Pennsylvania
**Department of Human Services**

# Performance-Based Contracting: Quarterly Provider Forum for Residential

September 10, 2025

# Agenda - 90 minutes

- Status updates

- Poll: CN-DD/Bx.01.1 Alternatives to SPeCTRUM

- PBC Payments – Gross Adjustments and Claims Rates

- Updates to Performance Measures for 2026

- Quality Improvement Plan Measures Reorganization

- PAS Project Update: MyPBC Portal

- Provider Performance Review Update

- Important Dates

- Questions

- Resources

# Status Update

- Updated Measures and Process Details for 2026 submission

- MyPBC Portal will go live for SCOs on October 1

- Preparing for the P4P Milestone 2 data submissions – start Nov 1

# Provider Poll

Please let us know in the Q&A panel if your organization is using an alternative to SPeCTRUM (training for Autism Spectrum Disorder)

# Update on PBC Payments

Rate add-ons effective July 1, 2025 - 3% for Select and 5% for Clinically Enhanced

- **Billing Procedures Remain Unchanged**

- **Add-ons Applied Through PROMISe:** When claims are submitted by providers in the Select or Clinically Enhanced tiers, the corresponding rate add-ons will be included in payments.

- **One-time Gross Adjustment:** Due to a programming delay automated rate add-ons not available in PROMISe until 9/1. ODP to issue gross adjustment of 3% or 5%, as applicable, for all eligible residential claims submitted between July 1 – August 31, 2025.

- **Important Deadline:** To receive the gross adjustment, all claims for services delivered between July 1 and August 31, 2025, must be submitted in PROMISe no later than November 29, 2025. Gross adjustments will be processed in December and will show on Remittance Advice in late December/early January.

- **Ongoing Automated Payment**: Beginning September 1, 2025, the rate add-ons will be automatically included in payments issued through PROMISe.

Note: To avoid denials, providers should bill claims that span the change in rate separately for 8/31 and then start a new claim for 9/1.  This will assign the correct tier rate in PROMISe.

# Updates to Performance Measures for 2026

# Summary of Changes to Measures

- Retired measures

- Collapsed Measures

- Refined to improve data collection

- Measure progression

- Clarified language in measures and process details

# Retired Measures

- CoS.02 - Transition of individuals to LifeSharing and Supported Living (ALL)

- DM.01.1 - Test case file (P)

- EMP.01.2 - Plan for improvement of Competitive Integrated Employment (ALL)

- RST.01.1 - Types of remote support technology in use (ALL)

- WF.01.1 - Attestation of supervisory management training to support DSPs (P)

- WF.01.2 - DSP credentialing plan (P)

- WF.02.1 - Attestation of supervisory management training to support FLSs (P)

- WF.02.2 - FLS credentialing plan (P)

- WF.04.3 - Documentation of DEI committee (S/CE)

- WF.04.4 - Documentation of training relevant to culture and language (S/CE)

# Collapsed/Merged Measures

- QI.01.2 - Demonstrate Plan, Do, Check, Act using HRS data (S/CE)
  - QI.01.2 - Using HRS data to develop wellness programs
  - QI.01.3 - Implementing wellness programs
  - QI.01.4 - Monitoring progress or uptake

- QI.02.2 - Submit QM policy/description (ALL)
  - QI.02.2 - Description of how data is used to monitor progress toward QM plan
  - QI.02.3 - Description of how PCP data is used in QM plan

# Refined Data Collection

- ADM.01.1 - Demonstrate sound governance (<u>attest</u>, <u>finance</u>, <u>conflict of interest</u>, <u>criminal convictions</u>, <u>licensing</u>) (ALL)

- CN-DD/Bx.02.2 - Demonstrate use of data to impact outcomes in <u>8 areas</u> (S/CE)
  - law enforcement, restrictive procedures, inpatient, restraint, confirmed abuse/neglect, polypharmacy, target behavioral data, individuals' satisfaction with services

- CN-DD/Bx.3.2 - Documentation of trauma-informed training (<u>staff</u>/<u>individuals</u>) (S/CE)

- CN-DD/Bx.03.3 - Documentation of crisis prevention and de-escalation training (<u>name of training</u>, <u>roster of staff</u>, <u>plan for ongoing training</u>) (C)

- QI.03.1 - <u>Policy</u> and <u>activities</u> supporting family engagement (ALL)

# Progression of Attestations into Measures

- CN-C.01.3 - Documentation of HRST data use relating to Item E (S/CE)

- CN-DD/Bx.01.1 - 20% of staff completed ASD training (S/CE)

- RD.01.1 and 3 - Report data from referral tracking system (ALL)*

- WF.01.4 - 5 percentage points increase of credentialed DSPs (S/CE)

- WF.02.4 - 10 percentage points increase of credentialed FLSs (S/CE)

*Note: RD measures have been recoded to Access / AC measures*

# Progression of Report-out Measures into Attestations

- WF.01.3 - Attest to increasing credentialed DSPs by 2 percentage points (P)

- WF.02.3 - Attest to increasing credentialed FLSs by 2 percentage points (P)

# Language Clarification - Example

**CN-DD/Bx.03.1 (Top 5 Unmet Measures in 2025)**

Demonstrate capacity to anticipate and de-escalate crisis, when possible, and, when not, to respond swiftly and effectively

- Provide description of agency approach ~~capabilities~~ for de-escalation and how provider anticipates and responds to a crisis for individuals ~~Include the following:~~

- Describe support/resources for DSPs and FLSs for crisis situations

- Name, if any, curriculum-based crisis response training used by the agency

- Provide procedure for debriefing with staff and individuals after ~~engagement in physical restraint~~ a crisis situation

**Measure is to include de-escalation AND crisis management.**

**Previous version may have implied that de-escalation IS crisis management.**

# Crisis Response and Debriefing

- A crisis is an overwhelming event. **Anyone** can experience a crisis. This is not limited to individuals with BSPs or restrictive interventions.

- De-escalation is component of crisis response.

- Providers' approach to supporting individuals in crisis should be based in trauma-informed principles.

- Providers may choose to use curriculum-based training courses for crisis response. This is a requirement for Clinically Enhanced Tier.

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

- Note: Previous submissions often did not include descriptions of crisis response, including de-escalation training, or procedures for debriefing after restraints.

# Quality Improvement Plan Measures Reorganization

# Supporting Provider and System Quality Improvement (QI)

- PBC goal = improve individual and systems outcomes
- Plan-Do-Check-Act (PDCA) at ODP <u>AND</u> Provider/SCO levels
- PBC performance measure theme = Provider/SCO development/improvement in QI processes
- Collecting, analyzing, and using data to drive QI
- Continuous Quality Improvement (CQI)

# Summary of Reorganization – QI-type Plans

- **QI.01.2** was QI.01.2-4 - Demonstrate Plan, Do, Check, Act using HRS data (S/CE)
  - This measure focuses on using aggregated HRS data to improve quality <u>at a residential program level (population health – all residents within your program)</u>

- **QI.01.5** was RM-HRS.01.2 - Use of HRS data to improve individual health/ outcomes (S/CE)
  - This measure focuses on using HRS data to improve quality <u>at the individual level</u>

- **QI.02.5** was DM.01.2 - Provide sample of operational quarterly report (S/CE)
  - This measure was in the Data Management/Technology performance area, but submissions should focus on quarterly reporting of the <u>ongoing quality improvement process</u>

# QI.01.2

**Demonstrate use of a Plan-Do-Check-Act cycle in using HRST data to drive wellness activities/programs within your agency:**

**PLAN:** Use HRST data to determine what wellness activities/program(s) to implement

**DO:** Demonstrate implementation of a wellness activities/program

**CHECK:** Monitor progress of activities/programs using data from HRST and/or other sources as needed

**ACT:** Modify activities/programs based on monitoring data OR describe plan to modify

- Providers will detail the use of aggregate data during the previous calendar year to identify trends and concerns at the population level which may limit wellness of the individuals served by the Provider. This information may be identified using the HRST via Standard Reports for Persons Served including but not limited to the sections on Diagnoses, Distribution, Health Tracker, Medications, and Special Conditions. The Provider may also generate Custom Reports via the HRST to identify other data to assess.

