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PBC Quarterly Provider Forum

Residential
Performance-Based Contracting

June 10, 2026

Agenda - 90 minutes

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- Status updates
- Positive Impacts of PBC
- Poll: Feedback on MyPBC Portal
- Top Unmet Measures
- Measures with Noteworthy Changes
- Technical Assistance: RM-HRS measures
- Provider Performance Review Update: Wellness, Law Enforcement, Technology
- Templates
- Important Dates
- Resources

Status Update: Tier Determinations

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- 410 submissions for tier determination
  - Primary: 318
  - Select: 58
  - Clinically Enhanced: 34

- Outcomes prior to Resolution
  - Primary: 384
  - Select: 5
  - Clinically Enhanced: 6
  - Unassigned: 38 (includes 23 providers that did not submit)

- 53 providers submitted for Resolution

PBC Updates: Residential P4P Milestone 2

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Credentialing	Technology	CIE
• **166** providers submitted • **110** passed initial review • 25 out of 56 providers that failed submitted resolution. **24** passed during resolution • **134** total passed • Approx Expenditure: $11.6M	• **121** providers submitted • **20** passed initial review • 62 out of 101 providers that failed submitted resolution. **59** passed during resolution • **79** total passed • Approx Expenditure: $1.68M	• **109** providers submitted • **15** passed initial review • 9 out of 94 that failed submitted for resolution. **1** passed during resolution • **16** total passed • Approx Expenditure: $255K

Status Update: SCO Pay-for-Performance (P4P)

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Milestone 1: Capacity Building

- **Credentialing ($3.835M available)**
  - SCOs that submitted: 44
  - SCOs that passed: 35
  - $1.75M
- **Technology ($3.835M available)**
  - SCOs that submitted: 35
  - SCOs that passed: 30
  - $1.84M

Milestone 2: Scaling

Achieve at least 1 of the 4 targets

- Increase supported employment service and CIE
- Increase in % individuals using Supported Living, Lifesharing or Housing Services
- Increase in % individuals with non-residential
- Increase in remote supports or assistive technology

Positive Impacts of PBC (2025-2026)

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Values and outcomes are based on initial scoring for PBC, and do not reflect final, post-Resolution Process outcomes.

More agencies are providing Life Sharing (LS) and Supported Living (SL), and more individuals are receiving those services (CoS.01)

- 5 more agencies are providing SL year to year, with 27 additional individuals receiving the service
- 5 more agencies are providing LS year to year, with 83 additional individuals receiving the service
- In total, 121 agencies provided SL or LS in 2025 to 1,649 individuals

Positive Impacts of PBC (2025-2026) (cont.1)

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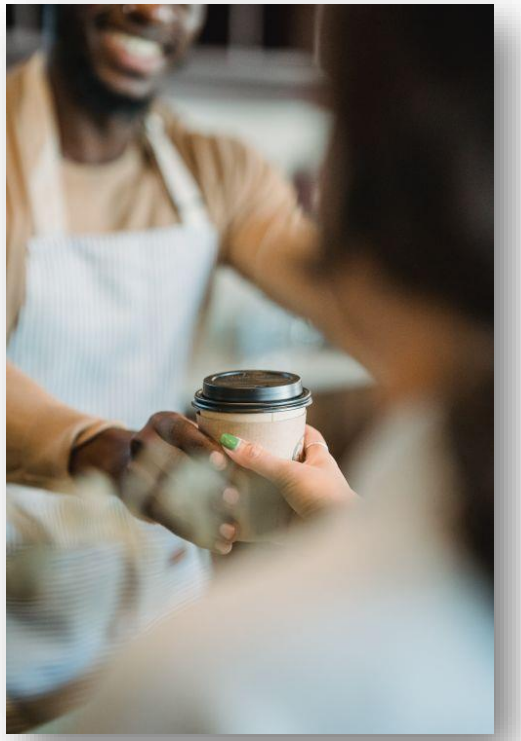
Values and outcomes are based on initial scoring for PBC, and do not reflect final, post-Resolution Process outcomes.

- **There is an increase in CIE among working age individuals across tiers** (EMP.01)
  - Average increase by tier:
    - Primary 8%
    - Select 11%
    - Clinically Enhanced 3.5%



Positive Impacts of PBC (2025-2026) (cont.2)

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Values and outcomes are based on initial scoring for PBC, and do not reflect final, post-Resolution Process outcomes.

Providers demonstrated clear improvement in incident tracking and risk management

- **RM-IM.01.1:** 0.24% fewer incidents not reported across tiers on average

- **RM-IM.01.2:** 4.10% fewer incidents not reported timely across tiers on average

- **RM-IM.01.3:** 12.8% more incidents finalized timely across tiers on average

Positive Impacts of PBC (2025-2026) (cont.3)

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Values and outcomes are based on initial scoring for PBC, and do not reflect final, post-Resolution Process outcomes.

- **Providers Submitting for Advanced Tiers greatly increased their percentages of credentialed staff (DSPs and FLSs)**
  - **WF.01.4:** On average, providers demonstrated a validated 8.62 percentage point increase in DSPs credentialed through NADSP or NADD from their 2024 baseline (6.93% percentage point median)
  - **WF.02.4:** On average, providers demonstrated a validated 55.65 percentage point increase in FLSs credentialed through NADSP from their 2024 baseline (33.33% percentage point median)

Statewide NADSP Certification Data
(data as of June 5, 2026)

Total DSP-I Certifications awarded	4,974
Total DSP-II Certifications awarded	1,610
Total DSP-III Certifications awarded	1,187
Total FLS Certifications awarded	1,853
Total Certifications awarded	**9,624**

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Please use the Q&A Panel to provider feedback on your experience using the MyPBC Portal.

Consider the ODP Measure Profile Page, data input methods, process flow, etc.

Top Unmet Measures – 2026 Submissions

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Measure	Tier	Measure Description	Number Unmet	Number of Providers Scored	Percent Unmet	Percent Unmet 2025
RM-HRS.01	All	Current health risk screenings (HRS) in place for all individuals including applicable assessments as indicated by HRST protocol (thresholds were lower in 2025)	195	409	**47.7%**	46.8%
QI.02.2	All	Provide agency's policy on how person-centered performance data is utilized to develop the QM Plan and its action plan and monitor progress towards QM plan goals (only a plan was required in 2025)	168	409	**41.1%**	10.9%
CN-DD/Bx.03.1	All	Describe how your agency anticipates and de-escalatates crisis-level situations	152	409	**37.3%**	30.0%
ADM.01.2	All	Submission of current financial statements (Audit / Profit & Loss and Balance Sheets)	135	409	**32.8%**	30.2%
QI.01.1/2	All	Describe how you use HRST data to inform wellness activities/programs for your residential population	108	409	**26.4%**	18.1%
AC.01.2/3	All	Report all collected referral tracking data (attestation in 2025)	99	409	24.6%	0% ATT
WF.01.4/2.4	SC	Demonstrate increase to percentage of DSPs/FLSs credentialed through NADSP and/or NADD (attestation in 2025)	40/29	92	43.5/31.5%	0% ATT
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	33	92	35.9%	**49.2%**
CN-DD/Bx.03.3	SC	Submit documentation indicating that training/activities on the topic of trauma-awareness has been provided to individuals supported by the agency	28	92	30.4%	**52.5%**
CN-C.01.2	C	Population served by the agency in residential services is in the top quartile of acuity of both Needs Level and Health Care Level of the statewide population in residential	12	34	35.3%	**50%**

Note: 2026 results are pre-Resolution Process and 2025 results do not include submissions from 2024

Measures with Noteworthy Changes

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- **RM-HRS.01.1** – Measure will require updates to all 22 items
  - Current health risk screenings (HRS) in place for all individuals including applicable assessments as indicated by HRST protocol
- **RM-IM.01.3** – Threshold increases from 86% to 90%
  - Timely finalization of incidents demonstrated by % finalized within 30 days of discovery
- **RM-IM.01.4** – Returned – same measure from 2024's early submission period
  - At least 95% of all incidents finalized by due date - due date may only exceed 30 days in no more than 5% of those incidents (due dates may exceed 30 days when provider has notified ODP in writing that extension is necessary including reason)
- **WF.01.4 and 2.4** – updates to Credentialing thresholds TBD
  - Demonstrate increase to percentage of DSPs/FLSs credentialed through NADSP/NADD by a minimum of 5/10 percentage points by 12/31/2025 from baseline on 7/1/2024.
- **CN-C.01.2** – Keeping the same for 2027 - for 2028 ODP will assemble a work group to discuss
  - Population served by the agency in residential services is in the top quartile of acuity of both Needs Level and Health Care Level of the statewide population in residential.

Technical Assistance: RM-HRS.01.1

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- **Definition of Standard**
  - Demonstrate capacity to properly and timely assess individuals
- **Performance Measure**
  - Current health risk screenings (HRS) in place for all individuals including applicable assessments as indicated by HRST protocol
- **Process Details**
  - Provider will complete the Health Risk Screening Tool (HRST) for each individual receiving residential service from the Provider for at least 3 months. The HRST for each individual being served will remain current, meaning that there has been an initial screening or an updated screening completed within the past 365 days. Annual updates consist of ensuring the current scores for the 22 rating items and the medication and diagnosis information are accurate. If a Clinical Review component of the HRST is required, it must be completed as per the PA Protocol in order for the HRST to be considered current. Data for this measure will be obtained using HRST standard reports which providers may access via the Standard Report menu of the HRST on the Persons Served List Page.

