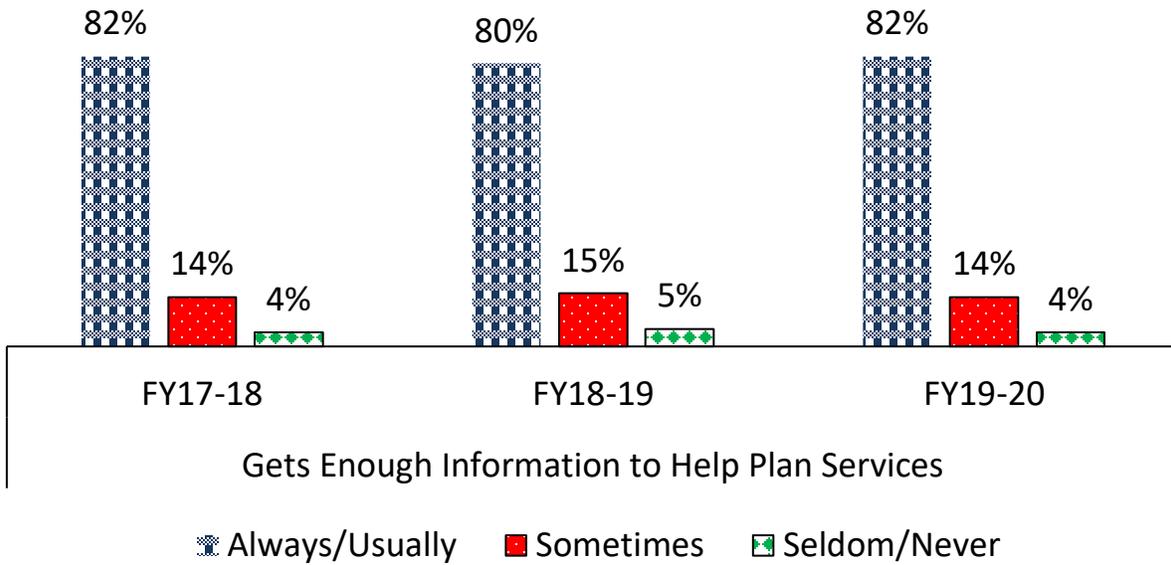
- ❖ AEs and the Regional Collaboratives engaged in many activities to support the objectives of the CoP for Supporting Families, including updating Facebook pages with information and connections for families, hosting virtual events/trainings for families, and guiding development of local policies and practices to support families
 - ✓ Allegheny County: Worked with 3 local schools and 15 students/families, initiated a 2021-2022 School Pilot to introduce CtLC concepts and tools
 - ✓ Huntingdon/Mifflin/Juniata Joinder: Engaged education paraprofessionals by offering CtLC training, sent informational mailings, and developed a webpage
 - ✓ Carbon/Monroe/Pike: Provided a Community Health Worker presentation
 - ✓ Lehigh/Northampton: Hosted an informational session for families on the topic of “Resource Opportunities: Office of Vocational Rehabilitation (OVR).”
- ❖ ODP held 2 statewide events and launched an SC CtLC training series
- ❖ Hosted the 2nd Regional Collaborative Summit and the 1st Annual PA CtLC Ambassador & Champion Event
- ❖ Deployed a new training series entitled “How SCs Can Change the Conversation Around Employment with CtLC” based on feedback from an SC survey

- ❖ ODP conducted the first Family Survey to establish a baseline for the number of family members who report SCs help them get support they need when they need it

PERFORMANCE MEASURES *for #4*

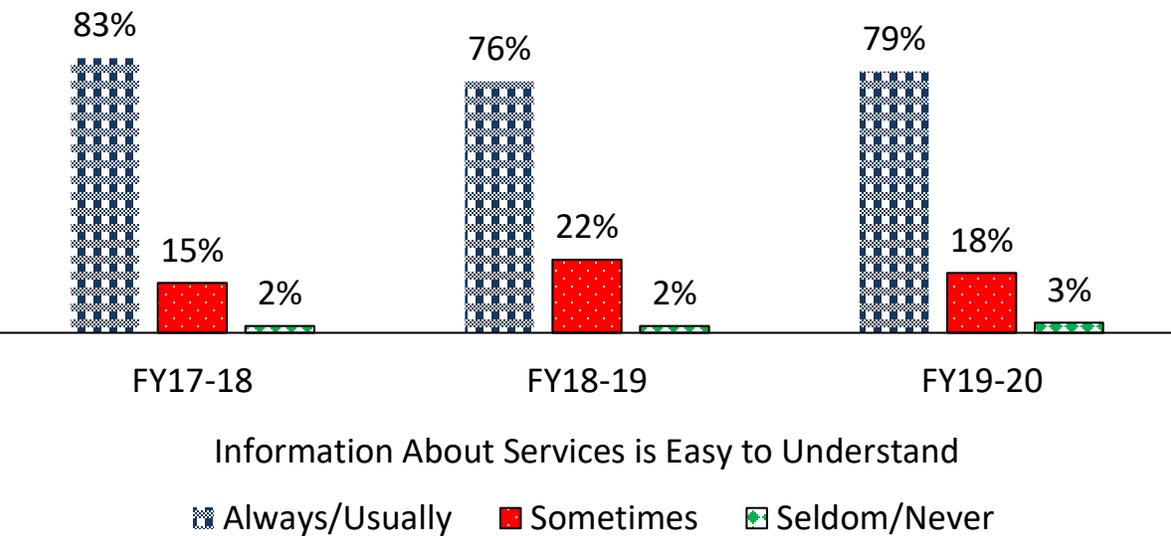
1. Percent of family members who receive enough information that helps them participate in planning services for their family.
2. Percent of family members who report that the information received is easy to understand.
3. Percent of family members reporting the Supports Coordinator tells them about other public services for which their family is eligible (food stamps, supplemental security income (SSI), housing subsidies, etc.)
4. Percent of relatives who reported they have an opportunity to connect and network with other families with relatives at similar life stages.
5. Percent of relatives who said they were aware of the PA Family Network.
6. Of those relatives who said they were aware of the PA Family Network, the percent who reported they had attended a workshop led by the Network of Family Advisors.
7. Percent of respondents whose family member transitioned from school to adult services in the past year who were happy with the process.
8. Percent of respondents who reported they had learned about the LifeCourse framework and tools.
9. Percent of relatives who reported the services coordinator asks about their vision for an everyday life for their family member.

Percent of Family Members who Receive Information to Help Plan Services (PM 1)



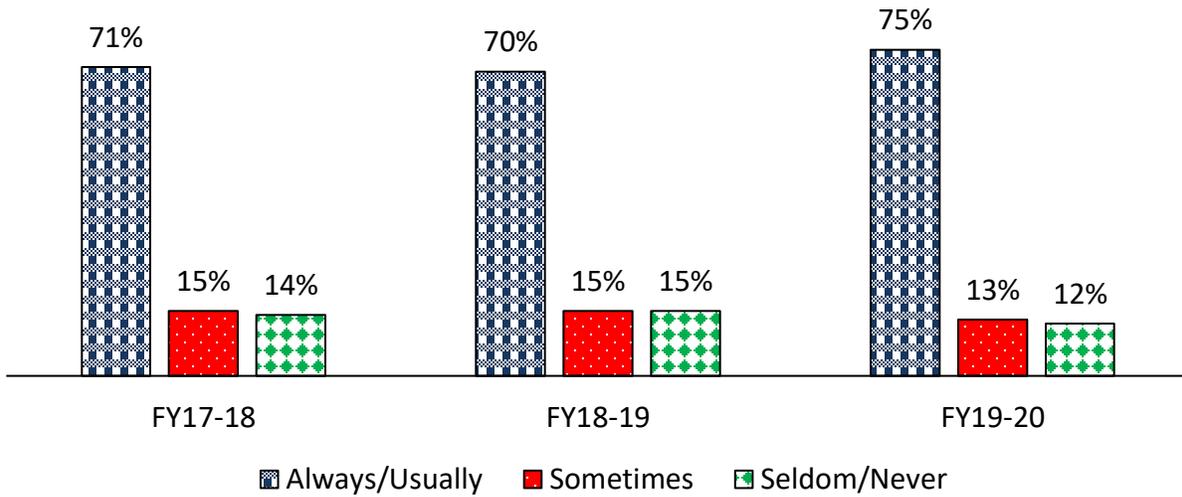
Source: National Core Indicators (NCI) PA Adult Family Survey

Percent of Family Members who Report Information About Services is Easy to Understand (PM 2)



Source: NCI PA Adult Family Survey

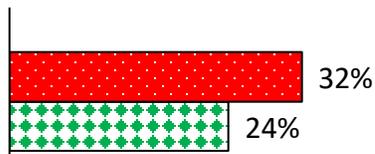
Percent of Family Members who Report SCs Tell Them About Other Public Services (PM 3)



Source: NCI PA Adult Family Survey

Individuals and Families Networking (PM 4, 5 & 6)

Of those relatives who said they were aware of the PA Family Network, the percent who reported they had attended a workshop led by the Network of Family Advisors.



Percent of relatives who said they were aware of the PA Family Network.



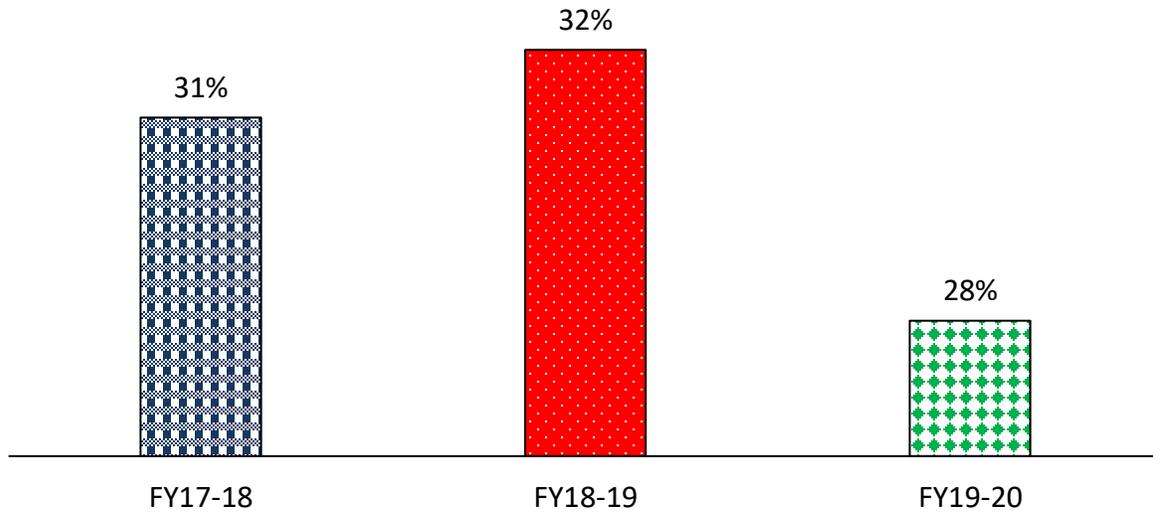
Percent of relatives who reported they have an opportunity to connect and network with other families with relatives at similar life stages.



■ FY18-19 ■ FY19-20

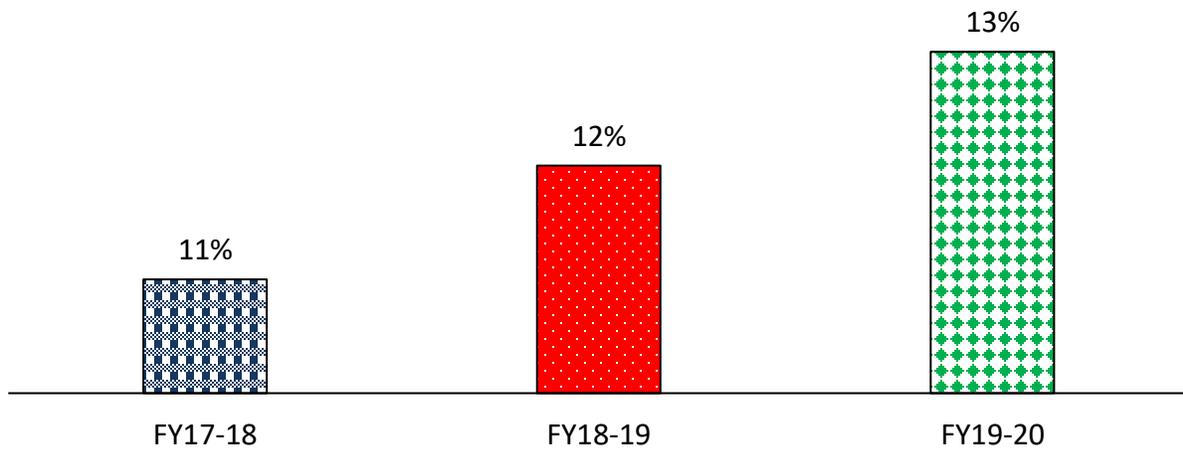
Source: IM4Q

Percent of Respondents whose Family Member Transitioned from School to Adult Services in the Past Year and were Happy with the Process (PM 7)



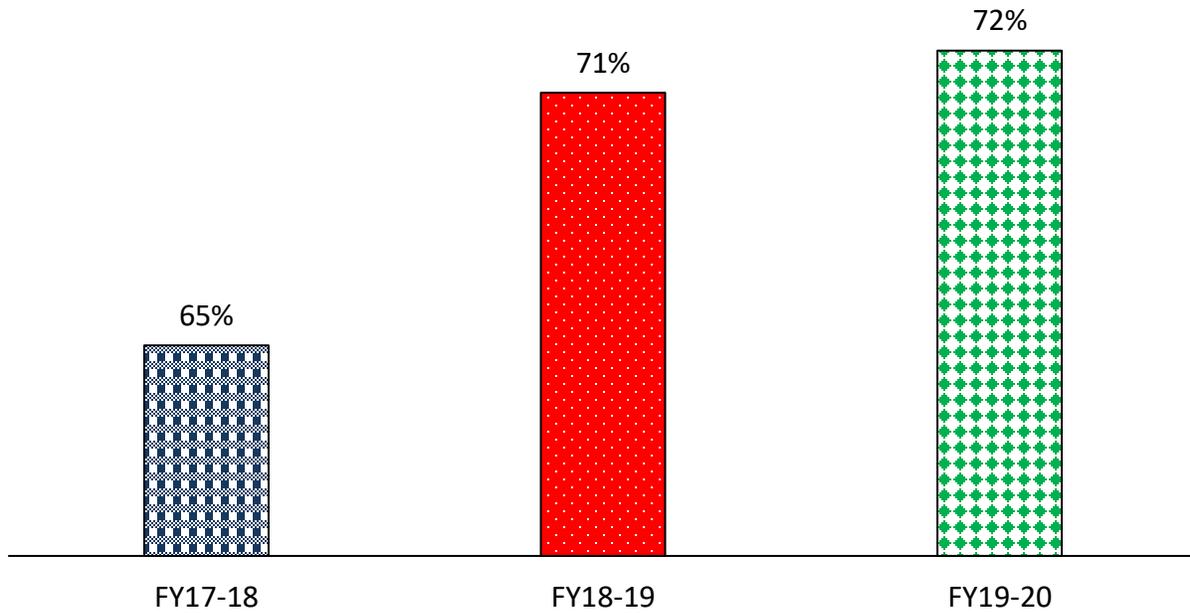
Source: IM4Q

Percent of Respondents who Learned About Life Course Framework and Tools (PM 8)



Source: IM4Q

Percent of Relatives who Report SC Asks About Their Vision for an Everyday Life for Their Family Member (PM 9)



Source: IM4Q



Recommendation 5: Promote Health, Wellness, and Safety

Promote physical and mental health, wellness, and personal safety for every individual and his or her family. Promoting physical and mental health means providing information about health and wellness, emotional support, and encouragement. Tools that help every individual adopt a healthy lifestyle — including good nutrition, healthy diets, physical activity, and strategies to reduce and manage stress and protect oneself from all types of abuse and exploitation — must be provided.

ACCOMPLISHMENT HIGHLIGHTS *for #5*

- ✓ **ODP continuously updated guidance to the field and coordinated the DHS Pharmacy Partnership, as part of COVID-19 pandemic risk mitigation**
- ✓ **Conducted a webinar and distributed an infographic to assist the implementation of HRST**
- ✓ **Continued to promote awareness of pressure injuries as part of the Skin Integrity initiative**

ACCOMPLISHMENTS IN DETAIL *for #5*

COVID-19 Pandemic Risk Mitigation –

- ❖ Intensive efforts were undertaken by ODP to protect the health, wellness, and safety of stakeholders. Working closely with the Department of Health (DOH) and other Offices of the Department of Human Services (DHS), ODP continuously updated guidance to the field, held educational webinars, provided Health Alerts, and shared best practices amidst a changing landscape of understanding.
- ❖ While vaccine resources were scarce in the months following the initial Emergency Use Authorization, ODP coordinated 75 vaccination clinics through partnerships with Rite-Aid and Walgreens, which provided vaccinations to over 10,000 individuals and their DSPs. These efforts included use of technology resources, such as geomapping, to coordinate vaccine clinics, with the support of the provider community.
- ❖ ODP, the Developmental Disabilities (DD) Council, and the Department of Aging collaborated to establish a vaccination call center to pair individuals in need of assistance to accommodations to receive their vaccinations.
- ❖ ODP successfully advocated for Intermediate Care Facilities, Community Group Homes, and Adult Day Programs to be included in the facilities supported by resources assigned to the Long-Term Care Task Force (LTC-TF). One of those resources was the Regional Congregate Care Assistance Teams (RCAT), which provided COVID-19 outbreak support to facilities, such as: access to call centers available to engage health systems for infection control /prevention services and education, in the event of COVID-19 outbreaks; access to personal protective

equipment (PPE) in support of an outbreak of COVID-19; staffing assistance provided by existing and new contracted agencies, as well as the PA National Guard; and testing assistance through the Pennsylvania Department of Health's vendors. The LTC-TF and RCAT have completed over 500 missions to support qualifying facilities.