- Providers will detail the process by which concerns or trends identified are being addressed through wellness related QM initiatives. Provider will include a description of wellness activities that simultaneously support inclusion.

- Providers will detail the process by which concerns or trends being addressed are being monitored for change over time based on measurable factors including but not limited to Hemoglobin A1C, Body Mass Index, Reduction in Polypharmacy, Tobacco Use. Alternatively, the Provider may detail the extent of engagement of individuals in wellness programs including but not limited to healthy food choices, physical activity such as the Move Your Way campaign, tobacco/nicotine cessation, health literacy.

# QI.01.2 Example

**Demonstrate use of a Plan-Do-Check-Act cycle in using HRST data to drive wellness activities/programs within your agency:**

**PLAN:** Use HRST Standard Report > Change Over Time > Rating Score Change Over Last 3 Years to identify trends of increases in rating items for individuals served. Trend for increased scores in Falls (Item S) noted from year to year. Decision made to limit risks for falls through implementation of data-informed wellness activities.

**DO:** Implementation of a wellness activities/program included the following components:

- Minimize polypharmacy by reviewing all medications, identifying those on 5 medications or more or on long-acting sedative medications (increased risk of falls). Following up with prescriber to review and confirm usefulness of current regimen.
- Weekly blood pressure checks in coordination with health care provider to identify those with low or high BP readings.
- Provide options of yoga, meditation, or guided imagery for individuals to promote relaxation and decreased anxiety, to hopefully minimize need for anti-anxiety medications.
- Following principles of Move Your Way began planned activities with residents to staff to improve strength, balance, and endurance.

**CHECK:** Monitor progress of activities/programs using data from HRST standard reports including "Current HCL Compared to Baseline," "All Medications by Individual," "Scoring Distribution." Also monitored BP, participation in wellness activities and physical activities.

**ACT:** Newly implemented program will be monitored and modified based on data collected. Rates of participation in and individuals' feedback about relaxation options will inform decisions about maintaining current options or offering alternative options.

# QI.03.1 and QI.03.2

**Provide agency's policy on supporting engagement of family, as defined/designated by the individual:**

- Provider will submit a policy supporting family engagement. At a minimum, include a description of the provider's approach to the designation of persons by the individual for purposes of decision-making, rights, notification for incident management and individual planning.

**Provide a description of current activities supporting engagement of family, as defined/designated by the individual.:**

- Provider will report on activities that facilitate the involvement of the individual's relatives and friends in the individual's life (except in situations in which the individual indicates otherwise).

# PAS Project Update: MyPBC Portal

# Performance Analysis Services (PAS) Vendor

- Name of Tool: **MyPBC Portal**

- Vendor has nearly completed the following for PBC and P4P:
  - User profile management
  - Provider data submission interface
  - Scoring and Quality Control interfaces
  - Reports and Dashboards

- SCO data submissions will start on October 1

- **Residential Providers** will access the MyPBC Portal prior to **February 15** to ensure login credentials are working properly

- Ability to **save and return** as well as **navigate** around the questions

# Example Data Submission Form:
# Attestation

**Measure SC-PCP.02**: SCO attests that beginning January 1, 2026, the SCO will support ODP data collection via ODP survey and encourage individual and family participation in the survey to inform NCI-IDD PCP-5: Satisfaction with Community Inclusion Scale (The proportion of people who report satisfaction with the level of participation in community inclusion activities).

**\*Question 14**: Attestation SC-PCP.02

☐ I attest

# Example Data Submission Form: Document Upload

**Pennsylvania Department of Human Services**

**Measure SC-QI.02.1**: Provide SCO's policy on how person-centered performance data is utilized to develop the QM Plan and its action plan, and to monitor progress towards QM plan goals.

---

*\*Question 18*: Upload the SCO's written policy which includes, at a minimum

A. What data is used from which data sources

B. Frequency of data monitoring, review and analysis

C. How opportunities for quality improvement are selected

D. How person-centered performance data is utilized to develop the QM plan and to measure process

E. How performance measures are established

F. The title of the person who is ODP QM certified and generally responsible for the organization's QM plan

Upload File

*No File Uploaded*

# Example Data Submission Form:
# Text Boxes

**Measure SC-QI.02.2**: Report number of staff that have ODP QM certification; include number on executive leadership team who have the authority to adopt recommendations and direct QM activities.

Note: Staff who are in a leadership role include Executive Directors, Chief Executive Officers, Chief Operations Officers, Chief Nursing Officers/Directors of Nursing, Chief Clinical Officers/Directors of Clinical Services, and Quality Management and other Directors.

*Question 19: Use the table below to report the number of staff, including executive leadership staff, that have ODP QM certification; include number on executive leadership team who have the authority to adopt recommendations and direct QM activities.

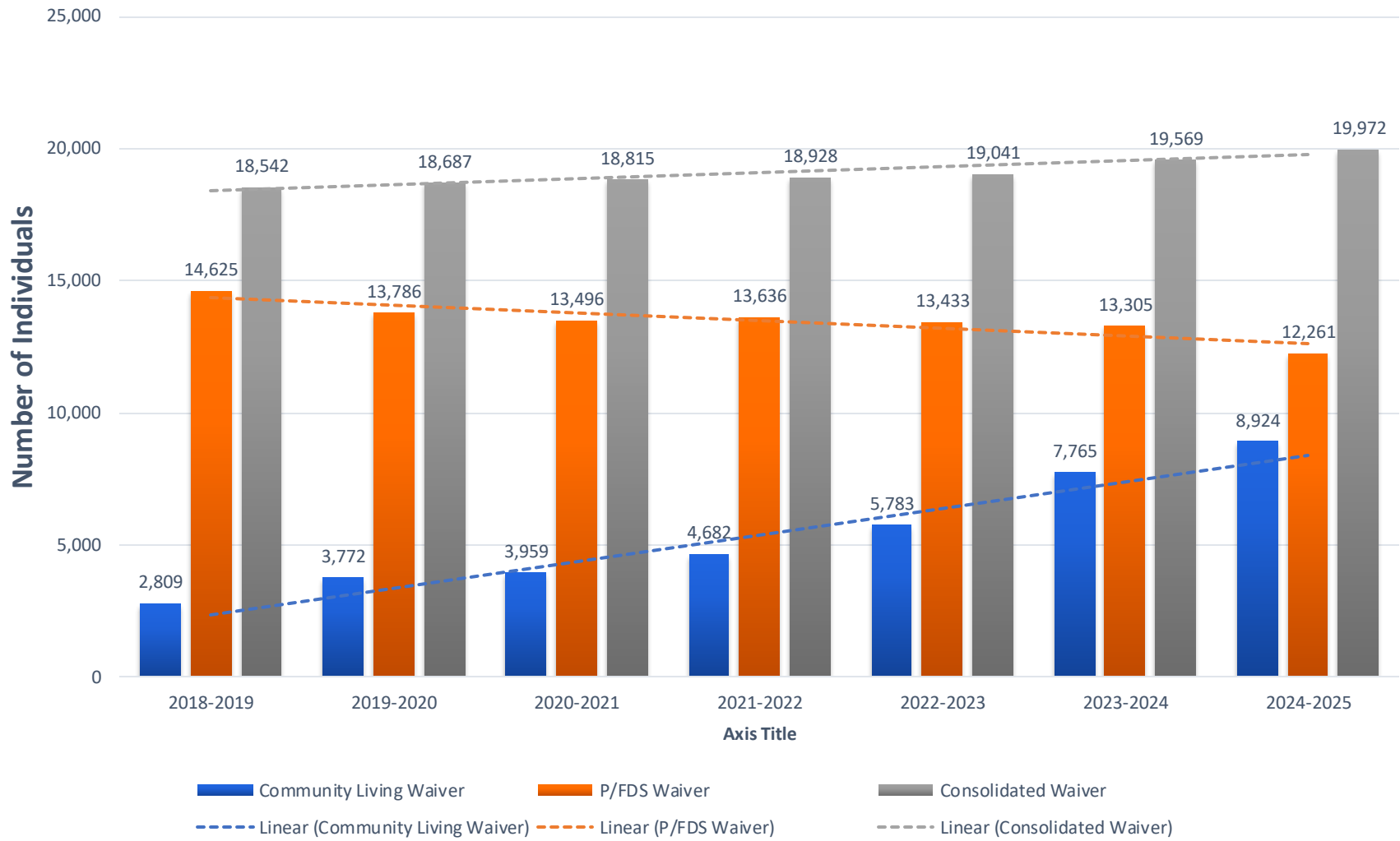|  | Total Number |
|---|---|
| Total Number of staff with ODP QM Certification as of November 1, 2025 | Enter Response Here |
| Total Number of executive leadership staff with ODP QM Certification as of November 1, 2025 | Enter Response Here |

