Pennsylvania
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PBC Residential Provider Forum

June 16, 2025

Agenda - 90 minutes

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- Status updates
- PBC and Areas of Improvement
- Remote Support Technology Usage
- Top Unmet Measures – 2025 Submissions
- Submission Strengths and Areas for Improvement
- Supporting Provider and System Quality Improvement
- PAS Project Update
- Importation Dates
- HRST data
- Questions
- Resources

Status Update: Tier Determinations

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- 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

Status Update: Pay-for-Performance (P4P)

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- 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

PBC & Areas of Improvement

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- **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

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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%

Submission Strengths – page 1

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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.

Submission Strengths – page 2

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Workforce Data Reporting

Observation: Reports on DSP/FLS turnover, contractor percentages, and staff credentialing were generally complete and aligned with requirements.

Relevance: Accurate reporting allows for meaningful trend analysis and supports system-wide improvements in workforce retention and stability.

Clinical Staffing and Ratio Documentation

Observation: Providers were generally successful in reporting clinical staffing ratios and submitting documentation of licensed/credentialed staff.

Relevance: These submissions reflect planning and awareness of clinical capacity, which supports safety and individualized care.

Submission Strengths – page 3

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Professional Relationships in Health and Behavioral Health

Observation: Some providers described meaningful connections to health and behavioral health professionals, such as BH clinics and primary care providers.

Relevance: Established provider relationships ensure access to coordinated care and reflect good community integration practices.

Electronic Health Record (EHR) Use and Functionality

Observation: Providers effectively reported their use of EHR systems, including medication tracking and clinical documentation features.

Relevance: Good use of EHR platforms enhances continuity of care, safety, and compliance across service domains.

Submission Strengths – page 4

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Diversity, Equity, and Inclusion (DEI) Policy Submission

Observation: Most providers successfully submitted a DEI workforce policy that met the measure requirements.

Relevance: This reflects ongoing attention to fostering an equitable and inclusive work environment and high-quality service provision to individuals.

Quality Management Certification for Leadership

Observation: Submissions showed that leadership staff often held the required ODP QM certification.

Relevance: Leadership certification supports effective quality management by ensuring decision-makers are trained in continuous improvement strategies.

Submissions – Areas for Improvement – page 1

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Employment Planning for Individuals

Observation: Employment improvement plans often lacked action steps, progress tracking, or clear communication with Supports Coordinators.

Relevance: Plans that are too general make it difficult to monitor progress or ensure coordination across team members supporting Competitive Integrated Employment (CIE).

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.

Submissions – Areas for Improvement – page 2

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Use of HRST Data

Observation: Several submissions described completion of the HRST but not how the data is used in planning or service delivery.

Relevance: The HRST is more than a form—it's a tool meant to inform decisions about wellness, risk mitigation, and individualized supports.

Quality Management (QM) Planning

Observation: Some providers submitted QM plans without explaining how data is used to evaluate progress or improve outcomes.

Relevance: The value of a QM plan lies in how it is used. Without clear feedback loops or person-centered data, it's difficult to know if improvements are happening.

Submissions – Areas for Improvement – page 3

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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.

Workforce Credentialing Plans

Observation: Many submissions lacked detailed plans for DSP or FLS credentialing, especially missing milestones or timeframes.

Relevance: Credentialing plans help professionalize the workforce and demonstrate readiness to meet higher-tier standards.

Supporting Provider and System Quality Improvement (QI)

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- 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…