- ❖ ODP coordinated with the Autism Services, Education, Resources, and Training (ASERT) centers and HCQUs to create [AID In PA](#), which is online content related to health issues during the pandemic for individuals and families. Development continued during 2021 with content searchable based on topics of interest to stakeholders, such as self-advocates, family members and caregivers, providers, professionals, and community members. Content organized into:
 - ✓ Quick Bites: provide a general overview of topics for viewers only wishing to spend a few minutes looking at information,
 - ✓ Next Steps: where viewers can find more detailed content on a topic,
 - ✓ Deeper Dive: where viewers can find all site content developed on a topic to date.

Health Risk Screening Tool (HRST) –

- ❖ The implementation of the HRST, in July 2019, for individuals receiving residential services, continued throughout 2021 and as of the beginning of November 2021, over 13,000 individuals had been screened.
- ❖ This tool continues to be useful in identifying health risks, including risks associated with more severe outcomes for those with COVID-19.
- ❖ To assist in the implementation of the HRST, ODP conducted a webinar “Supports Coordinators and the Health Risk Screening Tool,” and an infographic of the PA Protocol was distributed.

Skin Integrity Pilot Project –

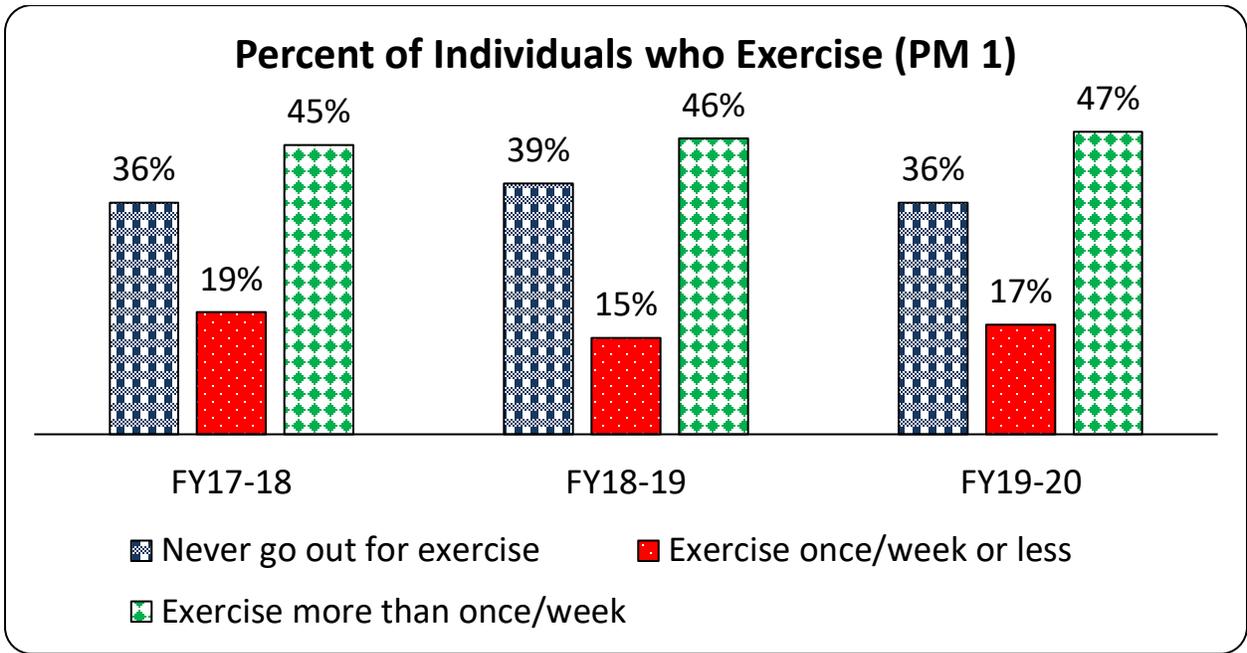
- ❖ ODP continues to promote awareness of pressure injuries as part of ongoing efforts to assure participant health and safety. Pressure injuries (also referred to as pressure ulcers, pressure wounds, bed sores or decubiti) can be associated with significant health complications and even death.
- ❖ ODP is working in conjunction with the Health Care Quality Units (HCQUs) to implement a Skin Integrity Initiative to raise awareness about pressure injury occurrences and to identify appropriate preventive measures that will reduce associated health risks and death.
- ❖ Governor Wolf recognized November 19, 2021, as Pressure Injury Prevention Day in conjunction with ODP's Skin Integrity Initiative to provide education, training, and technical assistance to reduce the incidence and severity of pressure injuries.

Outreach for Healthy Living –

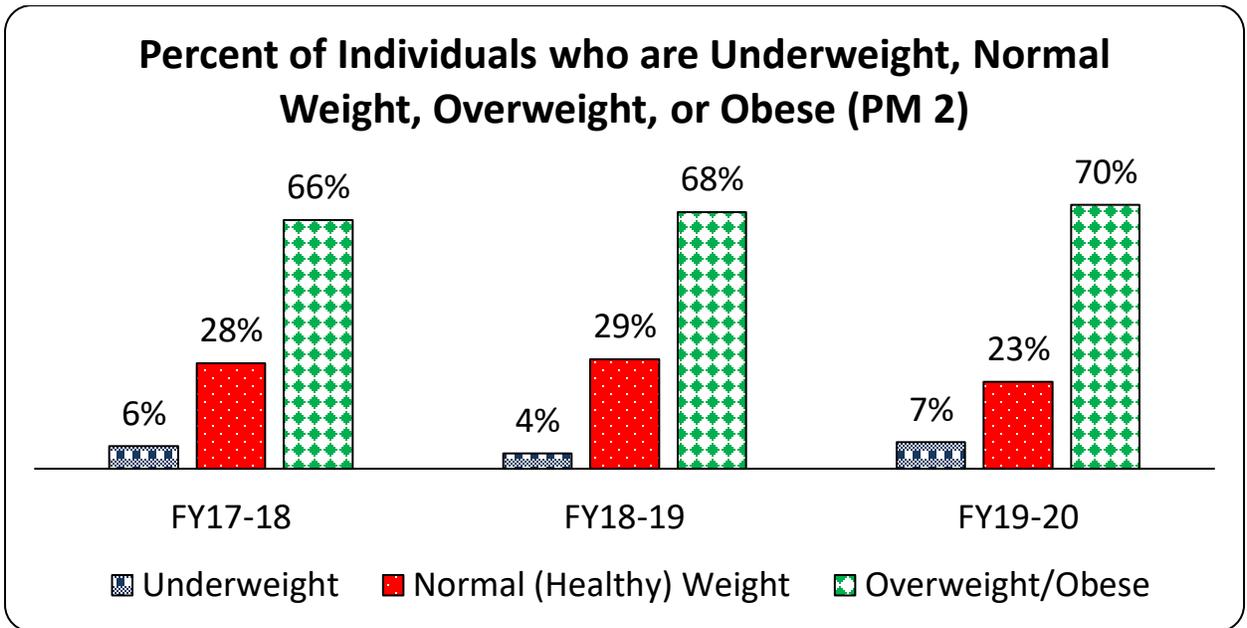
- ❖ ODP's Health Care Quality Units (HCQUs) developed outreach to promote health and wellness through multiple training sessions.

PERFORMANCE MEASURES *for* #5

1. Regarding monthly exercise, percent of individuals who report they:
 - Never go out for exercise.
 - Exercise less than weekly.
 - Exercise once a week.
 - Exercise more than once a week.
2. Percent of individuals who are underweight, normal weight, overweight, and obese.
3. Percent of individuals with medical, dental, and eye exams in the past year.
4. Percent of individuals and self-advocates who routinely engage in physical activity at least once a week for at least 10 minutes.
5. Percent of individuals who report that communication in their doctor's office is effective, including:
 - Percent who report if they needed help communicating at the doctor's office, it was available
 - Percent who reported they have the opportunity to discuss health with their primary care provider
 - Percent who reported their doctor speaks directly to them during appointments
 - Percent who feel they understood their doctors' instructions
 - Percent who reported they feel their doctor understands them
6. When asked how hard it is to get health care services in their community, percent who reported it was very easy or pretty easy, in-between, or very hard or hard.
7. When asked how hard it is to get dental services in their community, percent who reported it was very easy or easy, in-between, or very hard or hard.
8. Percent who reported they have not been prevented from receiving medical and dental services because of their disabilities.
9. Percent who reported they were able to see a medical specialist if they needed to.
10. Percent who reported they have the opportunity to discuss health concerns with the psychiatrist.
11. Percent who reported they do not have the opportunity to discuss health concerns with the psychiatrist.
12. Percent of individuals who reported they do not have a psychiatrist but want one.
13. Percent of individuals who reported they are able to provide consent for medical treatment.
14. Of those able to provide consent for medical treatment, percent who said their doctor accepts their consent.

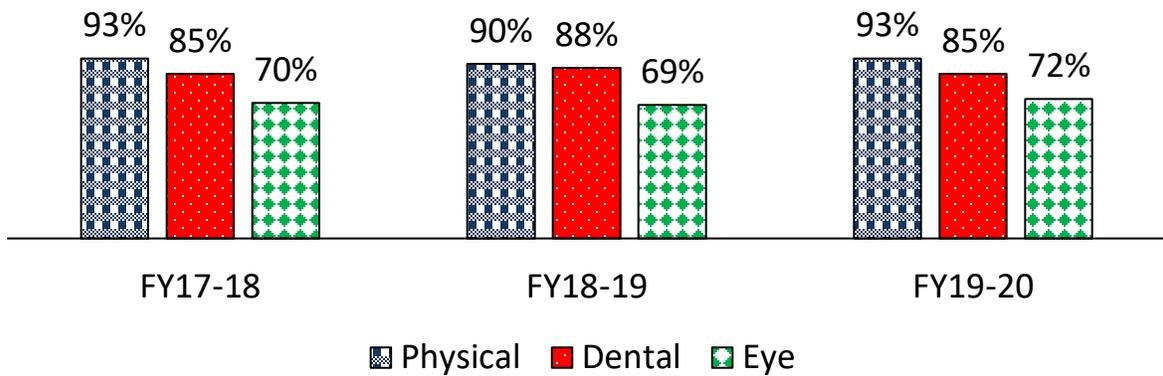


Source: IM4Q



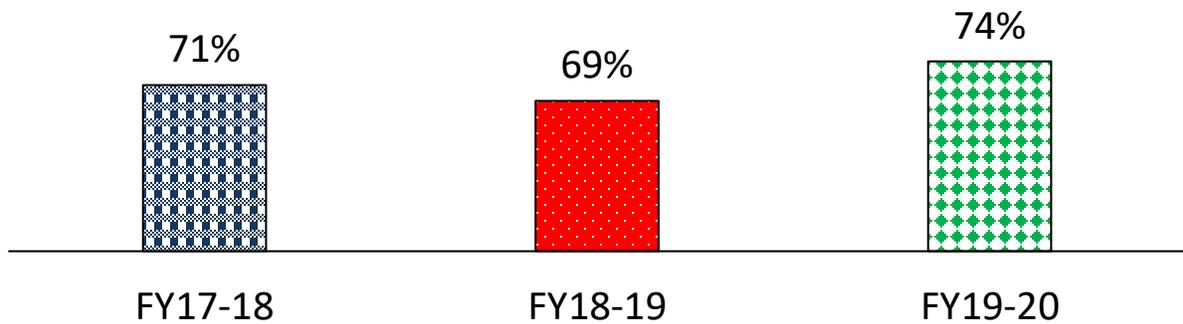
Source: NCI PA In-Person Survey

Percent of Individuals who had a Physical, Dental, and Eye Exam in the Past Year (PM 3)



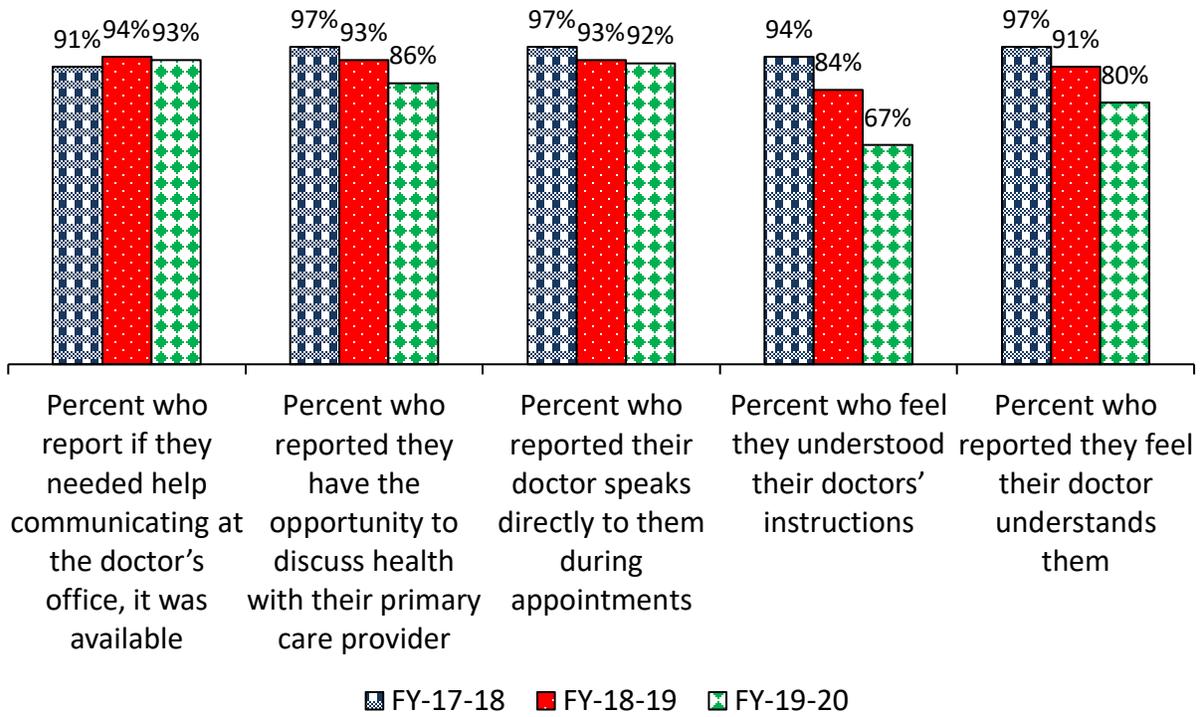
Source: NCI PA In-Person Survey

Percent of Individuals who Exercise or Do Physical Activity at Least Once a Week for at Least 10 Minutes at a Time (PM 4)



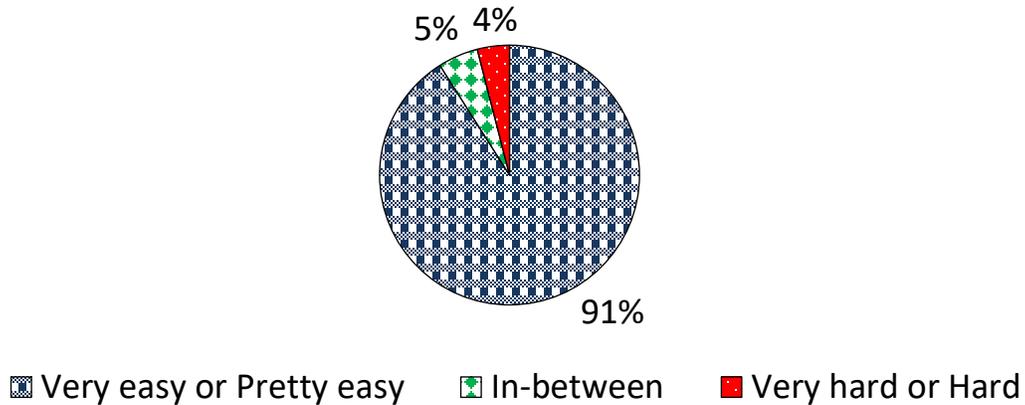
Source: NCI PA In-Person Survey

Percent of Individuals who Report Communication in their Doctor's Office is Effective (PM 5)



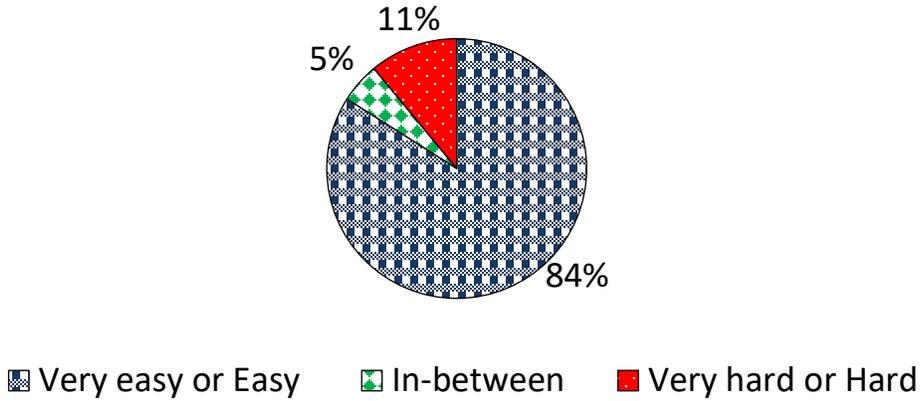
Source: IM4Q

Percent of Individuals Who Reported They Can Access Necessary Medical Services (PM 6)