*Question 20: Use the table below to list each staff member, including executive leadership staff that hold an ODP Quality Management (QM) Certification as of November 1, 2025.

| First Name | Last Name | Title |
|---|---|---|
| Enter Response Here | Enter Response Here | Enter Response Here |

Add Row

# Provider Performance Review – September 2025

**Participants in each ID/A waiver
FY18-19 through FY24-25 Trending**
All FY Snapshot data pulled 6/30

Number of Individuals

| | 2018-2019 | 2019-2020 | 2020-2021 | 2021-2022 | 2022-2023 | 2023-2024 | 2024-2025 |
|---|---|---|---|---|---|---|---|
| Community Living Waiver | 2,809 | 3,772 | 3,959 | 4,682 | 5,783 | 7,765 | 8,924 |
| P/FDS Waiver | 14,625 | 13,786 | 13,496 | 13,636 | 13,433 | 13,305 | 12,261 |
| Consolidated Waiver | 18,542 | 18,687 | 18,815 | 18,928 | 19,041 | 19,569 | 19,972 |

Axis Title

Legend: ■ Community Living Waiver ■ P/FDS Waiver ■ Consolidated Waiver
- - - Linear (Community Living Waiver) - - - Linear (P/FDS Waiver) - - - Linear (Consolidated Waiver)

# Participants in ID/A waivers
## Total Enrollment FY18-19 through FY24-25
**All FY Snapshot data pulled 6/30**



**14.5% increase over 7 years**

Number of Individuals in HCBS Waivers

| Year | Value |
|---|---|
| 2018-2019 | 35,976 |
| 2019-2020 | 36,245 |
| 2020-2021 | 36,270 |
| 2021-2022 | 37,246 |
| 2022-2023 | 38,257 |
| 2023-2024 | 40,639 |
| 2024-2025 | 41,157 |
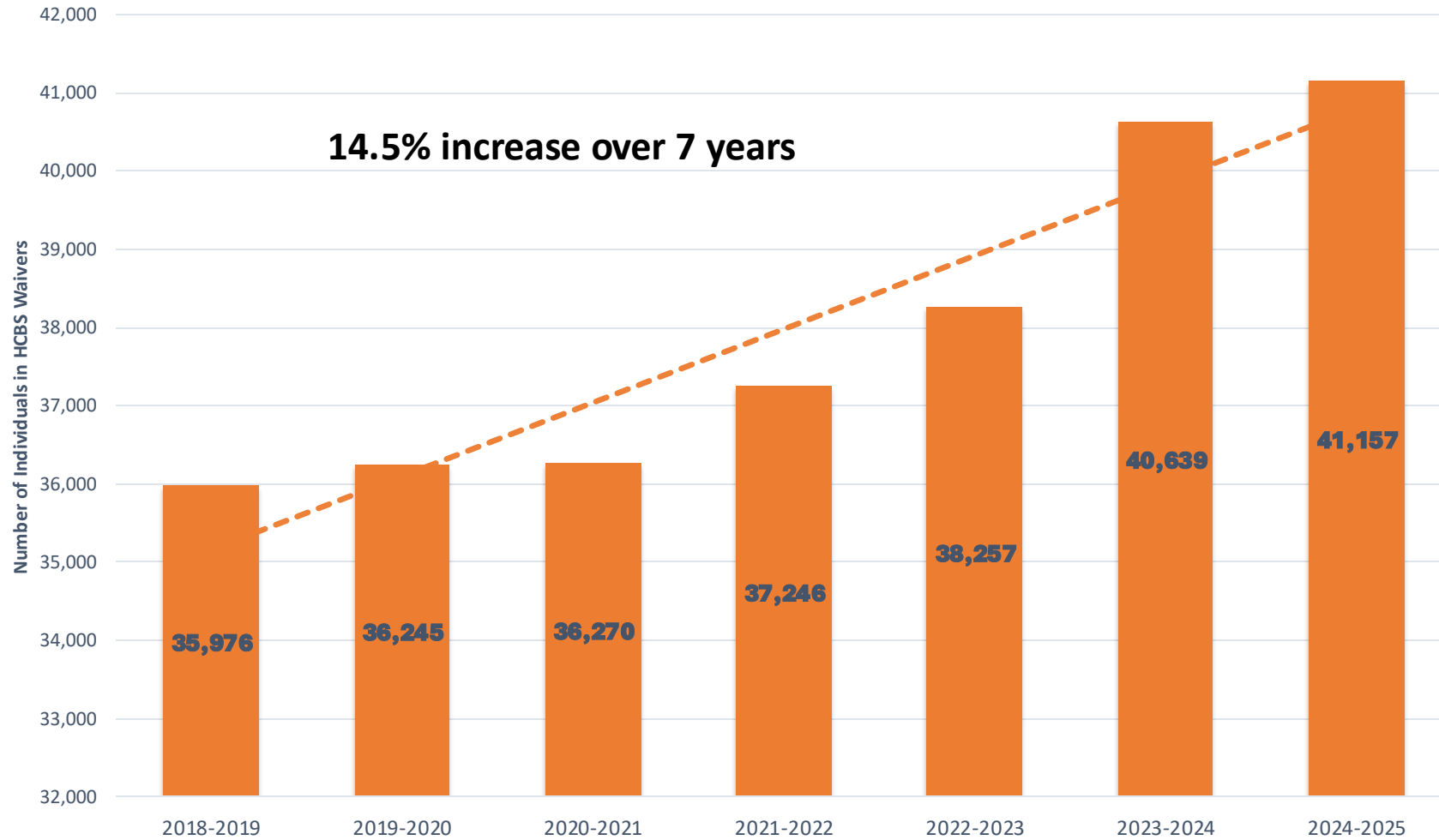
# ID Waiver Enrollees more than 180 Days without Service Utilization using Supports Coordination Only FY18-19 through FY24-25

**All FY Snapshot data pulled 6/30**



**CLW 83% decrease over 7 years**   **CW 74% decrease over 7 years**   P/FDS 76% decrease over 7 years

| | Community Living Waiver | Consolidated Waiver | P/FDS Waiver |
|---|---|---|---|
| New Enrollee SFY2018-2019 | 1271 | 781 | 876 |
| New Enrollee SFY2019-2020 | 664 | 646 | 756 |
| New Enrollee SFY2020-2021 | 213 | 609 | 472 |
| New Enrollee SFY2021-2022 | 497 | 546 | 437 |
| New Enrollee SFY2022-2023 | 590 | 538 | 373 |
| New Enrollee SFY2023-2024 | 596 | 672 | 386 |
| New Enrollee SFY2024-2025 | 216 | 206 | 206 |