Remote Support Technology (RST) Usage

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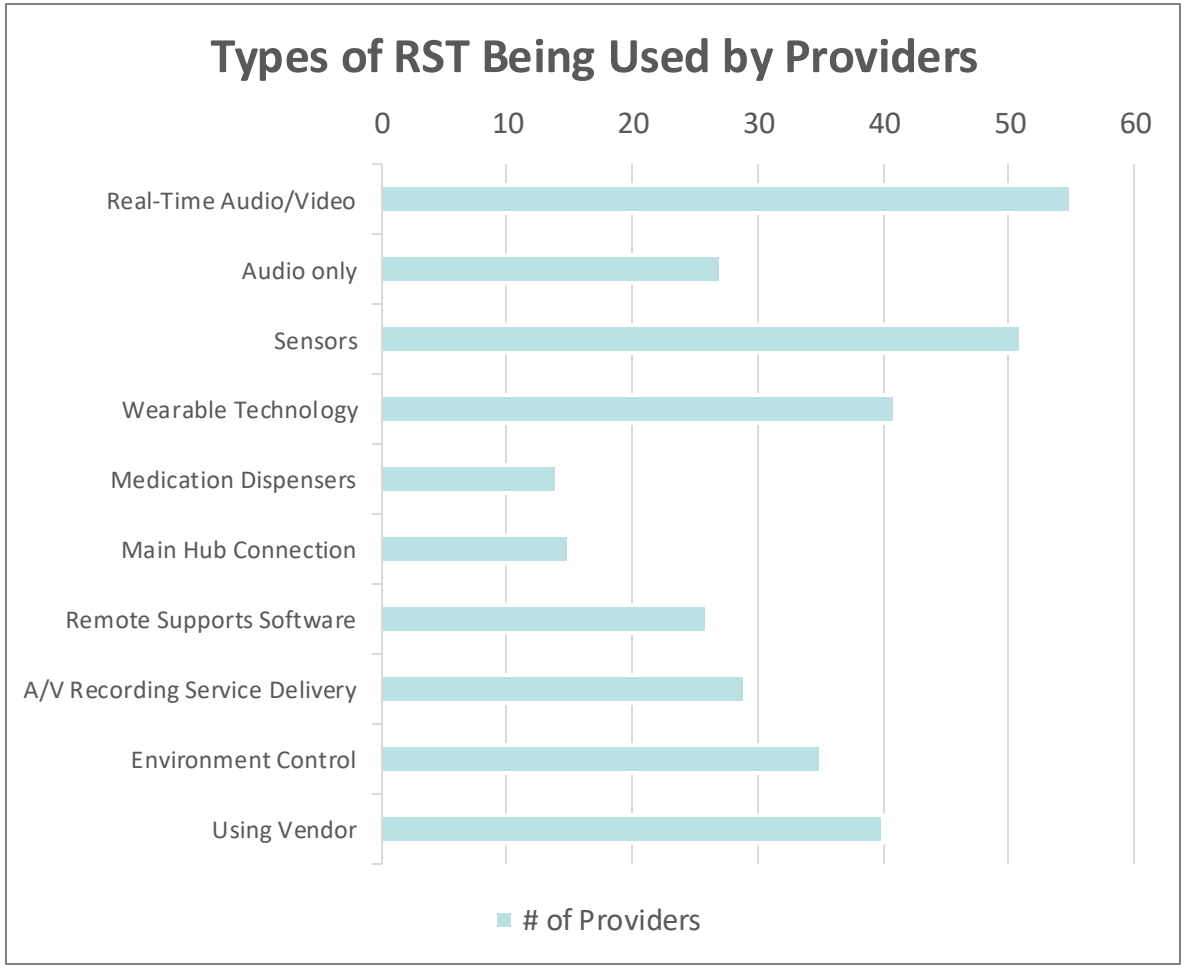
During CY 2024, a total of 99 unique Residential Habilitation Services Providers reported using Remote Support Technologies (RST)*

- Thirty-six (36) providers utilize RST through a vendor
- 1,304 individuals are using RST
- On average, 2,217 estimated direct care hours are being redirected annually per Provider Agency with the help of RST



Data collected from August 2024 and February-March 2025 PBC submissions

Remote Support Technology (RST) Usage, cont.

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Forty-two (42) percent of providers* report experiencing a financial savings from using RST. Providers reported the following benefits of these cost savings:

- Invest in Professional Development
- Reduced Staffing & Transportation Expenses
- Invest in Assistive Technology & Existing Systems
- Reduced Turnover & Workload
- Improved Service Delivery & Continuity of Care
- Increase in Client Independence
- Higher Wages/Staff Incentives
- Renovations to Homes & Equipment
- Streamline Administrative Processes & Operational Management
- Offer Additional Programs to Individuals & Families
- Better Safety Monitoring & Responsiveness

**Calculation does not include providers who said "Yes" but had "N/A" in their response*

Performance Analysis Services (PAS) Vendor

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- 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)

Important Dates

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- June 25,2025 - (Webinar) The Basics of Incident Management - Registration
- July 1, 2025 - Contract period begins
- July 11,2025 - Incident Fidelity Initiative
- Fall, 2025 - Announcement of updated measures for 2026
- P4P Milestone 2 data submission periods:
  - Credentialing: November 1, 2025 – January 15, 2026
  - Technology: February 15, 2026 – March 15, 2026
  - CIE: November 1, 2025 – January 15, 2026