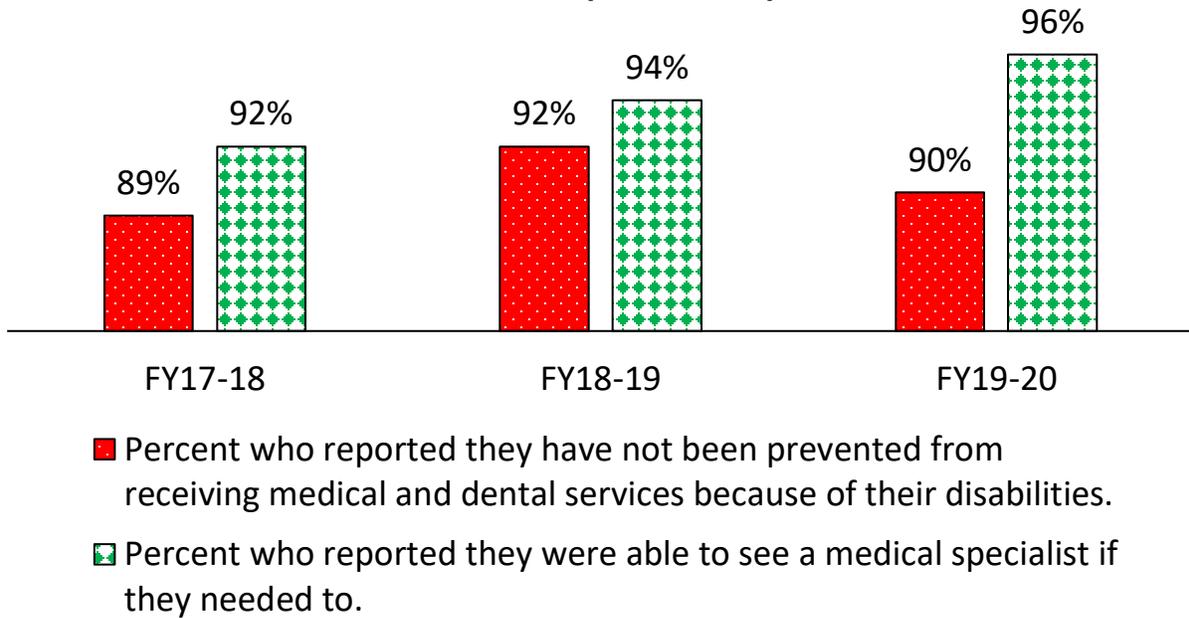
Source: IM4Q FY19-20

Percent of Individuals Who Reported They Can Access Necessary Dental Services (PM 7)



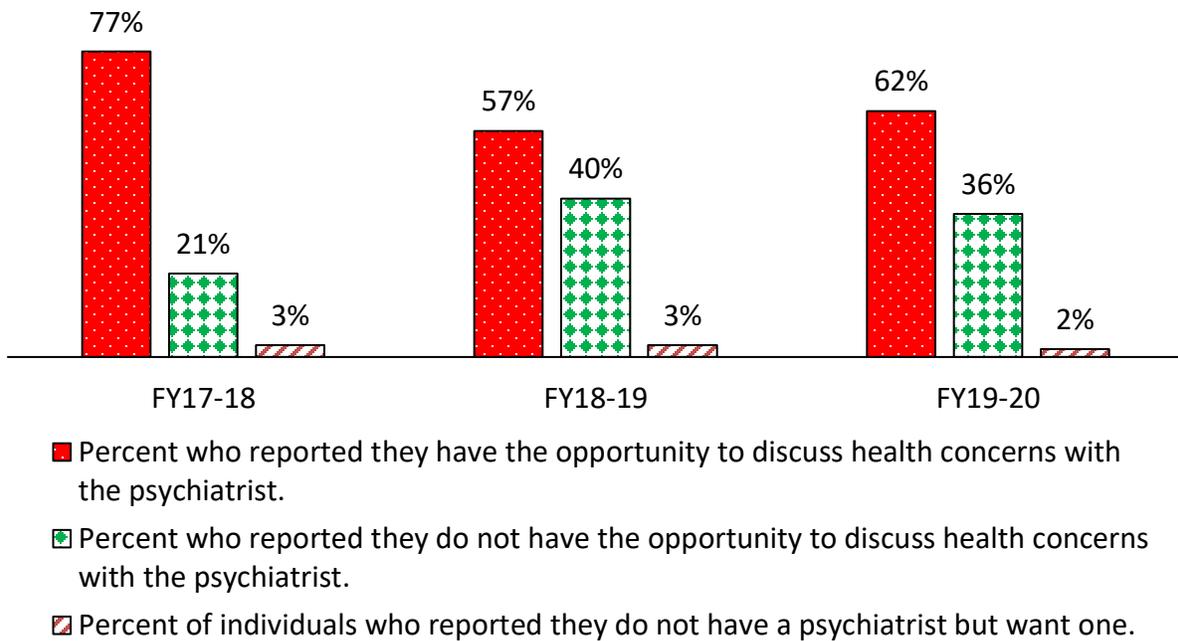
Source: IM4Q FY19-20

Percent of Individuals Who Reported They Can Access Necessary Medical/Dental/Medical Specialist Services (PM 8 & 9)



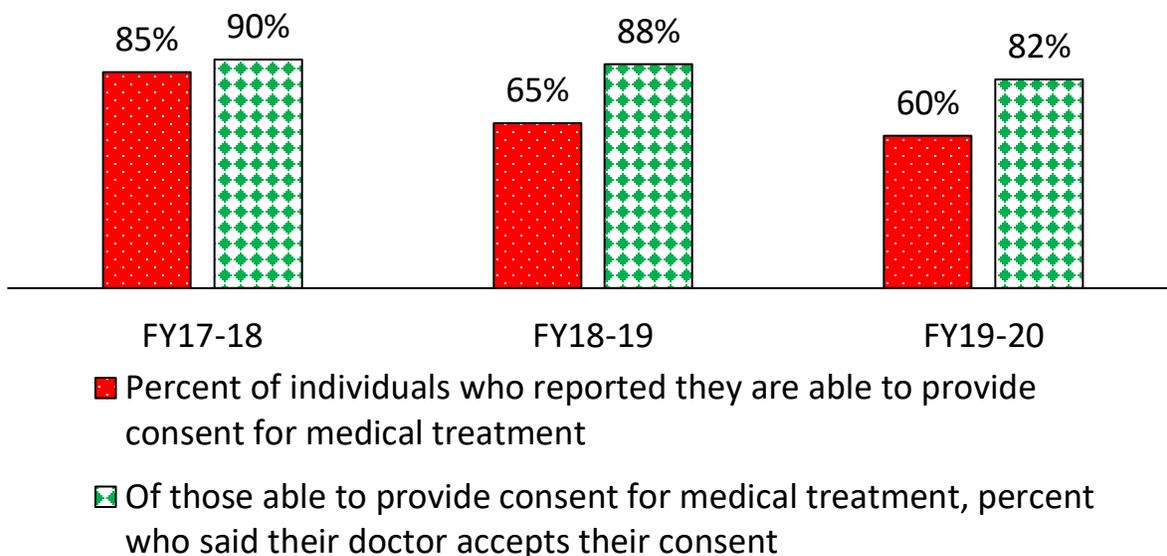
Source: IM4Q

Percent of Individuals Who Reported They Can Access Necessary Medical Services - Psychiatrist (PM 10, 11 & 12)



Source: IM4Q

Consent at the Doctor's Office (PM 13 & 14)



Source: IM4Q



Recommendation 6: Support People with Complex Needs

People with disabilities who have both physical and behavioral health needs receive the medical treatment and supports needed throughout their lifespan. People are more able to live an everyday life when individuals, families, and providers plan and prepare to provide and modify supports as needs and challenges change. Opportunities for a full community life are dependent on adequate supports and the commitment to build capacity within the larger human service delivery system.

ACCOMPLISHMENT HIGHLIGHTS *for #6*

- ✓ ODP collaborated with OMHSAS to present the 2021 Dual Diagnosis Conference
- ✓ New, interactive, and virtual Functional Behavioral Assessment (FBA) training was launched
- ✓ Initiated the START Model Pilot in Allegheny County

ACCOMPLISHMENTS IN DETAIL *for #6*

TRAIN: Trauma Recovery for Autistic, Intellectually Disabled, and Neurodiverse Individuals –

- ❖ There are few providers across PA equipped to offer support through both the trauma and neurodiversity lenses. To meet this need, the pilot project TRAIN was launched in 2021. Developed by psychologists with diverse backgrounds in both trauma and ID/A populations, and under the leadership of Central Region ASERT director, Dr. Michael Murray, the program is comprised of live webinars and self-paced learning activities which take place over a span of 12 weeks. To provide a fully robust learning experience, there will be access to discussion boards and live supervision for additional communication with and between learners.

Dual Diagnosis Conference –

- ❖ The 2021 Dual Diagnosis Conference, “Moving Forward Together: Pursuing Wellness, Promoting Healing, and Building Resilience,” was held during the course of the Everyday Lives Conference. The conference was conducted as a collaboration between ODP and the Office of Mental Health and Substance Abuse Services (OMHSAS) and offered keynote speakers, 28 breakout sessions, and networking opportunities for participants.

Capacity Building Institute (CBI) –

- ❖ For the first time, the fifth class of CBI was recruited via an interest list. Nearly 200 professionals expressed interest in participating, and 75 attended CBI in April 2021. The course ran through December 2021.

- ❖ CBI continues to focus on promoting best and promising practices for increased capacity to support individuals with complex needs in the community setting.
- ❖ CBI is being adapted for use on a national level by the National Association of State Directors of Developmental Disabilities Services (NASDDDS).

Dual Diagnosis Curriculum –

- ❖ ODP continues to utilize this curriculum and all new providers are required to complete it. The curriculum contains 40 hours of material in 20 modules and is available on the MyODP website. Participants are able to earn a Course Certificate after completing all modules.

Functional Behavior Assessment (FBA) Training –

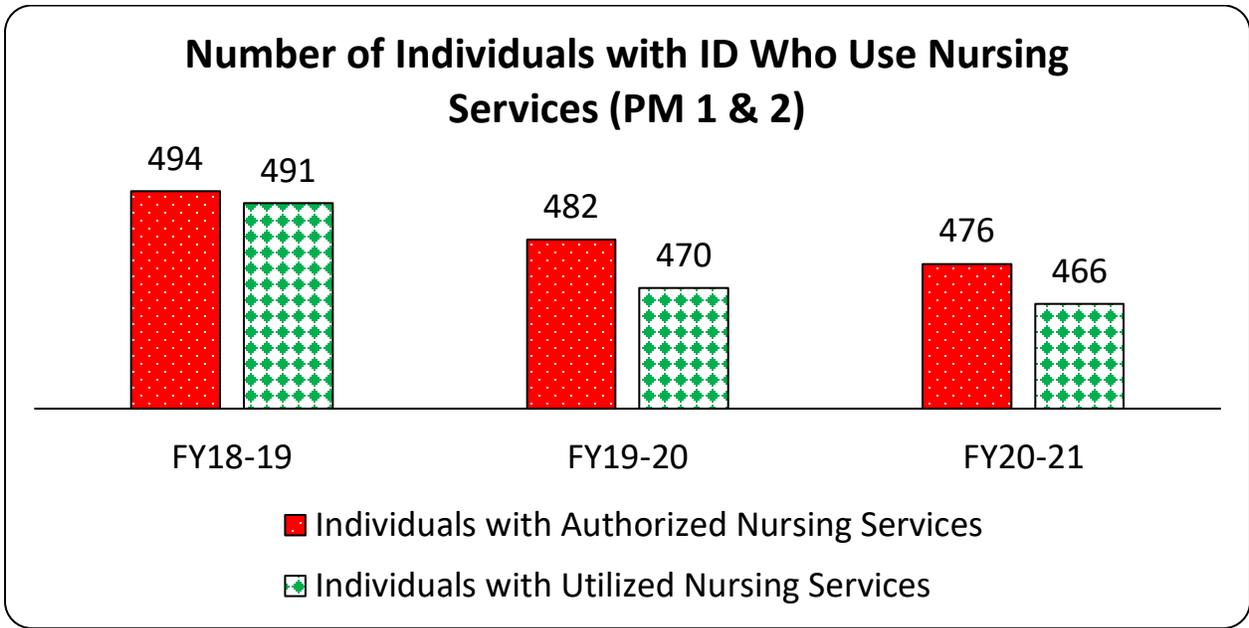
- ❖ An interactive, self-paced, virtual FBA training was developed by ODP, as a replacement for the previously established train-the-trainer model. The training content includes assessment and replacement of challenging behaviors, as well as development of a treatment or behavior support plan that can be used across settings and across the lifespan. Consisting of 8 online modules, the course is responsive to the individual learner’s progress on tests and quizzes throughout the training. The training offers traditional and fast-track options, dependent on test/quiz scores.
- ❖ The online format has allowed for a continuity of training during the COVID-19 pandemic in a way that would not have been possible with the previous in-person training process. The FBA training is currently available on the ODP website, www.MyODP.org.

Systemic, Therapeutic, Assessment, Resources and Treatment (START) Model Pilot –

- ❖ A pilot program to implement the START model in PA was initiated in 2021 and Allegheny County is serving as the lead for this 3-year pilot, during which, all PA counties will benefit from the expertise and information made available, through START UNH, including a newsletter. The START model was developed by Dr. Joan Beasley and her team, in 1988, to provide community-based crisis intervention for individuals, ages 6 and older, with IDD and behavioral health needs, and was cited as a model program in the 2002 U.S. Surgeon General’s Report on mental health disparities for persons with IDD. START is a comprehensive, evidence-informed model of service supports that optimizes independence, treatment, and community living and utilizes a national database. By design, it builds upon existing resources and services.

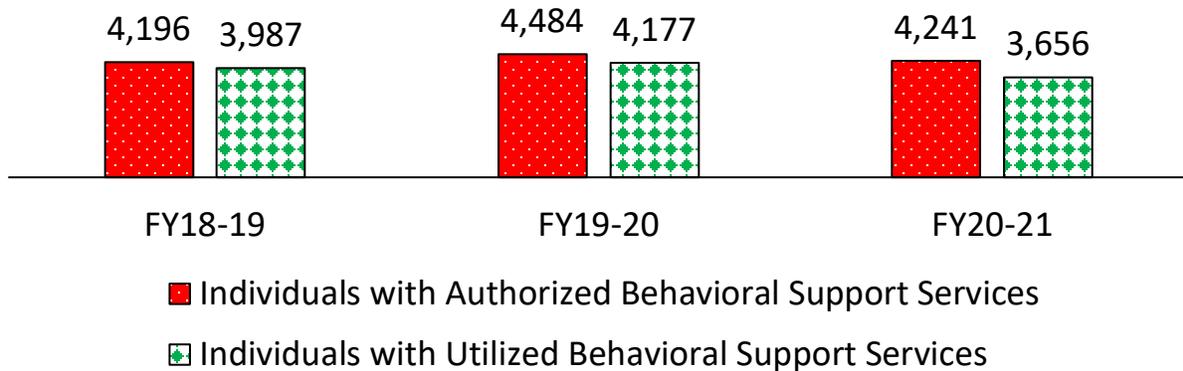
PERFORMANCE MEASURES for #6

1. Number of people with authorized nursing services.
2. Number of people who use nursing services.
3. Number of people with ID, with authorized behavioral support services
4. Number of people with ID who use behavioral support services.
5. Number of people with Autism, with authorized behavioral support services.
6. Number of people with Autism who use behavioral support services.
7. Number and percent of people who take at least one medication for mood disorders, anxiety, behavior challenges, and/or psychotic disorders.
8. Number of providers qualified to provide behavior support services.
9. If the individual has complex needs, the percent for whom the SC ensures there is a plan in place and implemented to address those needs.
10. If the individual has complex needs, the percent for whom SC addresses issues identified, via monitoring, related to support for the person.