*Number of Individuals*
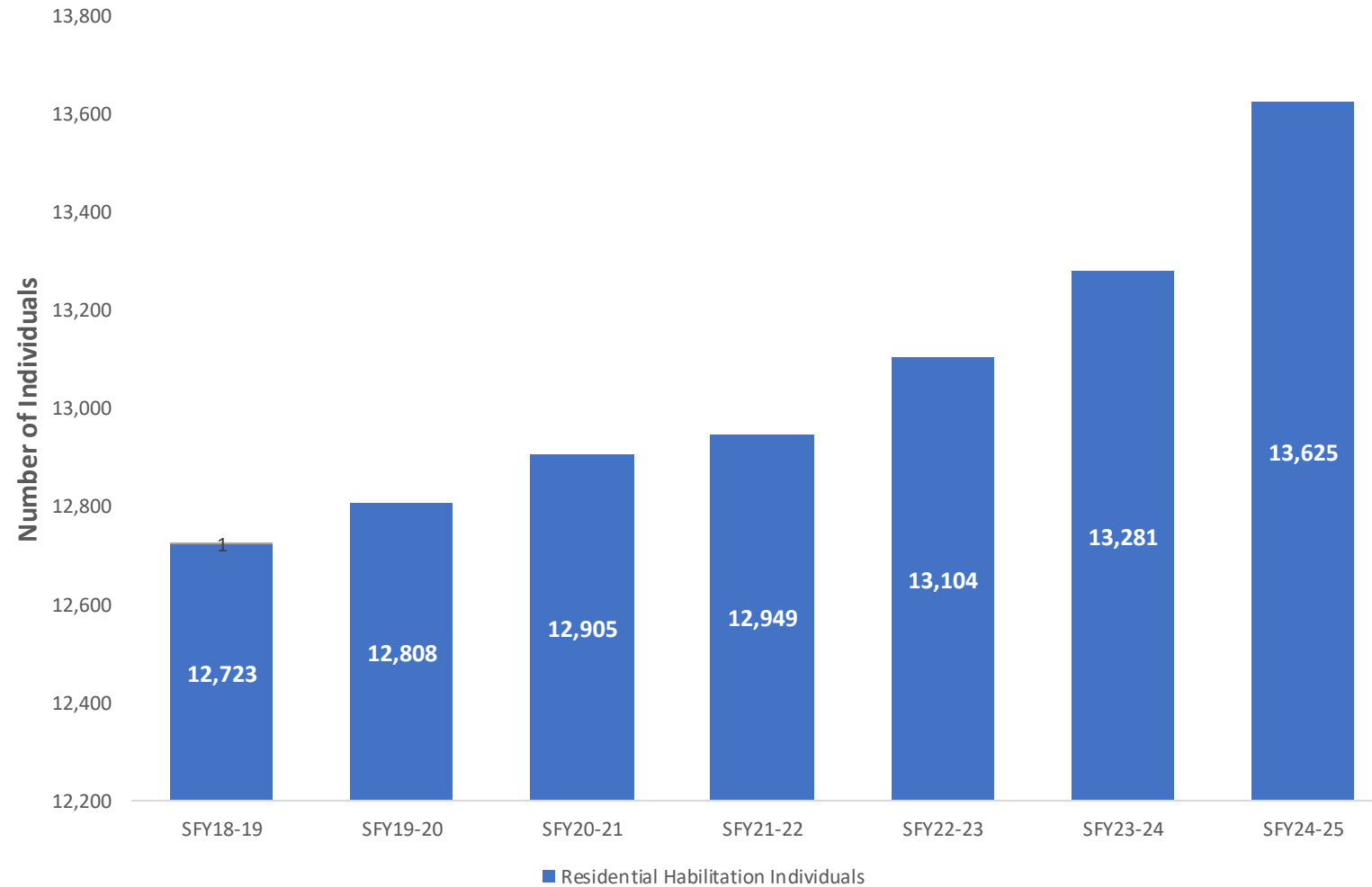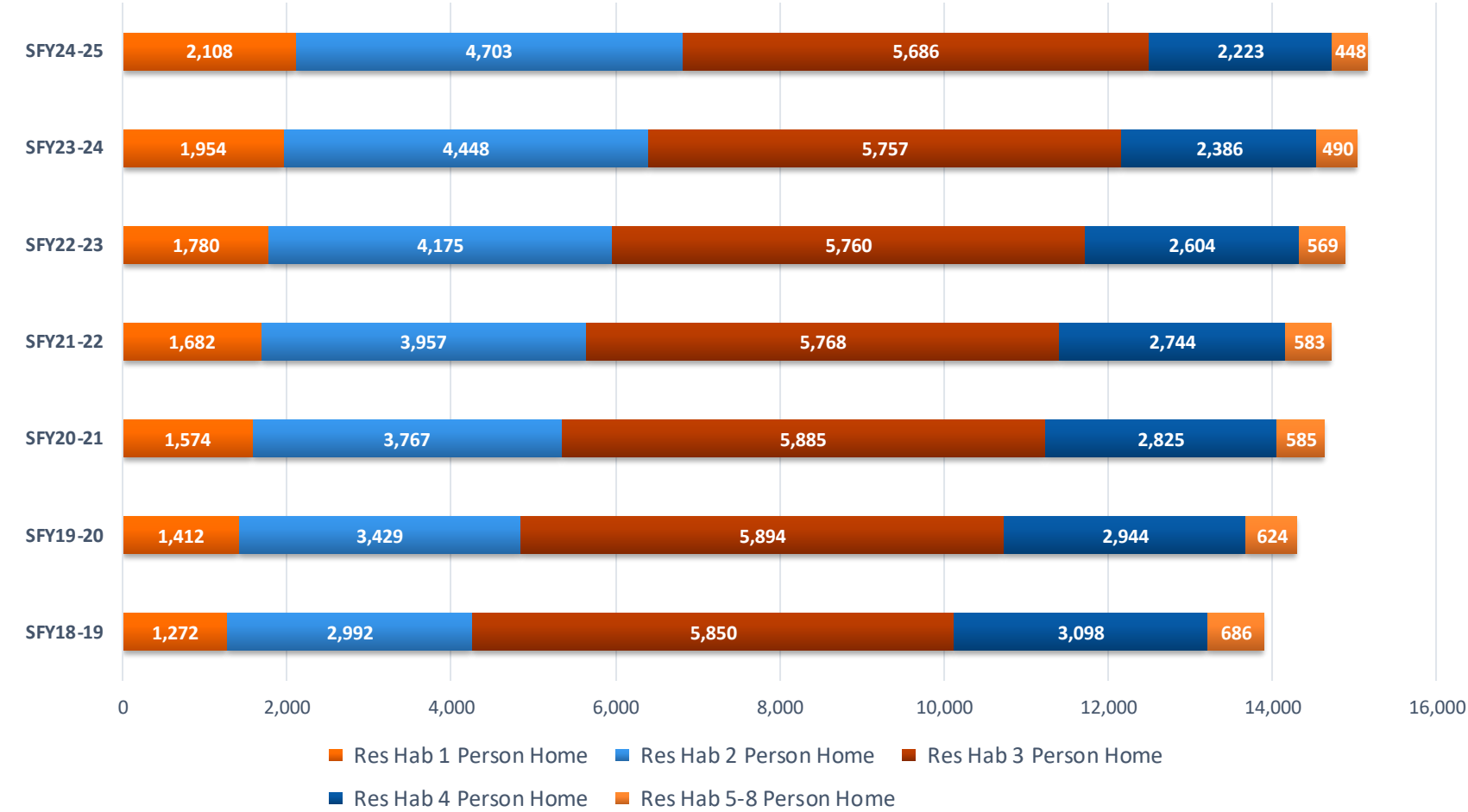
*Note: SFY24-25 is projected based on Q1-Q2 data*

# Participants in Residential Habilitation in Consolidated Waiver FY18-19 through FY24-25

**All FY Snapshot data pulled 6/30**



Number of Individuals

| Fiscal Year | Residential Habilitation Individuals |
|---|---|
| SFY18-19 | 12,723 |
| SFY19-20 | 12,808 |
| SFY20-21 | 12,905 |
| SFY21-22 | 12,949 |
| SFY22-23 | 13,104 |
| SFY23-24 | 13,281 |
| SFY24-25 | 13,625 |