Provider Performance Review Subcommittee: HRST Data

June 2025

HRST Screening Compliance

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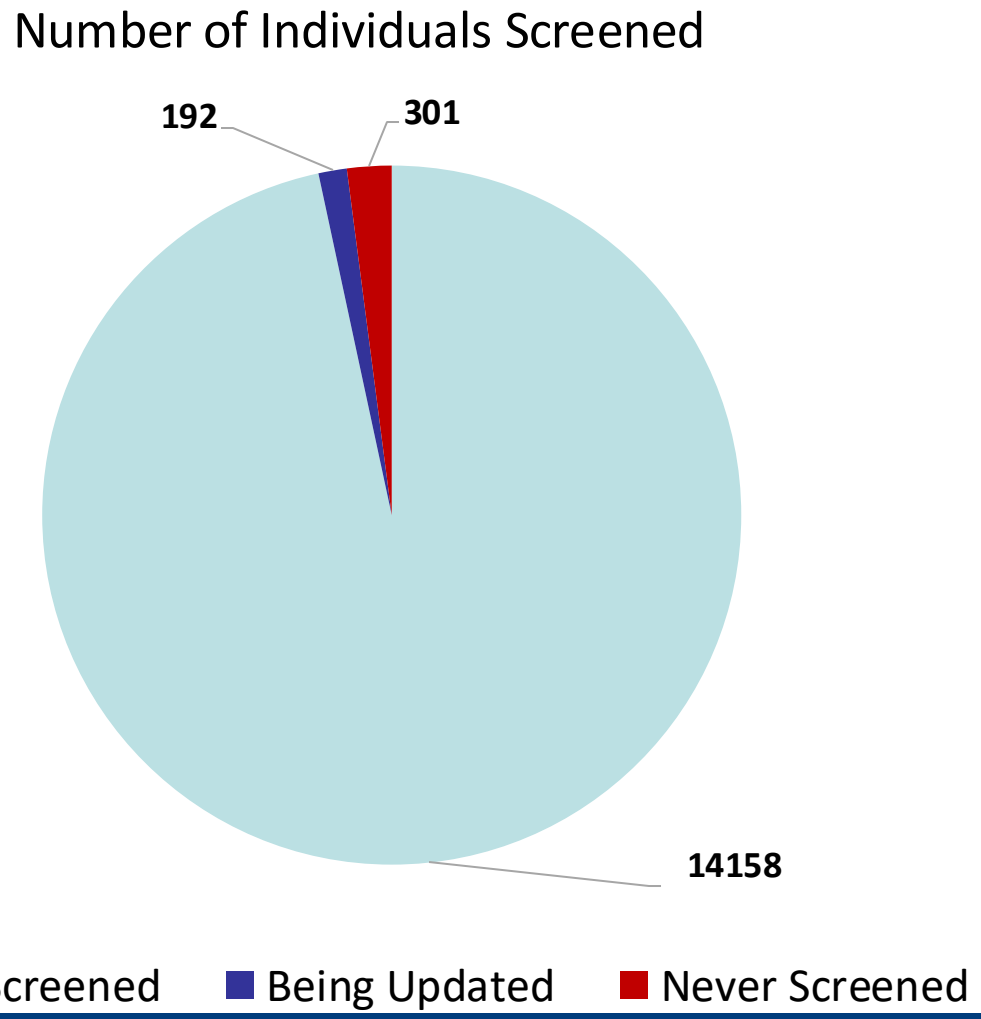
Total Population = 14651