Technical Assistance: RM-HRS.01.1

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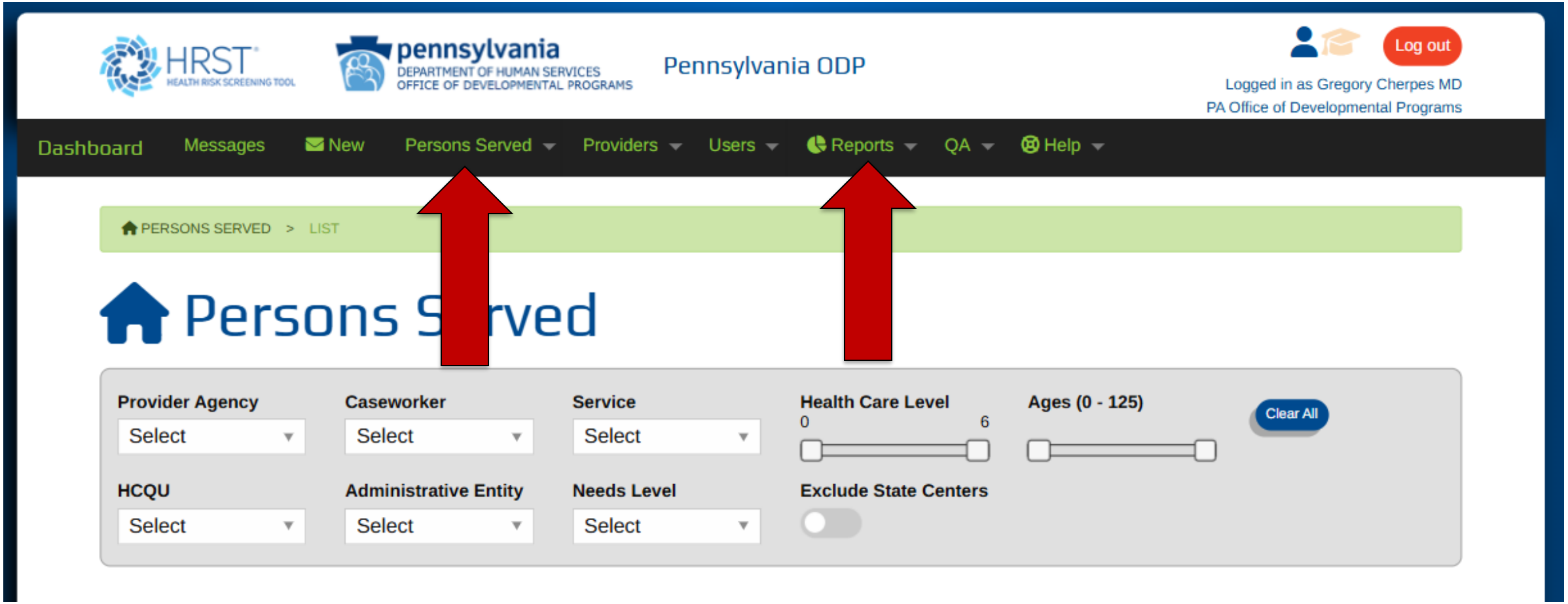
- Monitor compliance with the PA Protocol for HRST with the following Standard Reports:
  1. **Record Activity With Provider**
  2. **Total Incomplete Clinical Reviews Not Done 21 Days After Last Rating Update**

- Sign into HRST > Persons Served tab > Standard Reports


HRST
HEALTH RISK SCREENING TOOL
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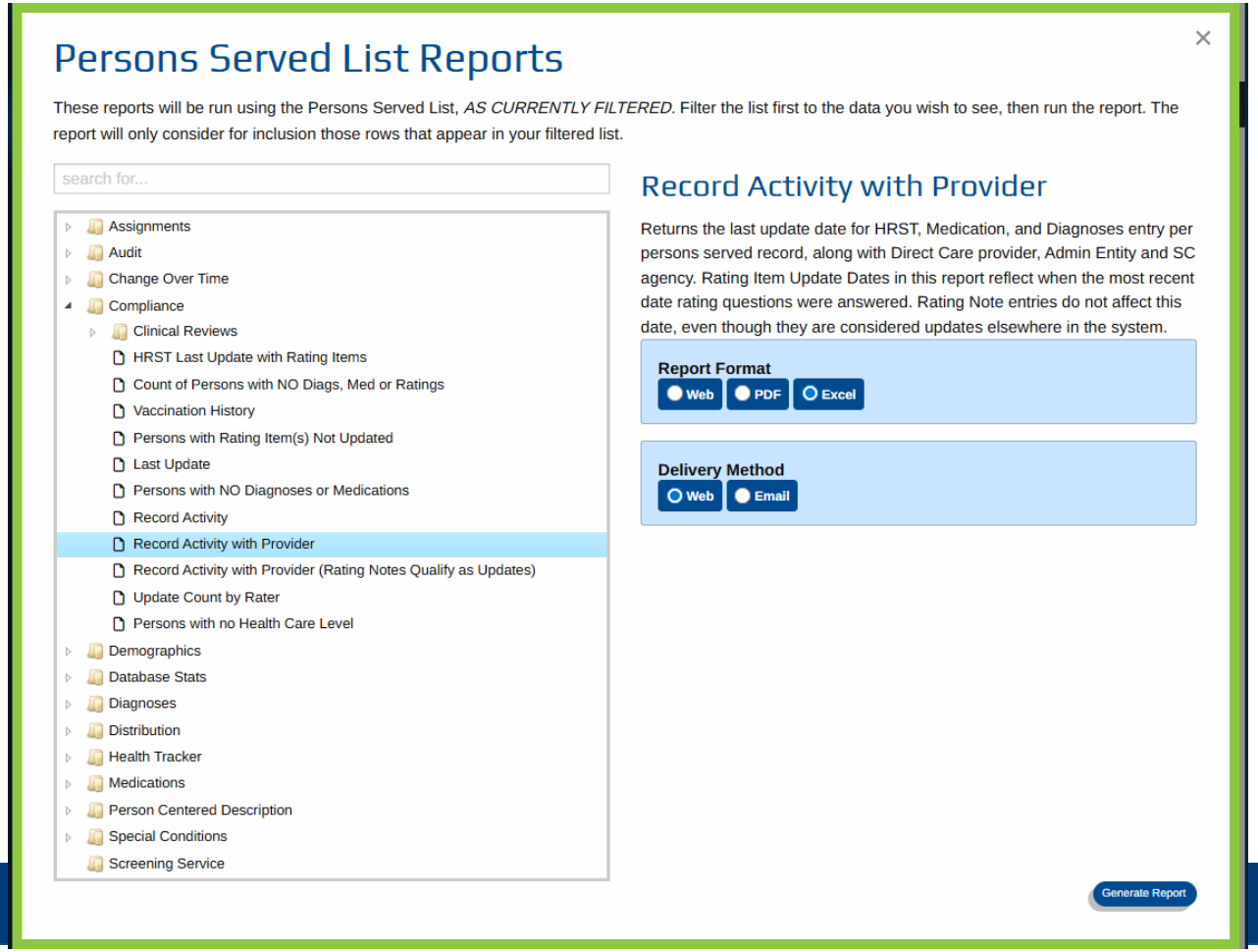
OFFICE OF DEVELOPMENTAL PROGRAMS
Pennsylvania ODP
Log out
Logged in as Gregory Cherpes MD
PA Office of Developmental Programs
Dashboard
Messages
New
Persons Served
Providers
Users
Reports
QA
Help
PERSONS SERVED > LIST
Persons Served
Provider Agency
Select
Caseworker
Select
Service
Select
Health Care Level
0
6
Ages (0 - 125)
Clear All
HCQU
Select
Administrative Entity
Select
Needs Level
Select
Exclude State Centers

Record Activity with Provider

- For the report, Record Activity with Provider, the pathway is Standard Reports > Compliance > Record Activity with Provider.