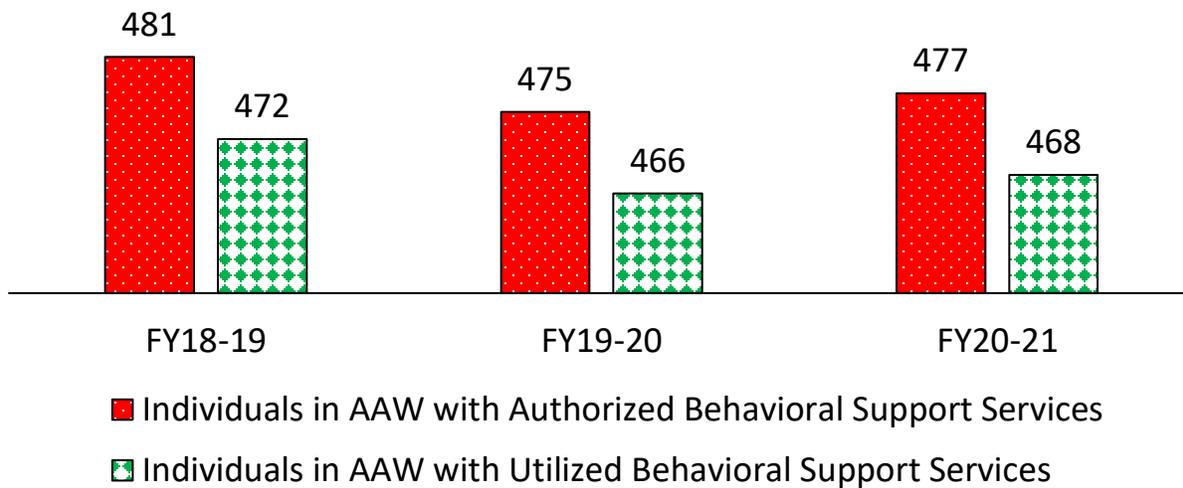
Sources: Service authorizations from HCSIS, Snapshot Date 10/31/2021 and PROMISE™ paid claims through remittance advice date 11/15/2021, Extraction Date: 11/26/2021

Number of Individuals Enrolled in ID/A Waivers or Base Program with Authorized/Utilized Behavioral Support Services (PM 3 & 4)



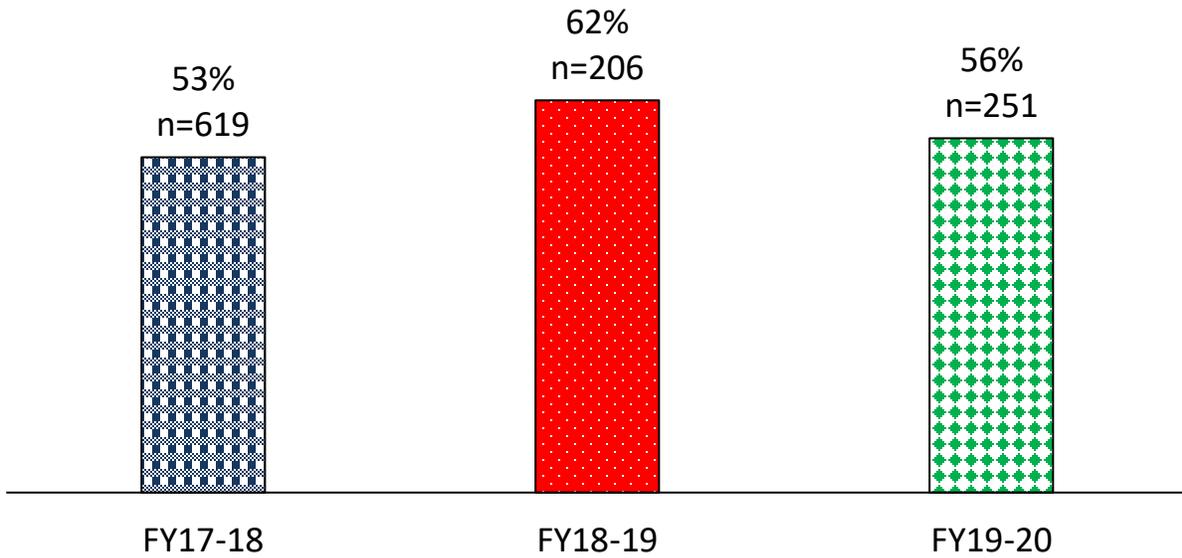
Sources: Service authorizations from HCSIS, Snapshot Date 10/31/2021 and PROMISE™ paid claims through remittance advice date 11/15/2021, Extraction Date: 11/26/2021

Number of Individuals Enrolled in Adult Autism Waiver (AAW) with Authorized/Utilized Behavioral Support Services (PM 5 & 6)



Sources: Service authorizations from HCSIS, Snapshot Date 10/31/2021 and PROMISE™ paid claims through remittance advice date 11/15/2021, Extraction Date: 11/26/2021

Number and Percent of Individuals and Self-Advocates Who Take at Least One Medication for Mood Disorders, Anxiety, Behavior Challenges, and/or Psychotic Disorders (PM 7)

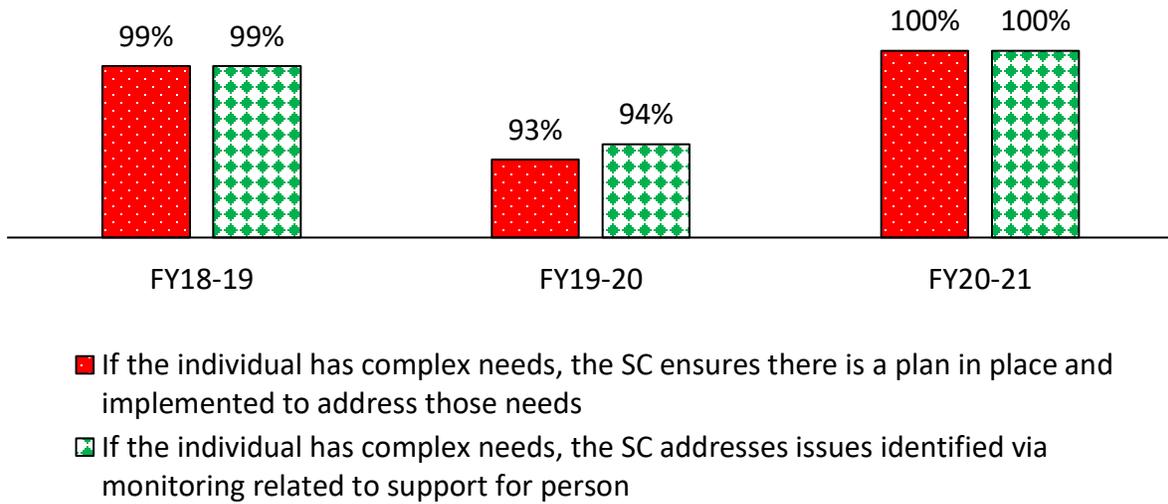


Source: NCI PA In-Person Survey

Number of Providers Qualified to Provide Behavior Support Services (PM 8)	
Total providers enrolled for IDA waivers only	183
Total providers enrolled for AAW only	24
Total shared providers enrolled for AAW and IDA waivers	64
Total enrolled BSS providers across all ODP waivers	271

Source: HCSIS as of 11/30/2021

SCs Support Individuals With Complex Needs (PM 9 & 10)



Source: QA&I; Note PM 9 measures whether there is a plan in place and PM 10 measures SC monitoring of implementation of the plan.



Recommendation 7: Develop and Support Qualified Staff

People with disabilities receiving services benefit when staff who support them are well trained. Values, ethics, and person-centered decision-making can be learned and used in daily practice through mentorship and training. Providing professional training that strengthens relationships and partnerships between individuals, families, and Direct Support Professionals (DSPs) will improve the quality of support.

ACCOMPLISHMENT HIGHLIGHTS *for #7*

✓ 27,389 participants attended 215 ODP live webinars in FY 20-21

✓ 1,925 new learners added to College of Direct Support (CDS) for FY 20-21

✓ College of Employment Services (CES) enrollment added 545 new trainees

ACCOMPLISHMENTS IN DETAIL *for #7*

College of Direct Support (CDS) –

- ❖ Many CDS courses meet the Centers for Medicare and Medicaid Services (CMS) set of Core Competencies. The addition of 1,925 new learners for FY 20-21, brings cumulative, total enrollment in the CDS to 85,116. The top 5 topics studied included:
 - ✓ Universal Precautions
 - ✓ Safety
 - ✓ Emergency Preparedness
 - ✓ Maltreatment
 - ✓ Everyone Can Communicate

College of Employment Services (CES) –

- ❖ For FY 20-21, an additional 545 new learners increased the total enrollment to 1,810. The top 5 topics reviewed are as follows:
 - ✓ Performance Coaching and Support Part 1, Lesson 3: The First Days of Work and the Employment Support Plan
 - ✓ Performance Coaching and Support Part 1, Lesson 1: The Role of the Job Coach Outside the Workplace
 - ✓ Performance Coaching and Support Part 1, Lesson 2: The Role of the Employer
 - ✓ Using Work Incentives to Increase Self-Sufficiency, Lesson 6: The PASS: Helping People with Disability Benefits Create Careers

- ✓ Using Work Incentives to Increase Self-Sufficiency, Lesson 4: Key Incentives for People Receiving Supplemental Security Income

MyODP –

- ❖ MyODP contains ODP's Learning Management System (LMS). The most active topical areas included: Medication Administration, Community Participation Support, Autism, Individual Support Plan, Risk Mitigation, Incident Management, Provider Applicant Orientation, and Certified Investigations. The total registered users for MyODP reached 122,235 as of June 30, 2021, with 559 course offerings.

MyODP Training – Certificates Earned –

- ❖ Once a training is completed on MyODP, certificates of completion are awarded to trainees. Note that a user may obtain multiple certifications. Roles awarded certificates for FY 20-21 included:
 - ✓ Administrative Entity: 2,283
 - ✓ Supports Coordinators: 13,503
 - ✓ Direct Support Professionals (DSPs): 56,557

ODP Training – Webinars –

- ❖ Throughout FY 20-21, ODP utilized the GoToWebinar virtual platform to deliver 215 training and outreach webinars to staff who support individuals in the ODP service system. ODP-facilitated sessions accounted for 120 of the total webinars (10,300 attendees), while the Columbus Organization facilitated 95 sessions (17,089 attendees). A total of 27,389 attendees received training via these webinars.

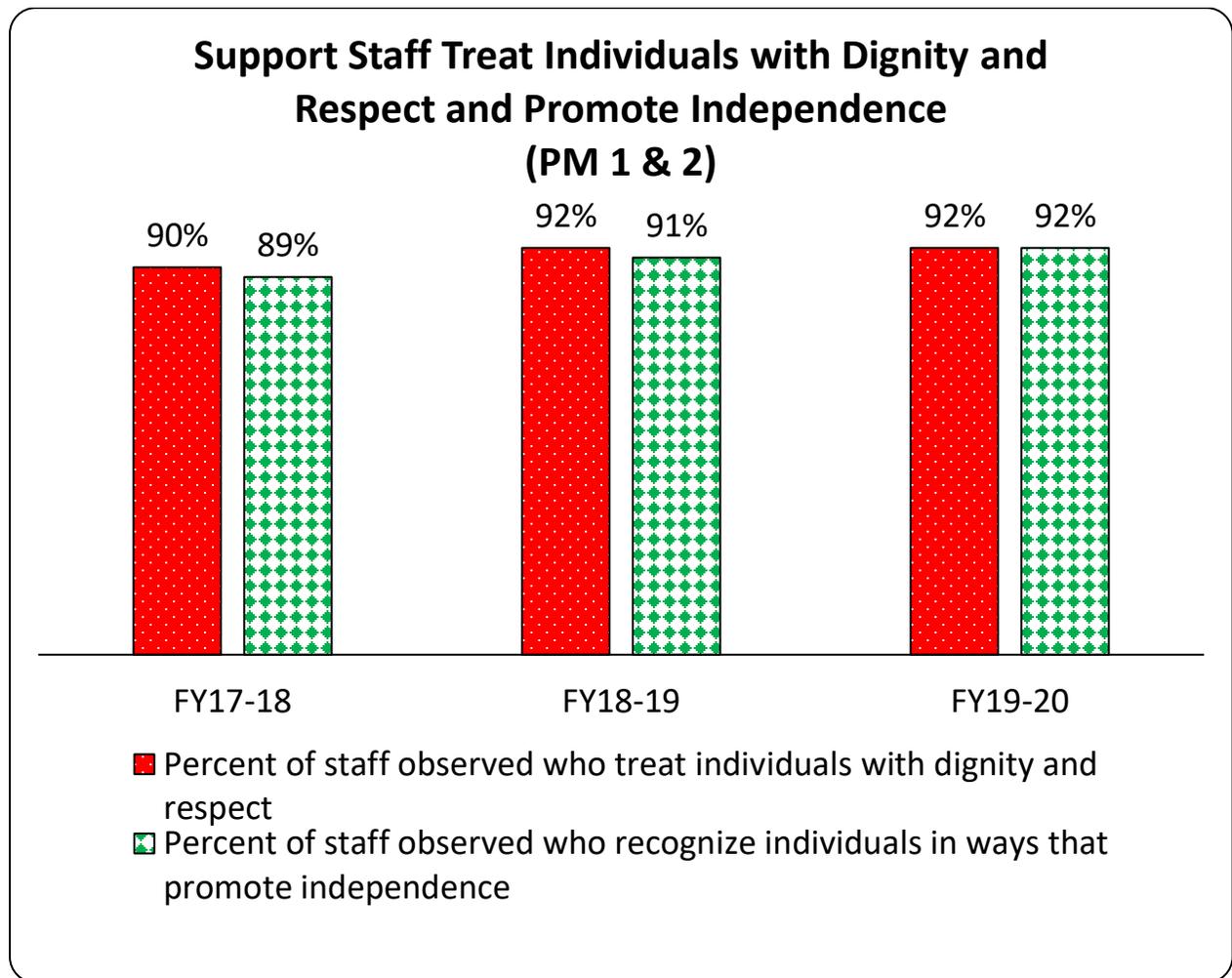
14th Annual Pennsylvania Autism Training Conference (PATC) –

- ❖ PATC integrated featured presentations from individuals with Autism Spectrum Disorder (ASD), providers, ASD specialists, and justice system professionals. Approximately 450 professionals and providers, across multiple service delivery systems, attended the 3-day virtual conference. Evaluation forms indicated that many DSPs and other support professionals that have previously been unable to attend PATC were able to this year thanks to the spread out, virtual structure. Training topics included: Justice System navigation and reform for individuals with ASD; Personal Stories; Meaningful Communication; Training and Maintaining Qualified Staff; Dual Roles During COVID-19; Community Engagement; and Relationships.
- ❖ **Everyday Lives (EDL) Virtual Conference:** Held May 11 through June 10, 2021, the EDL Virtual Conference hosted nearly 70 speakers and 1,200 unique attendees over the 7-day conference. The conference was held in a weekly symposium style that averaged approximately 350 attendees per session and featured tracks that reflect ODP initiatives including Racial Equity, Supporting Families, Technology Innovation, Dual Diagnosis, and Employment.

PERFORMANCE MEASURES for #7

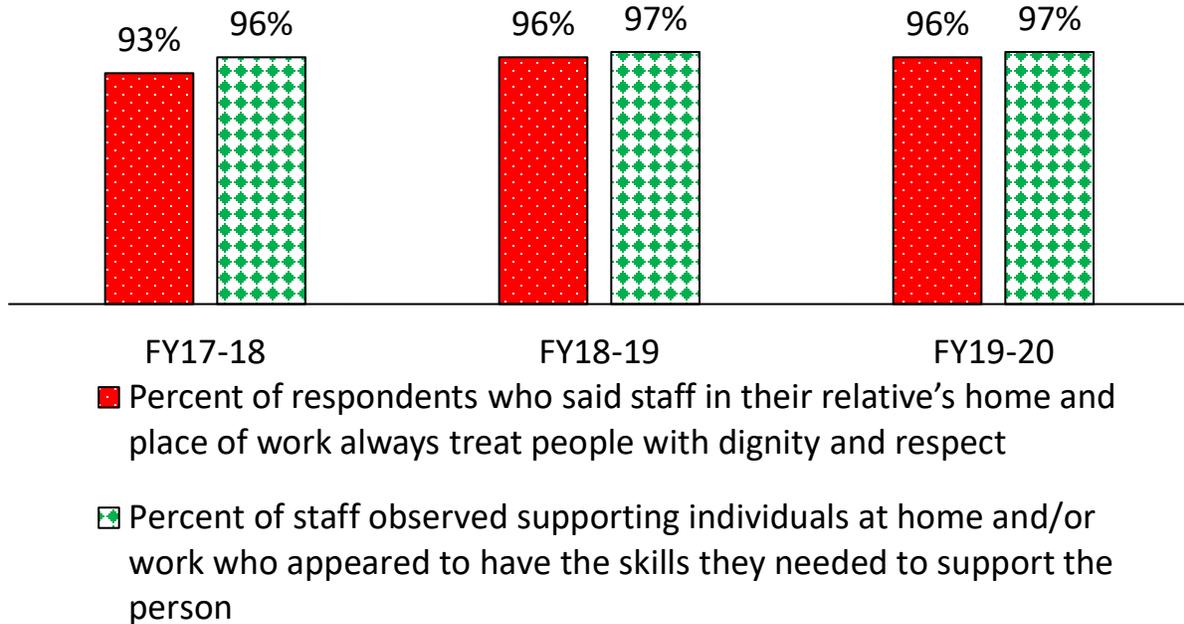
1. Percent of staff observed who treat individuals with dignity and respect.
2. Percent of staff observed who recognize individuals in ways that promote independence.
3. Percent of respondents* who said staff in their relative’s home and place of work always treat people with dignity and respect.
4. Percent of staff observed supporting individuals at home and/or work who appeared to have the skills they needed to support the person.
5. Percent of respondents* who said staff appear to have the skills they need to support their relative at home and at their place of work.

**Respondents are IM4Q team members who answered questions on staff support for the individual, after spending time with the individual and their staff.*



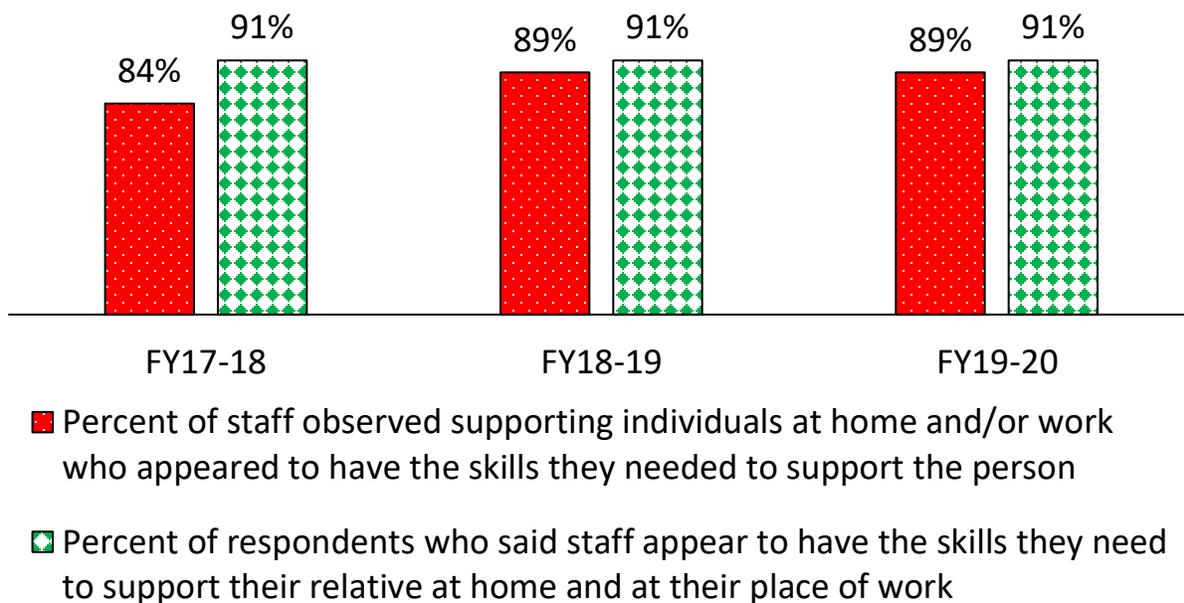
Source: IM4Q

Support Staff Treat Individuals with Dignity and Respect (PM 3)



Source: IM4Q

Support Staff have the skills they need (PM 4 & 5)



Source: IM4Q



Recommendation 8: Simplify the System

The system of supports and funding of those supports must be as straightforward and uncomplicated as possible. This will allow for greater understanding and use of the system by everyone — most importantly the individual needing and receiving supports.