Health Care Level Distribution

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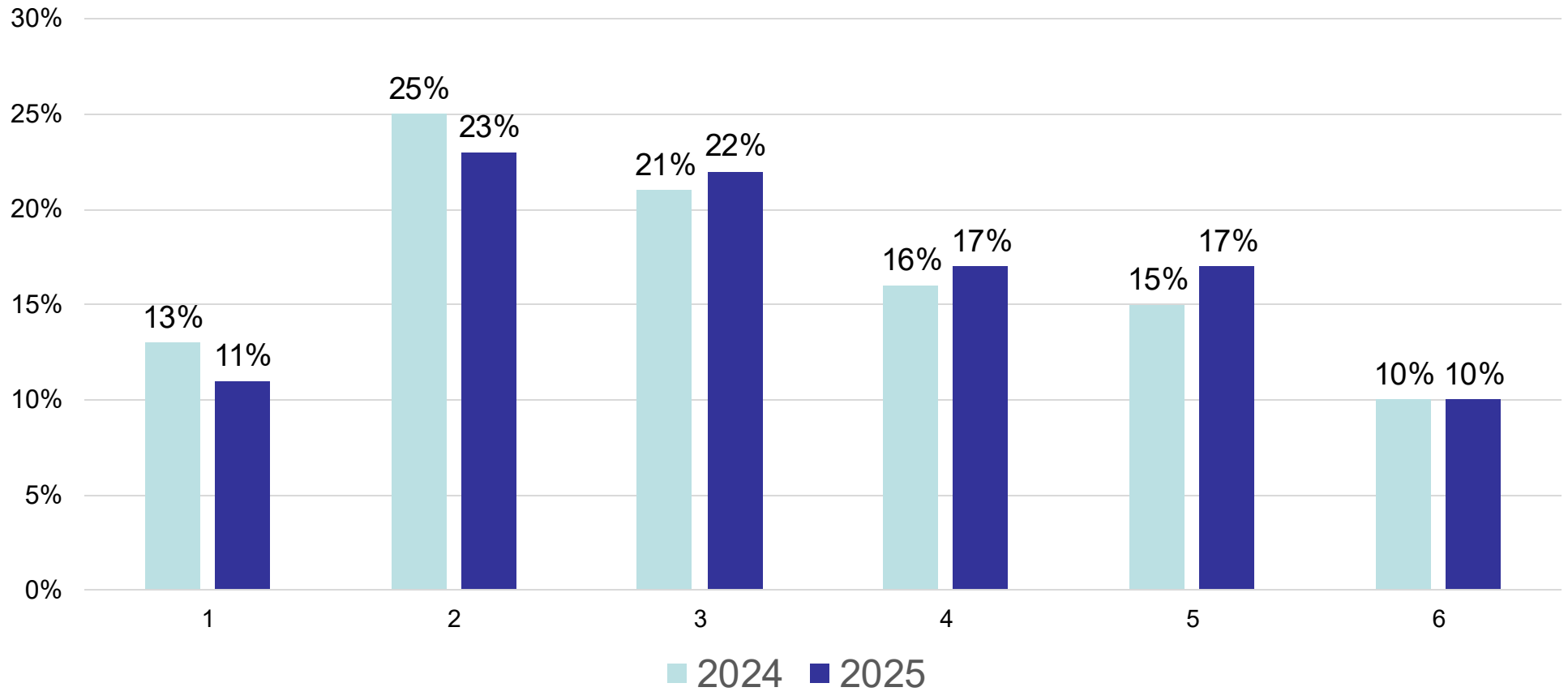
Percent of Individuals in Health Care Level



HRST Screening Compliance

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Percent of Individuals Not Updated in 365 Days

2024	2025
16.27%	5.67%

HRST Screening Compliance

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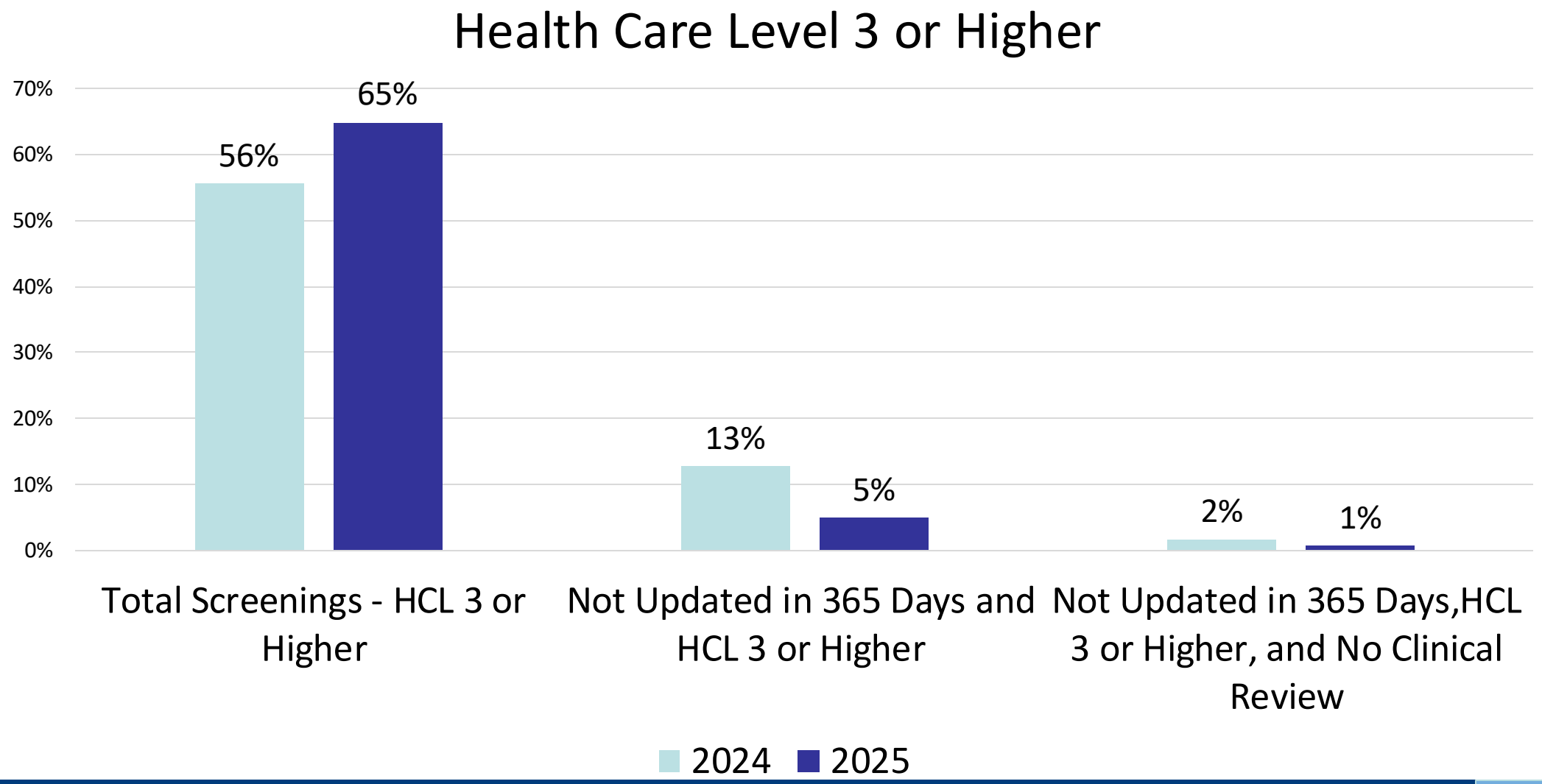