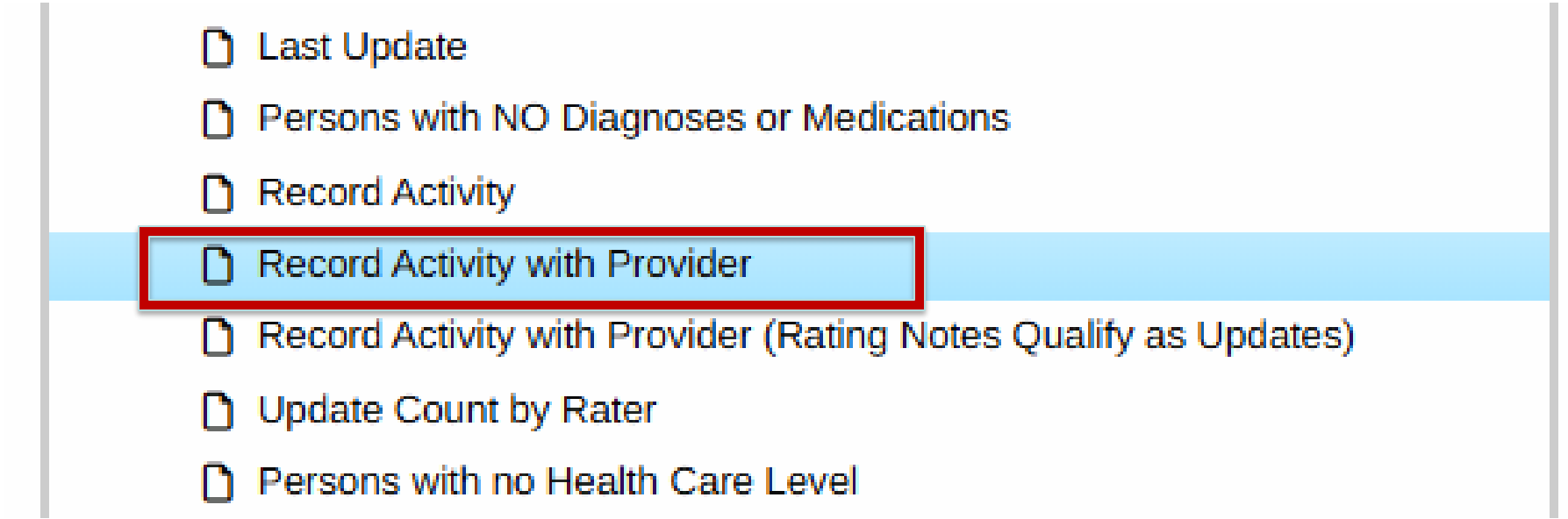


Record Activity with Provider

- The Record Activity with Provider report will return:
  - First Name
  - Last Name
  - MCI
  - Provider Name
  - SCO
  - Health Care Level
  - Last HRST Update Date
  - **Last Medication Update Date**
  - **Last DX Update Date**
  - **Last Score and Update Date for each of the 22 HRST rating items**
- Rating Item Update Dates in this report reflect the most recent date **rating questions** were answered. Answering the rating questions is **required for annual updates.** Rating Note entries do not affect this date, even though they are considered “updates” elsewhere in the system.

Record Activity with Provider

- Notice that there are Standard Reports with similar names!



Reviewed, No Changes Button for Meds and Diagnoses

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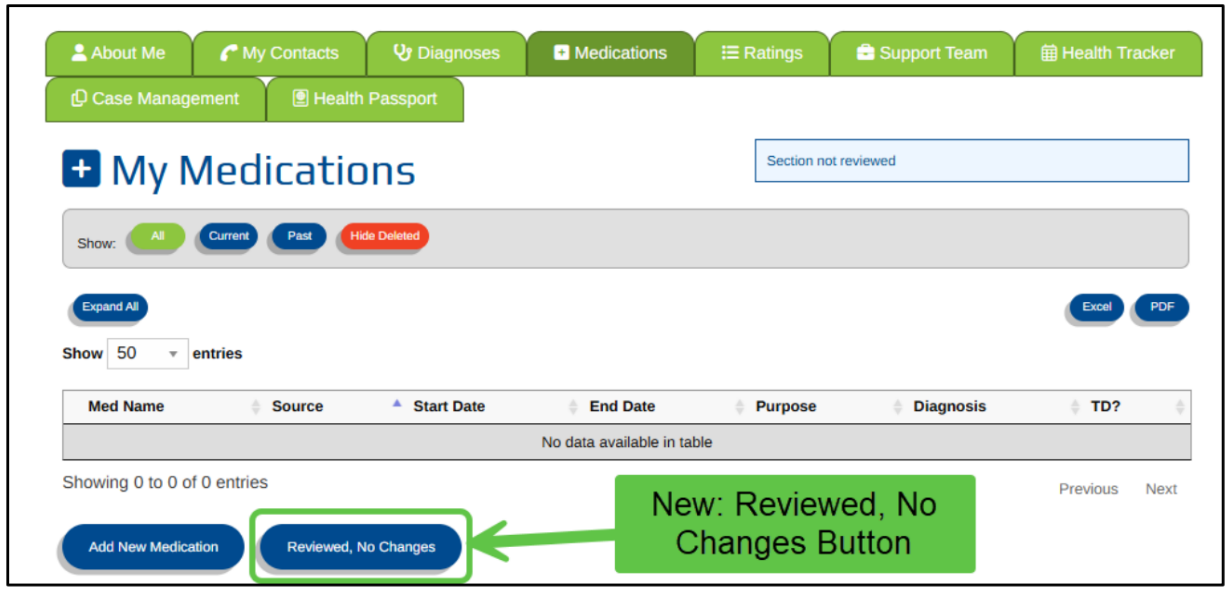
- Previously, the "Last Updated" banner only changed when a medication or diagnosis record was edited, making it difficult to distinguish between records that had truly not been reviewed and those that had been reviewed but required no updates.
- With this new feature, users with edit capabilities for medications and diagnoses can now attest that they have reviewed the information and confirmed no changes are needed.
- Once submitted, the system will display a new "Last Reviewed Date" banner that includes the date, time, and name of the reviewer, while the existing "Last Updated Date" banner will continue to track actual record modifications.



HRST Annual Updates

- All 22 Rating Items will be re-scored by answering all questions in each Rating Item, beginning with the first question in each question tree.
  - This is accomplished by selecting the previous questions button.

Total Incomplete Clinical Reviews Not Done 21 Days After Last Rating Update

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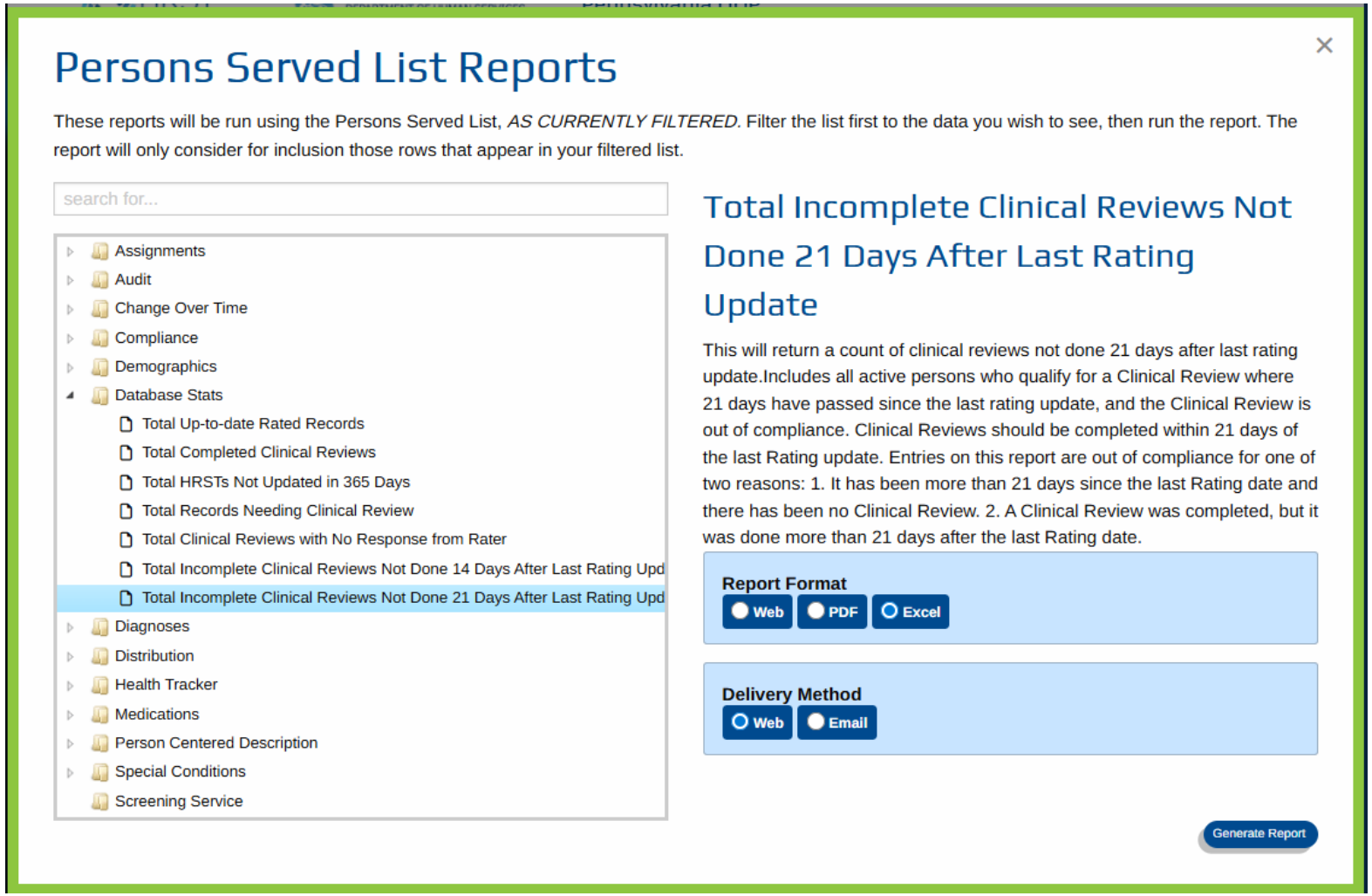