ACCOMPLISHMENT HIGHLIGHTS *for #8*

- ✓ **HCSIS Replacement Activities advanced to procurement stage**
- ✓ **SC Strategic Thinking Group (STG) decision for “Beyond the Basics” training series for SCs and SC Supervisors**

ACCOMPLISHMENTS IN DETAIL *for #8*

HCSIS Replacement Activities –

The Department of Human Services (DHS) began the planning process to procure a new Enterprise Case Management (ECM) system that will replace the current Home and Community Services Information System (HCSIS).

- ❖ ECM business requirement activities are anticipated to begin in FY 22-23.
- ❖ Through 2021, ODP continued to work with system stakeholders to update and develop new User Stories to identify the end user-based functions necessary for ODP, in the new ECM system.
- ❖ Additional work focused on User Stories that reflect inclusion of State Center Individual Support Plans (ISPs) and medical records as part of the ECM platform. Work also focused on the need to share information and data across program offices to facilitate joint service planning and supports.
- ❖ The System Integrator Request for Proposal was released in the fall of 2021 and vendor responses were received in November. Vendor selection is likely to be completed in the spring of 2022.
- ❖ A new ECM webpage went live December 2021.

Medicaid Management Information System (MMIS) Modernization Platform Project –

- ❖ The current plan for the Medicaid Management Information System (MMIS) replacement for PROMISE™ has been put on hold.
- ❖ FraudCapture (vendor: Gainwell) will replace the current Fraud and Detection System (FADS). The tentative contract start date is March 2022.

- ❖ Smaller system enhancements to PROMISe™ will be prioritized and completed to target ways to alleviate administrative burdens on providers. Work will also continue on modernization of specific functionality in PROMISe™.

Resource and Referral Tool –

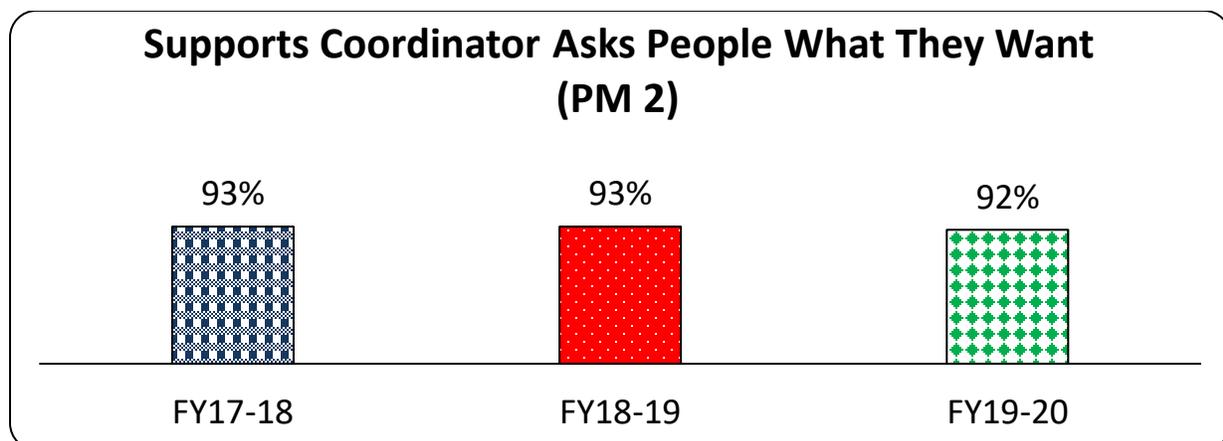
- ❖ DHS began planning for procurement of an online resource and referral tool to assist people in finding and connecting with community resources related to housing, employment, and basic and financial needs. This project was pulled back and is in the process of being re-designed. Additional information is anticipated in the Spring of 2022.

Supports Coordination (SC) Strategic Thinking Group (STG) –

- ❖ Work with this group, related to stakeholder feedback, is continuing via virtual meetings and the group has decided on a “Beyond the Basics” training series for SCs and SC Supervisors to help develop their skills. An important theme of the training will be how to use all available tools and resources to create a holistic, person-centered plan that promotes health, safety and wellness for individuals receiving services.

PERFORMANCE MEASURES *for #8*

1. Evaluate the redesign of ISP process and format for: reduction in time that SC spends on administrative tasks, reduction in the number of pages in the ISP, and increase time spent with individuals, self-advocates, and families in person-centered planning.
2. Percent of respondents who report their supports coordinator asks them what they want.



Source: NCI PA In-Person Survey



Recommendation 9: Improve Quality

Together we must plan and deliver services and supports that adhere to our values, measure person-centered outcomes, and continuously improve an individual's quality of life. All stakeholders must be engaged in the process of measuring how well services assist people in achieving an everyday life.

ACCOMPLISHMENT HIGHLIGHTS *for #9*

- ✓ ODP QM Certified Staff increased 40% over 2020 total and 28% of overall total certified (870)
- ✓ QM Certification Handbook developed and made widely available
- ✓ ID/A QA&I Cycle 1 Statewide Report developed and distributed
- ✓ QA&I Interim Year 1 completed and an Annual Report -- first to include data collected for all waivers, including AAW -- developed and distributed

ACCOMPLISHMENTS IN DETAIL *for #9*

Quality Management (QM) Certification –

- ❖ From September 2020 through November 2021, 247 additional ODP staff and stakeholders have become ODP QM Certified. That's a 40% increase over the total number certified and reported in the 2020 ISAC Annual Report (623), or 28% of the overall total certified (870), since the initial offering for certification 6 years ago.
- ❖ Pre-requisite training modules were updated in 2021 and revised to streamline content, with the goal of improving the ability to learn and retain concepts. ODP continues to emphasize QM planning that is focused on person-centered outcomes, as well as collecting and analyzing meaningful data, throughout all QM Certification materials and classes. Participants are encouraged to develop target objectives in QM plans that directly impact individuals.
- ❖ A [QM Certification Handbook](#) was developed in 2021, and along with the pre-requisite modules, was made available to anyone in the ODP system who is interested in learning more about QM, including those who may not necessarily want to formally pursue certification.
- ❖ Classes moved to a Zoom platform at the end of 2020, which has allowed ODP to provide more frequent 2-day classes (monthly), and this has resulted in an increased yearly class capacity (more people can get trained) and increased accessibility for participants (no travel planning involved). Classes are in high demand and are generally at full capacity as soon as new dates are released.

Develop, Implement, and Maintain the Quality Assessment and Improvement (QA&I) process –

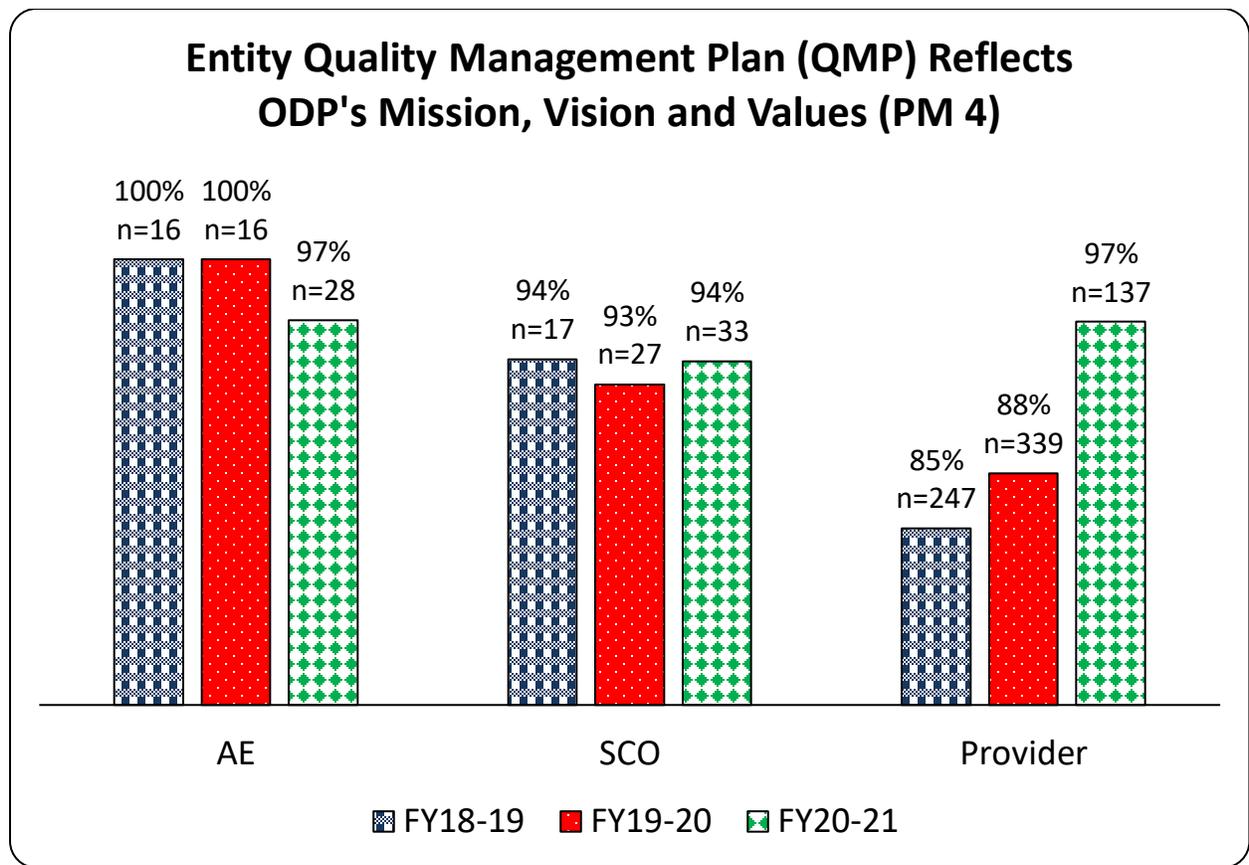
- ❖ A [QA&I Cycle 1 Annual Statewide Report](#) was developed and distributed in 2021. This report provides a summary analysis of statewide data collected on all entities (AEs, SCOs, and Providers), during the first 3-year cycle of QA&I, for ODP’s Consolidated, Person/Family Directed Support (P/FDS) and Community Living waivers, collectively referred to as the ID/A waivers. The report highlights successes (“Reasons to Celebrate”), as well as opportunities for systemic quality improvement (“Highlighting Opportunities”), in a streamlined, easy-to-use format, organized in entity-specific subsections. The intent of highlighting opportunities is to encourage entities to target these lower performing areas with quality improvement activities.
- ❖ As a result of COVID-19 pandemic challenges, a QA&I Interim review process, that aligned across all 4 ODP waivers (including the Adult Autism Waiver - AAW), was developed and implemented for FY20-21, referred to as Interim Year 1 (IY1). IY1 was successfully completed, and an [IY1 Annual Statewide Report](#) was developed and distributed in 2021, for the first time, bringing both intellectual disabilities/Autism (ID/A) and AAW QA&I data together, in one report. As a result of continuing pandemic challenges, ODP implemented the QA&I interim review process for a second year (IY2) for FY21-22.
- ❖ In 2021, ODP continued to request and receive technical assistance from New Editions (NASDDDS) to collaborate on shifting QA&I towards measuring more person-centered outcomes, and not just compliance, as well as working to improve reviewer fidelity across the state.

Additional QM Activities in 2021 –

- ❖ In 2021, the first combined Evidence Report for the ID/A waivers was submitted to the Centers for Medicare and Medicaid Services (CMS) and shared with the statewide Quality Team. This report is required by CMS every 5 years to ensure waivers are implemented in a way that is consistent with the approved waivers.
- ❖ Also, in 2021, ODP’s QM Division facilitated performance measure (PM) workgroups to target PMs that were <86% compliance and assess for QI opportunities. This work was done in tandem with other waiver renewal activities across ODP in anticipation of submitting renewal applications for the ID/A waivers in 2022.

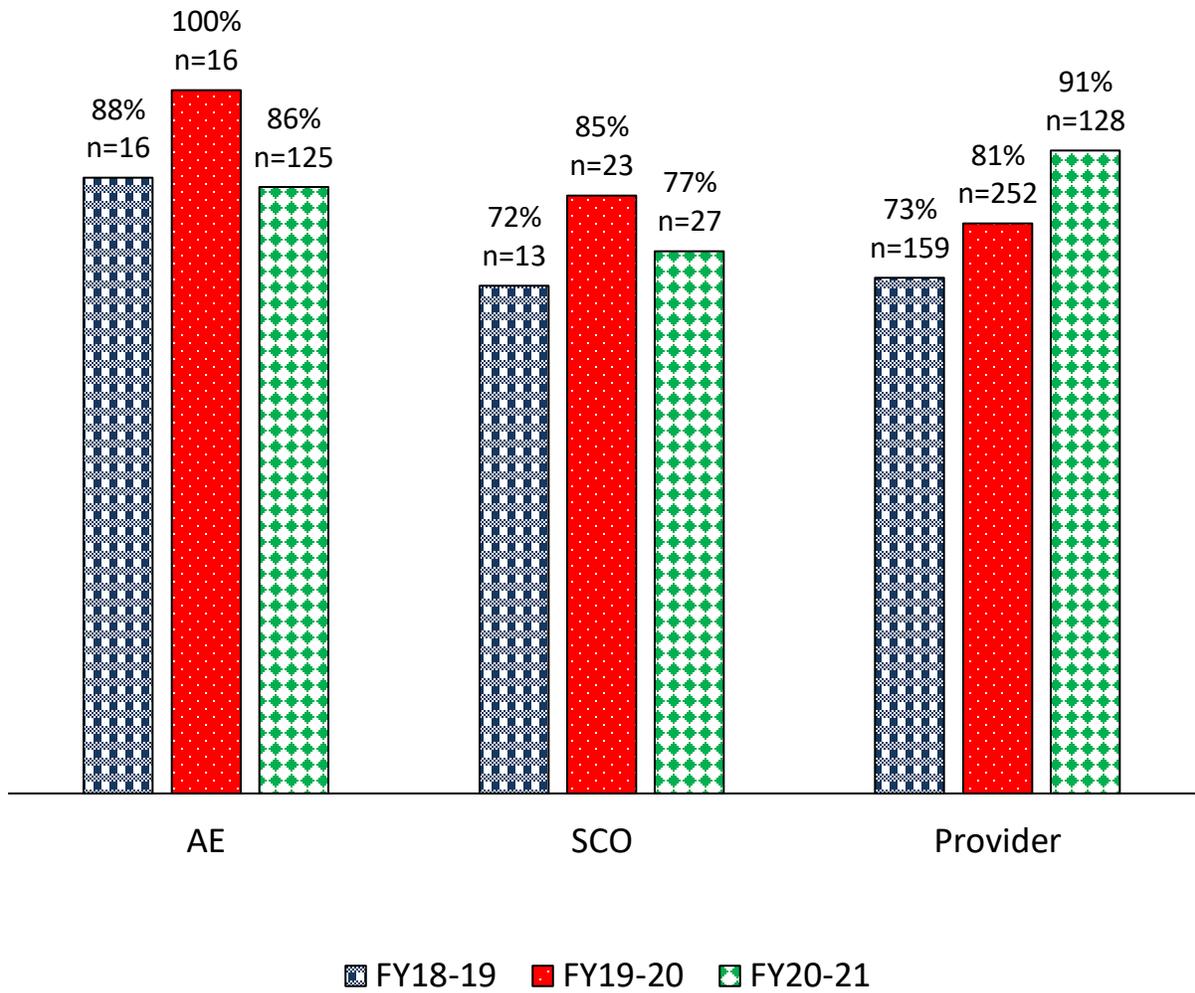
PERFORMANCE MEASURES for #9

1. Number of ODP and stakeholder staff who achieve ODP QM Certified status.
2. ODP develops and distributes annual reports, including the ISAC Annual Report, ODP's Annual Data Report, the Annual QA&I Aggregate Report of Self-Assessment and the Annual QA&I Statewide Report.
3. ODP, in collaboration with the ISAC, uses all available data and identifies the need for new data collection to measure and improve performance.
4. Number and percent of AEs, SCOs and Providers whose QM Plans reflect ODP's Mission, Vision and Values.
5. Number and percent of AEs, SCOs and Providers that review and evaluate performance data in selecting priorities for QM Plans.



Source: QA&I

Entity Reviewed and Used Performance Data in Developing QMP (PM 5)



Source: QA&I



Recommendation 10: Expand Options for Community Living

Expand the range of housing options in the community so all people can live where and with whom they want to live. Listening to people with disabilities and their families, providers, and Support Coordinators will help people locate affordable and accessible housing, find house mates, and identify housing resources/supports and other government benefits that, when blended with natural supports, will promote an everyday life.