Provider Ability to Screen

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Year	No Reviewer	No Rater	No Review or Rater
April 2024	47	27	23
April 2025	31	16	13
Percent Change	-34%	-41%	-43%

Provider Compliance with Updates

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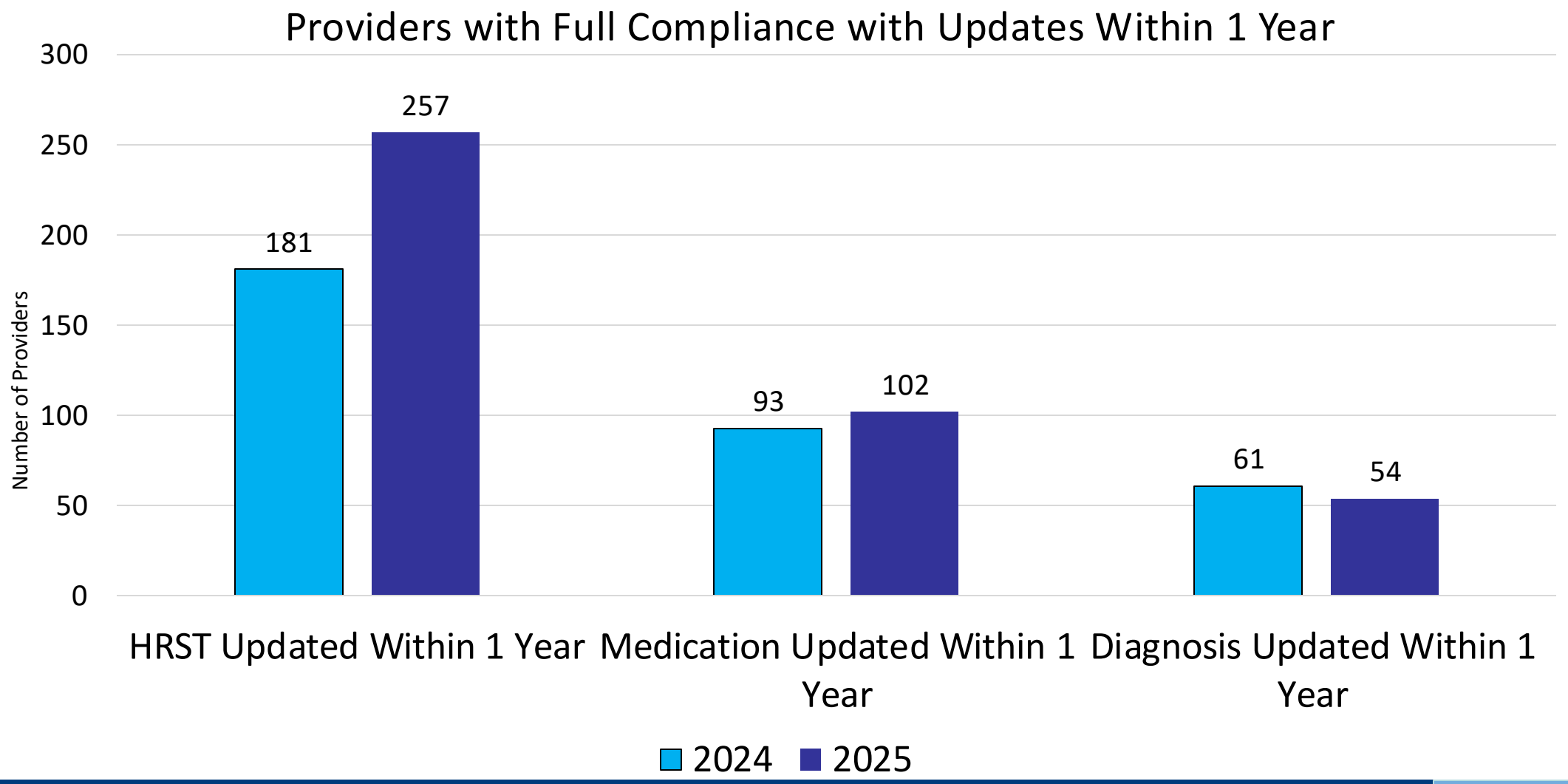