Wellness Activities and Individual Inclusion

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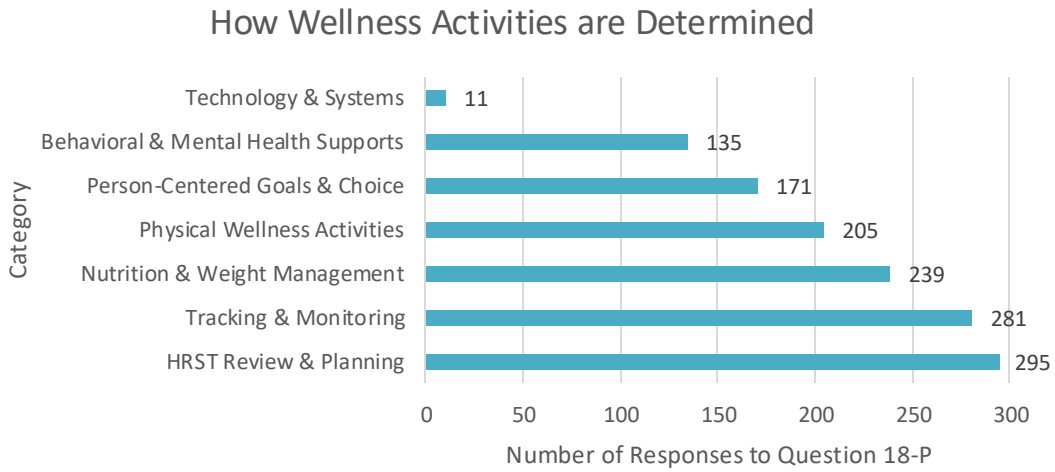
From 317 Primary submissions, key words were identified in each response around wellness and grouped into response types.

295 responses (93%) mentioned specifically reviewing HRST data, ISPs, and/or team planning

135 responses (43%) stated that they provide behavior supports, therapy, or counseling

239 responses (75%) noted a focus on BMI, diets, or meal planning based on HRST results

11 responses (3%) refer to using EHRs and other technology to manage wellness activities

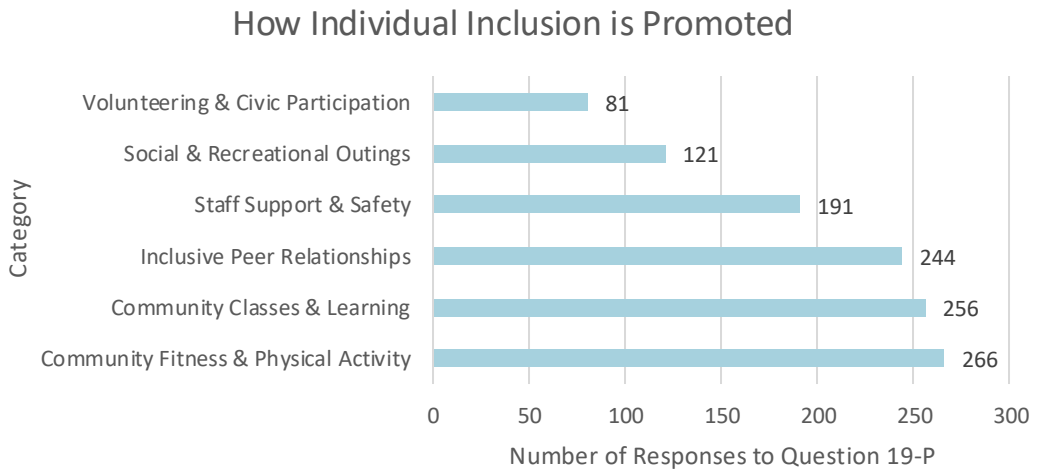


266 responses (84%) mentioned either physical activities such as the gym, YMCA, walking, parks, swimming, and more

191 responses (60%) mentioned providing transport to events or activities while making safety accommodations

244 responses (77%) explicitly mentioned participating in activities alongside non-disabled peers

81 responses (26%) mentioned volunteering and church or community service activities



**Data collected from February and March 2026 PBC Submissions*

Wellness Activities and Individual Inclusion

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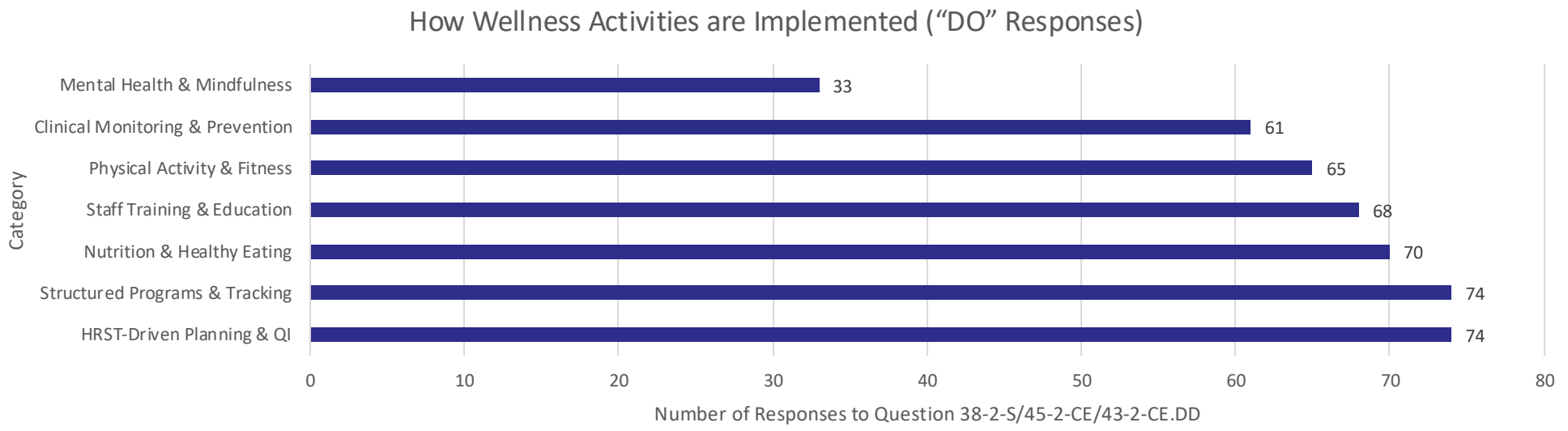
From 92 Select/CE submissions, key words were identified in each response around wellness for "**Do**" in the Plan-Do-Check-Act framework and used these findings to create groups of response types.

74 responses (80%) referred to use of HRST to identify risks/trends, to execute QA/QM, or create monitoring plans

61 responses (66%) discussed nursing/medical oversight, screenings, chronic condition management, or polypharmacy

68 responses (74%) mentioned staff education or certifications that support wellness activity growth

33 responses (36%) discussed emotional wellness, stress reduction, and behavioral supports



**Data collected from February and March 2026 PBC Submissions*

Wellness Activities and Individual Inclusion

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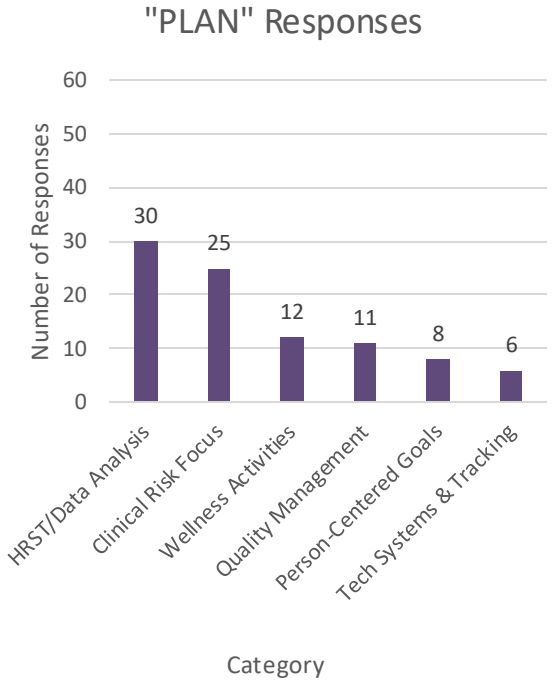
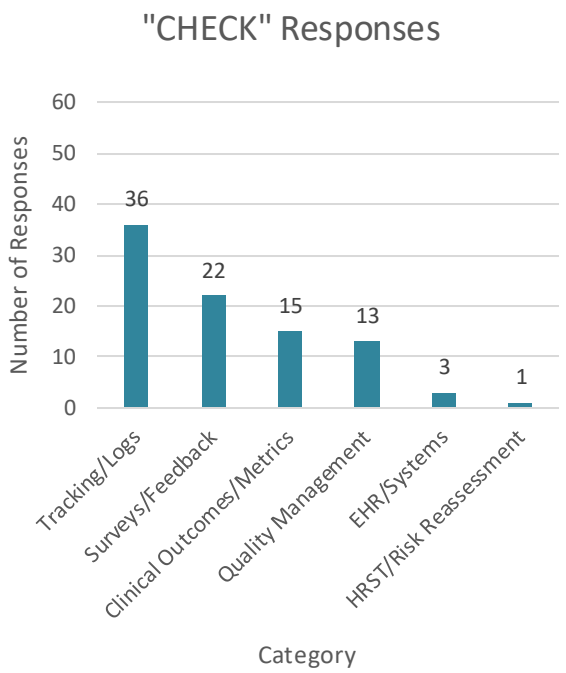
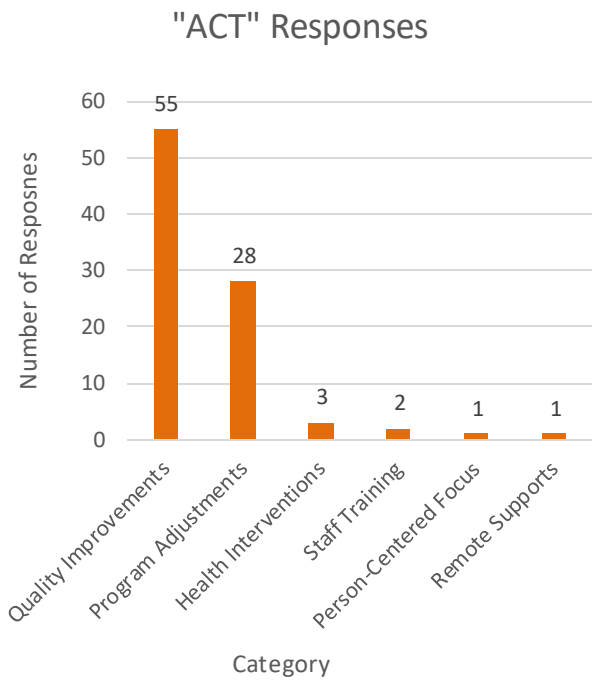
From 92 Select/CE submissions, we identified key words in each response around wellness for "**Plan, Check, and Act**" in the Plan-Do-Check-Act framework and used our findings to create groups of response types.