ACCOMPLISHMENT HIGHLIGHTS *for #10*

- ✓ **Housing Transition and Tenancy Services increased to 162 individuals**
- ✓ **Lifesharing services increased to 76 individuals**
- ✓ **Supported Living increased to 110 individuals**

ACCOMPLISHMENTS IN DETAIL *for #10*

Housing Transition and Tenancy Services –

- ❖ The number of individuals receiving Housing Transition and Tenancy Services has increased from 6 individuals in FY 17-18, to 115 in FY 19-20, and to 162 in FY 20-21.

Lifesharing Services –

- ❖ The number of individuals receiving Lifesharing Services, provided by a relative, increased from 17 individuals in FY 17-18, to 54 in FY 19-20, and to 76 in FY 20-21.

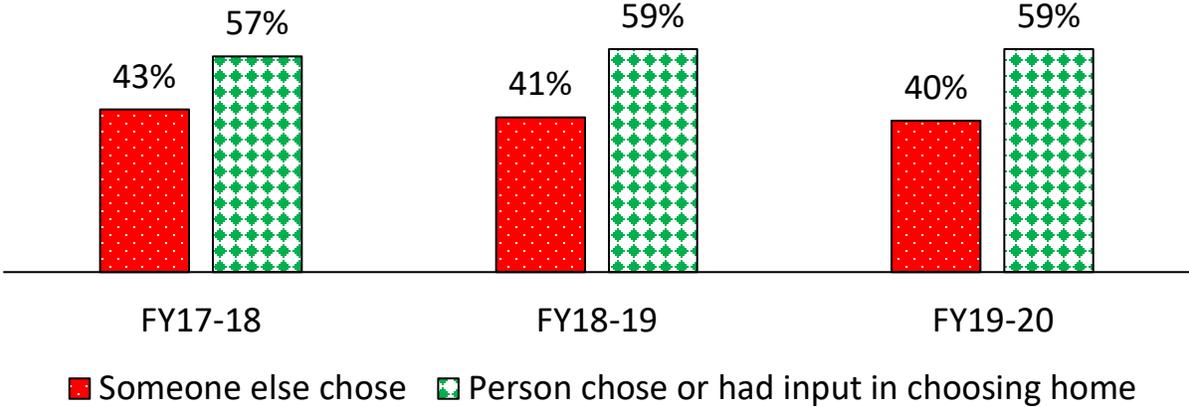
Supported Living –

- ❖ The number of individuals receiving Supported Living increased from 39 individuals in FY 17-18, to 84 in FY 19-20, and to 110 in FY 20-21.

PERFORMANCE MEASURES *for #10*

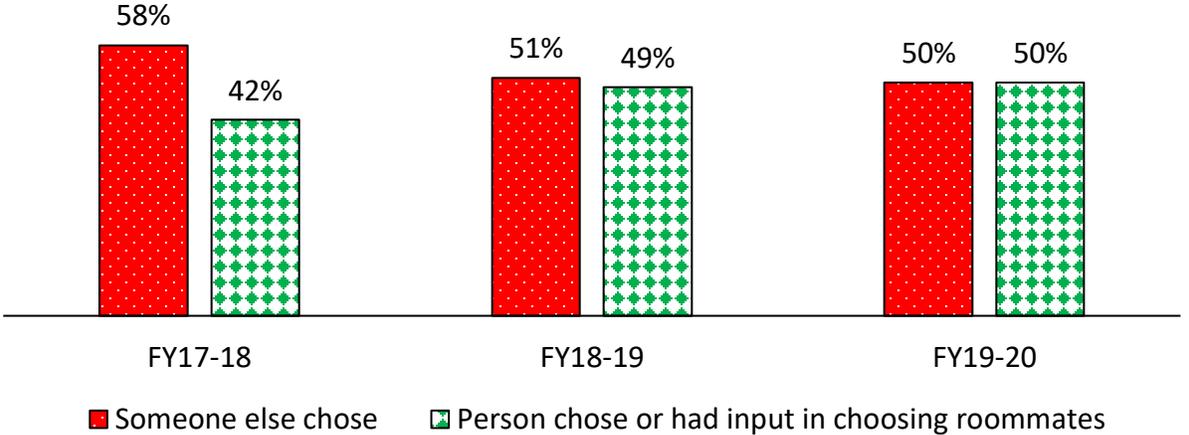
1. Percent of people who choose their home.
2. Percent of people who choose their roommate.
3. Percent of people who rent or own their homes.
4. If people do not get needed services, the percent whose unmet need is in the area of finding/changing housing.

People Chose Their Home (PM 1)



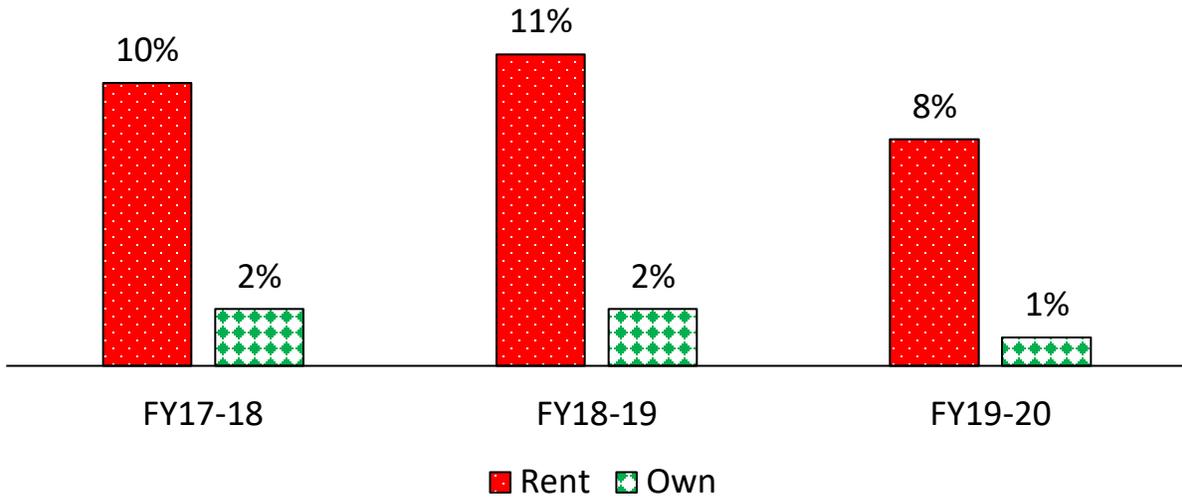
Source: NCI PA In-Person Survey

People Chose Their Roommates (PM 2)



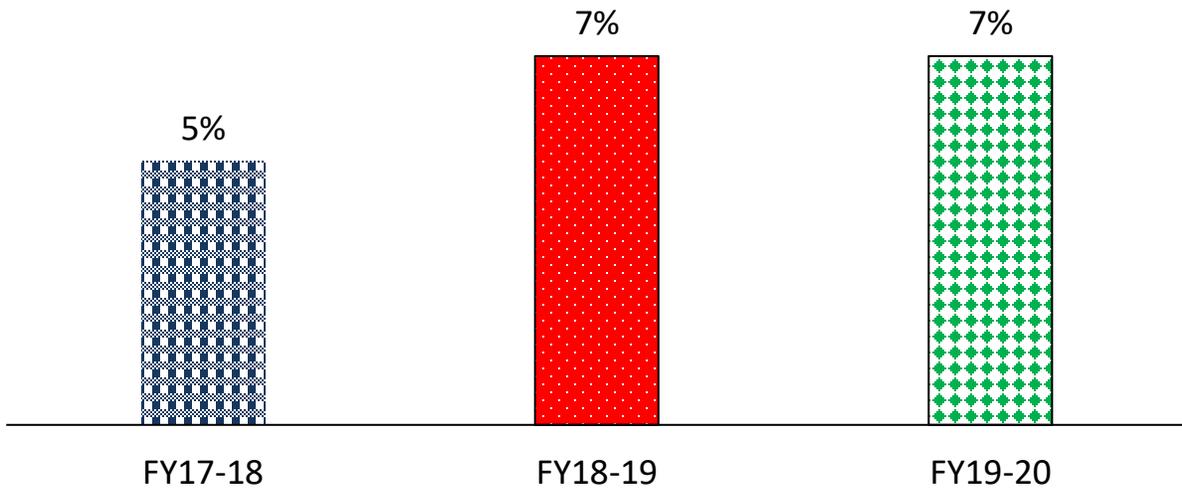
Source: NCI PA In-Person Survey

Percent of Individuals and Self-Advocates Who Rent or Own Their Home (PM 3)



Source: NCI PA In-Person Survey

Percent of Individuals Who Need Help Finding/Changing Housing (PM 4)



Source: NCI PA Adult Consumer Survey



Recommendation 11: Increase Community Participation

Being involved in community life creates opportunities for new experiences and interests, the potential to develop friendships, and the ability to make a contribution to the community. An inter-dependent life, where people with and without disabilities are connected, enriches all of our lives.

ACCOMPLISHMENT HIGHLIGHTS *for #11*

- ✓ **Incorporated Remote Services into Appendix K**
- ✓ **Promoted flexibility in service definition to reflect changes happening in the everyday lives of individuals**
- ✓ **Under standardized CPS curriculum, 45,772 users have received a certificate for required training**

ACCOMPLISHMENTS IN DETAIL *for #11*

Delivery of Services Using Remote Technology –

- ❖ Incorporated delivery of services using remote technology into Appendix K to allow individuals the opportunity to receive Community Participation Supports (CPS) remotely, during the COVID-19 pandemic, and promoted flexibility within the service definition to reflect the changes happening in the everyday lives of participants. The ability to receive remote CPS has helped to fight isolation, improve skills related to technology, and promote independence, while providing ODP an opportunity to envision what this permanent addition could do for services systemwide.

Increased CPS Rates –

- ❖ Through the American Rescue Plan Act (ARPA), ODP temporarily increased rates for CPS services starting January 1, 2021, which will continue through the remainder of the applicability of the Appendix Ks. These additional funds help with areas that providers have identified as needing financial support, such as hiring, retention, and training to support CPS providers as they continue to strengthen their workforce.

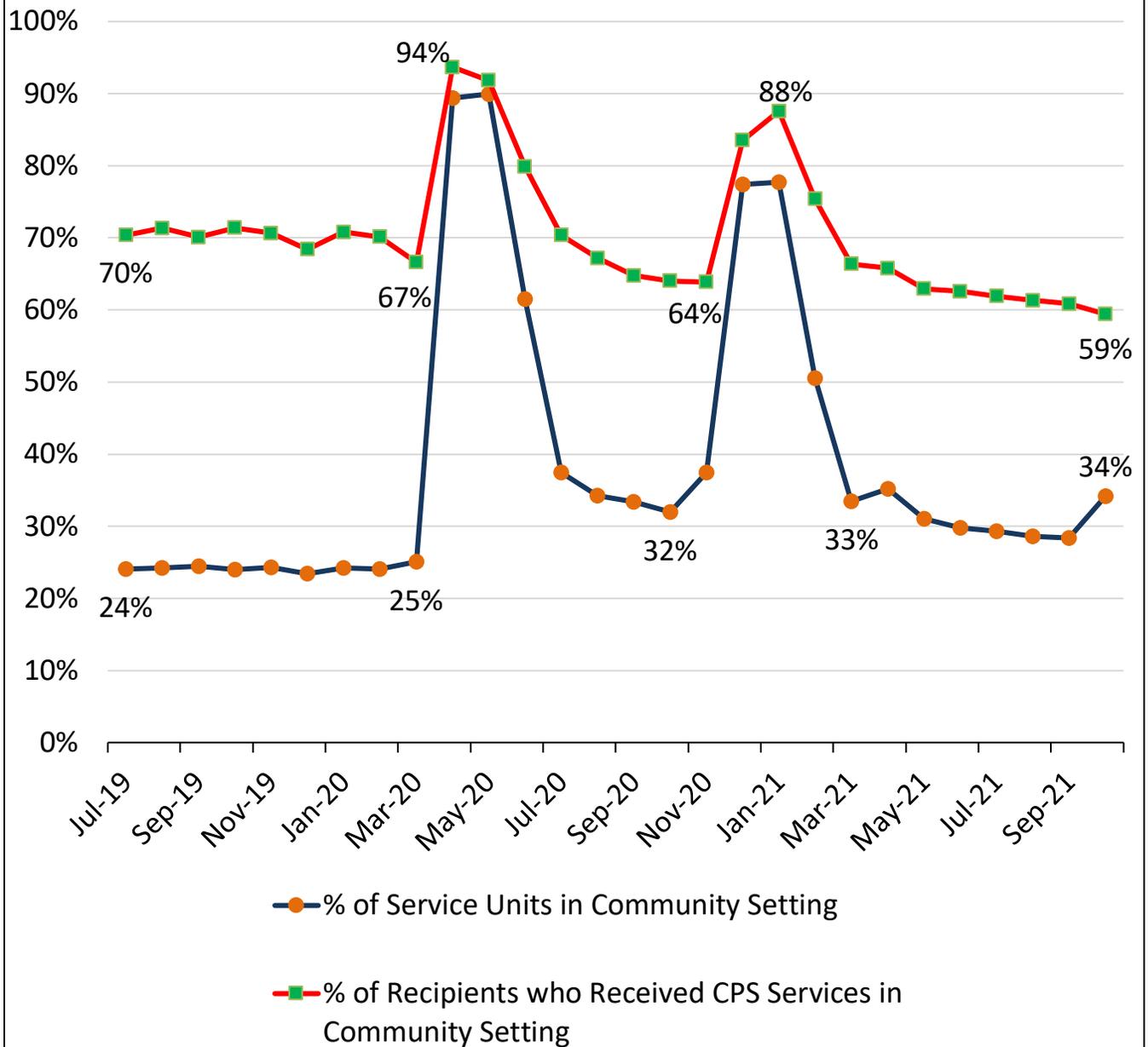
Standardized CPS Curriculum –

- ❖ ODP previously implemented a standardized curriculum for CPS. As of October 2021:
 - ✓ 45,772 users have received a certificate for required training
 - ✓ 4,545 users have received a certificate for professional development

PERFORMANCE MEASURES *for* #11

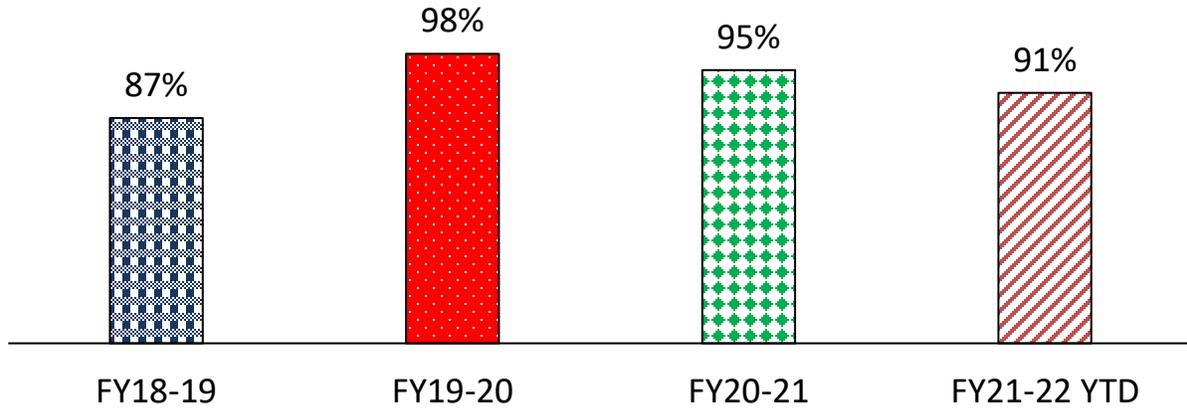
1. Use claims and encounters data for pre-vocational, day habilitation, and community participation support to track whether community-based services are increasing, and facility-based services are decreasing over time.
2. Percent of Provider sites that provided services in community settings.
3. Who chooses what the individual does during the day (individual or someone else)?
4. Options for work or day activity in locations where people without disabilities go.
5. Options on where to go during the day.
6. Percent of people with weekly participation
7. Percent of people who have friends.
8. Percent of respondents who said their relative had enough opportunities to participate in activities in the community.

Community Participation Support Services (PM 1)



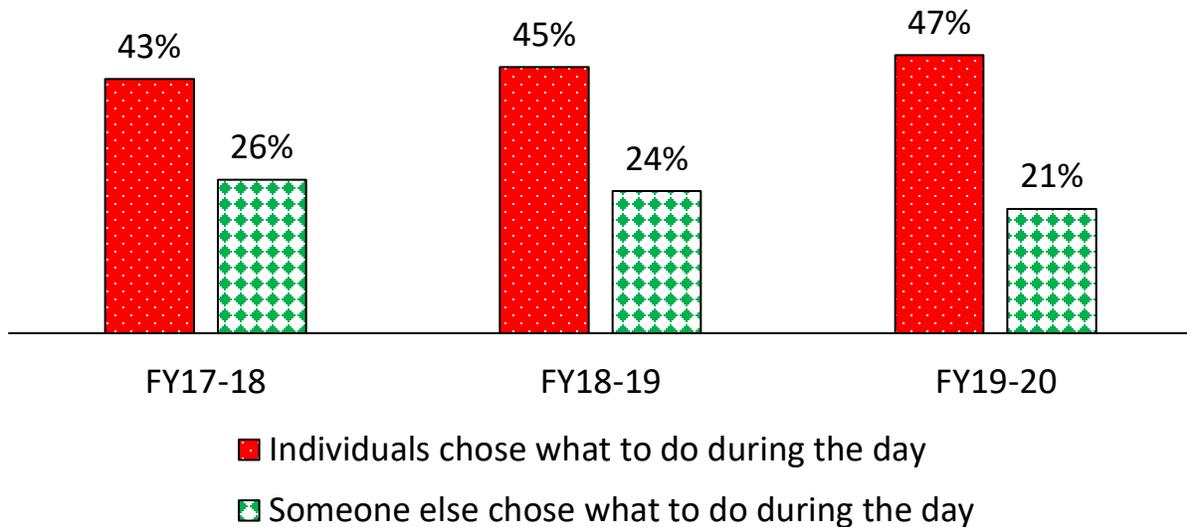
Source: EDW PROMISE™ Paid Claim Table, Data Extraction Date: 11/12/2021 with remittance advice dates through 10/31/2021; Note that units in the community include units provided remotely.