Current Health Care Level Compared to Baseline

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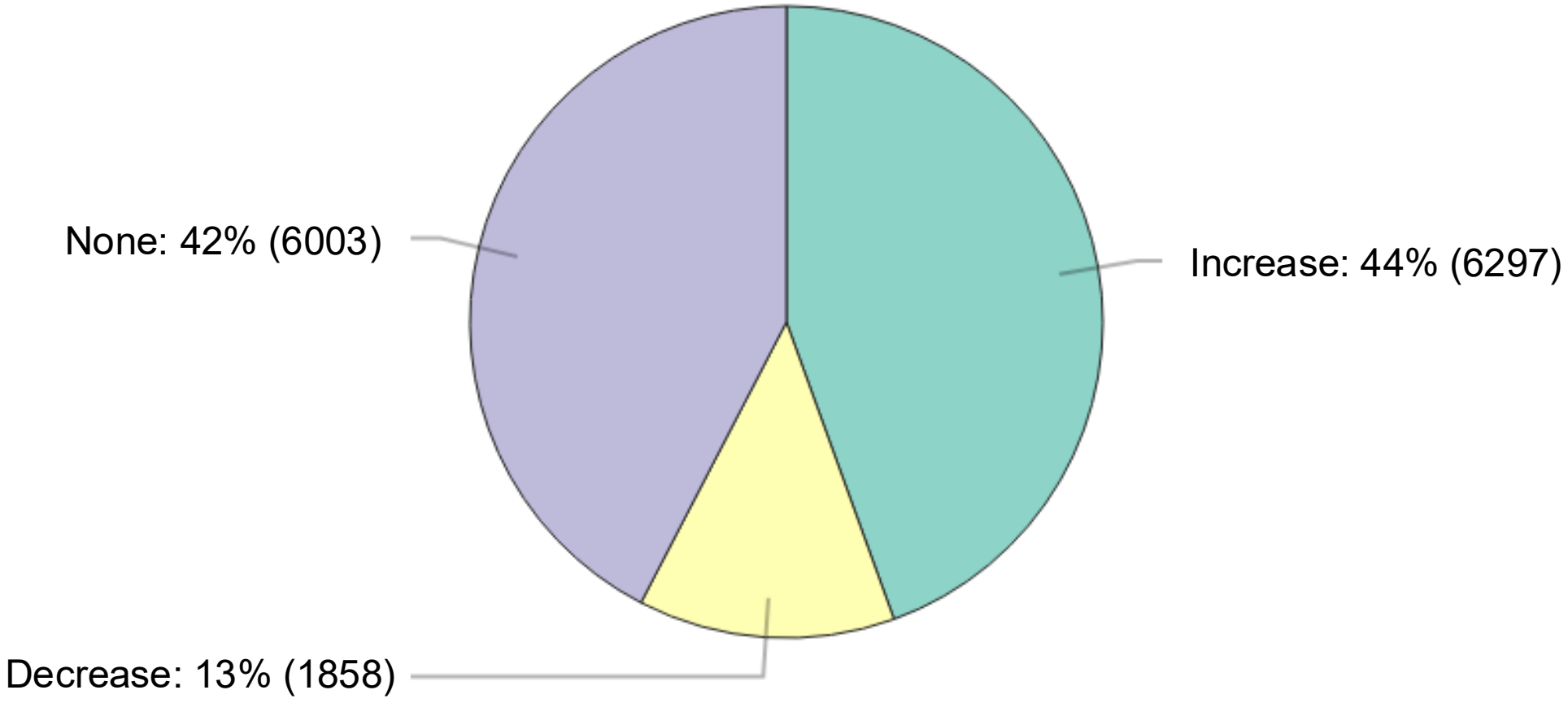