Most of the responses included information pertaining to HRST analysis, or clinical risk focus (i.e., chronic, Fatal Five).



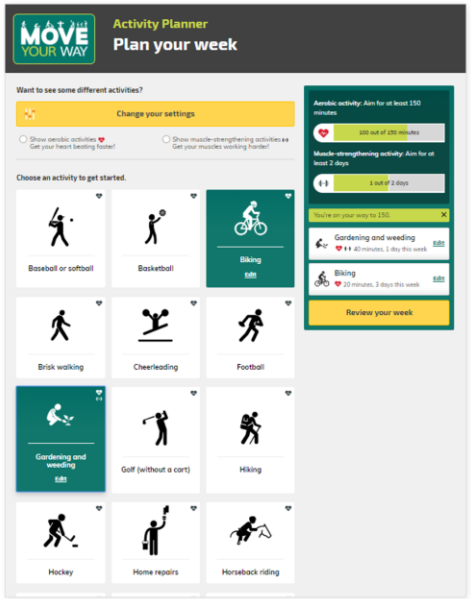
Top responses included using tools such as participation tracking and logs to monitor individual progress. Surveys and feedback were the next most common responses.



Responses including information on governance, PDCA, and quality improvement were most common, with responses containing specific program adjustments not far behind.

**Data collected from February and March 2026 PBC Submissions*

Move Your Way Resources – MyODP.org



Interactive tools

Posters and factsheets

Series of videos

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Move Your Way® *for Mental Heath*

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Why Focus on Mental Health?

- 23.4% of U.S. adults experienced mental illness in 2024 (61.5 million people). This represents more than 1 in 5 adults.
- 5.6% of U.S. adults experienced serious mental illness in 2024 (14.6 million people). This represents 1 in 20 adults.
- Per the National Association for the Dually Diagnosed, roughly 35% of individuals with IDD experience mental health challenges.
- Physical activity can help prevent, manage, and reduce symptoms.

Improves mood, focus, resilience and confidence

Reduces stress and sensory overload

Builds healthy routines, social connections and self-confidence

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Evidence-Based Impact

Exercise is a proven intervention for depression and anxiety.

Comparable outcomes to antidepressant use with mild to moderate depressive symptoms.

Improves quality of life and self-esteem.

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Behavioral Health: Law Enforcement De-Escalation

Methodology

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Data source:
Enterprise Data Warehouse (EDW)

Time period:
1/1/2025-12/31/2025

Delimiters:
Funding Source- HCBS only (Consolidated, Community Living, P/FDS)

Primary Category- Behavioral Health Crisis Events

Secondary Category- Facility Based Crisis Response, Community Based Crisis Response, Immediate Arrest and Incarceration

2022-2025 Volume

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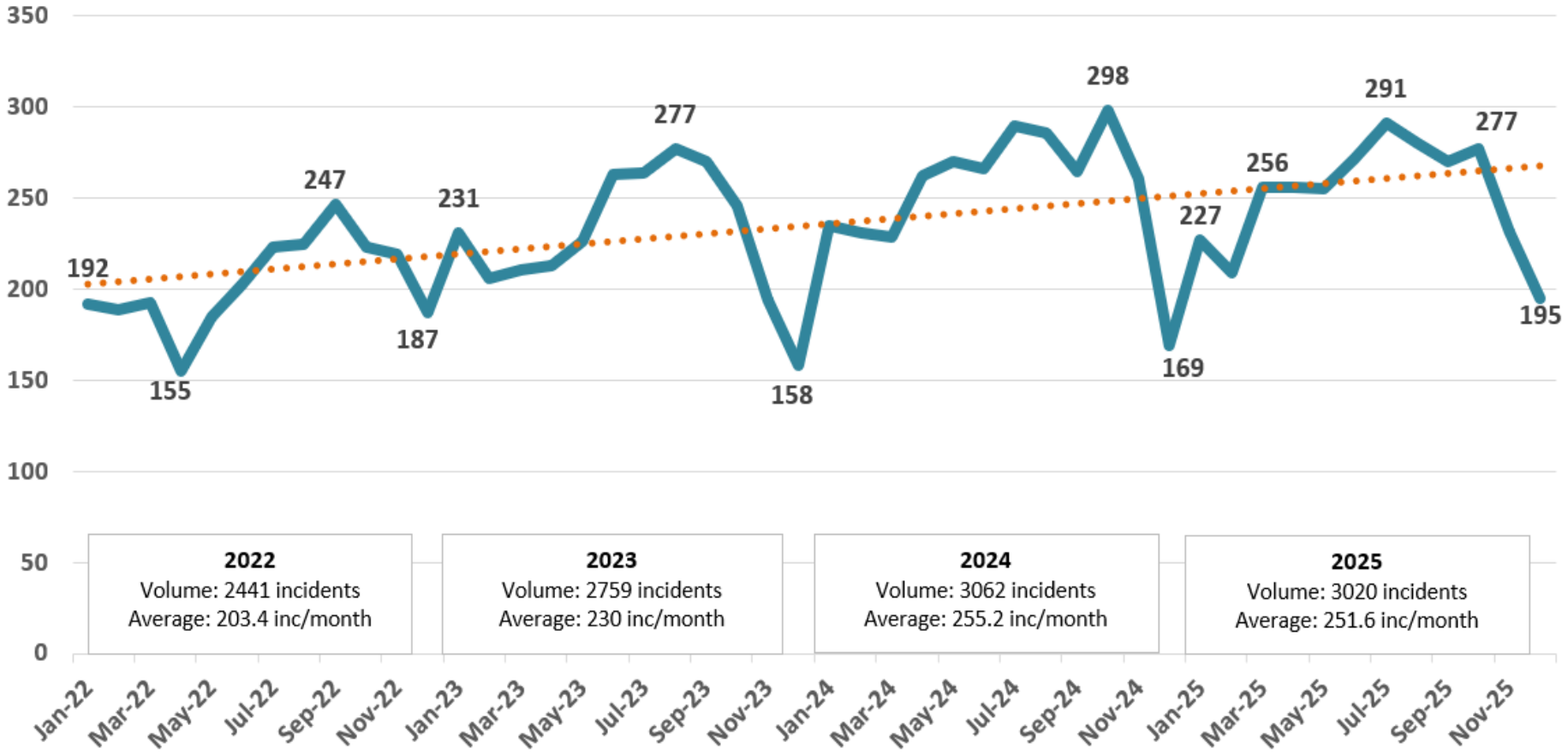