■ Residential Habilitation Individuals
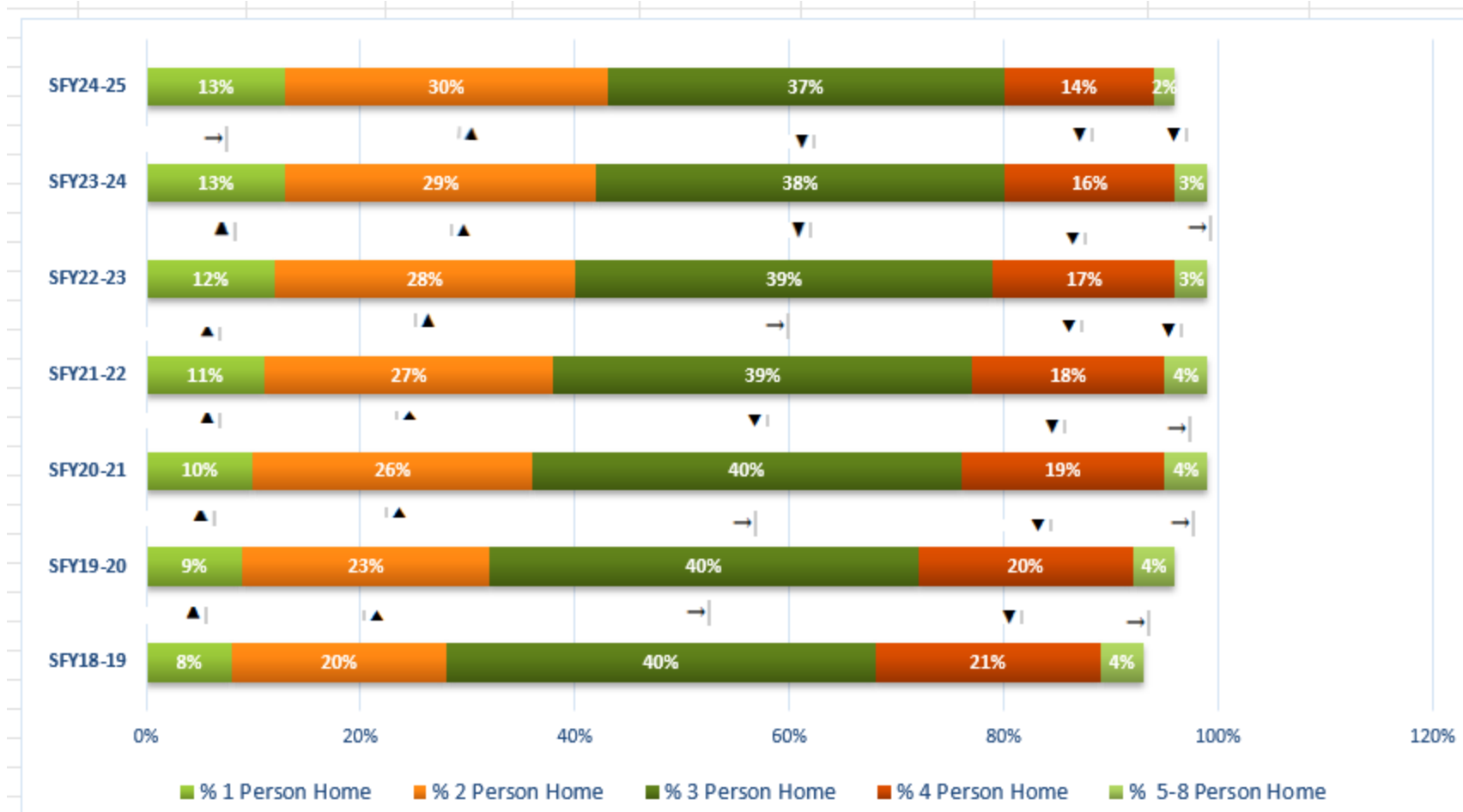
# Individuals Receiving Residential Habilitation
## by Home Size FY18-19 through FY24-25
### All FY Snapshot data pulled 6/30

| SFY | Res Hab 1 Person Home | Res Hab 2 Person Home | Res Hab 3 Person Home | Res Hab 4 Person Home | Res Hab 5-8 Person Home |
|-----|-----|-----|-----|-----|-----|
| SFY24-25 | 2,108 | 4,703 | 5,686 | 2,223 | 448 |
| SFY23-24 | 1,954 | 4,448 | 5,757 | 2,386 | 490 |
| SFY22-23 | 1,780 | 4,175 | 5,760 | 2,604 | 569 |
| SFY21-22 | 1,682 | 3,957 | 5,768 | 2,744 | 583 |
| SFY20-21 | 1,574 | 3,767 | 5,885 | 2,825 | 585 |
| SFY19-20 | 1,412 | 3,429 | 5,894 | 2,944 | 624 |
| SFY18-19 | 1,272 | 2,992 | 5,850 | 3,098 | 686 |

■ Res Hab 1 Person Home  ■ Res Hab 2 Person Home  ■ Res Hab 3 Person Home
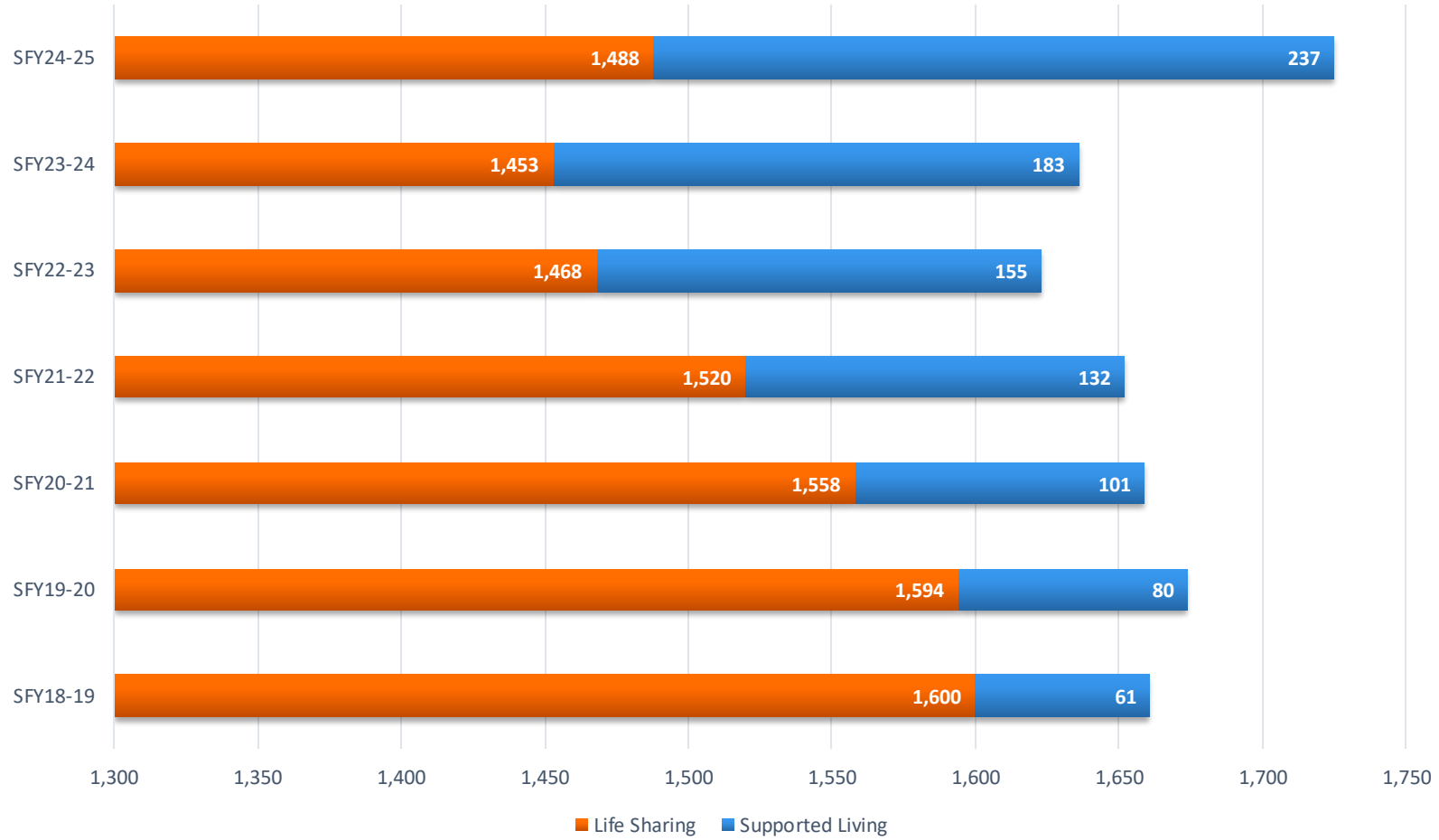■ Res Hab 4 Person Home  ■ Res Hab 5-8 Person Home