Body Mass Index Ranges Recorded in HRST

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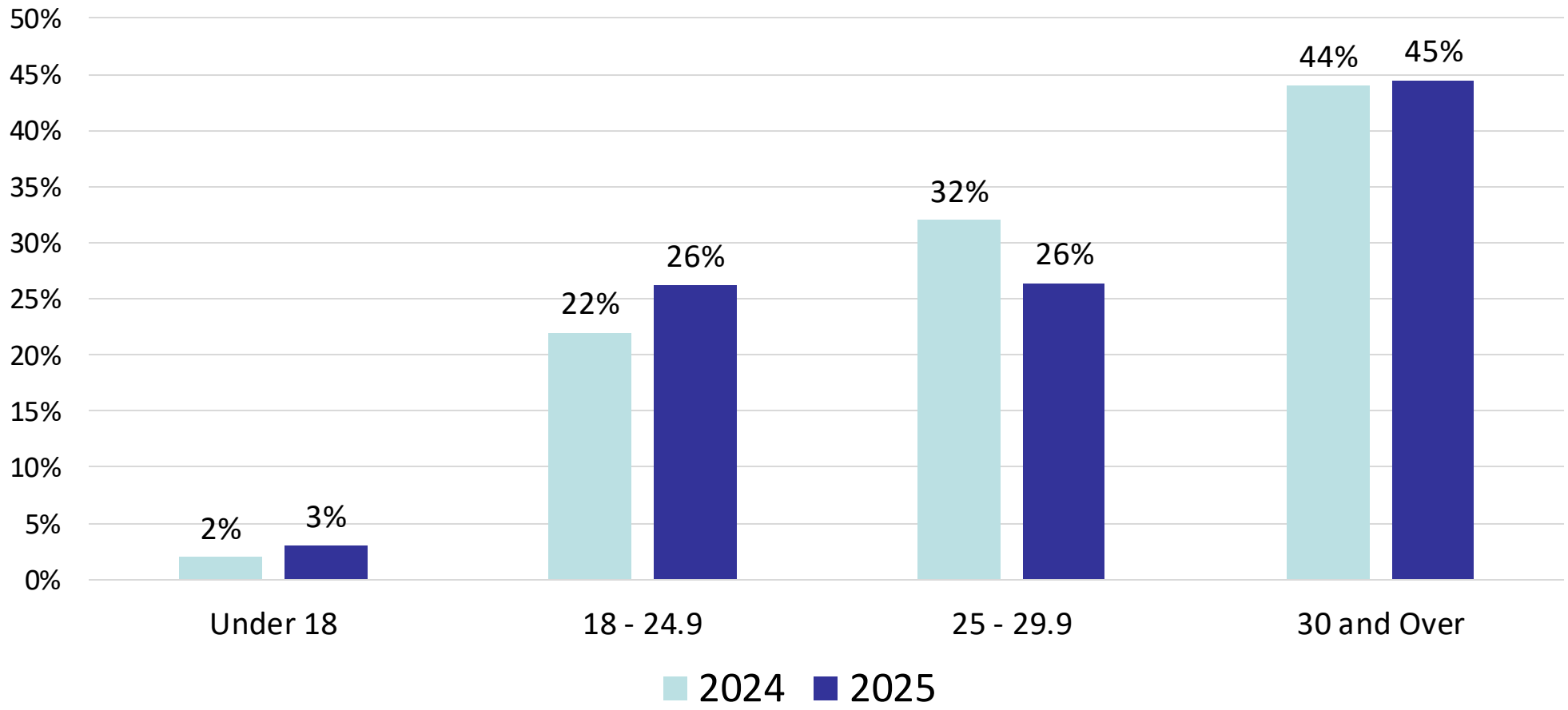
Percent of Individuals in BMI Range