2022-2025 Volume and Rate

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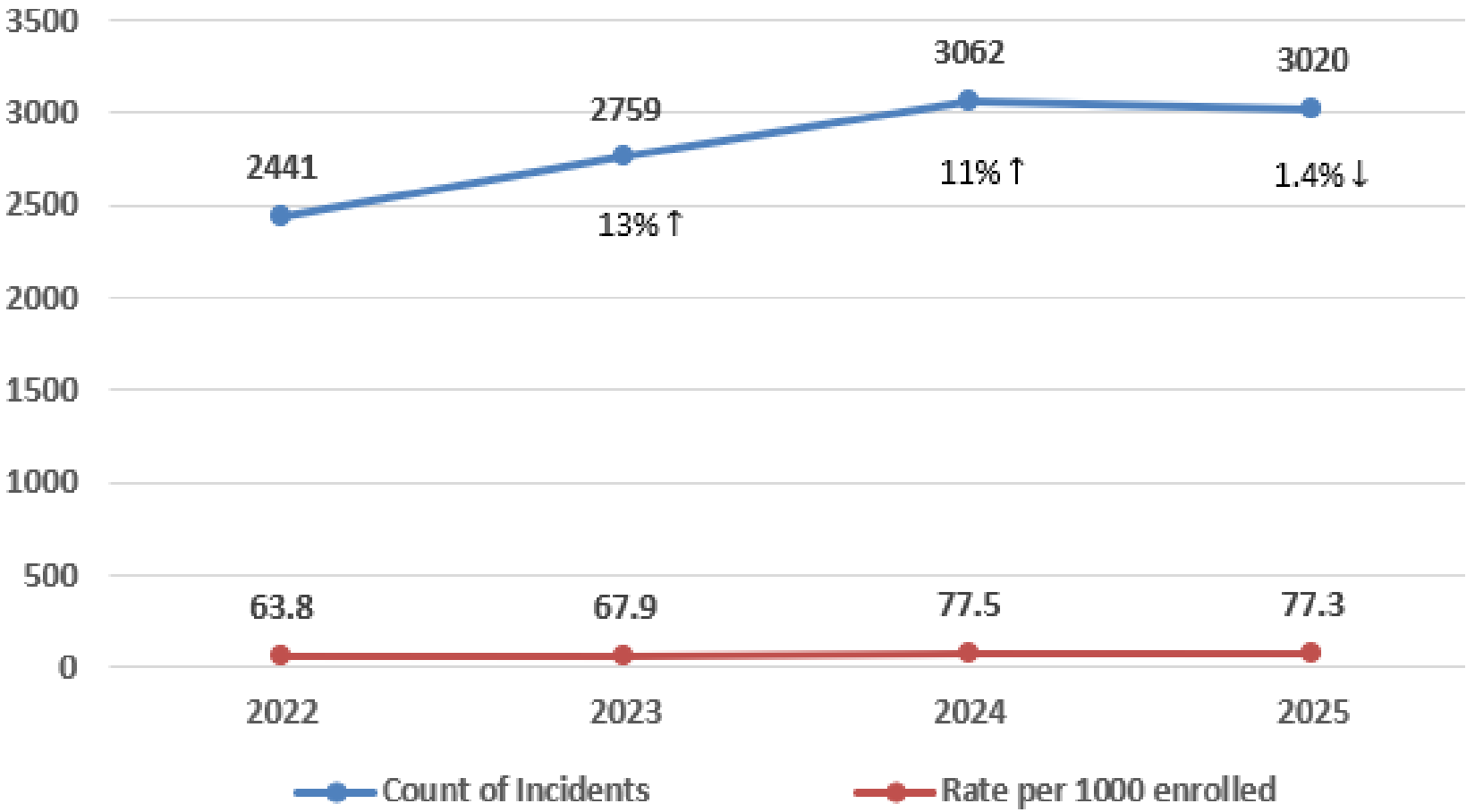
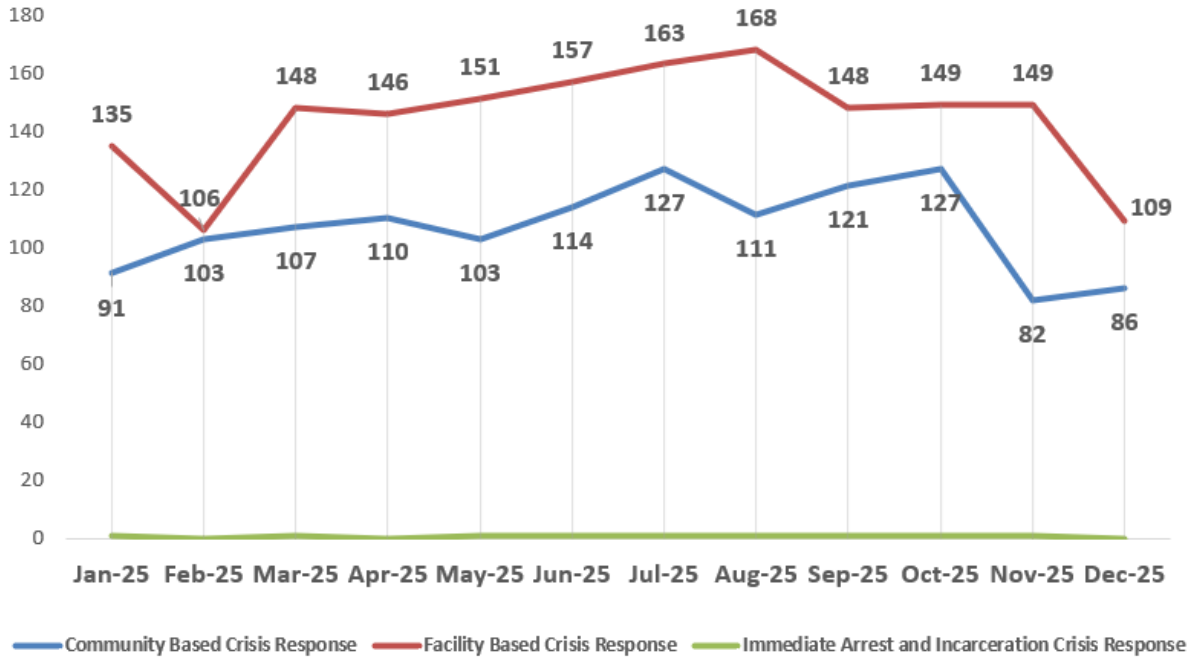
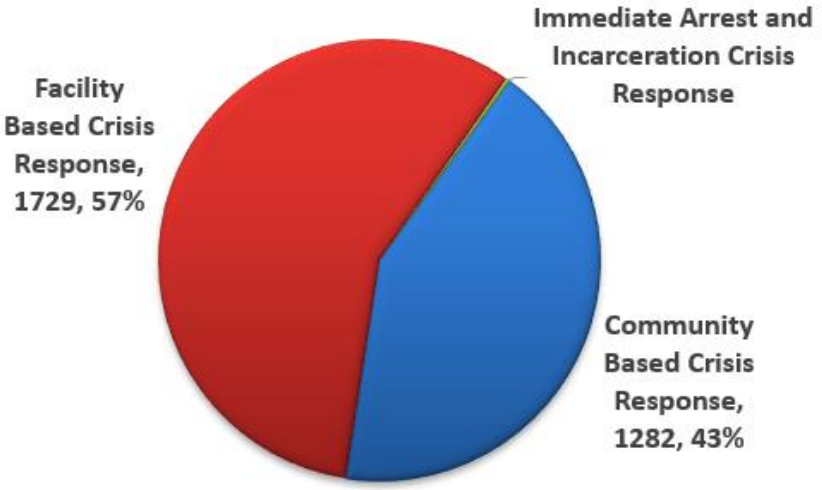


Secondary Categories





Provider Type

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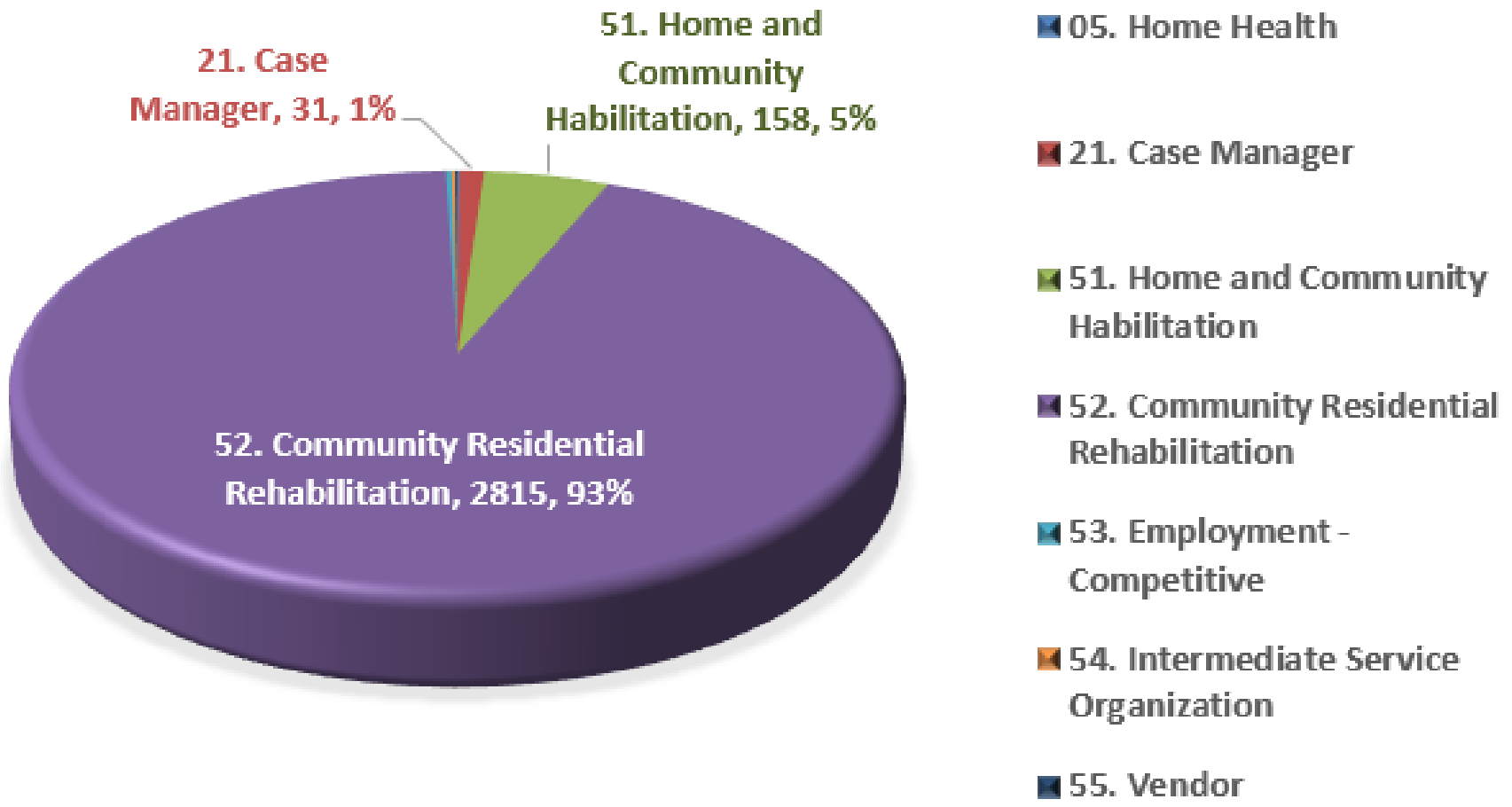