Percent of Provider Sites That Rendered CPS Services in Community Setting (PM 2)



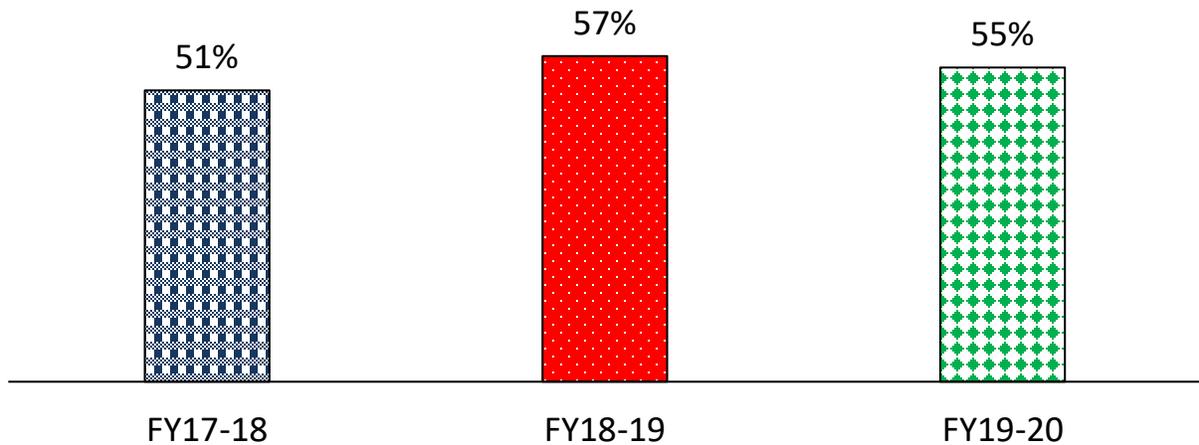
Source: EDW PROMISE™ Paid Claim Table, Data Extraction Date: 11/12/2021 with remittance advice dates through 10/31/2021; Note that units in the community include units provided remotely.

Individuals or Others Choose what to Do During The Day (PM 3)



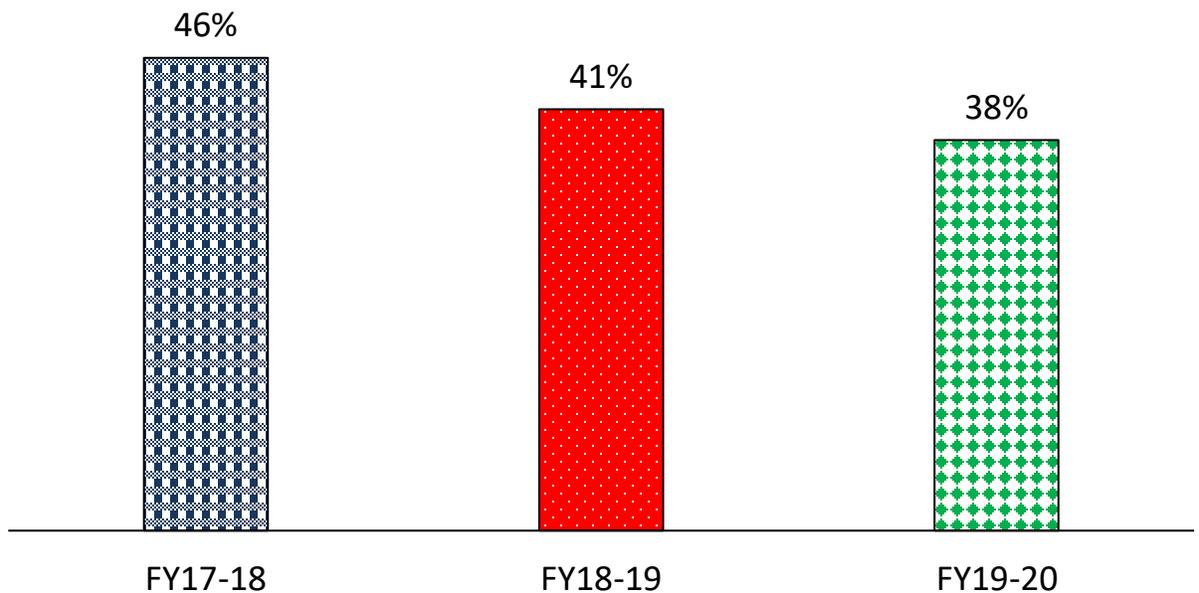
Source: IM4Q

Individuals Reported That When They Chose Their Work or Day Activity, They Had an Option to Go Where People without Disabilities Go (PM 4)



Source: IM4Q

Individuals Saw No Other Places When Choosing What They Do During the Day (PM 5)

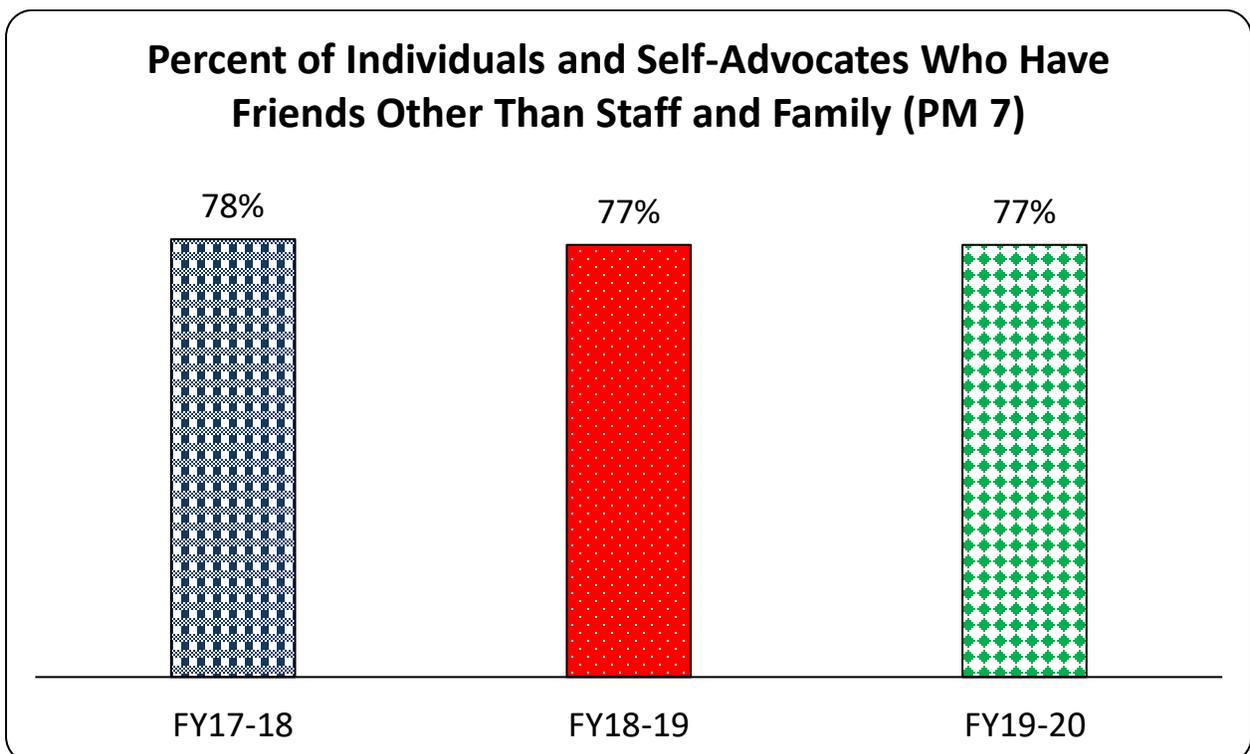


Source: IM4Q

Percent of People with Weekly Participation (PM 6)	Harris Poll 2010	Harris Poll 2010	IM4Q Monitoring	IM4Q Monitoring	IM4Q Monitoring
	People without Disabilities	People with Disabilities	FY17-18	FY18-19	FY19-20
Visit with Friends, Relatives, and Neighbors	65%	54%	46%	51%	48%
Go to Restaurant	41%	20%	47%	51%	51%
Go to Worship	28%	24%	27%	31%	27%

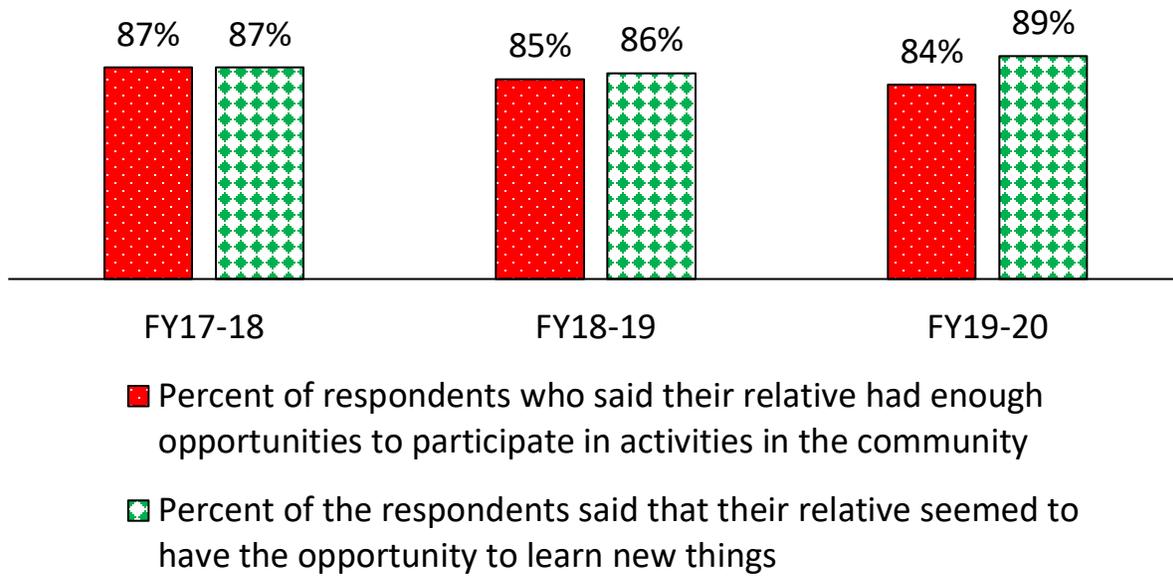
Source: IM4Q

Harris Poll: In 2010, the National Organization on Disability commissioned Harris Interactive, Inc. to conduct a national phone survey to examine and compare the quality of life and standard of living for people with and people without disabilities. The table above compares the frequency of weekly community participation reported by individuals in our IM4Q sample to this national sample.



Source: IM4Q

Satisfaction With Opportunities for Individuals and Self-Advocates (PM 8)



Source: IM4Q



Recommendation 12: Provide Community Services to Everyone

People with disabilities — whether living on their own, with families, or in institutions — are waiting for community services. The goal is to build a system having the capacity to provide services in a timely fashion for all people who need supports.

ACCOMPLISHMENT HIGHLIGHTS *for #12*

- ✓ **Developed and Distributed 1st Annual Waiting List Report**
- ✓ **PA Supreme Court collaboration to co-host 5 regional Statewide Justice Forums with 1,241 total participants**
- ✓ **In consult with ODP, PA's Department of Corrections (DOC) implementing new process to screen inmates for ASD, including pilot unit for neurodiverse inmates**
- ✓ **Eliminated Priority 2 interest list for AAW through outreach and eligibility determinations**

ACCOMPLISHMENTS IN DETAIL *for #12*

Developed and Distributed the 1st Annual Waiting List Report —

- ❖ Several ODP strategies and activities to reduce the waiting list are detailed within the Waiting List report, which provides trends over time, as well as snapshots of the status as of the dates indicated in the individual charts and graphs.
- ❖ The report also offers details regarding how the Prioritization of Urgency of Need for Services (PUNS) tool has assisted ODP in evaluating the waiting list to better target policies to address the needs of individuals with ID/A and their families.
- ❖ To review the Waiting List Report, which was distributed in October 2021, follow this link: [Annual Waiting List Report](#).

Expanded eligibility in ODP Programs outreach —

- ❖ In December 2019, ODP began transitioning 2,228 individuals on the AAW interest list to ODP's waiting list, so that eligible individuals could be assessed for their urgency of need and prioritized accordingly for waiver enrollment.
 - ✓ As of December 2021:
 - 270 of the 2,228 individuals are no longer on the AAW interest list due to their enrollment in a waiver, no longer being interested, or no longer meeting the eligibility requirements.

- 477 of the 1,958 remaining individuals from the AAW interest list have completed their eligibility determination and are currently on the ODP waiting list.
- 1,481 remaining individuals from the AAW interest list are pending transition to the ODP waiting list, upon completion of the process for determining eligibility.
- ✓ The AAW Priority 2 interest list was eliminated through outreach and subsequent eligibility determinations, as part of larger efforts to manage the waiting list more effectively.

Intellectual Disabilities/Autism (ID/A) & Criminal Justice Systems —

- ❖ Promote diversion for people with ID/A who are arrested -
 - ✓ Autism Services Education Resources and Training (ASERT) Justice System Outreach Lead trained 8,869 individuals statewide via 54 online trainings in 2021.
 - ✓ At the 2021 Pennsylvania (PA) Autism Training Conference (PATC), ODP hosted a justice panel presentation on “Integrating Justice and Mental Health (MH)/IDD” as well as a presentation focusing on “ASD, Relationships, Sexuality & the Law.”
- ❖ In collaboration with the PA Supreme Court, ODP co-hosted 5 regional Statewide Justice Forums to secure stakeholder input, around statewide initiatives and system gaps, with a total attendance 1,241. ODP continues to develop trainings for new judges.
- ❖ PA’s Department of Corrections (DOC) is implementing a new process for screening all inmates for ASD, including designing a pilot unit at the State Correctional Institution (SCI) Albion, for neurodiverse inmates. The focus will be grounded in the Positive Behavior Support (PBS) model.
 - ✓ ODP is consulting with DOC to design the unit and is working with trained DOC psychologists and SCI Albion implementors in environmental design, individualized and targeted assessment, and supports.

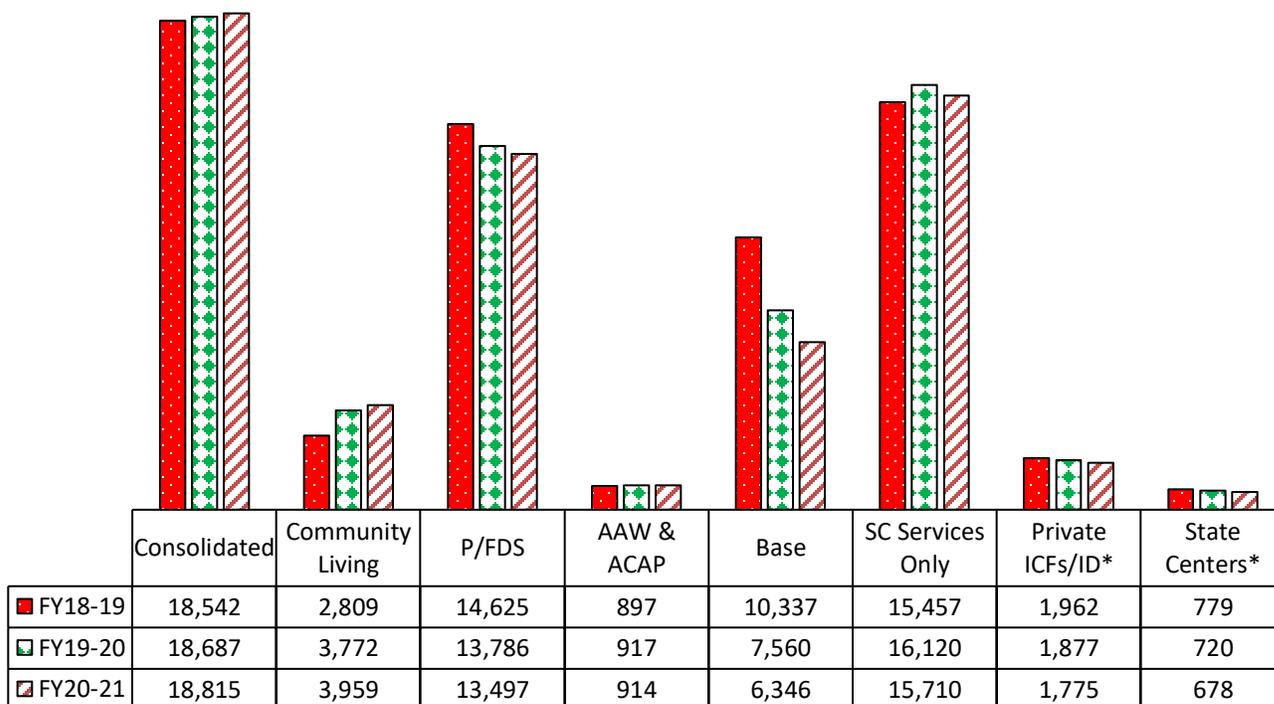
Improve supports to victims of crimes who have ID/A —

- ❖ ODP is a participating member of the “Autism and Dependency” Taskforce, which is co-hosted by the Pennsylvania Supreme Court and the Office of Children, Youth, and Families in the Court’s Administrative Office of the Pennsylvania Courts and holds meetings monthly.