Percent of Individuals in HSRT with Hypertension or Diabetes

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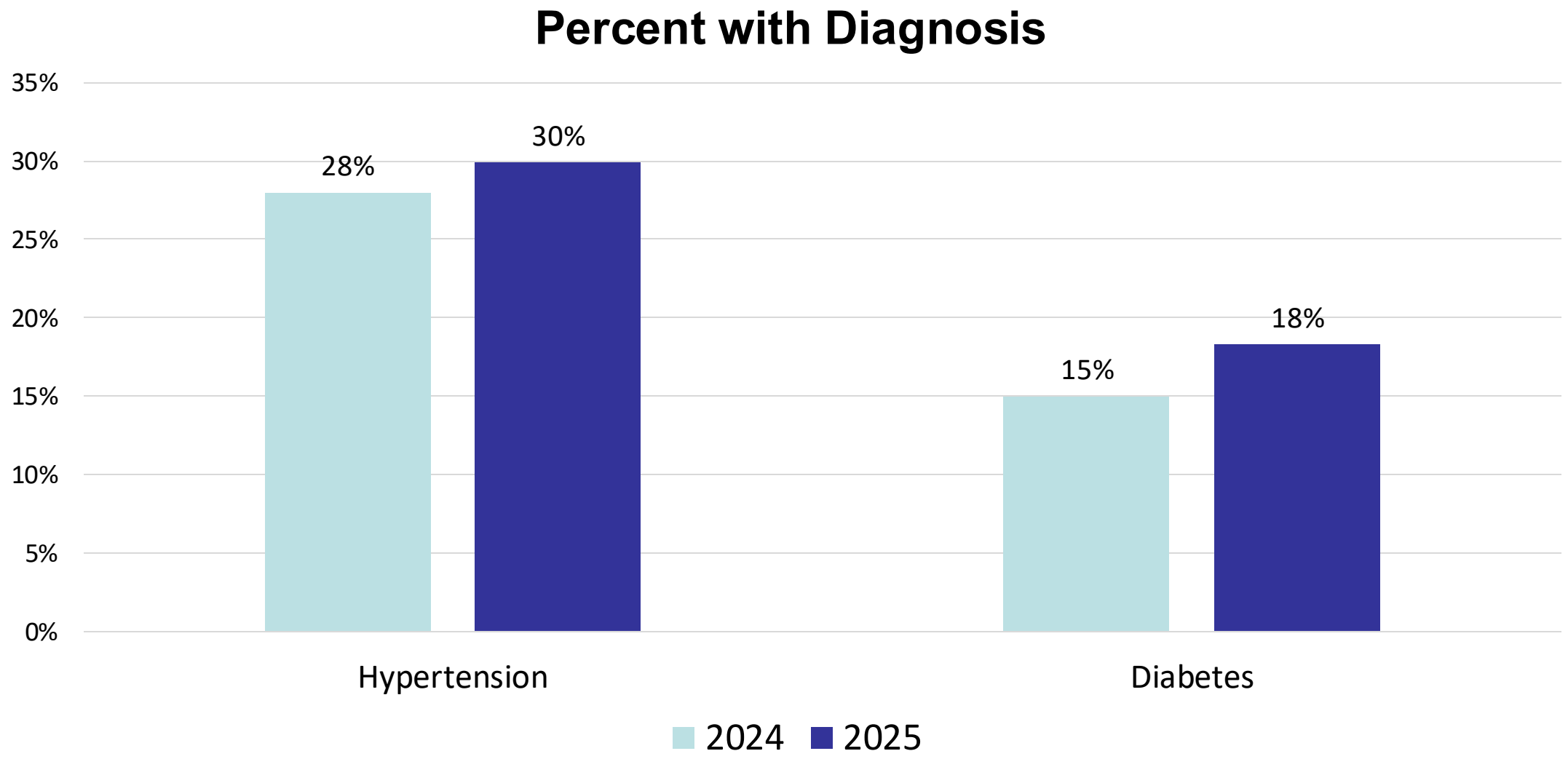

Questions from Provider

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Questions?

Resources

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- MyODP PBC resource page
  - FAQs published on MyODP PBC FAQs
- PBC Mailbox ra-pwodppbc@pa.gov
- HRST technical support can be accessed by emailing: pasupport@replacingrisk.com
- HRST clinical support can be accessed by emailing: paclinassist@replacingrisk.com
- Quality Management Landing Page
- Incident Management measures resources
  - Using the IM Dashboard
  - ODP Announcement 24-082