Individual Incident Volume

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	2024 Count of Individuals	2025 Count of Individuals	Change
1 incident	592	549	↓
2-5 incidents	396	408	↑
6-10 incidents	79	95	↑
11-15 incidents	28	18	↓
16-20 incidents	<11	11	↑
21-30 incidents	<11	<11	-
31-40 incidents	<11	<11	↓
40+ incidents	<11	0	↓

Demographics

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	Count of Individuals	2025 Rate	2023-2024 Rate change	2024-2025 Rate Change
Race				
American Indian/Alaskan Native	<11	**47.6**	22.2 ↓	3.2 ↑
Asian	14	22.6	12.3 ↑	2.1 ↓
Black Or African American	180	28.7	3.3 ↑	1.9 ↓
White	**825**	28.0	2.6 ↑	3.3 ↓
Other	55	23.2	5.8 ↑	1.4 ↓
Unknown	<11	17.4	0.0	1.3 ↑
Multi-Race	<11	44.2	20 ↓	35.8 ↓
Ethnicity				
Hispanic	68	**33.8**	12.8 ↑	12 ↓
Non-Hispanic	**1019**	27.5	2.4 ↑	2.7 ↓
Gender				
Male	435	**27.9**	2.4 ↑	4.2 ↓
Female	**652**	27.8	3.6 ↑	1.4 ↓
Age Group				
Under 21	56	**38.3**	29.5 ↑	43.4 ↓
21-29	**426**	37.1	1.5 ↑	2 ↓
30-39	293	28.6	4.9 ↑	5.5 ↓
40-49	148	26.1	2.7 ↓	2 ↓
50-59	103	22.7	1.7 ↑	3.3 ↑
60 +	61	10.8	3.2 ↑	1.8 ↓

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What contributing factors explain these results?

Please share your thoughts via the Q&A panel.

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Remote Support

2025 Remote Support Technology Usage

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Sixty-two (62) provider agencies reported using Remote Supports (RS).

RS is reportedly in use by at least **953 individuals** statewide

36 agencies reported redirecting an average **of 5,441 estimated direct care hours** annually through RS implementation

On average, providers replaced **680 direct care shifts** with RS annually

Reported cost savings attributed to using RS: **$3,137,327.41**

How RST Cost Savings Translate to Greater Independence

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Recognized cost-savings from using RS have allowed providers to:

- Implement **SHIFT training for staff**, equipping them to become technology champions who can encourage the use of supportive technologies across programs
- Increase **access to on-demand remote assistance**, allowing individuals to request support when needed while maintaining greater autonomy in their daily lives
- Purchase **automated medication dispensers** to support timely and accurate medication administration
- Purchase **devices to install in homes** based on the needs and preferences of the people we support
- Expand **Digital Libraries**, where individuals and staff can **explore and test assistive technology** that can support greater independence, skill building, and engagement at home and within the community
- Enhance monitoring and timely response for individuals with higher support needs by implementing **wearable safety technology**

Reinvestment Areas Based on RS Cost Savings*

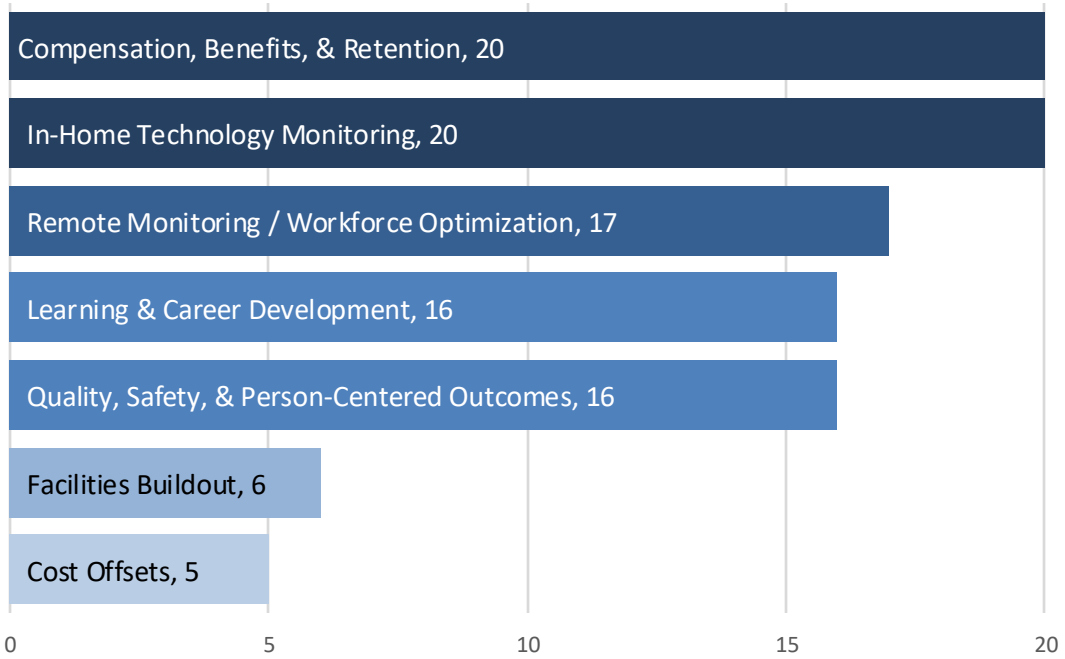

Chart data represents 32 agency responses

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Cycle Comparison

CY 2024		CY 2025
Ninety-Nine (99) Residential Providers reported using Remote Support Technologies (RST)	- 37	**Sixty-two (62) residential providers** reported using Remote Supports (RS).
1,304 individuals used RST	- 351	**953 individuals** used RS
An average of **2,217 estimated direct care hours** annually with the help of RST	+ 3,224	An average **of 5,441 estimated direct care hours** annually through RS implementation
On average, providers replaced **277 direct care shifts** with RS annually	+ 404	On average, providers replaced **680 direct care shifts** with RS annually

Remote Supports Measures

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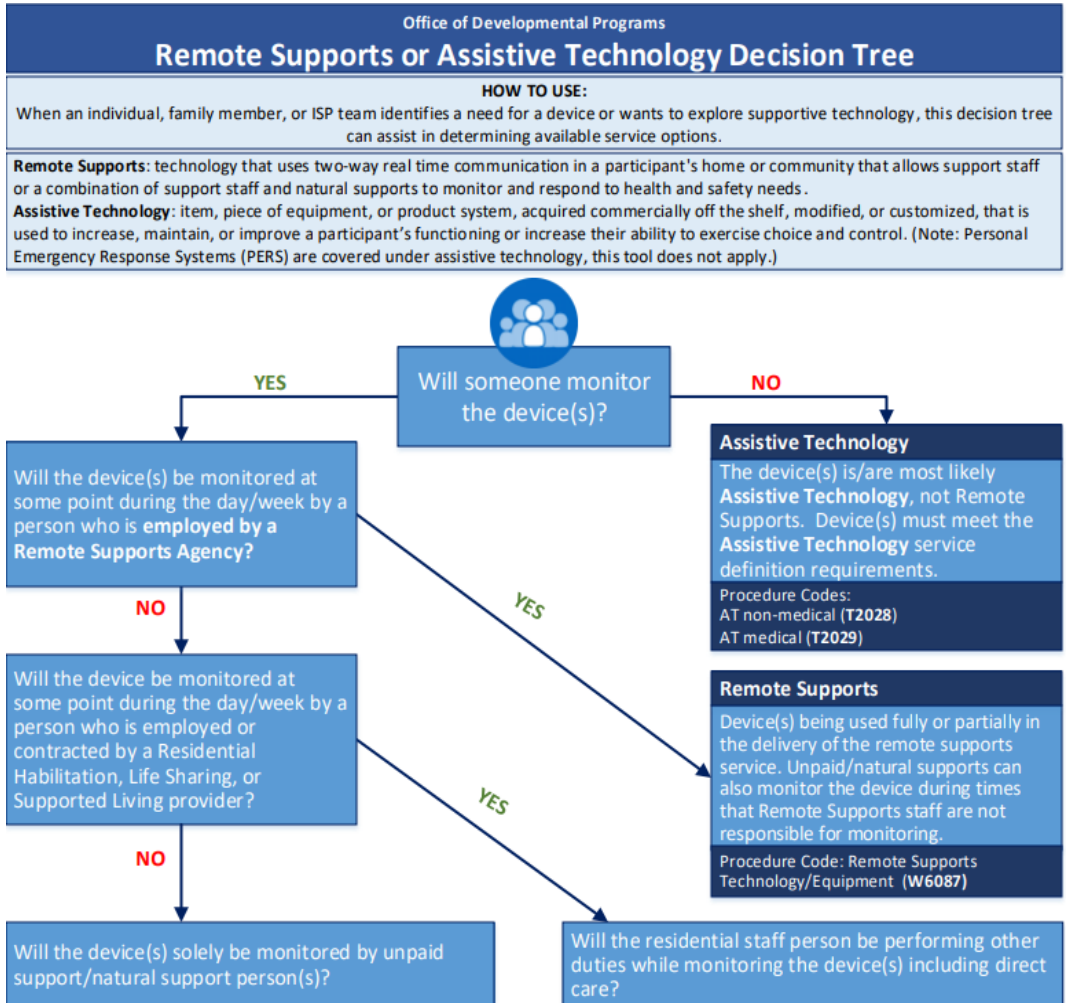