# Individuals Receiving Residential Habilitation by Home Size FY18-19 through FY24-25 Year-to-Year Trend
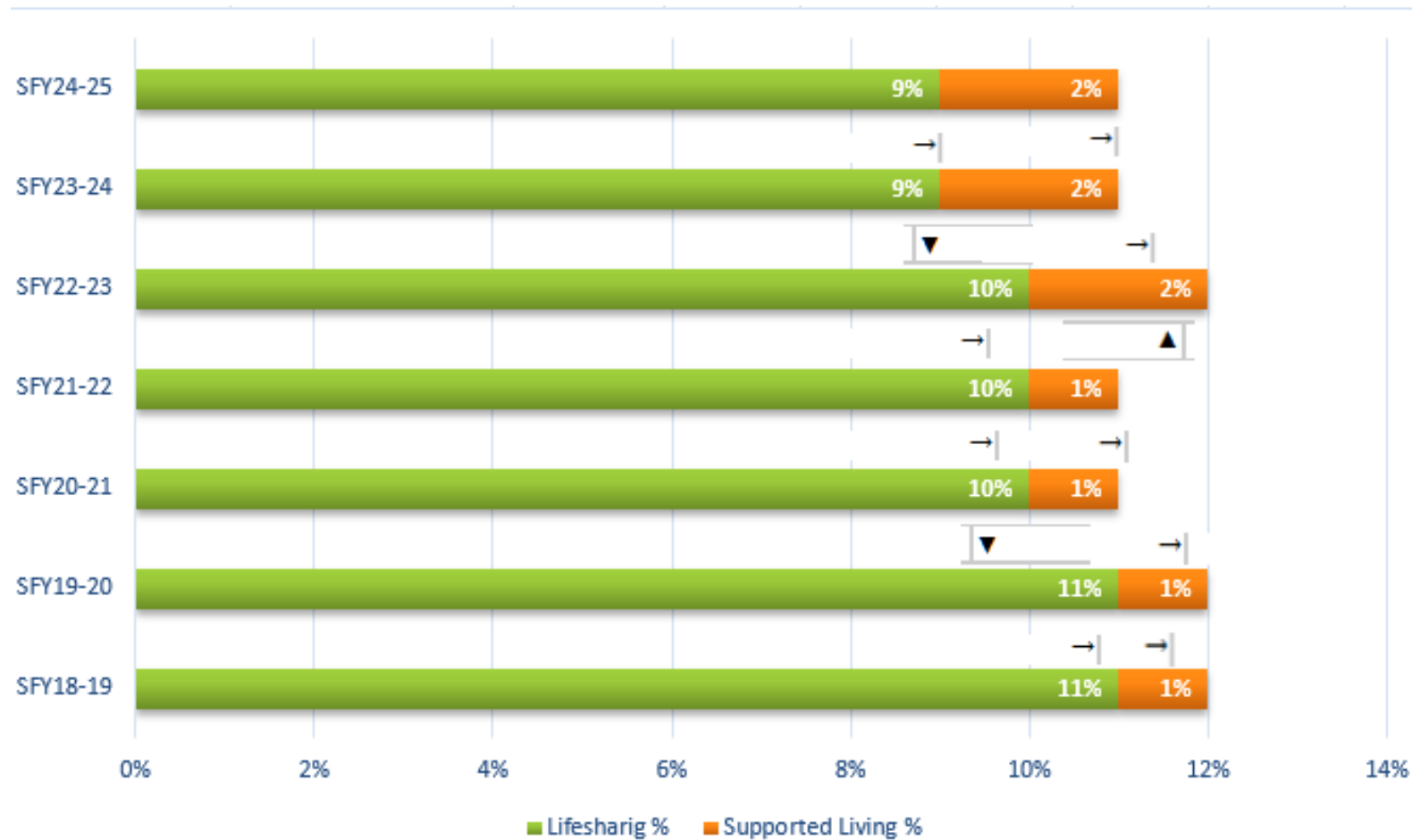## All FY Snapshot data pulled 6/30



| | % 1 Person Home | % 2 Person Home | % 3 Person Home | % 4 Person Home | % 5-8 Person Home |
|---|---|---|---|---|---|
| SFY24-25 | 13% | 30% | 37% | 14% | 2% |
| SFY23-24 | 13% | 29% | 38% | 16% | 3% |
| SFY22-23 | 12% | 28% | 39% | 17% | 3% |
| SFY21-22 | 11% | 27% | 39% | 18% | 4% |
| SFY20-21 | 10% | 26% | 40% | 19% | 4% |
| SFY19-20 | 9% | 23% | 40% | 20% | 4% |
| SFY18-19 | 8% | 20% | 40% | 21% | 4% |

# Individuals Receiving Lifesharing and Supported Living FY18-19 through FY24-25
## All FY Snapshot data pulled 6/30



| | Life Sharing | Supported Living |
|---|---|---|
| SFY24-25 | 1,488 | 237 |
| SFY23-24 | 1,453 | 183 |
| SFY22-23 | 1,468 | 155 |
| SFY21-22 | 1,520 | 132 |
| SFY20-21 | 1,558 | 101 |
| SFY19-20 | 1,594 | 80 |
| SFY18-19 | 1,600 | 61 |

# Individuals Receiving Lifesharing and Supported Living
## FY18-19 through FY24-25 Year-to-Year Trend
### All FY Snapshot data pulled 6/30



| | Lifesharig % | Supported Living % |
|---|---|---|
| SFY24-25 | 9% | 2% |
| SFY23-24 | 9% | 2% |
| SFY22-23 | 10% | 2% |
| SFY21-22 | 10% | 1% |
| SFY20-21 | 10% | 1% |
| SFY19-20 | 11% | 1% |
| SFY18-19 | 11% | 1% |

# Follow-Up After Hospitalization for Mental Illness

# Methodology

**Data Source:**
Medicaid Claims

**Discovery Date:**
Data for Calendar Year 2023 was extracted 09/09/2024
Data for Calendar Year 2024 was extracted 01/30/2025