PERFORMANCE MEASURES for #12

1. Number of unduplicated people served, by program, by fiscal year (FY), during the course of the year.
2. Number of people newly enrolled,
 - a. From the ID waiting list, by category, (Emergency, Critical, Planning), by age
 - b. From the interest list, by category, (Priority 1, Priority 2), by age
 - c. From the ID waiting list, by category, by some ODP-funded services and no ODP-funded services
 - d. From the ID waiting list, with caregivers over the age of 60
 - e. From the ID waiting list, by program enrolled in – Consolidated, Person/Family Directed Services (P/FDS), Autism Programs, Private ICF/ID, Base.
3. Number of people moving from state-operated facilities, Private ICFs/ID, state hospitals, and nursing homes.

**Number of Unduplicated People Served By Program
(PM 1)**



Sources: HCSIS as of 10/31/2021 and * PROMISE™ as of 11/15/2021

**Newly Enrolled Individuals Going into Waivers, From Waiting List,
By Urgency Need Category and Age Group (PM 2a)**

	FY19-20			FY20-21		
	Emergency	Critical	Planning	Emergency	Critical	Planning
50 and up	320	13	<11	250	<11	<11
21-49	1,608	45	<11	1,101	62	<11
18-20	664	39	<11	418	25	<11
Birth to 17	114	<11	<11	65	<11	<11

Sources: EDW HCSIS - Consumer Demographics Fact and PUNS as of 10/31/2021

Data greater than zero and less than 11 is not shown in the table for privacy purposes.

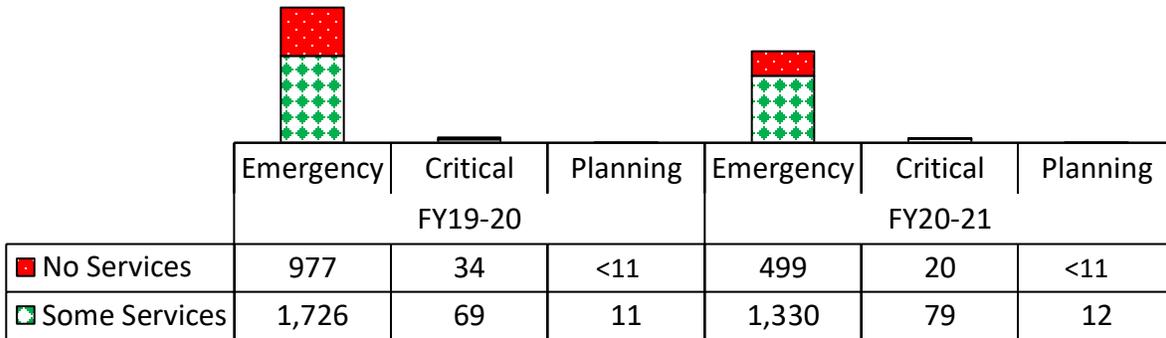
**Newly Enrolled Individuals from the AAW Interest List,
by Category (Priority 1 or 2), by Age (PM 2b)**

	FY18-19		FY19-20		FY20-21	
	Priority 1	Priority 2	Priority 1	Priority 2	Priority 1	Priority 2
50 and up	0	0	0	0	<11	0
21-49	20	0	20	0	17	0

Source: HCSIS as of 10/31/2021

Data greater than zero and less than 11 is not shown in the table for privacy purposes.

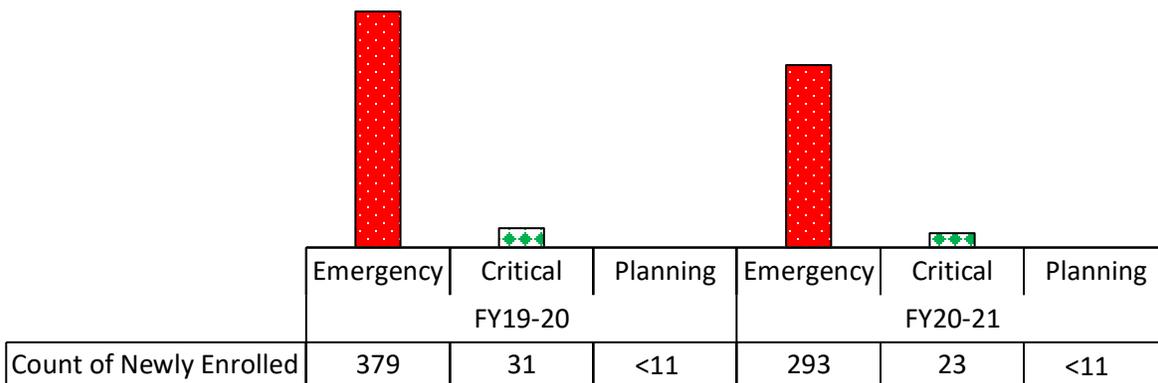
Newly Enrolled Individuals From Waiting List to ID/A Waivers, by PUNS Category, by Some ODP-Funded Services/No ODP-Funded Services (PM 2c)



Sources: EDW HCSIS - Consumer Demographics Fact, PUNS as of 10/31/2021, and PROMISe™ as of 11/15/2021

Data greater than zero and less than 11 is not shown in the table for privacy purposes.

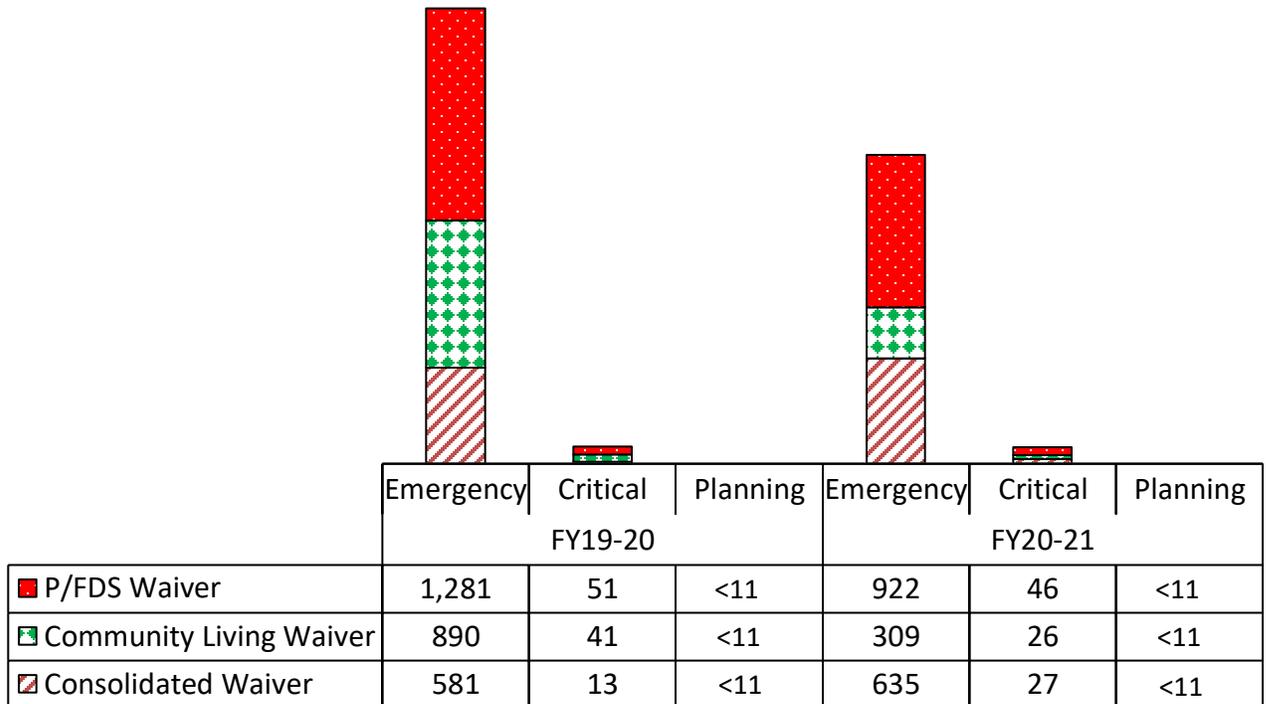
Newly Enrolled Individuals From Waiting List Into Waivers, With Caregiver Age Over 60 - By Urgency Need Category (PM 2d)



Sources: EDW HCSIS - Consumer Demographics Fact and PUNS as of 10/31/2021

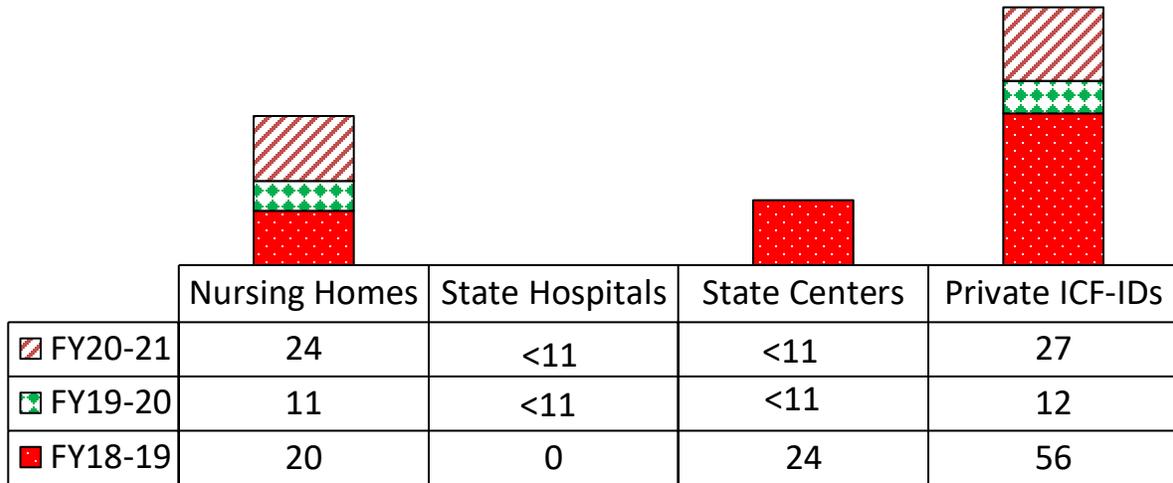
Data greater than zero and less than 11 is not shown in the table for privacy purposes.

Newly Enrolled Individuals From Waiting List Into Waivers - By Urgency Need Category and ID/A Waiver (PM 2e)



Sources: EDW HCSIS - Consumer Demographics Fact and PUNS as of 10/31/2021
Data greater than zero and less than 11 is not shown in the table for privacy purposes.

Number of People Moving From Institutional Settings to ID/A Waivers (PM 3)



Source: EDW HCSIS – Facility Fact and PROMISe™, Extraction Date: 11/26/2021
 Data greater than zero and less than 11 is not shown in the table for privacy purposes.



Recommendation 13: Evaluate Future Innovations Based on Everyday Lives Principles

Future consideration of service models and reimbursement strategies must be based on the principles of person-centered planning, individual choice, control over who provides services and where, and access to/full engagement in community life. Innovative approaches should be evaluated based on the recommendations of *Everyday Lives*, including: employment, recognizing and supporting the role of families, and meeting the diverse needs of all individuals. Stakeholders should be fully engaged in designing, implementing and monitoring the outcomes and effectiveness of innovative service models and service delivery systems.

Principles: Consideration of new service delivery systems or payment models such as managed care, accountable care organizations, medical homes* or pay for performance must include the following:

1. Adherence to the values and principles of *Everyday Lives*.
2. Engagement of stakeholders, including individuals and self-advocates with disabilities, family members, county governments, providers, and advocates in designing, implementing and monitoring the outcomes.
3. Recognition that payment models assume that individuals and self-advocates with intellectual disability and autism require supports across the lifespan, that their needs are not episodic or time-limited but are on-going and ever changing throughout life. Investment in skill development and job placement and training may not realize savings for a number of years into the future.
4. Recognition that while individuals and self-advocates with intellectual disability or autism have medical, mental health, and dental needs that require medical services, the goal of home and community-based services is to enable people to live and engage in community life.
5. Incorporation of the Federal Home and Community-Based Services rule, which requires person-centered planning, individual choice and control over who provides services and where, and supports access to the greater community and full engagement in community life.
6. Adoption of a performance evaluation system founded in the principles of *Everyday Lives* and the Home and Community-Based Services Rule.
7. Recognition that most individuals and self-advocates with intellectual disability or autism are supported by their families throughout life. An effective service system respects the valued role of families and understands that supporting families is critical to achieving good outcomes for individuals and self-advocates with disabilities.

* A typical description of a medical home is: A model or philosophy of primary care that is patient-centered, comprehensive, team-based, coordinated, accessible, and focused on quality and safety.



Recommendation 14: Promote Racial Equity

Communities are richer, more just, and stronger when we honor and respect the whole of racial diversity. Access to a quality, person-centered, culturally competent system of supports and funding must be equally available regardless of race. Services must include planning over a life span and address racial disparities, including disparate outcomes. The duty to ensure that racial diversity is promoted and supported, at all levels within the services system, must be embraced.

In 2020, the ISAC adopted recommendation 14 to address racial inequity and systemic racism. A new subcommittee was formed to gather and analyze data, and to develop a framework and strategies to address race-related issues identified, in alignment with DHS and Governor’s Office efforts.

To inform the development of targeted strategies for improvement, the subcommittee first sought to understand where the problematic areas were within the ID/A services system and initially focused on information gathering through both data analysis and discussion with stakeholders who may not be closely connected with the system. Through data analysis, ODP and the subcommittee examined, and are continuing to examine, distinctions between individuals of different races, in different areas of interest. Additionally, the subcommittee is developing methods to directly gather information on the experiences of individuals and families, through focused surveys and discussion.

ACCOMPLISHMENT HIGHLIGHTS for #14

- ✓ **Racial Equity presentation provided at IM4Q Annual Statewide Training**
- ✓ **Race-related data added to ODP reporting**

ACCOMPLISHMENTS IN DETAIL for #14

A new subcommittee was formed to promote racial equity –

- ❖ During 2021, the ISAC Racial Equity Subcommittee convened virtually, on a regular basis, to analyze data in the following selected areas: access to services, health conditions, mortality, restraint use, employment, law enforcement, services settings, and abuse/neglect.
- ❖ These new strategies were developed and are under review:
 - ✓ Strategy #1: Consistently include breakdowns, by race, in data analysis and reporting, and incorporate in QM plans.
 - ✓ Strategy #2: Develop and provide peer training for self-advocates on racial bias and racial equity.

- ✓ Strategy #3: Provide organizations with ways/framework to evaluate their own racial performance.
- ❖ In collaboration with Temple’s Institute on Disability, the subcommittee developed and deployed a racial equity survey to collect data directly from individuals and families, as well as other stakeholders (e.g., providers, SCs).
- ❖ In July 2021, a presentation was provided at the IM4Q Annual Statewide Training, that shared information regarding racial equity and individuals’ experiences, per survey results, from a racial point of view.
- ❖ A new strategy was developed, under ISAC recommendation #3—Increase Employment—to address unemployment through a racial lens:
 - ✓ Strategy #9: Disseminate county level employment reports that include comparisons by race to AEs and local employment coalitions. Engage employment leads and coalitions in discussion about racial disparities and support adoption of local strategies to address the disparities.
- ❖ Race-related data was added to ODP reporting (e.g., waiting list, unemployment).

Data Sources

[College of Direct Support \(CDS\)](#) – A national, web-based learning system that the Commonwealth has used since 2003, that’s designed for people who support individuals with intellectual/developmental disabilities.

Enterprise Data Warehouse (EDW) – A repository that stores and manages historical business data for ODP.

[Home and Community Services Information System \(HCSIS\)](#) – A web-based application that supports the Department of Human Services, including ODP, AEs, SCs, and providers, in the administration of federal and state-funded home and community-based programs.

[Independent Monitoring for Quality \(IM4Q\)](#) – People with disabilities, family members, and support professionals in Pennsylvania are interviewed by the IM4Q project to learn about the overall quality of life for people who receive support through ODP.

[MYODP.org](#) – ODP’s online Training and Resource Center.

[National Core Indicators \(NCI\)](#) – Supports member agencies to gather a standard set of performance and outcome measures used to track their own performance over time, to compare results across states, and to establish national benchmarks. NCI includes an Adult In-Person Survey and Adult Family Survey.

ODP Monitoring of Waivers: Participant Record Review – ODP evaluates the experience of waiver participants annually to document system performance, remediate any individual problems found, identify opportunities for systemic improvement, and develop and implement quality improvement plans. Performance data and follow-up are submitted to CMS as evidence of the state’s quality oversight of its waiver programs.

[Provider Reimbursement and Operations Management Information System \(PROMISE™\)](#) – Pennsylvania’s CMS-certified Medicaid Management Information System (MMIS) and HIPAA-compliant claims processing and financial management information system.

Prioritization of Urgency of Need for Services (PUNS) – This tool is used by ODP to assist in evaluating the waiting list to better target policies to address the needs of individuals with ID/A and their families.

[Quality Assessment and Improvement \(QA&I\)](#) – A statewide assessment with 100% participation from AEs, SCOs and providers (entities) over a three-year cycle. During a full QA&I review, in addition to completing an annual self-assessment, an entity undergoes desk and onsite reviews, receives a comprehensive report, may be required to complete corrective action and quality improvement activities, and receives technical assistance upon request.

Vendor Fiscal/Employer Agent (VF/EA) and Agency with Choice (AWC) Participant Satisfaction Surveys – VF/EA vendors and AWCs are required to complete an annual satisfaction survey to measure the quality of services rendered to participants in each of these programs.