Links to Provider Resources:

- Remote Supports or Assistive Technology Decision Tree
- Supportive Technology Provider Readiness Assessment
- ODP Announcement 21-090: Guidance for Use of Assistive Technology and Remote Supports in Residential Settings
- **ODP Announcement 24-015 Update: Implementing Changes to Remote Supports and Assistive Technology in the November Waiver Amendments**

Referral Tracker Template

Pennsylvania
Department of Human Services

Referrals

Date Referral Received	First Name	Last Name	MCI	Requested Service(s)	Needs Group	Needs Level	DOB	Primary Diagnosis	Ambulation	Referrer Name	Referrer's Organization Name	Status of Referral	Date Accepted / Rejected	Reason Referral was Not Accepted	Accepted / Not Accepted	Service Start Date	Days between Acceptance and Service Initiation	Service Type Initiated	Service began within 90/180 days (Select and CE)	Notes / Description of circumstance in which 90-day timeline was not met for RH and 180-day timeline was not met for LS and SL (Select and CE)	PBC Metric – Avg Days to Service Initiation (Residential Habilitation – 90 Days)	PBC Metric – Avg Days to Service Initiation (Life Sharing / Supported Living – 180 Days)
2026-03-04	Name A	Name B	999999999	Residential Habilitation	3	7	1934-05-06	Mild ID	Fully Ambulatory	Name 1	Name 2	Accepted	2026-04-15	N/A	Accepted	2026-05-04	19	Residential Habilitation	Yes	Content A	207	30
2026-05-04	Name A	Name B	1000000000	Life Sharing	2	3	1970-01-04	Mild ID	Walker	Name 1	Name 2	Waitlisted	2026-05-15	Insufficient Workforce	Not Accepted		N/A		N/A			
2026-05-04	Name A	Name B	1000000001	Residential Habilitation	4	7	2000-03-02	Moderate ID	Wheelchair	Name 1	Name 2	Accepted	2026-05-16	N/A	Accepted	2027-06-15	395	Residential Habilitation	No			
2026-05-04	Name A	Name B	1000000002	Life Sharing	1	2	1994-07-11	Mild ID	Walker	Name 1	Name 2	Accepted	2026-05-17	Insufficient Workforce	Accepted	2026-06-16	30	Life Sharing	Yes			
2026-05-04	Name A	Name B	1000000003	Life Sharing	2	3	1976-11-04	Mild ID	Walker	Name 1	Name 2	Accepted	2026-05-18	Insufficient Workforce	Accepted	2026-06-17	30	Life Sharing	Yes			

Discharges

First Name	Last Name	MCI	Needs Group	Needs Level	DOB	Primary Diagnosis	Discharge Date	Reason for Discharge	Voluntary / Involuntary	Setting to which individual was discharged	Circumstances why individual(s) did not return to their home post discharge from an inpatient, skilled nursing, or rehabilitation facility or release from incarceration	Summary of the planning, coordination and accommodation efforts undertaken and the remaining barriers that resulted in the provider's inability to return
Name A	Name B	999999999	3	7		Mild ID	2026-01-04	Voluntary	Voluntary	Content 1	Content 2	Content 3

Lookup (dropdowns)

Requested Service(s)	Needs Group	Needs Level	Primary Diagnosis	Ambulation	Status of Referral	Reason Denied	Service Type Initiated	Reason for Discharge
Residential Habilitation	1	1	Mild ID	Fully Ambulatory	Waitlisted	Insufficient Workforce	Residential Habilitation	Voluntary
Life Sharing	2	2	Moderate ID	Wheelchair	Accepted	Vacancy Status	Life Sharing	Danger to self or others
Supported Living	3	3	Severe ID	Walker	Not Accepted	Found Another Placement	Supported Living	Needs have changed
Unlicensed Residential	4	4	Profound ID	Cane/Crutch	Funding Not Yet Available	Family Not Ready		Closure of location
Respite	5	5	Autism	Partial Support	Services No Longer Needed	Fiscal NG/NL Unknown		
Multiple	N/A	6	Medically Complex Condition	Full Assistance	Unable to Process	Location/Geography		
Other	Unknown	7	Unspecified	Combination		Complex Medical Needs		
Unsure		N/A	Unknown	Unknown		Missing Supporting Documentation		
		Unknown				Age		
						Gender		
						N/A		
						No Response		

Available on MyODP: https://home.myodp.org/resources/waiver-implementation/pbc-residential-services/

Rural Capacity P4P Template

Pennsylvania
Department of Human Services

Pay for Performance (P4P):
Residential Rural Capacity Expansion Plan

DATE:

Instructions:

Interested providers must collaborate with the Administrative Entity(ies) (AE) to develop a Rural Capacity Expansion Plan. Providers committed to expanding residential service capacity in counties designated as rural will work with the applicable AE(s) to develop a plan to offer additional residential services to individuals registered in rural counties who are seeking residential services in rural counties. Providers must respond to all elements in the template. **If your agency plans to implement multiple locations, please clearly identify the associated HCBS services and other community resources for each location.** For additional information please see the 26-27 P4P Announcement, Attachment, and Rural Capacity Guide.

Providers will then submit all documents including the completed template to RA-PWODPPBC@pa.gov.

Required Elements:

Name of Provider:

MPI:

☐ **Letters of Support from all applicable AEs included with this plan**

Type of Service(s) Being Developed

Address(es) of Proposed Service Location(s)

MCIs of Individual(s) to Receive Services

Development Timeframes (including target APC dates)

Eligible Rural Counties (Select all that apply):

☐ Adams	☐ Armstrong	☐ Bedford
☐ Blair	☐ Bradford	☐ Butler
☐ Cambria	☐ Cameron	☐ Carbon
☐ Centre	☐ Clarion	☐ Clearfield
☐ Clinton	☐ Columbia	☐ Crawford
☐ Elk	☐ Fayette	☐ Forest
☐ Franklin	☐ Fulton	☐ Green
☐ Huntington	☐ Indiana	☐ Jefferson
☐ Juniata	☐ Lawrence	☐ Lycoming
☐ McKean	☐ Mercer	☐ Mifflin
☐ Monroe	☐ Montour	☐ Northumberland
☐ Perry	☐ Pike	☐ Potter
☐ Schuykill	☐ Snyder	☐ Somerset
☐ Sullivan	☐ Susquehanna	☐ Tioga
☐ Union	☐ Venango	☐ Warren
☐ Washington	☐ Wayne	☐ Wyoming

Plan Details

Describe the plan for workforce recruitment, retention, and supervision

Describe the plan for transportation

Describe the plan for employment and/or community participation

Describe additional non-residential services (Mark N/A if not applicable)

Describe the plan to access clinical supports

Rural Capacity P4P Template

Pennsylvania
Department of Human Services

Access to Physical and Behavioral Health Services

Plan for Technology / Remote Supports

Technology Incentive Plan (Optional)

☐ Agency is submitting a Technology Incentive Plan

Describe how electronic health records will be incorporated into the expanded residential location(s)

Describe how remote supports and/or technologies that promote wellness, safety, and independence will be incorporated into the expanded residential location(s)

Describe how technology that supports supervision, communication, and training between on-site staff, supervisors, and administration will be incorporated into the expanded residential location(s)

Available on MyODP:
https://home.myodp.org/resources/waiver-implementation/pbc-residential-services/

Upcoming Dates

Pennsylvania
Department of Human Services

- PBC
  - **Resolution Determination Letters will be distributed mid to late June (currently targeting June 18)**
  - Updates to the Performance Measures for 2027 will be published in July
  - Family Engagement Satisfaction Survey will be released in late October

- P4P
  - Rural Capacity submissions will be accepted from July 1 to September 30
    - Determinations made in October and November
    - Payments Approved in January 2027
  - Credentialing data will be gathered during the 2027 PBC submission

- Next Residential Provider Forum is scheduled on **September 9**

Resources

Pennsylvania
Department of Human Services

- 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

Questions from Provider

Pennsylvania
Department of Human Services

Questions?