**Description:**
Medicaid claims data for individuals in residential who are 6 years of age and older who have been discharged from an acute inpatient setting with a primary diagnosis at discharge of a mental illness or intentional self-harm and the Medicaid claims data for those individuals for follow up with a mental health provider within 7 days and within 30 days of discharge by way of a review of claims for the previous calendar year plus 30 days.
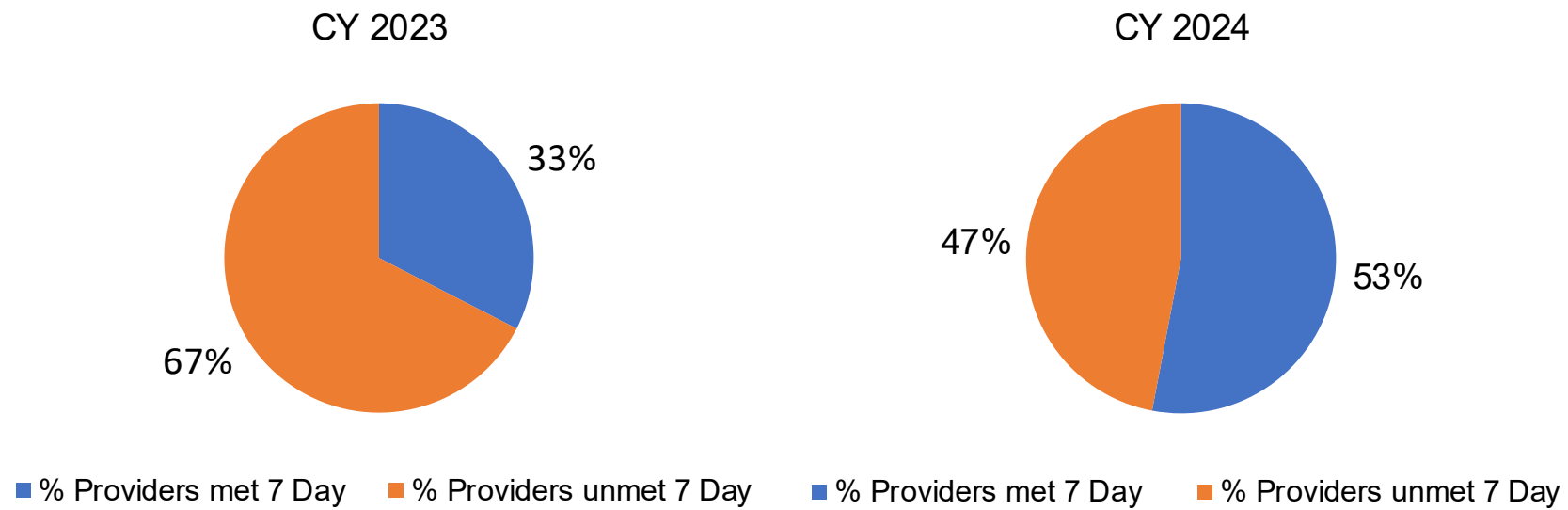
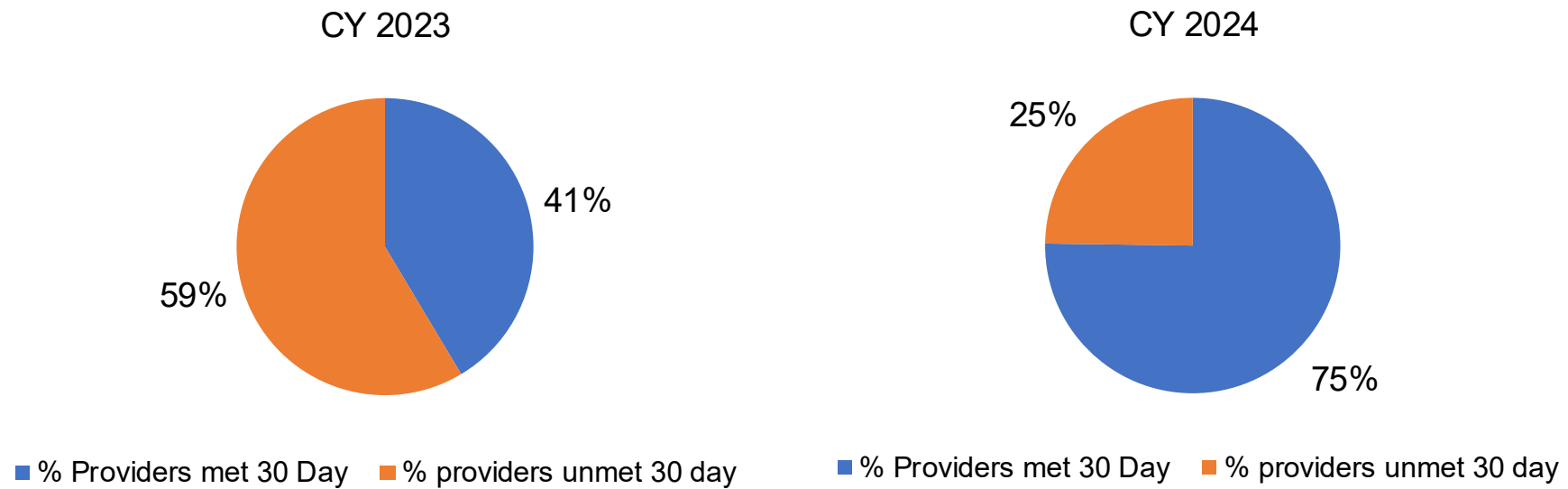Follow-up After Inpatient Hospitalization Events:
Basic Information
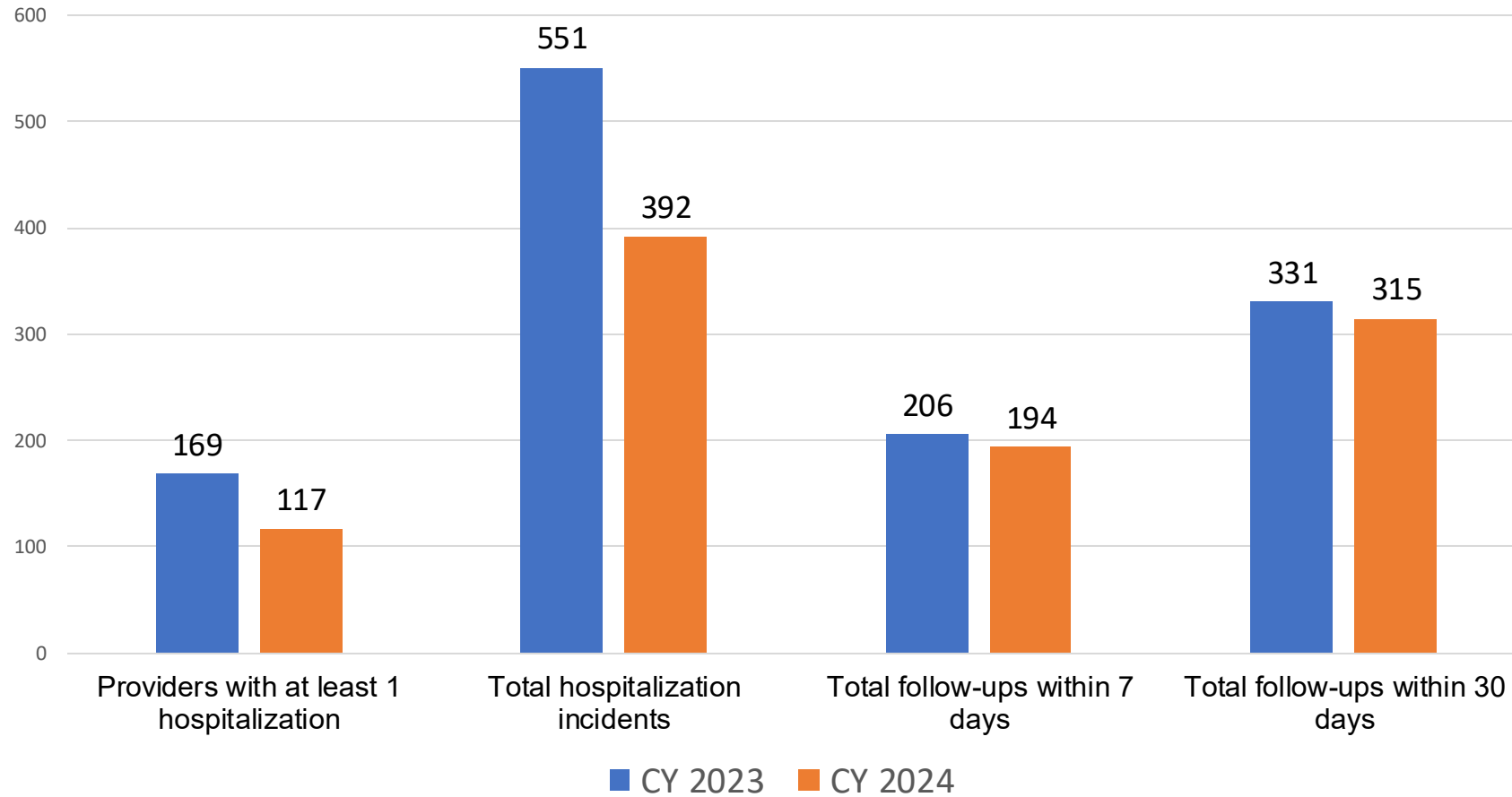
Follow-up After Inpatient Hospitalization Events: Met vs. Unmet Measures
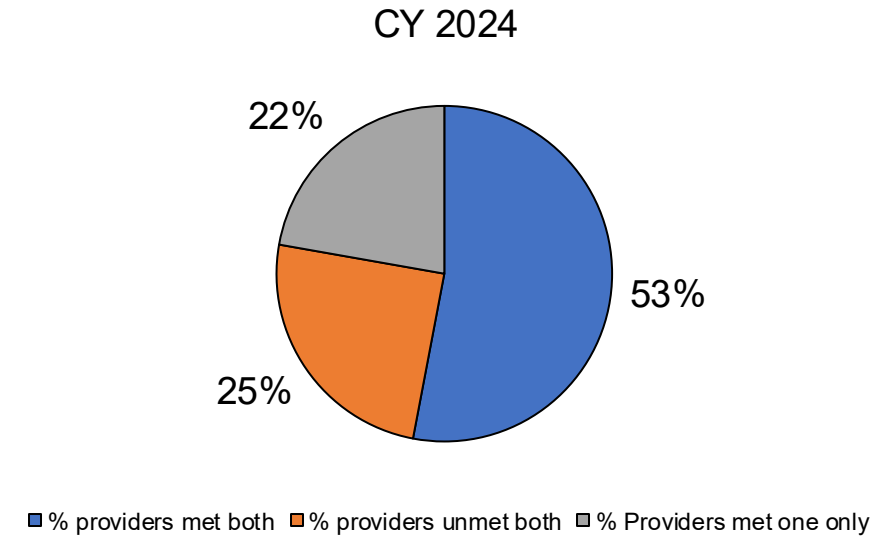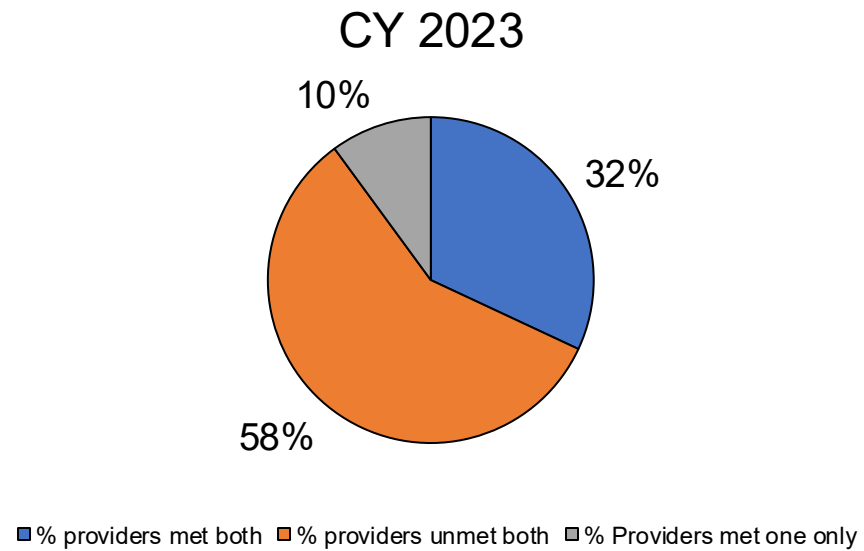
# 7 Day Follow-up Met vs. Unmet



CY 2023

33%

67%

■ % Providers met 7 Day   ■ % Providers unmet 7 Day

CY 2024

47%

53%

■ % Providers met 7 Day   ■ % Providers unmet 7 Day

# 30 Day Follow-up Met vs. Unmet

CY 2023



41%

59%

■ % Providers met 30 Day   ■ % providers unmet 30 day

CY 2024



25%

75%

■ % Providers met 30 Day   ■ % providers unmet 30 day
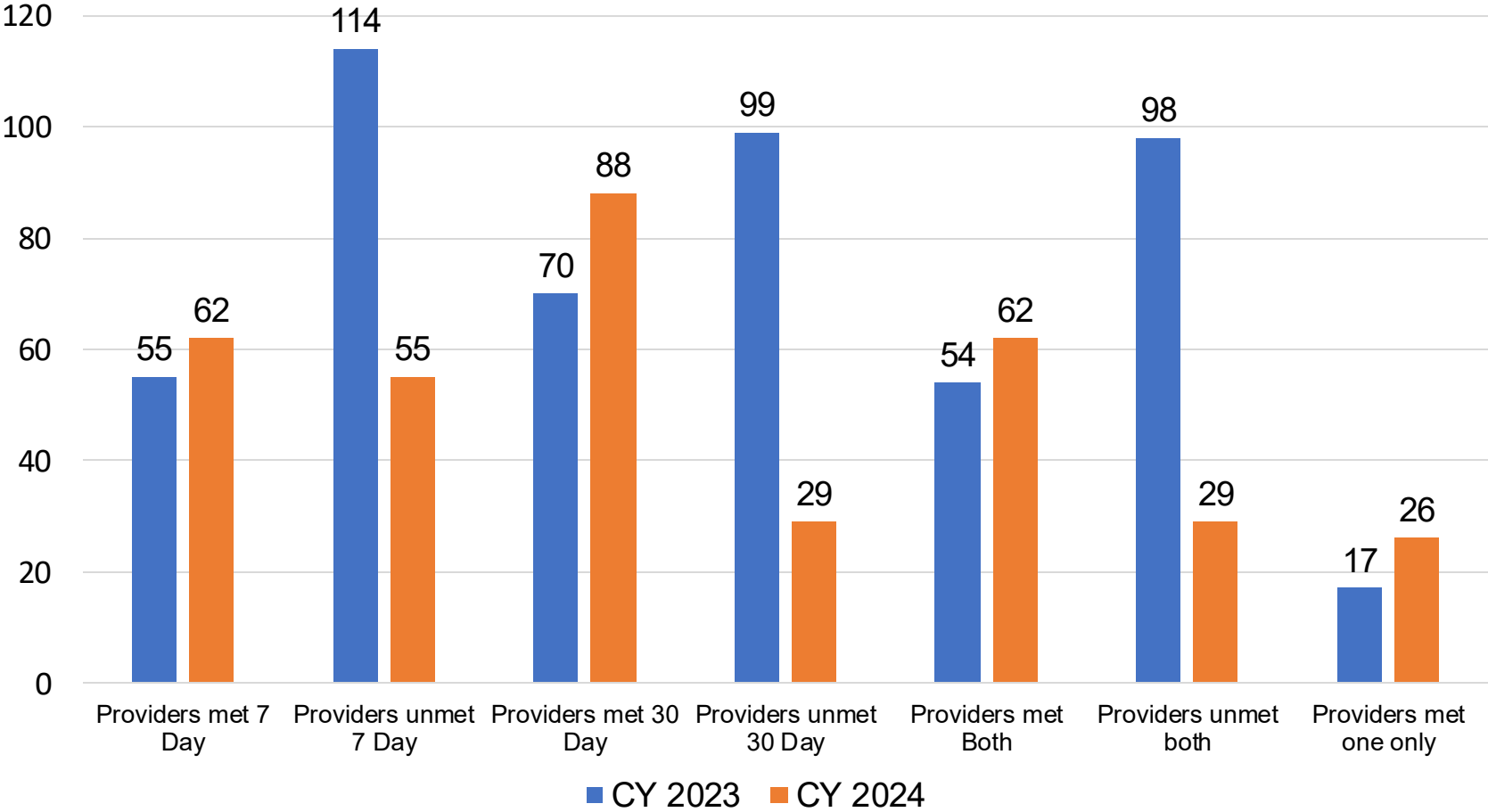
# Met vs. Unmet Both Measures

### CY 2023



10%
32%
58%

■% providers met both ■% providers unmet both ■% Providers met one only

### CY 2024



22%
53%
25%

■% providers met both ■% providers unmet both ■% Providers met one only

# Important Dates

- September 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

- 2026 PBC Residential Data Submission: February 15 – March 15

# Questions and Answers

# Resources

- 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